

Background:

A. State Policy Issues

TCDD staff will provide an update regarding recent public policy activities related to the 83rd Legislature that convened on January 8, 2013, during the Committee of the Whole, with continued discussion during the Public Policy Committee.

Discussion topics include legislation and funding relating to:

- SB 7
- Interest List Reduction
- Education (PBIS)
- Long Term Services and Supports
- Mental Health

B. Update on State Supported Living Center Activities

The Committee will receive an update on recent Department of Justice activities and introduced legislation relating to State Supported Living Centers.

C. Federal Policy Issues

TCDD Public Policy staff will provide an overview of the status and implementation of various federal legislative initiatives that impact people with developmental disabilities. Additional information is provided in meeting materials.

Committee of the Whole

Agenda Item 6. B.

Expected Action:

The Committee will receive a report on legislative activity.

Public Policy Committee

Agenda Item 8.

Expected Action:

The Committee will receive updates on these items and may make recommendations for consideration by the Council.

Council

Agenda Item 12. B.

Expected Action:

The Council will receive a report from the Public Policy Committee and consider any recommendations offered from the Committee.



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KEY FEATURES OF SB 7 (Updated 4/20/2013)

SB 7 requires the transfer of the Medicaid long term services and supports for people with intellectual and developmental disabilities (IDD) into a single managed care system by 2020. This includes HCS, CLASS, DBMD and TxHmL waivers and the ICF/IID program, but not State Supported Living Centers.

Acute Medical Services: Medicaid acute care services would be provided through a capitated managed care program [STAR, STAR Kids, or STAR+PLUS] operated by a Managed Care Organization (MCO -generally operated by large insurance companies).

Medically Dependent Children's Program (MDCP): MDCP would be eliminated. MDCP would be replaced by a mandatory STAR Kids capitated managed care program for children. As written, SB 7 does not clearly state that all services currently available in MDCP would be provided in the new program, however, legislative staff have clearly stated that the intent is that all services would be available.

Texas Home Living (TxHmL): TxHmL would be transferred to the managed care system first - no later than Sept. 1, 2017. HHSC would be required to determine whether to cease operating the TxHmL waiver because all of the waiver's services are provided via managed care as an entitlement, whether to continue operating the TxHmL waiver to provide those services that are not included in managed care, or eliminate a portion of the services currently available to people receiving services from the TxHmL waiver.

Residential Changes to Reduce Costs: SB 7 would require **prior authorization** before a person could receive services in a group home in order to restrict access to only those that cannot be served in a less restrictive setting. SB 7 would also require the development of housing options, including the most restrictive settings, to reduce the cost of residential services.

Voluntary Transition to Managed Care – HCS, CLASS and DBMD waiver participants would not be required to transition to managed care. Persons receiving waiver services may choose to remain in their waiver program or transition to managed care. However, participants who choose to transition from their waiver program to managed care **will not be permitted to transfer back** to their previous waiver program.

The Commission would decide whether to continue to operate the waivers and the ICF/IID program for the purpose of providing supplemental services not available in managed care (Star+Plus) or for only those who choose to remain in a waiver program.

Pilot Capitated Managed Care Strategies for Persons with Intellectual and Developmental (IDD): DADS may test capitated, managed care strategies with a private provider by Sept. 1, 2016 for no longer than two years. The pilots would coordinate services provided through community ICFs and Medicaid waiver programs, and integrate long term services and supports with acute care services. A waiver program recipient's pilot participation would be voluntary.

Community First Choice: A basic attendant and habilitation service for 11,902 people with IDD would be administered by managed care organizations. Cost projections indicate that wages for those that provide habilitation services would be about 25% less than current HCS habilitation wages. IDD Local Authorities would coordinate the new CFC service, but would not provide the CFC service. Current CLASS, HCS and TxHmL providers would be eligible to provide the new IDD service.

Comprehensive Assessment: SB 7 would require DADS to implement a comprehensive assessment and resource allocation process that would provide a uniform mechanism to provide recommendations relating to type, intensity and duration for appropriate and available services based on each person's functional needs.



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

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March 15, 2013

Presented in response to a request for comments and suggestions regarding CSSB 7 by Senator Nelson:

ASSESSMENTS

Sec. 533.0335 related to the Comprehensive Assessment And Resource Allocation Process: This section limits use of the tool to waiver services only.

