

Readout: 86th Legislative Session

Special Education

[SB139](#) **Child Find**: Evaluation process will be explained, via letter and online, in English and Spanish.

[SB2075](#) **Dyslexia**: Requires site visits to monitor dyslexia screening, which is required in K and 1. Informs parents about Texas State Library audiobooks

[HB1386](#) **Autism**: HHSC must regularly update autism materials for training schools and other entities.

[SB712](#) **Behavior**: Defines, prohibits aversive techniques

[HB906](#) **Mental Health**: Creates a collaborative task force for studying mental health in schools.

[HB18](#) **Mental Health**: Increases continuing education requirements for teachers, principals and counselors regarding practices for students with disabilities, mental health conditions and substance abuse issues. Requires District Improvement Plans to include evidence-based practices and the use of positive behavior interventions and supports.

[SB522](#) **Blindness**: Removes confusing term 'functionally blind'. Instead, offers Braille via a team decision.

[HB548](#) **Deaf/hard of hearing**: To ensure early language acquisition, HHSC/TSD will collaborate and post annual data on children, ages 0-8.

[HB684](#) **Seizures**: Annual training of school employees on recognizing all forms of seizures.

Transition

[HB165](#) **Diploma**: Reverses rule that a student with modified curriculum cannot receive an endorsement.

[SB31](#) **Guardianship**: Expansion of a previous pilot, to provide the Guardianship Abuse and Financial Exploitation Deterrence program to the entire state.

[SB1017](#) **Post-secondary Education**: Creates an advisory council to expand post-secondary options.

[SB753](#) **Employment**: When a community rehab program sells goods or services to the Texas State Use Program, then their wage compensation must be minimum wage or higher.

Funding

HB1 ECI Funding:

- \$31 million GR/ \$48 million AF
- Senate Budget Rider 128: HHSC must submit a plan by 9/1/2019, which evaluates the Medicaid rate, explores drawing down federal IDEA funds, works with CMS to identify further federal funding opportunity, revises contracting methods, and other strategies to increase ECI funding.

HB1 Autism:

- **HHSC State autism program**- no growth; funded at same level since 2015
- **ABA/ Medicaid**: Contingency rider to allow HHSC to use allocated Medicaid funds to provide intensive behavioral interventions like ABA to individuals with autism under age 20. (Note: SB 500 **Supplemental budget for current fiscal year** includes funding to cover ABA under Medicaid through August 31, 2019).

HB3 School Funding:

- Increases the current basic allotment in the school finance system from \$5,140 to \$6,130.
- Changes mainstream funding weight from **adjusted basic allotment X 1.1** to **basic allotment X 1.15**
- Establishes a new interim Special Education Allotment Advisory Committee to reform special education weights. Report due in 2020.
- Authorizes school districts to provide a bonus to teachers who complete an Education Service Center's autism training.

Acute care

HB1576 Medicaid Transportation: Transitions transportation to managed care – Full carve-in. Allows a transportation provider to utilize Uber/Lyft transportation.

SB1096 Managed care: StarKids patients cannot be required to use sequenced drug therapy. If a prescription is listed on the drug formulary, prior authorizations or other barriers may not be imposed.

SB1207 Managed care: Omnibus bill...

1. MDCP and DBMD clients will have access to a new 24/7 HHSC help line.
2. Better coordination of private insurance and Medicaid managed care.
3. Prior authorization criteria will be published.
4. Denial notices will be postmarked earlier, allowing clients to maintain services during an appeal.
5. Parents will have access to an external/independent reviewer hired by HHSC. Happens AFTER the MCO internal review, and BEFORE a fair hearing.
6. Assessment/reassessment tools will be improved and shortened, with better training.
7. Children removed from MDCP are given a waiting list position that matches the earliest date that they applied for an MDCP/1915c waiver.
8. Nursing facility stays (to become eligible for MDCP) are shortened.
9. If applying for MDCP or DBMD (while on palliative or hospice care), services will be immediate.

HB3703 CBD with trace THC: Adds seven diagnoses... autism, seizures, spasticity, cancer, MS, ALS, or an incurable neurodegenerative disease.

Long Term Care

HB1 - Reduction of the waiting lists: New slots created: HCS = 1320, CLASS = 240, MDCP = 60, DBMD = 8. Diversion slots = 0.

Eleven-cent increase in hourly attendant wages (\$8.11) and Rate Enhancements.

Medicaid Private Duty Nursing Rate Increase:

Provides a 2.5% rate increase for Texas Health Steps private duty nursing services.

Medicaid Therapy Rate Increase:

Provides a 10% increase in Medicaid provider rates for PT/OT/ST provided in home to children.

Increases reimbursement rates for therapy assistants to 80% of the rate paid to a licensed therapist.

[HB4533](#) – IDD System Redesign:

1. Creates a Pilot Workgroup and a Pilot (2023-2025), followed by a Report (2026), the plan being that MCOs will provision Long Term Care: TxHL (2027), CLASS (2029), HCS and DBMD (2031).

Depending on individual need, includes Community First Choice services, personal assistance, day activity, habilitation. Also, therapies, nursing, dental care, meal delivery, minor home modifications, electronic monitoring, behavior/employment/housing supports.

2. Study and provide a new waiver to fragile adults who are exceeding cost limits.
3. Study and provide adult dental care to prevent ER/hospitalizations.
4. Study outcomes of the 30-day-maximum-hospital-stay rule.
5. Issue an RFI for an MCO to serve a statewide area, instead of a regional area.

FYI....The bill numbers, above, are hyperlinks which lead to bill language. Note that an underlined passage is a proposed addition to existing code. Cross-outs are removals.

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