BILL ANALYSIS

C.S.H.B. 3523
By: Raymond
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Recently enacted legislation set forth a multi-year redesign of the long-term care services and supports system, including an integration of managed acute care services, for individuals with intellectual and developmental disabilities. The first stage of the system redesign began last fall with the transition of acute care services to the Texas Medicaid managed care program. Interested parties assert the need for certain clarifications and enhancements to the law to ensure that the goals of the system redesign are achieved. C.S.H.B. 3523 seeks to address this need.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 3523 amends the Government Code, including provisions amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, to require the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS) to perform specified duties under statutory provisions relating to the system redesign for delivery of Medicaid acute care services and long-term services and supports to individuals with intellectual and developmental disabilities in consultation with the Intellectual and Developmental Disability System Redesign Advisory Committee. The bill authorizes the advisory committee to establish work groups that meet at times other than at the required quarterly meeting for purposes of studying and making recommendations on issues the committee considers appropriate and postpones the date on which the advisory committee is abolished and statutory provisions relating to the committee expire from January 1, 2024, to January 1, 2026. The bill removes a September 1, 2019, expiration date from statutory provisions requiring HHSC to provide Medicaid benefits to recipients who reside in nursing facilities through the STAR + PLUS Medicaid managed care program, requiring HHSC to establish credentialing and minimum performance standards for nursing facility providers seeking to participate in the STAR + PLUS Medicaid managed care program, and prohibiting a managed care organization from requiring prior authorization for a nursing facility resident in need of emergency hospital services.

C.S.H.B. 3523 requires the annual report on the implementation of an acute care and long-term services and supports system for individuals with an intellectual or developmental disability under the Medicaid program and the analysis regarding a pilot program implementing such a system to include an assessment of the effects of the system and of the managed care strategies implemented in the pilot program, respectively, on access to long-term services and supports; the quality of acute care services and long-term services and supports; meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's

inclusion in the community; the integration of service coordination of acute care services and long-term services and supports; the placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs; employment assistance and customized, integrated, competitive employment options; and the number and types of fair hearing and appeals processes in accordance with applicable federal law. The bill postpones the expiration date of statutory provisions relating to the annual implementation report from January 1, 2024, to January 1, 2026.

C.S.H.B. 3523 postpones the deadline for implementation of any pilot programs established to improve service delivery from September 1, 2016 to September 1, 2017. The bill removes a requirement that such a pilot program operate not less than 24 months and instead authorizes those programs to operate for up to 24 months. The bill removes the dates by which HHSC and DADS are required to review and evaluate the progress and outcomes of each pilot program and specifies that the resulting report be submitted to the legislature as part of the annual report on system implementation. The bill specifies that the review must be done in collaboration with the Intellectual and Developmental Disability System Redesign Advisory Committee. The bill removes the requirement that a managed care strategy developed for implementation through a pilot program be designed to promote efficiency and the best use of funding.

C.S.H.B. 3523 requires the plan for transitioning the provision of Medicaid benefits between a Medicaid waiver program or an ICF-IID program and a pilot program to be developed in consultation and collaboration with the advisory committee and with stakeholder input. The bill requires HHSC and DADS, in consultation and collaboration with the advisory committee, to analyze the outcomes of providing acute care Medicaid benefits to individuals with an intellectual or developmental disability through the STAR + PLUS Medicaid managed care program or other integrated capitated managed care program delivery model and requires the analysis to include an assessment of the effects on access to and quality of acute care services and the number and types of fair hearing and appeals processes in accordance with applicable federal law. The bill requires the analysis to be incorporated into the HHSC annual report to the legislature and to include recommendations for delivery model improvements and implementation for consideration by the legislature, including recommendations for needed statutory changes.

C.S.H.B. 3523 authorizes DADS to contract with providers participating in the home and community-based services (HCS) waiver program, the Texas home living (TxHmL) waiver program, the community living assistance and support services (CLASS) waiver program, or the deaf-blind with multiple disabilities (DBMD) waiver program for the delivery of basic attendant and habilitation services for individuals with an intellectual or developmental disability receiving services under the STAR + PLUS Medicaid managed care program. The bill specifies that DADS has regulatory and oversight authority over the providers with which DADS contracts for the delivery of those services.