Recommendation: Add intent that the end result should be a single comprehensive assessment for all ICF, waiver and CFC recipients.

Recommendation: Add language about how to handle the assessment for the CFC service that is not based on a medical model and timeline to ensure that it is chosen/developed prior to implementation. The assessment used at implementation may need to be an intermediary measure until a comprehensive tool is adopted; but it still needs to be valid, reliable and not based on a medical model.

Recommendation: Add language to reflect that the comprehensive assessment process should be coordinated by IDD local authorities per Section 533.0355 (b) 3 for individuals with intellectual and developmental disabilities. In this manner, the enhanced assessment process will compliment and inform the HCS Person Directed Planning process.

Recommendation: The HCS Person Directed Planning process and tool developed with substantial stakeholder input should be included in the future of the IDD system. As part of the ongoing implementation of Sec. 48 Rider provision (2009), stakeholders have developed and refined a PDP process and tool that should be expanded to the other programs in the system (including SSLCs).

Recommendation: Add language to reflect intent for the Department/Commission to consult with the Advisory committee in the development and implementation of the comprehensive assessment instrument. CSSB 7 expects that consultation only with respect to developing the resource allocation process.

ADVISORY COMMITTEES

STAR Kids stakeholder input eliminated - Sec 534.152 - this section deleted a subsection re: stakeholder input. Not sure if that's now expected from the new advisory committee, or just dropped.

Recommendation: Add an advisory process specific to STAR Kids. The STAR Kids transition is a BIG issue that needs its own stakeholder process. Recommend a broad stakeholder advisory committee specific to the transitions of SSI kids with complex needs.

IDD Advisory Committee & CFC Option: Although Section 534.053 states that the Advisory Committee will advise HHSC and DADS on the redesign of the IDD system under this chapter, there is no reference to its involvement in the development and implementation of the CFC Option under Section 534.152 or in Section 1.04 related to the final report that is due to the legislature not later than June 1, 2016 regarding the CFC Option.

Recommendation: Add language regarding the role of the Advisory Committee in the implementation of CFC.

Advisory Committee Composition: Sec. 534.053 (a) (3) (E) specifies that the committee shall include a representative from NorthStar.

Question: What is the relevance of NorthStar to this committee?

Recommendation: If the intention is to include mental health providers, identify mental health providers. Membership of the IDD stakeholder advisory committee should be limited to actual IDD stakeholders.

Advisory Committee Travel: Not addressed.

Recommendation: In order to ensure meaningful participation by self-advocates and families, reimbursement for travel expenses for self-advocates and families of persons with disabilities appointed to that Committee should be authorized by the bill and via contingency rider.

NETWORK ADEQUACY

Sec. 534.202. Transition Of ICF/IID And Medicaid Waiver Recipients To Managed Care Program: Subsection (f) requires that before transitioning the provision of Medicaid program benefits for children, an MCO providing services under the managed care program delivery model must demonstrate to the satisfaction of the commission that the MCO's network of providers has experience and expertise in the provision of services to children with IDD.

Recommendation: The above required IDD experience should apply regardless of the person's age. There should also be a requirement that the MCOs have demonstrated experience providing management of care for persons with IDD.

Recommendation: Network adequacy standards need to be strengthened. There is little confidence in the accuracy of network provider lists in the current system. An independent (not affiliated with HHSC or DADS) ombudsperson should be authorized to routinely deploy "mystery shoppers", by region, to contact listed providers' offices to verify that they are a member of the network and that they are accepting new patients. This was identified by AARP as Promising Best Practice and would help to mend consumer confidence.

http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/keeping-watch-building-state-capacity-to-oversee-medicare-managed-care-AARP-ppi-health.pdf

HOLD HARMLESS

Secs 534.201 and 534.202 related to Transition Of Recipients of Texas Home Living (TxHmL) ICF-IID and Medicaid Waiver Program Recipients To Managed Care: At various forums it has been stated that current programs and services would not change or go away.

Recommendation: The language in the bill does not track these assertions. If the intent is not to eliminate services for current participants, the bill should provide explicitly that the intent of the bill is for the current array of services to be maintained in the future either through a managed care model, the current waiver(s), or a new waiver program for that purpose.

Recommendation: The decisions for transferring services to managed care or maintaining in an existing or new waiver should be delegated to the legislature by specific language. This and the previous recommendation will reassure families that it is not the intent of the bill to “take away” critical services for their family members.

