GOVERNMENT CODE

TITLE 4. EXECUTIVE BRANCH

SUBTITLE I. HEALTH AND HUMAN SERVICES

CHAPTER 531. HEALTH AND HUMAN SERVICES COMMISSION

Text of subchapter effective until April 1, 2025

SUBCHAPTER A. GENERAL PROVISIONS; ORGANIZATION OF COMMISSION

Sec. 531.001. DEFINITIONS. In this subtitle:

Without reference to the amendment of this subdivision, this subchapter was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

(4-a) "Home telemonitoring service" means a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home and community support services agency, a federally qualified health center, a rural health clinic, or a hospital, as those terms are defined by Section 531.02164(a). The term is synonymous with "remote patient monitoring."

Added by Acts 1995, 74th Leg., ch. 76, Sec. 8.002(a), eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, Sec. 14.01, eff. Sept. 1, 1997; Acts 1997, 75th Leg., ch. 1022, Sec. 97, eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 7, Sec. 2, eff. Sept. 1, 1999; Acts 1999, 76th Leg., ch. 899, Sec. 1, eff. Sept. 1, 1999; Acts 1999, 76th Leg., ch. 1460, Sec. 8.01, eff. Sept. 1, 1999; Acts 2001, 77th Leg., ch. 53, Sec. 1, eff. Sept. 1, 2001; Acts 2001, 77th Leg., ch. 957, Sec. 6, eff. Sept. 1, 2001; Acts 2001, 77th Leg., ch. 1429, Sec. 9.007, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 198, Sec. 1.01(a) to 1.01(c), 2.01, eff. Sept. 1, 2003; Acts 2003, 78th Leg., ch. 1276, Sec. 9.009, eff. Sept. 1, 2003.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 1205 (S.B. 293), Sec. 1, eff. September 1, 2011.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.007, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 2.01, eff. September 1, 2015.

Acts 2017, 85th Leg., R.S., Ch. 205 (S.B. 1107), Sec. 8, eff. May 27, 2017.

Acts 2017, 85th Leg., R.S., Ch. 316 (H.B. 5), Sec. 22, eff. September 1, 2017.

Acts 2019, 86th Leg., R.S., Ch. 623 (S.B. 1207), Sec. 1, eff. September 1, 2019.

Acts 2019, 86th Leg., R.S., Ch. 964 (S.B. 670), Sec. 1, eff. September 1, 2019.

Acts 2019, 86th Leg., R.S., Ch. 1235 (H.B. 1576), Sec. 1, eff. June 14, 2019.

Acts 2019, 86th Leg., R.S., Ch. 1330 (H.B. 4533), Sec. 1, eff. September 1, 2019.

Acts 2021, 87th Leg., R.S., Ch. 811 (H.B. 2056), Sec. 17, eff. September 1, 2021.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(2), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 840 (H.B. 2727), Sec. 1, eff. June 13, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Without reference to the addition of this section, this subchapter was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Sec. 531.0045. LIMIT ON SUNSET REVIEW. The Sunset Advisory Commission's review of the Health and Human Services Commission under Chapter 325 (Texas Sunset Act) during the period in which state agencies abolished in 2027 are reviewed may not include a review of the family support services programs transferred to the commission under Chapter 137, Human Resources Code, or the Thriving Texas Families Program established under Chapter 54, Health and Safety Code. This section expires September 1, 2027.

Added by Acts 2023, 88th Leg., R.S., Ch. 1033 (S.B. 24), Sec. 12, eff. September 1, 2023.

SUBCHAPTER B. POWERS AND DUTIES

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.02119. DISCRIMINATION BASED ON IMMUNIZATION STATUS PROHIBITED. (a) A provider who participates in Medicaid or the child health plan program, including a provider participating in the provider network of a managed care organization that contracts with the commission to provide services under Medicaid or the child health plan program, may not refuse to provide health care services to a Medicaid recipient or child health plan program enrollee based solely on the recipient's or enrollee's refusal or failure to obtain a vaccine or immunization for a particular infectious or communicable disease.

