

BILL ANALYSIS

Senate Research Center

H.B. 3295
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Health & Human Services
7/6/2017
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The 83rd Legislature passed S.B. 7 to redesign long-term care services in Texas. S.B. 7 authorized the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS) to develop and implement pilot programs to test one or more service delivery models under Medicaid managed care to deliver long-term services and supports. H.B. 3295 would extend the statutory deadline by one year for certain pilot programs to allow those pilots to be implemented before all long-term care services are carved into managed care. (Original Author's / Sponsor's Statement of Intent)

H.B. 3295 amends current law relating to the delivery of certain Medicaid services to certain persons.

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. Amends Section 534.111, Government Code, to provide that, on September 1, 2019, rather than September 1, 2018, each pilot program established under this subchapter (Stage One: Programs to Improve Service Delivery Models) that is still in operation is required to conclude and this subchapter expires.

SECTION 2. Amends Section 534.201(b), Government Code, to require the Health and Human Services Commission (HHSC), on September 1, 2020, rather than September 1, 2018, to transition the provisions of Medicaid benefits to individuals to whom this section (Transition of Recipients under Texas Home Living (TxHmL) Waiver Program to Managed Care Program) applies to certain program delivery models.

SECTION 3. (a) Requires HHSC, using existing resources, to:

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

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

(b) Requires HHSC, not later than December 1, 2018, to submit a report containing HHSC's findings and recommendations under Subsection (a) of this section to the governor, the legislature, and the Legislative Budget Board (LBB). Authorizes the report required by this subsection to be combined with any other report required by this Act or other law.

SECTION 4. (a) Requires HHSC to conduct a study of the provision of dental services to adults with disabilities under the Medicaid program, including:

- (1) the types of dental services provided, including certain services;
- (2) limits or caps on the types and costs of dental services provided;
- (3) unique considerations in providing dental care to adults with disabilities, including certain services; and
- (4) the availability and accessibility of dentists who provide dental care to adults with disabilities, including the availability of dentists who provide additional services necessary for adults with particular disabilities.

(b) Requires HHSC, in conducting the study under Subsection (a) of this section, to:

- (1) identify the number of adults with disabilities whose Medicaid benefits include limited or no dental services and who, as a result, have sought medically necessary dental services during an emergency room visit;
- (2) if feasible, estimate the number of adults with disabilities who are receiving services under the Medicaid program and who have access to alternative sources of dental care, including pro bono dental services, faith-based dental services providers, and other public health care providers; and
- (3) collect data on the receipt of dental services during emergency room visits by adults with disabilities who are receiving services under the Medicaid program, including the reasons for seeking dental services during an emergency room visit and the costs of providing the dental services during an emergency room visit, as compared to the cost of providing the dental services in the community.

(c) Requires HHSC, not later than December 1, 2018, to submit a report containing the results of the study conducted under Subsection (a) of this section and HHSC's recommendations for improving access to dental services in the community for and reducing the provision of dental services during emergency room visits to adults with disabilities receiving services under the Medicaid program to the governor, the legislature, and the LBB. Authorizes the report required by this subsection to be combined with any other report required by this Act or other law.

SECTION 5. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 6. Effective date: September 1, 2017.