

- SUBJECT:** Long-term care studies and strategic plans
- COMMITTEE:** Public Health — favorable, with amendment
- VOTE:** 9 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Hilderbran, Maxey, McClendon, Uresti
- 0 nays
- SENATE VOTE:** On final passage, March 10 — 31-0
- WITNESSES:** For — Teresa Aguirre, Texas Association of Homes and Services for the Aging; Aaryce Hayes, Advocacy, Inc.; Mauro Reyna, American Association of Retired Persons; Jonas Schwartz, United Cerebral Palsy of Texas
- Against — None
- BACKGROUND:** At least five different agencies deliver long-term care services to Texas clients:
- ! the Texas Department of Human Services (DHS) provides community care for the aged and disabled and regulates nursing homes, nursing home administrators, intermediate care facilities for the mentally retarded, and personal care homes;
 - ! the Texas Department on Aging operates programs and services for people 60 years of age and older, including the ombudsman program, in which volunteers visit nursing home residents and provide oversight over nursing home conditions, home-delivered meals, residential repair, and respite;
 - ! the Texas Department of Health (TDH) administers the Chronically Ill and Disabled Children’s program and the Medically Dependent Children’s Program and regulates home and community support providers, such as home health agencies;
 - ! the Texas Rehabilitation Commission (TRC) administers programs that deliver personal attendant services for disabled individuals and a Comprehensive Rehabilitation Services program for individuals with brain and spinal cord injuries; and
 - ! the Texas Department of Mental Health and Mental Retardation provides

campus-based and community-based services for mentally retarded and mentally ill individuals.

Medicaid is the state/federal health benefit program for the low-income elderly and disabled. Medicare is the federal health benefit program for the elderly and disabled.

DIGEST: SB 95, as amended, would direct the Health and Human Services Commission, in conjunction with all relevant health and human services agencies, to undertake the following studies:

- ! obtain all federal and state information necessary to determine the number of persons eligible for and receiving home health services under the Medicaid and Medicare programs and the relative percentages of the benefits paid by these programs;
- ! develop a strategic plan to consolidate abuse, neglect, and exploitation complaint intake systems; and
- ! develop a strategic plan to create and maintain a state registry of assisted living facility or home health agency health-care workers who have abused, neglected, or exploited residents.

SB 95 also would direct TRC to form a work group to study national accreditation standards for facilities that provide brain injury rehabilitation services and to make recommendations concerning potential state certification of such facilities. The work group would have to include providers of such services and would have to consult with the Texas Traumatic Brain Injury Advisory Board.

SB 95 also would direct DHS to review and recommend improvements in training programs for personal care attendants. The committee amendment would require the DHS study to include the probable cost of increased training and wages to the Medicaid program. The amendment would require DHS to work with consumers and providers of personal attendant services, as well as with TRC, the Texas Workforce Commission, the Texas Higher Education Coordinating Board, and the commissions for the deaf and the blind.

SB 95 also would direct the Texas Department of Housing and Community Affairs to study, with the assistance of health and human services agencies

and consumers, opportunities for providing home and community support services to residents of affordable housing programs, including available funding sources.

The state agencies responsible for strategic plans and other studies would have to submit reports to the governor and the Legislature by December 1, 2000.

SB 95 would take immediate effect if passed by a two-thirds record vote of the membership of each house.

NOTES:

The committee amendment would require inclusion of providers and consumers of personal attendant services in the DHS study group and would require DHS to include probable costs to the Medicaid program in its report to the governor and Legislature.

SB 95 is one of four bills on today's calendar filed by Sen. Moncrief based on the findings of the Senate Interim Committee on Home Health and Assisted Living Facilities. The others are SB 93, relating to the regulation of assisted care facilities; SB 94, relating to the regulation of home health agencies; and SB 96, relating to the transfer of licensing and regulatory functions of home health and community support services from TDH to DHS.