C.S.H.B. 3523 authorizes HHSC to transition the provision of Medicaid benefits to applicable individuals to the STAR + PLUS Medicaid managed care program delivery model or other integrated capitated managed care program delivery model on or after September 1, 2018, and removes the requirement that HHSC conduct the transition not later than September 1, 2017. The bill requires HHSC, in consultation and collaboration with the advisory committee, to analyze the outcomes of the transition of the long-term services and supports under the Texas home living (TxHmL) Medicaid waiver program to a managed care program delivery model and requires the analysis to include an assessment of the effect of the transition on access to long-term services and supports; meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community; the integration of service coordination of acute care services and long-term services and supports; employment assistance and customized, integrated, competitive employment options; and the number and types of fair hearing and appeals processes in accordance with applicable federal law. The bill requires the analysis to be incorporated into the HHSC annual report to the legislature and to include recommendations for improvements to the transition implementation for consideration by the legislature, including recommendations for needed statutory changes.

C.S.H.B. 3523 authorizes HHSC, after the transition of the provision of Medicaid benefits to recipients of long-term services and supports under the Texas home living (TxHmL) waiver program to an integrated managed care system is implemented, if that transition is implemented, to transition the provision of Medicaid benefits to individuals with intellectual and developmental disabilities who are receiving long-term services and supports under a Medicaid waiver program other than the Texas home living (TxHmL) waiver program or under an ICF-IID program to the STAR + PLUS Medicaid managed care program delivery model or other integrated capitated managed care program delivery model on or after September 1, 2021, and removes the requirement that HHSC conduct the transition not later than September 1, 2020.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3523 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill and does not indicate differences relating to changes made by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, which became effective April 2, 2015.

INTRODUCED	HOUSE COMMITTEE SUBSTITUTE
SECTION 1. Section 533.00251(g), Government Code, is amended.	SECTION 1. Same as introduced version.
SECTION 2. Section 534.053, Government Code, is amended.	SECTION 2. Same as introduced version.
SECTION 3. Section 534.054, Government Code, is amended to read as follows:	SECTION 3. Section 534.054, Government Code, as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended to read as follows:
Sec. 534.054. ANNUAL REPORT ON IMPLEMENTATION. (a) Not later than September 30 of each year, the commission, in consultation and collaboration with the advisory committee, shall prepare and submit a report to the legislature that must include [~~regarding~~]:	Sec. 534.054. ANNUAL REPORT ON IMPLEMENTATION. (a) Not later than September 30 of each year, the commission, in consultation and collaboration with the advisory committee, shall prepare and submit a report to the legislature that must include [~~regarding~~]:
(1) an assessment of the implementation of the system required by this chapter, including appropriate information regarding the provision of acute care services and long-term services and supports to individuals with intellectual and developmental disabilities under the Medicaid program as described by this chapter; [~~and~~]	(1) an assessment of the implementation of the system required by this chapter, including appropriate information regarding the provision of acute care services and long-term services and supports to individuals with an intellectual or developmental disability under Medicaid as described by this chapter; [~~and~~]
(2) recommendations regarding implementation of and improvements to the system redesign, including recommendations regarding appropriate	(2) recommendations regarding implementation of and improvements to the system redesign, including recommendations regarding appropriate

statutory changes to facilitate the implementation; and

(3) an evaluation of the effect of the system on the following:

(A) access to long-term services and supports;

(B) the quality of acute care services and long-term services and supports;

(C) meaningful outcomes for program recipients using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(D) the integration of service coordination of acute care services and long-term services and supports;

(E) the placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs;

(F) employment assistance and customized, integrated, competitive employment options; and

(G) the number and types of fair hearing and appeals processes in accordance with applicable federal law.

(b) This section expires January 1, 2026 [~~2024~~].

SECTION 4. Section 534.104, Government Code, is amended by amending Subsections (a), (b), (c), (d), (e), and (g) and adding Subsection (h) to read as follows:

(a) The department, in consultation and collaboration with the advisory committee, shall identify [~~private~~] services providers that are good candidates to develop a service delivery model involving a managed care strategy based on capitation and to test the model in the provision of long-term services and supports under the Medicaid program to individuals with intellectual and developmental disabilities through a pilot program established under this subchapter.

(b) The department shall solicit managed care strategy proposals from the [~~private~~] services providers identified under Subsection (a). In addition, the department may accept and approve a managed care strategy proposal from any qualified entity that is a [~~private~~] services provider if the proposal provides for a comprehensive array of long-term services and supports,

statutory changes to facilitate the implementation; and

(3) an assessment of the effect of the system on the following:

(A) access to long-term services and supports;

(B) the quality of acute care services and long-term services and supports;

(C) meaningful outcomes for Medicaid recipients using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(D) the integration of service coordination of acute care services and long-term services and supports;

(E) the placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs;

(F) employment assistance and customized, integrated, competitive employment options; and

(G) the number and types of fair hearing and appeals processes in accordance with applicable federal law.