OTHER

Eliminate Choice of Health Plan for “Certain Persons”

Section 2.01 - 533.025 (f) – (h) allow the commission to study and implement auto enrollment for “certain populations” into a managed care plan.

Recommendation: Remove. It seems that this would remove “certain” persons’ ability to choose the plan with the individuals’ traditional significant health providers.

Independent Ombudsperson – The last time the state introduced managed care to a new population an independent organization was created to assist Texans with health care access and health education, and to ensure their rights in a managed care system.

Recommendation: Include a provision that requires an independent (not affiliated with HHSC/DADS and MCOs) ombudsperson to operate a toll-free helpline to assist people with cognitive disabilities with health care access and health education, and to ensure their rights in a managed care system. This entity should also be authorized to routinely deploy “mystery shoppers”, by region, to contact listed providers’ offices to verify that they are a member of the network and that they are accepting new patients.

Pilot Projects - There is no reference to how pilot providers will be monitored to ensure health and safety or reference to rules to which they must adhere.

Questions: There are substantial concerns about the “flexibility” that will be provided to pilot providers. Monitoring and accountability, including a sanctioning process, to ensure health and safety are vital to achieving the goals of SB 7. What rules and regulations will they be operating under? Will local oversight be provided? Are we taking a step backward by allowing a person to only have a provider in their life?

Recommendation: Add language to reflect intent for local IDD authorities to continue their role and responsibilities for individuals with intellectual and developmental disabilities as provided by Health and Safety Code Sec. 533.0355. *(FYI – that includes access, intake, eligibility functions, enrollment and initial person centered assessment, safety net, service coordination function, and monitoring.)*

Parent Premiums -SB 7 would require parents to pay a premium for long term services and support provided to a child. Under federal law a co-pay cannot be charged for institutional services. SB 7 would thus expect a co-pay from parents for only services in community based waivers and other community long term services programs. Families stated that it would be unfair to have premiums for parents whose children use community-based long term services and supports unless premiums are also applied to institutional services.

Recommendation: Make parent premiums contingent on equitable application across programs.

Section 544.054 - Annual Report - Now Dec 1 each year, previously Sept 1.

Recommendation: Return the reporting back to September rather than December. Legislators and stakeholder should have ample opportunity to understand the scope of the reports. In the event that substantial change occurs between September and December, agencies can turn in supplemental reports.

Provider Base Expansion - Home care providers are aggressively seeking to exclude providers without HCSSA licensure from providing the new CFC service. Self-advocates and families have been clear that they want providers with demonstrated experience providing services specific to people with IDD.

Recommendation: Affirmatively state that the intent is to expand the provider base and deem both licensed and certified DADS providers with demonstrated experience working with people with IDD as eligible CFC providers. And identify CLASS, HCS and TxHmL providers as significant traditional providers for the purposes of LTSS managed care for people with IDD.

Habilitation - Resource regarding the difference between habilitation and rehabilitation at: <http://www.tcdd.texas.gov/public-policy/public-policy-input/public-input-provided-in-2012/public-input-to-the-texas-department-of-insurance-nov-21-2012/>



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The Texas Council for Developmental Disabilities has supported a number of projects to address access to healthcare for people with complex medical needs and developmental disabilities. Three projects and their outcomes are highlighted below including Baylor College of Medicine Transition Medicine Clinic, Project DOCC Houston and Texas Parent to Parent Medical Education.

Baylor College of Medicine Transition Clinic (www.bcm.edu/medpeds/transitional.html)

In January 2005, Baylor's Combined Medicine-Pediatric Program started a Transition Medicine Clinic with the goals of:

- Delivering a medical home to adolescents and young adults with chronic illnesses who are transitioning their health care from pediatrics to the adult health care system.
- Assisting adolescents, young adults and their families to transition services from the pediatric-subspecialist to the adult-subspecialist.

Social worker support started in January 2006. The clinic takes care of patients with diagnoses such as spina bifida, sickle cell disease, congenital heart disease, autism, Down syndrome, cerebral palsy, and survivors of childhood cancer; collaborates with Texas Children's Hospital, Shriners' Hospital, Harris Health System and their Adolescent Medicine Clinic, and the City of Houston; trains primary health care providers in the specific expertise needed to deliver age-appropriate health care services to adolescents and young adults who have chronic diseases or disabilities of childhood; and has become a resource for the community on transitioning youth with special health care needs.

