

Chapter 1073

H.B. No. 3295

1 AN ACT
2 relating to the delivery of certain Medicaid services to certain
3 persons.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 534.111, Government Code, is amended to
6 read as follows:

7 Sec. 534.111. CONCLUSION OF PILOT PROGRAMS;
8 EXPIRATION. On September 1, 2019 [~~2018~~]:

9 (1) each pilot program established under this
10 subchapter that is still in operation must conclude; and

11 (2) this subchapter expires.

12 SECTION 2. Section 534.201(b), Government Code, is amended
13 to read as follows:

14 (b) On September 1, 2020 [~~2018~~], the commission shall
15 transition the provision of Medicaid benefits to individuals to
16 whom this section applies to the STAR + PLUS Medicaid managed care
17 program delivery model or the most appropriate integrated capitated
18 managed care program delivery model, as determined by the
19 commission based on cost-effectiveness and the experience of the
20 STAR + PLUS Medicaid managed care program in providing basic
21 attendant and habilitation services and of the pilot programs
22 established under Subchapter C, subject to Subsection (c)(1).

23 SECTION 3. (a) Using existing resources, the Health and
24 Human Services Commission shall:

1 (1) identify and evaluate barriers preventing
2 Medicaid recipients enrolled in the STAR + PLUS Medicaid managed
3 care program or a home and community-based services waiver program
4 from choosing the consumer directed services option and develop
5 recommendations for increasing the percentage of Medicaid
6 recipients enrolled in those programs who choose the consumer
7 directed services option; and

8 (2) study the feasibility of establishing a community
9 attendant registry to assist Medicaid recipients enrolled in the
10 community attendant services program in locating providers.

11 (b) Not later than December 1, 2018, the Health and Human
12 Services Commission shall submit a report containing the
13 commission's findings and recommendations under Subsection (a) of
14 this section to the governor, the legislature, and the Legislative
15 Budget Board. The report required by this subsection may be
16 combined with any other report required by this Act or other law.

17 SECTION 4. (a) The Health and Human Services Commission
18 shall conduct a study of the provision of dental services to adults
19 with disabilities under the Medicaid program, including:

20 (1) the types of dental services provided, including
21 preventive dental care, emergency dental services, and
22 periodontal, restorative, and prosthodontic services;

23 (2) limits or caps on the types and costs of dental
24 services provided;

25 (3) unique considerations in providing dental care to
26 adults with disabilities, including additional services necessary
27 for adults with particular disabilities; and

1 (4) the availability and accessibility of dentists who
2 provide dental care to adults with disabilities, including the
3 availability of dentists who provide additional services necessary
4 for adults with particular disabilities.

5 (b) In conducting the study under Subsection (a) of this
6 section, the Health and Human Services Commission shall:

7 (1) identify the number of adults with disabilities
8 whose Medicaid benefits include limited or no dental services and
9 who, as a result, have sought medically necessary dental services
10 during an emergency room visit;

11 (2) if feasible, estimate the number of adults with
12 disabilities who are receiving services under the Medicaid program
13 and who have access to alternative sources of dental care,
14 including pro bono dental services, faith-based dental services
15 providers, and other public health care providers; and

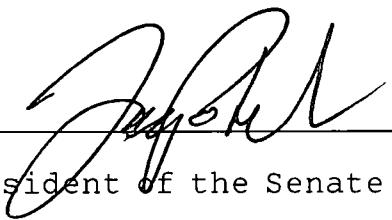
16 (3) collect data on the receipt of dental services
17 during emergency room visits by adults with disabilities who are
18 receiving services under the Medicaid program, including the
19 reasons for seeking dental services during an emergency room visit
20 and the costs of providing the dental services during an emergency
21 room visit, as compared to the cost of providing the dental services
22 in the community.

23 (c) Not later than December 1, 2018, the Health and Human
24 Services Commission shall submit a report containing the results of
25 the study conducted under Subsection (a) of this section and the
26 commission's recommendations for improving access to dental
27 services in the community for and reducing the provision of dental

1 services during emergency room visits to adults with disabilities
2 receiving services under the Medicaid program to the governor, the
3 legislature, and the Legislative Budget Board. The report required
4 by this subsection may be combined with any other report required by
5 this Act or other law.

6 SECTION 5. If before implementing any provision of this Act
7 a state agency determines that a waiver or authorization from a
8 federal agency is necessary for implementation of that provision,
9 the agency affected by the provision shall request the waiver or
10 authorization and may delay implementing that provision until the
11 waiver or authorization is granted.

12 SECTION 6. This Act takes effect September 1, 2017.



President of the Senate



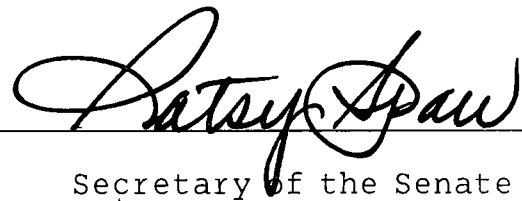
Speaker of the House

I certify that H.B. No. 3295, was passed by the House on May 4, 2017, by the following vote: Yeas 144, Nays 0, 2 present, not voting; and that the House concurred in Senate amendments to H.B. No. 3295 on May 26, 2017, by the following vote: Yeas 140, Nays 0, 2 present, not voting.



Chief Clerk of the House

I certify that H.B. No. 3295 was passed by the Senate, with amendments, on May 24, 2017, by the following vote: Yeas 31, Nays 0.




Secretary of the Senate

APPROVED: 6-12-2017
Date



Governor

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
3 PM O'CLOCK
JUN 15 2017


Secretary of State

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 25, 2017

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3295 by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **As Passed 2nd House**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill. It is assumed any cost associated with reporting requirements could be absorbed.

The bill would delay the conclusion of pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs could continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings could presumably be experienced for up to an additional year (fiscal year 2019) depending on how long they continued to operate. Pilot programs may operate for up to 24 months and it is not known how long they would continue to operate in fiscal year 2019.

The fiscal impact of delaying the transition of Texas Home Living waiver participants into managed care cannot be determined. The fiscal impact of moving participants into managed care is unknown at this time and would be dependent on assumptions made by the Health and Human Services Commission during the rate-setting process. There are costs associated with capitation, including new administrative costs and payment of the Health Insurance Provider Fee pursuant to the federal Affordable Care Act. Whether those costs would be offset by medical savings and increased premium tax revenue is unknown at this time. Under the provisions of the bill, any fiscal impact from moving participants into managed care would be delayed by two years. If there were a cost associated with the transition into managed care, there would be a savings in fiscal years 2019 and 2020 from delaying that cost. If there were a savings associated with the transition into managed care, there would be a cost in fiscal years 2019 and 2020 from delaying that savings.

HHSC would be required to study or evaluate (1) issues related to utilization of consumer directed services for certain Medicaid enrollees and the feasibility of creating a Medicaid community attendant registry and (2) certain factors related to providing dental services to Medicaid adults with disabilities. HHSC would be required to submit reports related to these studies to certain entities no later than December 1, 2018. It is assumed that the costs associated with conducting the required studies can be absorbed within HHSC's existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, TBo

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 11, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3295 by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **As Engrossed**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

The bill would delay the conclusion of pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, TBo

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 14, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3295 by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **Committee Report 1st House, Substituted**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, TBo

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 8, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3295 by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **As Introduced**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

The bill would require pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C to operate for a minimum of 24 months and delay the conclusion of pilot programs from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs would continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings would presumably be experienced for an additional year (fiscal year 2019).

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