(b) This section expires January 1, 2026 [~~2024~~].

SECTION 4. Section 534.104, Government Code, is amended by amending Subsection (a), as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, amending Subsections (c), (d), (e), and (g), and adding Subsection (h) to read as follows:

(a) The department, in consultation and collaboration with the advisory committee, shall identify private services providers that are good candidates to develop a service delivery model involving a managed care strategy based on capitation and to test the model in the provision of long-term services and supports under Medicaid to individuals with an intellectual or developmental disability through a pilot program established under this subchapter.

including case management and service coordination.

(c) A managed care strategy based on capitation developed for implementation through a pilot program under this subchapter must be designed to:

(1) increase access to long-term services and supports;

(2) improve quality of acute care services and long-term services and supports;

(3) promote meaningful outcomes by using person-centered planning, individualized budgeting, and self-determination, and promote community inclusion [~~and customized, integrated, competitive employment~~];

(4) promote integrated service coordination of acute care services and long-term services and supports;

(5) promote [~~efficiency and the best use of funding;~~

[~~(6) promote~~] the placement of an individual in housing that is the least restrictive setting appropriate to the individual's needs;

(6) [~~(7)~~] promote employment assistance and customized, integrated, and competitive [~~supported~~] employment;

(7) [~~(8)~~] provide fair hearing and appeals processes in accordance with applicable federal law; and

(8) [~~(9)~~] promote sufficient flexibility to achieve the goals listed in this section through the pilot program.

(d) The department, in consultation and collaboration with the advisory committee, shall evaluate each submitted managed care strategy proposal and determine whether:

(1) the proposed strategy satisfies the requirements of this section; and

(2) the [~~private~~] services provider that submitted the proposal has a demonstrated ability to provide the long-term services and supports appropriate to the individuals who will receive services through the pilot program based on the proposed strategy, if implemented.

(e) Based on the evaluation performed under Subsection (d), the department may select as pilot program service providers one or more [~~private~~] services providers with whom the commission will contract.

(g) The department, in consultation and collaboration with the advisory committee, shall analyze information provided by the pilot program service providers and any information collected by the department

(c) A managed care strategy based on capitation developed for implementation through a pilot program under this subchapter must be designed to:

(1) increase access to long-term services and supports;

(2) improve quality of acute care services and long-term services and supports;

(3) promote meaningful outcomes by using person-centered planning, individualized budgeting, and self-determination, and promote community inclusion [~~and customized, integrated, competitive employment~~];

(4) promote integrated service coordination of acute care services and long-term services and supports;

(5) promote [~~efficiency and the best use of funding;~~

[~~(6) promote~~] the placement of an individual in housing that is the least restrictive setting appropriate to the individual's needs;

(6) [~~(7)~~] promote employment assistance and customized, integrated, and competitive [~~supported~~] employment;

(7) [~~(8)~~] provide fair hearing and appeals processes in accordance with applicable federal law; and

(8) [~~(9)~~] promote sufficient flexibility to achieve the goals listed in this section through the pilot program.

(d) The department, in consultation and collaboration with the advisory committee, shall evaluate each submitted managed care strategy proposal and determine whether:

(1) the proposed strategy satisfies the requirements of this section; and

(2) the private services provider that submitted the proposal has a demonstrated ability to provide the long-term services and supports appropriate to the individuals who will receive services through the pilot program based on the proposed strategy, if implemented.

(e) Based on the evaluation performed under Subsection (d), the department may select as pilot program service providers one or more private services providers with whom the commission will contract.

(g) The department, in consultation and collaboration with the advisory committee, shall analyze information provided by the pilot program service providers and any information collected by the department

during the operation of the pilot programs for purposes of making a recommendation about a system of programs and services for implementation through future state legislation or rules.

(h) The analysis under Subsection (g) must include an evaluation of the effect of the managed care strategies implemented in the pilot programs on:

(1) access to long-term services and supports;

(2) the quality of acute care services and long-term services and supports;

(3) meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(4) the integration of service coordination of acute care services and long-term services and supports;

(5) the placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs;

(6) employment assistance and customized, integrated, competitive employment options; and

(7) the number and types of fair hearing and appeals processes in accordance with applicable federal law.

during the operation of the pilot programs for purposes of making a recommendation about a system of programs and services for implementation through future state legislation or rules.

(h) The analysis under Subsection (g) must include an assessment of the effect of the managed care strategies implemented in the pilot programs on:

(1) access to long-term services and supports;

(2) the quality of acute care services and long-term services and supports;

(3) meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(4) the integration of service coordination of acute care services and long-term services and supports;

(5) the placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs;

(6) employment assistance and customized, integrated, competitive employment options; and

(7) the number and types of fair hearing and appeals processes in accordance with applicable federal law.

