

SUBJECT: Providing services for traumatic brain or spinal injuries under Medicaid

COMMITTEE: Human Services — favorable as amended

VOTE: 7 ayes — Rose, S. King, J. Davis, Eissler, Herrero, Naishtat, Pierson

0 nays

2 absent — Hughes, Parker

SENATE VOTE: On final passage, April 12 — 31-0, on Local and Uncontested Calendar

WITNESSES: For — Jeff Miller, Advocacy Incorporated

Against — None

BACKGROUND: In 1991, the 72nd Legislature established the Comprehensive Rehabilitation Services (CRS) program, which provides rehabilitation services to Texas residents who are at least 16 years old and had a traumatic brain and/or spinal injury. The purpose of the program is to help individuals with traumatic brain and/or spinal injuries receive treatment so that they ultimately can re-enter the community and live independently. The CRS program provides inpatient, outpatient, and post-acute rehabilitation services. It is funded by court costs assessed on individuals convicted of certain crimes.

DIGEST: SB 1734 would require the Department of Assistive and Rehabilitative Services (DARS) to determine whether services provided under the CRS program could be provided in a more cost-effective manner through Medicaid. The Health and Human Services Commission (HHSC), the Department of Aging and Disability Services, the Texas Traumatic Brain Injury Advisory Council would partner with DARS to determine more cost-effective methods of administering the CRS program. To make the determination, DARS would evaluate various methods of administering the program. The department would consider if the services could be provided under:

- a modification of the 1915(c) waiver program, which allows a state to provide coverage to individuals who would not otherwise be eligible for Medicaid;
- the state Medicaid program; or
- an additional 1915(c) waiver or an alternative home and community-based services waiver.

DARS also would consider the cost effectiveness of the various approaches by evaluating:

- the effect that implementing each approach would have on general revenue;
- the amount of additional matching funds that might be available as a result of implementing each approach; and
- the maximum number of persons receiving services who would be eligible under federal income eligibility standards under each approach.

After evaluation, DARS would notify the Health and Human Services Commission (HHSC) if the CRS program could be provided in a more cost-effective manner. HHSC would have to actively pursue federal authorization. The executive commissioner would establish Medicaid eligibility criteria to administer the program, taking care to ensure cost effectiveness and maximize federal matching funds. HHSC, in administering the program, would:

- ensure that services were provided in a more cost-effective manner under the Medicaid program to eligible persons and that persons who were ineligible under Medicaid continued to receive services under the CRS program;
- ensure that persons who received services under the Medicaid program also received coverage under the CRS program for any service not covered by Medicaid;
- direct DARS to implement Medicaid coverage of services; and
- continue to coordinate all service for persons with traumatic brain and spinal cord injuries.

DARS would submit a report by November 1, 2008, to the governor and the Legislative Budget Board (LBB) describing the results of actions taken by DARS.

The bill would take effect September 1, 2007.

**SUPPORTERS
SAY:**

SB 1734 would follow an LBB recommendation by directing DARS to evaluate cost effective methods for providing comprehensive rehabilitation services. Every year, the incidence of traumatic brain injury (TBI) increases because improvements in medical technology allow people to survive injuries that once would have been fatal, and an increasing number of military veterans are returning home from conflicts in Iraq and Afghanistan with TBI injuries.

People suffering from TBI can recover a great deal of function if they receive specific rehabilitative therapies as soon and as frequently as possible. Such intervention allows TBI sufferers to recover to the fullest extent and ultimately to reduce the amount of care and services that they need. Without these interventions, TBI sufferers can end up in a nursing or rehabilitation facility, which is costly in human and financial terms. SB 1734 would allow DARS to find alternative ways of providing comprehensive rehabilitative services in the most cost-effective way possible.

While the federal Veterans Administration (VA) system provides some services to TBI sufferers who are veterans, in rural parts of the state it can be difficult for veterans to obtain services through this system because the nearest VA hospital may be too far away for a veteran to obtain consistent treatment and care to recover from TBI injuries. SB 1734 could allow some veterans to qualify for services and receive CRS treatment through DARS.

**OPPONENTS
SAY:**

No apparent opposition.

NOTES:

According to the fiscal note, the state would be able to access approximately \$450,000 annually in federal funds by providing comprehensive rehabilitation services through the Medicaid program beginning in fiscal 2010.