With the funding provided by TCDD, the Transition Medicine Program was able to offer consultative services to **266 patients**, ages 14-25, transitioning from pediatric to adult healthcare; educate physicians on transition issues/services; provide training & outreach to health professionals & community providers; and provide **311 people** with needed health services.

Project DOCC Houston (www.projectdocchouston.org)

Project DOCC Houston recruits, trains and assigns duties to parent teachers who provide "training" to the pediatric residents by meeting with the residents and facilitating home visits. They also provide a comprehensive understanding of life with a child with chronic illness or disabilities.

- During their period of grant funding from TCDD (2002-2007), Project DOCC Houston presented 13 Grand Rounds Panel Presentations (GRPP) at a variety of hospitals and universities.
- All pediatric residents were scheduled for the Project DOCC training as a part of their curriculum.
- The Resource Guide for Parents of Children with Disabilities, Houston and Surrounding Areas, along with information on Medical Home concept and the principles of Family-Centered Care were provided for all the pediatric residents.

Evaluation information from TCDD funded project: Data was collected from the pediatric residents' pre- and post-evaluations of their participation in Project DOCC and the parent teacher evaluations of the residents from 2003 to 2007.

- After participating in Project DOCC, residents were more likely to believe that the parents of children with chronic illness or disability should have an active and equal role with physicians in making all decisions related to their child's care.
- An overwhelming majority of the residents rated the parent educators very high, **87% to 98%**.
- A majority of the residents indicated that participating in Project DOCC made them more willing to work with children with chronic illness/disabilities and their families, **75% to 84%**.
- A very strong majority of parent teachers, **95% to 96%**, described the residents as showing interest in the discussions held during the home visit or parent interviews.
- A very strong majority of parent teachers, **87% to 97%**, described the residents as asking relevant questions during the interviews.
- **85% to 91%** of the parent teachers reported that the residents appeared to understand the parents' perspective.
- Finally, **77% to 98%** stated that the residents appeared to be open to the "*principle of partnering with a parent of a child with a chronic illness or disability.*"

Texas Parent to Parent Medical Education Program (www.txp2p.org/training/med.html)

Texas Parent to Parent (TxP2P) provides Pediatric and Family Practice Residents and other members of the medical community with a comprehensive understanding of life with a child with chronic illness or disabilities.

TxP2P created 5 different Medical Residency Programs (MEd.) in collaboration with 4 hospitals; 3 Pediatric, 1 Family Practice and 1 Osteopathic Program. Each program had different numbers of residents and family faculty. Several programs also provided presentations to nursing classes and ECI programs.

Evaluation Information:

- Almost all of the residents indicated that they were impressed by the love and dedication of the parents to their children.
- Residents learned that the orders they wrote were sometimes difficult to carry out at home.
- Residents learned that they could do more to help than just treat the child - by providing resources and support for the family, the child will be in a better environment and do better.

MEd., TxP2P, was invited to join the Medical Home Work Group through the Department of State Health Services Children with Special Health Care Needs Program (CSHCN). This enabled them to train Family

Faculty and they, in turn, could train the Residents. They have been able to provide the Group with a parent perspective on medical and insurance issues and education on parent/family supports.

SB 1

The Texas House of Representatives and Senate have each passed their respective versions of SB 1, the 2014-2015 biennial budget. The House included \$1B more in public education and \$840M less in Medicaid than the Senate. A conference committee will be appointed to work out their differences. Overall the Legislative Budget Board finds the budget will provide 3% less funding than the 2012-2013 budget when population growth and inflation are factored in. For people with disabilities both proposed budgets funded many of the health and human services Exceptional Items that were requested to restore or expand services. This document includes a comparison of funding levels for selected health and human service programs important for people with developmental disabilities.

