

## **BILL ANALYSIS**

Senate Research Center

S.B. 2114  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Autism is the fastest-growing developmental disability in the United States today. Currently, there are more than 23,000 students with autism spectrum disorders (ASD) in Texas public schools, projected to reach 50,000 by 2020. In June 2008, the Department of Adaptive and Rehabilitative Services found an 87 percent increase in the number of consumers with ASD receiving transition services between fiscal year 2007 and fiscal year 2008, clearly demonstrating the need to address the critical shortage of services for adults with ASD in Texas.

Successful community-based employment is virtually non-existent in Texas for a significant number of adults with ASD and developmental disabilities. The Department of Assistive and Rehabilitative Services Outcome Based Supported Employment Services program does not provide long-term training or the support needed to ensure sustainable employment or to achieve independence for adults with ASD or developmental disabilities. A coordinated system of comprehensive service delivery is needed to ensure that the skills gained in school are maintained and enhanced throughout adult life.

The goals of the proposed pilot program are to demonstrate that best practices are cost-effective when providing a comprehensive service model for adults and to create appropriate community-based supports that will enable the individual to live with family longer and continue to build independent living skills, thus potentially reducing the need for more costly residential services and institutionalization.

As proposed, S.B. 2114 requires the executive commissioner of the Health and Human Services Commission to conduct a study to determine the costs and benefits to this state of initiating a pilot program to provide comprehensive, integrated community services to adult persons with autism or other developmental disabilities.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to conduct a study to determine the costs and benefits to this state of initiating a pilot program to provide comprehensive, integrated community services to adult persons with autism or other developmental disabilities. Provides that the intent of the pilot program is to:

- (1) encourage sustainable employment and community integration through specialized case management, vocational assessment, training, and support to increase job skills and competitive employment opportunities;
- (2) develop meaningful community-based activities for those for whom competitive employment is not a goal;
- (3) promote continued individual development and avoid regression;
- (4) promote self-determination and independence;

(5) coordinate services and support across all areas of need; and

(6) allow for flexibility in funding and in the array of services provided to meet individual needs.

(b) Authorizes the Health and Human Services Commission (HHSC), in conjunction with the study performed under Subsection (a) of this section, to contract with an outside entity to develop a pilot plan that includes the design of the pilot program, the project work plan, the estimated budget, and the timelines of the project.

(c) Provides that a contract entered into by HHSC with an outside entity as provided in Subsection (b) of this section may not exceed 500 hours of service and must comply with all applicable state laws governing contracting with state agencies.

(d) Requires HHSC or the contract entity, in developing the pilot plan under this section, to:

(1) define and describe a seamless system of supports providing options for community-based housing, if needed, leisure or recreational activities, prevocational training, and employment support, and independent living support and training;

(2) document best practices and programs in other states that can be used as models;

(3) consult with key stakeholders, including advocacy organizations, potential service recipients, and parents, and collect relevant feedback;

(4) address housing needs, living arrangements, transportation issues, health or medical care issues, and other potential barriers that currently prevent individuals from living in the community;

(5) document services gaps in Texas and their causes;

(6) develop recommendations and project associated costs for closing services gaps;

(7) identify the potential benefit to participants in the pilot program; and

(8) identify any additional federal funds that could be leveraged to support the program.

(e) Requires HHSC, when selecting a contract entity under Subsection (b) of this section, to select an individual or organization that has a successful track record of reforming or establishing and operating community-based services for the full spectrum of adults with autism and other developmental disabilities, expertise in Medicaid waiver program development and other funding sources, or a demonstrated history of working effectively with large state agencies.

SECTION 2. Requires the executive commissioner, not later than September 1, 2011, to submit a report of the findings and conclusions of the study relating to the creation of a pilot program under Section 1 of this Act to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officers of the standing committees of the senate and house of representatives with primary jurisdiction over the provision of services to persons with disabilities. Requires that the report include recommendations relating to the structure of the pilot program, the target service population, the method of determining eligibility, the potential cost and related savings, the potential number of persons the pilot program may serve if implemented statewide, which agency or agencies are appropriate to design or administer the pilot program, and which Medicaid waiver programs are appropriate to the pilot program or whether a new Medicaid waiver may be required.

SECTION 3. Effective date: upon passage or September 1, 2009.