(a-1) Notwithstanding Subsection (a), a provider is not in violation of this section if the provider:

(1) adopts a policy requiring some or all of the provider's patients, including patients who are Medicaid recipients or child health plan program enrollees, to be vaccinated or immunized against a particular infection or communicable disease to receive health care services from the provider; and

(2) provides an exemption to the policy described by Subdivision (1) under which the provider accepts from a patient who is a Medicaid recipient or child health plan program enrollee an oral or written request for an exemption from each required vaccination or immunization based on:

(A) a reason of conscience, including a sincerely held religious belief, observance, or practice, that is incompatible with the administration of the vaccination or immunization; or

(B) a recognized medical condition for which the vaccination or immunization is contraindicated.

(b) The commission may not provide any reimbursement under Medicaid or the child health plan program, as applicable, to a provider who violates this section unless and until the commission finds that the provider is in compliance with this section.

(c) Subsection (b) applies only with respect to an individual physician. The commission may not refuse to provide reimbursement to a provider who did not violate this section based on that provider's membership in a provider group or medical organization with an individual physician who violated this section.

(d) This section does not apply to a provider who is a specialist in:

(1) oncology; or

(2) organ transplant services.

(e) The executive commissioner shall adopt rules necessary to implement this section, including rules establishing the right of a provider who is alleged to have violated this section to seek administrative and judicial review of the alleged violation.

Added by Acts 2023, 88th Leg., R.S., Ch. 656 (H.B. 44), Sec. 1, eff. September 1, 2023.

Without reference to the amendment of this section, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Sec. 531.02164. MEDICAID SERVICES PROVIDED THROUGH HOME TELEMONITORING SERVICES. (a) In this section:

(1) "Federally qualified health center" has the meaning assigned by 42 U.S.C. Section 1396d(l)(2)(B).

(1-a) "Home and community support services agency" means a person licensed under Chapter 142, Health and Safety Code, to provide home health, hospice, or personal assistance services as defined by Section 142.001, Health and Safety Code.

(2) "Hospital" means a hospital licensed under Chapter 241, Health and Safety Code.

(3) "Rural health clinic" has the meaning assigned by 42 U.S.C. Section 1396d(l)(1).

(b) The executive commissioner shall adopt rules for the

provision and reimbursement of home telemonitoring services under Medicaid as provided under this section.

(c) For purposes of adopting rules under this section, the commission shall:

(1) identify and provide home telemonitoring services to persons diagnosed with conditions for which the commission determines the provision of home telemonitoring services would be cost-effective and clinically effective;

(2) consider providing home telemonitoring services under Subdivision (1) to Medicaid recipients who:

(A) are diagnosed with one or more of the following conditions:

(i) pregnancy;

(ii) diabetes;

(iii) heart disease;

(iv) cancer;

(v) chronic obstructive pulmonary disease;

(vi) hypertension;

(vii) congestive heart failure;

(viii) mental illness or serious emotional disturbance;

(ix) asthma;

(x) myocardial infarction;

(xi) stroke;

(xii) end stage renal disease; or

(xiii) a condition that requires renal dialysis treatment; and

(B) exhibit at least one of the following risk factors:

(i) two or more hospitalizations in the prior 12-month period;

(ii) frequent or recurrent emergency room admissions;

(iii) a documented history of poor adherence to ordered medication regimens;

(iv) a documented risk of falls; and

(v) a documented history of care access

challenges;

(3) ensure that clinical information gathered by the following providers while providing home telemonitoring services is shared with the recipient's physician:

(A) a home and community support services agency;

(B) a federally qualified health center;

(C) a rural health clinic; or

(D) a hospital;

(4) ensure that the home telemonitoring services provided under this section do not duplicate disease management program services provided under Section 32.057, Human Resources Code; and

(5) require a provider to:

(A) establish a plan of care that includes outcome measures for each recipient who receives home telemonitoring services under this section; and

(B) share the plan and outcome measures with the recipient's physician.