Department of Aging and Disability Services (DADS)

Medicaid Waiver Programs

DADS requested funding to provide services to 20% of the persons waiting on HCS and CLASS interest lists who are likely eligible for services, and funding to increase services by 10% over August 2013 caseload levels for the other waivers. The House and Senate each funded 20% of the DADS request for HCS and CLASS in their respective budgets, or services for only 4% of those waiting on interest lists. As of February 28, 2013, there were 105,264 unduplicated persons waiting on interest lists.

| Community Expansion | | | |
|---------------------|---------------|----------------|----------------|
| Waiver | Request | House | Senate |
| HCS | 5,566 | 1,114 | 1,114 |
| CLASS | 3,056 | 612 | 612 |
| TxHmL | 574 | 114 | 3,000 |
| CBA | 982 | 114 | 262 |
| STAR+PLUS | 1,116 | 1,474 | 490 |
| MDCP | 238 | 48 | 120 |
| DBMD | 16 | 4 | 100 |
| Other | 5,083 | 1,018 | - |
| Total Svcs | 16,631 | 4,908 | 5,698 |
| Total \$\$ | \$220M | \$54.7M | \$66.2M |

Community First Choice

Both chambers funded a basic attendant and habilitation service for 11,902 people with IDD that would be delivered by managed care organizations (insurance companies).

Promoting Independence

Both chambers agreed to fully fund the DADS request for diversions and transitions from institutions into community waiver programs. New this session are HCS services for persons with IDD to transition from nursing facilities and Child Protective Services group homes. The \$28.1M for promoting independence will be used to:

- Transition 400 people from large and medium ICFs into HCS services
- Transition 192 children aging out of foster care into HCS services
- Provide HCS services to 300 persons in crisis to prevent SSLC placement
- Provide CBA services to 100 persons in crisis to prevent nursing home placement
- Provide HCS services to 360 people with IDD in nursing homes
- Provide HCS services to 25 kids living in Child Protective Services group homes

Department of Assistive and Rehabilitative Services (DARS)

Early Childhood Intervention

ECI provides services to eligible children with developmental delays that assist them to gain skills or improve development. The ECI request was fully funded to address the increase in the average cost of services that occurred as a result of the 82nd Legislature’s decision to narrow eligibility.

Autism Program

The DARS Autism Program provides intensive, evidence-based treatment to children ages 3-8 with a diagnosis of Autism Spectrum Disorder. The House fully funded the DARS request to provide services to 260 children for \$4.8M. The Senate did not fund the request, but expressed an interest in finding a more cost effective means of providing the services.

Independent Living Centers

Neither the House nor the Senate funded the DARS request for \$2M for three new ILCs primarily because no evidence was presented to support the request. Instead, a rider was added to require DARS to report on the actual and projected numbers of recipients served by each center and the types of services provided and make recommendations to improve the measurement, collection, and reporting of outcome data related to the centers.

| Department of Assistive and Rehabilitative Services (DARS) | | | |
|--|-----------------|------------------------|---------|
| Exceptional Items | General Revenue | | |
| | Request | House | Senate |
| 1. Maintain ECI Current Services | \$10.8M | \$10.8M | \$10.8M |
| 2. Expand Autism Services to Unserved Areas | \$4.8M | \$4.8M | \$0 |
| 3. Expand Independent Living Centers | \$2M | \$0 | \$0 |
| 4. Access to Interpreter Services for the Deaf | \$1.3M | \$1.3M | \$0 |
| 5. Deaf & Hard of Hearing Resource Specialists | \$840K | \$420K | \$0 |
| Workgroup Initiative - Comp Rehab \$11.8 M | NEW | General Revenue | |
| Comprehensive Rehab Services for 206 persons. | \$0 | \$11.8M | \$0 |

Deaf and Hard of Hearing Services

The House funded DARS’ full request for Access to Interpreter Services and half of the request to improve Access to Deaf and Hard of Hearing Services. The Senate funded neither request.

Comprehensive Rehabilitation Services

Individuals with a traumatic brain injury or spinal cord injury can receive post-acute rehabilitative services in the CRS program. The House added funding to provide CRS services to an additional 206 persons. This item was not addressed by the Senate.

Department of State Health Services (DSHS)

Children with Special Health Care Needs

The CSHCN program covers services to children with extraordinary medical needs, disabilities, and chronic health conditions. The program pays for medical care,

family support services, and related services not otherwise covered. The House funded 60% of the request. The Senate did not provide any additional funding for the CSHCN program.

Department of State Health Services (DSHS) (Cont.)

Adult and Children’s Mental Health Waiting Lists

The House and Senate fully funded the DSHS request to address the waiting lists for mental health services.