No equivalent provision.

SECTION 5. Sections 534.106(a) and (b), Government Code, are amended to read as follows:

(a) The commission and the department shall implement any pilot programs established under this subchapter not later than September 1, 2017 [~~2016~~].

(b) A pilot program established under this subchapter may [~~must~~] operate for up to [~~not less than~~] 24 months. A[~~, except that a~~] pilot program may cease operation [~~before the expiration of 24 months~~] if the pilot program service provider terminates the contract with the commission before the agreed-to termination date.

No equivalent provision.

SECTION 6. Section 534.108(d), Government Code, is amended to read as follows:

(d) The [~~On or before December 1, 2016, and December 1, 2017, the~~] commission and the department, in consultation and collaboration with the advisory committee, shall review and evaluate the progress and

outcomes of each pilot program implemented under this subchapter and submit, as part of the annual report to the legislature required by Section 534.054, a report to the legislature during the operation of the pilot programs. Each report must include recommendations for program improvement and continued implementation.

SECTION 5. Section 534.110, Government Code, is amended to read as follows:

Sec. 534.110. TRANSITION BETWEEN PROGRAMS. (a) The commission shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid program benefits between a Medicaid waiver program or an ICF-IID program and a pilot program under this subchapter to protect continuity of care.

(b) The transition plan shall be developed in consultation and collaboration with the advisory committee and with stakeholder input as described by Section 534.103.

SECTION 7. Section 534.110, Government Code, as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended to read as follows:

Sec. 534.110. TRANSITION BETWEEN PROGRAMS. (a) The commission shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid benefits between a Medicaid waiver program or an ICF-IID program and a pilot program under this subchapter to protect continuity of care.

(b) The transition plan shall be developed in consultation and collaboration with the advisory committee and with stakeholder input as described by Section 534.103.

SECTION 6. Section 534.151, Government Code, is amended to read as follows:

Sec. 534.151. DELIVERY OF ACUTE CARE SERVICES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. (a) Subject to Section 533.0025, the commission shall provide acute care Medicaid program benefits to individuals with intellectual and developmental disabilities through the STAR + PLUS Medicaid managed care program or the most appropriate integrated capitated managed care program delivery model and monitor the provision of those benefits.

(b) The commission and the department, in consultation and collaboration with the advisory committee, shall analyze the outcomes of providing acute care Medicaid program benefits to individuals with an intellectual or developmental disability under a model specified in Subsection (a). The analysis must:

(1) include an evaluation of the effects on:

(A) access to and quality of acute care

SECTION 8. Section 534.151, Government Code, as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended to read as follows:

Sec. 534.151. DELIVERY OF ACUTE CARE SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY. (a) Subject to Section 533.0025, the commission shall provide acute care Medicaid benefits to individuals with an intellectual or developmental disability through the STAR + PLUS Medicaid managed care program or the most appropriate integrated capitated managed care program delivery model and monitor the provision of those benefits.

(b) The commission and the department, in consultation and collaboration with the advisory committee, shall analyze the outcomes of providing acute care Medicaid benefits to individuals with an intellectual or developmental disability under a model specified in Subsection (a). The analysis must:

(1) include an assessment of the effects on:

(A) access to and quality of acute care

services; and (B) the number and types of fair hearing and appeals processes in accordance with applicable federal law; (2) be incorporated into the annual report to the legislature required under Section 534.054; and (3) include recommendations for delivery model improvements and implementation for consideration by the legislature, including recommendations for needed statutory changes.	services; and (B) the number and types of fair hearing and appeals processes in accordance with applicable federal law; (2) be incorporated into the annual report to the legislature required under Section 534.054; and (3) include recommendations for delivery model improvements and implementation for consideration by the legislature, including recommendations for needed statutory changes.
No equivalent provision.	SECTION 9. The heading to Section 534.152, Government Code, is amended to read as follows: Sec. 534.152. DELIVERY OF CERTAIN OTHER SERVICES UNDER STAR + PLUS MEDICAID MANAGED CARE PROGRAM AND BY WAIVER PROGRAM PROVIDERS.
No equivalent provision.	SECTION 10. Section 534.152, Government Code, is amended by adding Subsection (g) to read as follows: (g) The department may contract with providers participating in the home and community-based services (HCS) waiver program, the Texas home living (TxHmL) waiver program, the community living assistance and support services (CLASS) waiver program, or the deaf-blind with multiple disabilities (DBMD) waiver program for the delivery of basic attendant and habilitation services described in Subsection (a) for individuals to which that subsection applies. The department has regulatory and oversight authority over the providers with which the department contracts for the delivery of those services.
SECTION 7. Section 534.201, Government Code, is amended by amending Subsections (b), (d), and (e) and adding Subsection (g) to read as follows:	SECTION 11. Section 534.201, Government Code, is amended by amending Subsections (b) and (e), as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, amending Subsection (d), and adding Subsection (g) to read as follows:
(b) On or after [~~Not later than~~] September 1, 2018 [~~2017~~], the commission may [~~shall~~] transition the provision of Medicaid program benefits to individuals to whom this section applies to the STAR + PLUS Medicaid managed care program delivery	(b) On or after [~~Not later than~~] September 1, 2018 [~~2017~~], the commission may [~~shall~~] transition the provision of Medicaid benefits to individuals to whom this section applies to the STAR + PLUS Medicaid managed care program delivery model or the most