(c-1) Notwithstanding any other provision of this section, the commission shall ensure that home telemonitoring services are available to pediatric persons who:

(1) are diagnosed with end-stage solid organ disease;

(2) have received an organ transplant; or

(3) require mechanical ventilation.

(c-2) In addition to determining whether to provide home telemonitoring services to Medicaid recipients with the conditions described under Subsection (c)(2), the commission shall determine whether high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost-effective and clinically effective. If the commission determines that high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost-effective and clinically effective:

(1) the commission shall, to the extent permitted by state and federal law, provide recipients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for temporary use in the recipient's home; and

(2) the executive commissioner by rule shall:

(A) establish criteria to identify recipients experiencing a high-risk pregnancy who would benefit from access to home telemonitoring services equipment;

(B) ensure that, if cost-effective, feasible, and clinically appropriate, the home telemonitoring services equipment provided includes uterine remote monitoring services equipment and pregnancy-induced hypertension remote monitoring services equipment;

(C) subject to Subsection (c-3), require that a provider obtain:

(i) prior authorization from the commission before providing home telemonitoring services equipment to a recipient during the first month the equipment is provided to the recipient; and

(ii) an extension of the authorization under Subparagraph (i) from the commission before providing the equipment in a subsequent month based on the ongoing medical need of the recipient; and

(D) prohibit payment or reimbursement for home telemonitoring services equipment during any period that the equipment was not in use because the recipient was hospitalized or away from the recipient's home regardless of whether the equipment remained in the recipient's home while the recipient was hospitalized or away.

(c-3) For purposes of Subsection (c-2), the commission shall require that:

(1) a request for prior authorization under Subsection (c-2)(2)(C)(i) be based on an in-person assessment of the recipient; and

(2) documentation of the recipient's ongoing medical need for the equipment is provided to the commission before the commission grants an extension under Subsection (c-2)(2)(C)(ii).

(d) If, after implementation, the commission determines that a condition for which the commission has authorized the provision and reimbursement of home telemonitoring services under Medicaid under this section is not cost-effective and clinically effective, the commission may discontinue the availability of home

telemonitoring services for that condition and stop providing reimbursement under Medicaid for home telemonitoring services for that condition, notwithstanding Section 531.0216 or any other law.

(e) The commission shall determine whether the provision of home telemonitoring services to persons who are eligible to receive benefits under both Medicaid and the Medicare program achieves cost savings for the Medicare program.

(f) To comply with state and federal requirements to provide access to medically necessary services under Medicaid, including the Medicaid managed care program, and if the commission determines it is cost-effective and clinically effective, the commission or a Medicaid managed care organization, as applicable, may reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than those expressly authorized by this section.

Added by Acts 2011, 82nd Leg., R.S., Ch. 1205 (S.B. 293), Sec. 5, eff. September 1, 2011.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.033, eff. April 2, 2015.

Acts 2019, 86th Leg., R.S., Ch. 1061 (H.B. 1063), Sec. 2, eff. September 1, 2019.

Acts 2021, 87th Leg., R.S., Ch. 624 (H.B. 4), Sec. 3, eff. June 15, 2021.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 840 (H.B. 2727), Sec. 2, eff. June 13, 2023.

Sec. 531.024. PLANNING AND DELIVERY OF HEALTH AND HUMAN SERVICES; DATA SHARING.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(a) The executive commissioner shall:

(1) facilitate and enforce coordinated planning and delivery of health and human services, including:

(A) co-location of services;

(B) integrated intake; and

(C) coordinated referral and case management;

(2) develop with the Department of Information Resources automation standards for computer systems to enable health and human services agencies, including agencies operating at a local level, to share pertinent data;

(3) establish and enforce uniform regional boundaries for all health and human services agencies;

(4) carry out statewide health and human services needs surveys and forecasting;

(5) perform independent special-outcome evaluations of health and human services programs and activities;

(6) at the request of a governmental entity that coordinates the delivery of health and human services in regions, counties, and municipalities of this state, assist the entity in implementing a coordinated plan that may include co-location of services, integrated intake, and coordinated referral and case management and is tailored to the needs and priorities of that entity; and

(7) promulgate uniform fair hearing rules for all Medicaid-funded services.