Supplemental Mental Health Funding

The Senate and the House each committed additional funding beyond the Base and Exceptional Items requests, \$115.5M and 129.5M respectively.

| Department of State Health Services (DSHS) | | |
|--|-----------------|-----------------|
| Workgroup Initiatives | House | Senate |
| Public MH Awareness Campaign | - | \$4M |
| School-based training for teachers and staff in prevention and early identification of MH. | - | \$2M |
| Crisis Services | \$25M | \$30M |
| Expand Community MH for Adults and Children | \$20M | \$20M |
| Youth Empowerment Service (YES) Waiver Statewide Expansion | \$32.5M | \$32.5M |
| Collaborative Public-Private Partnerships | \$25M | \$10M |
| Expand Local MH Authorities to Serve Persons Who Are Underserved | \$17M | \$17M |
| Expand NorthSTAR to Serve Persons Who Are Underserved | \$6M | - |
| Fund MH Services for Veterans | \$4M | - |
| NEW Investment in Mental Health Services | \$129.50 | \$115.50 |

Health and Human Services Enterprise

Acquired Brain Injury

Both chambers provided funding for the Office of Acquired Brain Injury and to add Cognitive Adaptive Therapies to all of the Medicaid waivers.

Attendant Wages

The Senate included \$41M to raise the floor for attendant wages to \$7.75 in the second year of biennium, 50 cents above minimum wage. The House included \$63.7M to raise the floor by 50 cents to \$7.85. The original request was for \$176M for a 50 cent an hour across the board wage increase.

Texas Department of Housing and Community Affairs (TDHCA)

| Texas Department of Housing and Community Affairs | | | |
|---|---------|---------|---------|
| | Request | House | Senate |
| Housing Trust Fund | \$11.7M | \$11.4M | \$12.1M |
| Amy Young Architectural Barrier Removal should receive \$4-\$5 M during the biennium. | | | |

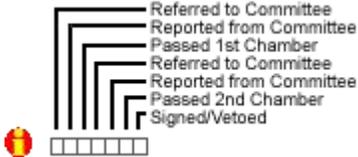
The Housing Trust Fund uses general revenue for two programs: Amy Young Barrier Removal and Bootstrap Loan. State statute requires \$3M per year go to Bootstrap. After setting aside \$6M for Bootstrap, a self-help home mortgage program, the balance will be available to fund architectural accessibility modifications in individual homes or rental units through the Amy Young program.



Tx Council/Developmental Dis. Bill Status Report

04-16-2013 - 14:23:33

A - Action in the date range
 R - Link to Related Information
 () - Priority



May Mtg - SSLCs

HB 3312
■

Collier, Nicole(D)

Relating to an evaluation of the state supported living center system.

Companions: [SB 1045](#) Rodriguez, Jose (Identical)
3-12-13 S Introduced and referred to committee on Senate Health and Human Services

Remarks: Would require evaluation of SSLCs for closure or consolidation based on proximity to each other; marketability of property; condition of buildings; ease of client transfer and other employment options for current employees.

Bill History: 03-19-13 H Introduced and referred to committee on House Human Services

HB 3527
■

Klick, Stephanie(R)

Relating to the criteria and requirements for the closure, consolidation, or consolidation plan of state supported living centers.

Remarks: Would require criteria for closure or consolidation of SSLCs based on costs, census, compliance with federal law and a strategy to minimize adverse effects on community, employees and residents.

Bill History: 03-20-13 H Introduced and referred to committee on House Human Services

HB 3528
■

Klick, Stephanie(R)

Relating to the creation of the State Supported Living Center Realignment Commission.

Companions: [SB 729](#) Rodriguez, Jose (Identical)
2-25-13 S Introduced and referred to committee on Senate Health and Human Services

Remarks: Would establish the State Supported Living Center Realignment Commission comprised of public, agency, parent and community services stakeholders to evaluate and recommend consolidation or closure of SSLCs.

Bill History: 03-20-13 H Introduced and referred to committee on House Human Services

SB 32

Zaffirini, Judith(D)

Relating to individuals with intellectual disabilities committed to state supported living centers.

Remarks: Requires that an SSLC commitment order expire after 12 months.

Bill History: 01-28-13 S Introduced and referred to committee on Senate Health and Human Services

SB 33

Zaffirini, Judith(D)

Relating to the electronic monitoring of residents at state supported living centers.

Companions: [HB 1740](#) Naishtat, Elliott (Identical)
3- 4-13 H Introduced and referred to committee on House Human Services

Remarks: SSLC rules re electronic monitoring of private spaces.