model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the STAR + PLUS Medicaid managed care program in providing basic attendant and habilitation services and of the pilot programs established under Subchapter C, subject to Subsection (c)(1).

(d) In implementing the transition described by Subsection (b), the commission, in consultation and collaboration with the advisory committee, shall develop a process to receive and evaluate input from interested statewide stakeholders [~~that is in addition to the input provided by the advisory committee~~].

(e) The commission, in consultation and collaboration with the advisory committee, shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid program benefits under this section that protects the continuity of care provided to individuals to whom this section applies.

(g) The commission, in consultation and collaboration with the advisory committee, shall analyze the outcomes of the transition of the long-term services and supports under the Texas home living (TxHmL) Medicaid waiver program to a managed care program delivery model. The analysis must:

(1) include an evaluation of the effect of the transition on:

(A) access to long-term services and supports;

(B) meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(C) the integration of service coordination of acute care services and long-term services and supports;

(D) employment assistance and customized, integrated, competitive employment options; and

(E) the number and types of fair hearing and appeals processes in accordance with applicable federal law;

(2) be incorporated into the annual report to the legislature required under Section 534.054; and

(3) include recommendations for improvements to the transition implementation for consideration by the legislature, including recommendations for needed statutory changes.

appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the STAR + PLUS Medicaid managed care program in providing basic attendant and habilitation services and of the pilot programs established under Subchapter C, subject to Subsection (c)(1).

(d) In implementing the transition described by Subsection (b), the commission, in consultation and collaboration with the advisory committee, shall develop a process to receive and evaluate input from interested statewide stakeholders [~~that is in addition to the input provided by the advisory committee~~].

(e) The commission, in consultation and collaboration with the advisory committee, shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid benefits under this section that protects the continuity of care provided to individuals to whom this section applies.

(g) The commission, in consultation and collaboration with the advisory committee, shall analyze the outcomes of the transition of the long-term services and supports under the Texas home living (TxHmL) Medicaid waiver program to a managed care program delivery model. The analysis must:

(1) include an assessment of the effect of the transition on:

(A) access to long-term services and supports;

(B) meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;

(C) the integration of service coordination of acute care services and long-term services and supports;

(D) employment assistance and customized, integrated, competitive employment options; and

(E) the number and types of fair hearing and appeals processes in accordance with applicable federal law;

(2) be incorporated into the annual report to the legislature required under Section 534.054; and

(3) include recommendations for improvements to the transition implementation for consideration by the legislature, including recommendations for needed statutory changes.

SECTION 8. Section 534.202(b), Government Code, is amended to read as follows:

(b) After implementing the transition required by Section 534.201, if that transition is implemented [~~but not later than September 1, 2020~~], the commission may, on or after September 1, 2021, [~~shall~~] transition the provision of Medicaid program benefits to individuals to whom this section applies to the STAR + PLUS Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the transition of Texas home living (TxHmL) waiver program recipients to a managed care program delivery model under Section 534.201, subject to Subsections (c)(1) and (g).

SECTION 9. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 10. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2015.

SECTION 12. Section 534.202(b), Government Code, as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended to read as follows:

(b) After implementing the transition required by Section 534.201, if that transition is implemented [~~but not later than September 1, 2020~~], the commission may, on or after September 1, 2021, [~~shall~~] transition the provision of Medicaid benefits to individuals to whom this section applies to the STAR + PLUS Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the transition of Texas home living (TxHmL) waiver program recipients to a managed care program delivery model under Section 534.201, subject to Subsections (c)(1) and (g).

SECTION 13. Same as introduced version.

SECTION 14. Same as introduced version.