

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION

March 11, 2011

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S O'Brien, Director, Legislative Budget Board

IN RE: SB222 by Nelson (Relating to access to certain long-term care services and supports under the medical assistance program.), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for SB222, Committee Report 1st House, Substituted: a positive impact of \$27,800,070 through the biennium ending August 31, 2013.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2012	\$13,627,065
2013	\$14,173,005
2014	\$14,196,321
2015	\$14,196,321
2016	\$14,196,321

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>GR Match For Medicaid</i> 758	Probable Savings/(Cost) from <i>Federal Funds</i> 555
2012	\$13,627,065	\$19,236,310
2013	\$14,173,005	\$19,136,054
2014	\$14,196,321	\$19,112,738
2015	\$14,196,321	\$19,112,738
2016	\$14,196,321	\$19,112,738

Fiscal Analysis

SECTION 1 would require the Health and Human Services Commission (HHSC) to ensure that recipients who are eligible to receive attendant care services under the community based alternatives program (CBA) are first provided those services under a Medicaid state plan program. The bill directs HHSC to allow a recipient to receive attendant care services under a waiver program only if certain conditions are met.

The bill directs HHSC to adopt rules and procedures related to: the coordination of services, an automated authorization system for authorizing and registering attendant care services, and billing procedures between Medicaid state plan programs and CBA.

SECTION 6 would require HHSC to apply for and actively pursue amendments to the Community Living Assistance and Support Services (CLASS) and Home and Community-based Services (HCS) waivers to authorize the provision of personal attendant services through programs operated under those waivers.

Methodology

The requirement that CBA recipients first receive attendant care services through Medicaid state plan services would save \$33.3 million annually in All Funds (\$13.8 million General Revenue in fiscal year 2012, \$14.2 million General Revenue in fiscal year 2013).

According to the Department of Aging and Disability Services (DADS), there is likely to be a cost savings by offering attendant type services in addition to habilitation within the intellectual and developmental disabilities Medicaid waivers (CLASS and HCS), but DADS is unable to determine the amount at this time.

Technology

The cost of automation changes necessary to implement the requirements under SECTIONS 1 and 6 is approximately \$ 446,000 (\$223,000 in General Revenue) in fiscal year 2012.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 539 Aging and Disability Services,
Department of

LBB Staff: JOB, CL, JI, AFe