Bill History: 04-15-13 H Referred to House Committee on House Human Services

SB 34

Zaffirini, Judith(D)

Relating to the administration of psychoactive medications to persons receiving services in certain facilities.

Companions: [HB 1739](#) Naishtat, Elliott (Identical)
4- 8-13 H Reported favorably from committee on House Public Health

Remarks: SSLC resident right to refuse psychoactives unless under guardianship or court ordered w/due process.

Bill History: 04-16-13 S First placement on Senate Intent Calendar for

SB 1766

Rodriguez, Jose(D)

Relating to the criteria and requirements for the closure, consolidation, or consolidation plan of state supported living centers.

Remarks: Would establish criteria for recommending closure or consolidation of SSLC's.

Bill History: 03-25-13 S Introduced and referred to committee on Senate Health and Human Services

May Mtg Education

HB 617

Rodriguez, Eddie(D)

Relating to transition and employment services for public school students enrolled in special education programs.

Companions: [SB 37](#) Zaffirini, Judith (Identical)
1-28-13 S Introduced and referred to committee on Senate Education

Remarks: Would require an independent school district to designate one staff for transition and employment; collaboration with other state agencies to produce a statewide transition guide; and that transition planning include employment information. Could align nicely with Employment First.

Bill History: 04-22-13 H Set on the House Calendar

HB 642



Patrick, Diane(R)

Relating to [continuing education](#) requirements for certain educators.

Remarks: Would add various continuing education requirements for teachers, counselors and principals. It includes instruction in educating diverse populations, including students with disabilities.

Bill History: 03-28-13 H Reported from committee as substituted House Public Education

HB 918



Walle, Amando(D)

Relating to requiring a school district to report data regarding citations issued to and arrests made of students.

Remarks: Would require schools to report total citations and arrests of students by race, ethnicity, special education eligibility and limited English proficiency. A citation is defined as a Class C misdemeanor or higher.

Bill History: 04-02-13 H Committee action pending House Public Education

SB 43



Zaffirini, Judith(D)

Relating to consideration of school district disciplinary placement information in evaluating district performance.

Remarks: Would amend Section 39.301(c) Education Code (school indicators) to require schools to report the percentage of students subject to disciplinary action, whether discretionary or mandatory and student status in special education.

Bill History: 01-28-13 S Introduced and referred to committee on Senate Education

SB 115



Williams, Tommy(R)

Relating to a school choice program for certain students with disabilities.

Companions: [HB 1175](#) Capriglione, Giovanni (Identical)
2-20-13 H Introduced and referred to committee on House Public Education

Remarks: Would allow the use of vouchers for elementary and secondary students with disabilities to attend private schools.

Bill History: 04-11-13 S Voted favorably from committee as substituted Senate Education

SB 460



Deuell, Bob(R)

Relating to inclusion of instruction in the detection and education of students with mental or emotional disorders in the requirements for educator training programs.

Companions: [HB 3224](#) Coleman, Garnet (Identical)
3-19-13 H Introduced and referred to committee on House Public Education

Remarks: Would add a social emotional course requirement for teacher certification. The committee substitute includes PBIS.

Bill History: 04-17-13 S Meeting set for 8:30 A.M., E1.012 Senate Higher Education

May Mtg LTSS

HB 1088



Martinez, Armando(D)

Relating to consumer protection provisions applicable to Medicaid managed care contracts.

Remarks: Would prohibit managed care organizations (MCO) from reducing reimbursement rates and value added services in the first year. It requires MCOs to notify participants of a rate/service reduction 60 days in advance and advise them of their right to switch MCOs. It also requires the MCO to restore rates and services to the levels in effect at the beginning of the contract before allowing an MCO to expand to a new area.

Bill History: 02-19-13 H Introduced and referred to committee on House Public Health

SB 7



Nelson, Jane(R)

Relating to improving the delivery and quality of certain health and human services, including the delivery and quality of Medicaid acute care services and long-term care services and supports.

Remarks: See Handout.

Bill History: 04-02-13 H Referred to House Committee on House Human Services

SB 41



Zaffirini, Judith(D)

Relating to the administration and provision of consumer-directed services under certain health and human services programs.

Remarks: Would add individualized budgeting for the purchase of goods and services - a Consumer Directed Services workgroup recommendation.

Bill History: 01-28-13 S Introduced and referred to committee on Senate Health and Human Services

SB 45



Zaffirini, Judith(D)

Relating to the provision of employment assistance and supported employment to certain Medicaid waiver program participants.

Remarks: Would add supported employment and employment assistance to all waivers.

Bill History: 04-16-13 H Referred to House Committee on House Human Services

SB 49



Zaffirini, Judith(D)

Relating to transitional living assistance for children with disabilities who reside in general residential operations.

Remarks: Would provide promoting independence for children with developmental disabilities in Department of Family and Protective Services General Residential Operations (Sec. 42.002, Human Resources Code.) The substitute clarifies language in the bill. Senator West signed on as co-sponsor.

Bill History: 04-08-13 H Referred to House Committee on House Human Services

SB 50
■ ■ ■ ■

Zaffirini, Judith(D)

Relating to the Children's Policy Council, including the composition of the council.

Remarks: Would add a person up to 25 years who has used mental health services to the member makeup of the Children's Policy Council.

Bill History: 04-08-13 H Referred to House Committee on House Human Services

SB 1112
■

Zaffirini, Judith(D)

Relating to prohibiting organ transplant recipient discrimination on the basis of certain disabilities.

Remarks: Would prohibit discrimination based on disability in order to qualify for an organ transplant.

Bill History: 03-12-13 S Introduced and referred to committee on Senate Health and Human Services

SB 1226
■ ■

Zaffirini, Judith(D)

Relating to the establishment of an employment-first policy and task force that promote opportunities for individuals with disabilities to earn a living wage with competitive employment.

Remarks: Would require Employment First Policy.

Bill History: 04-18-13 S Set on the Local Calendar

May Mtg Mental Health

HB 376
■ ■

Strama, Mark(D)

Relating to the regulation of child-care providers by the Texas Workforce Commission and local workforce development boards.

Companions: SB 1588 Zaffirini, Judith (Identical)
3-19-13 S Introduced and referred to committee on Senate Health and Human Services

Remarks: Would improve the child care subsidy system by ensuring kids who qualify receive high quality early learning, school readiness preparation and social emotional development.

Bill History: 04-10-13 H Reported from committee as substituted House Human Services

SB 44
■

Zaffirini, Judith(D)

Relating to maintaining and reporting certain information regarding certain child abuse or neglect cases.

Remarks: As filed would have prohibited the inclusion of parents in the abuse and neglect registry because of Refusal to Accept Parental Responsibility (RAPR) if parents relinquished custody as the only option access MH treatment. As a result of the fiscal note on the introduced bill, the substitute removes the exclusion of names from the registry; requires the Council on Children and Families to recommend solutions; requires DFPS to offer joint conservatorship; and requires DFPS and DSHS to jointly study and implement changes to prevent RAPR.

Bill History: 04-16-13 S Meeting set for 9:00 A.M., SENATE CHAMBER Senate Health and Human Services

SB 58
■ ■ ■ ■

Nelson, Jane(R)

Relating to integrating behavioral health and physical health services provided under the Medicaid program using managed care organizations.

Remarks: Would integrate health and behavioral health into Medicaid managed care. Does not include NorthSTAR.

Bill History: 04-15-13 H Referred to House Committee on House Public Health

SB 126
■ ■ ■ ■

Nelson, Jane(R)

Relating to the creation of a mental health and substance abuse public reporting system.

Remarks: Would require a public reporting system for adult and children's mental health services provided by local mental health authorities, managed care mental health and contractors for substance abuse services.

Bill History: 04-08-13 H Referred to House Committee on House Public Health

SB 152
■ ■ ■ ■

Nelson, Jane(R)

Relating to the protection and care of persons who are elderly or disabled or who are children.

Remarks: A mental health hospital patient safety bill that would require employee training in recognizing and reporting abuse. A substitute added trauma informed care training and extended the deadline for Inspector General to hire investigators.

Bill History: 04-10-13 H Referred to House Committee on House Human Services

SB 421
■ ■ ■ ■

Zaffirini, Judith(D)

Relating to the Texas System of Care and the development of local mental health systems of care for certain children.

Companions: [HB 3684](#) Naishtat, Elliott (Identical)
4-10-13 H Committee action pending House Public Health

Remarks: Would expand statewide the Texas Integrated Funding Initiative (TIFI) that integrates state, federal, local and other funds to establish local systems of care for children and youth with complex mental health needs.

Bill History: 04-15-13 H Referred to House Committee on House Public Health

- End of Report -