Added by Acts 1995, 74th Leg., ch. 76, Sec. 8.002(a), eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, Sec. 14.06, eff. Sept. 1, 1997; Acts 1997, 75th Leg., ch. 342, Sec. 1, eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 62, Sec. 8.11, eff. Sept. 1, 1999.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 713 (H.B. 2256), Sec. 1, eff. September 1, 2007.

Acts 2013, 83rd Leg., R.S., Ch. 1310 (S.B. 7), Sec. 6.01, eff. September 1, 2013.

Acts 2013, 83rd Leg., R.S., Ch. 1310 (S.B. 7), Sec. 6.02, eff. September 1, 2013.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.046, eff.

April 2, 2015.

Acts 2019, 86th Leg., R.S., Ch. 623 (S.B. 1207), Sec. 2, eff. September 1, 2019.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 1147 (S.B. 956), Sec. 1, eff. September 1, 2023.

Sec. 531.024131. EXPANSION OF BILLING COORDINATION AND INFORMATION COLLECTION ACTIVITIES.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(a) If cost-effective, the commission may:

(1) contract to expand all or part of the billing coordination system established under Section 531.02413 to process claims for services provided through other benefits programs administered by the commission or a health and human services agency;

(2) expand any other billing coordination tools and resources used to process claims for health care services provided through Medicaid to process claims for services provided through other benefits programs administered by the commission or a health and human services agency; and

(3) expand the scope of persons about whom information is collected under Section 32.0424(a), Human Resources Code, to include recipients of services provided through other benefits programs administered by the commission or a health and human services agency.

Added by Acts 2011, 82nd Leg., 1st C.S., Ch. 7 (S.B. 7), Sec. 1.10, eff. September 28, 2011.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.052, eff. April 2, 2015.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 1098 (S.B. 1342), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.024183. STANDARDIZED SCREENING QUESTIONS FOR ASSESSING NONMEDICAL HEALTH-RELATED NEEDS OF CERTAIN PREGNANT WOMEN; INFORMED CONSENT. (a) In this section, "alternatives to abortion program" means the program established by the commission to enhance and increase resources that promote childbirth for women facing unplanned pregnancy, or a successor program.

(b) The commission shall adopt standardized screening questions designed to screen for, identify, and aggregate data regarding the nonmedical health-related needs of pregnant women eligible for benefits under a public benefits program administered by the commission or another health and human services agency, including:

(1) Medicaid; and

(2) the alternatives to abortion program.

(c) Subject to Subsection (d), the standardized screening questions must be used by Medicaid managed care organizations and providers participating in the alternatives to abortion program.

(d) A managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, may not perform a screening of a pregnant woman using the standardized screening questions required by this section unless the organization or provider:

(1) informs the woman:

(A) about the type of data that will be collected during the screening and the purposes for which the data will be used; and

(B) that the collected data will become part of

the woman's medical record or service plan; and

(2) obtains the woman's informed consent to perform the screening.

(e) A managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, must provide to the commission, in the form and manner prescribed by the commission, data the organization or provider collects using the standardized screening questions required by this section.

(f) Not later than December 1 of each even-numbered year, the commission shall prepare and submit to the legislature a report that, using de-identified information, summarizes the data collected and provided to the commission under Subsection (e) during the previous biennium. In accordance with Section 531.014, the commission may consolidate the report required under this subsection with any other report to the legislature required under this chapter or another law that relates to the same subject matter. Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 2, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.02485. REQUIRED REVIEW OF CRIMINAL HISTORY RECORD INFORMATION FOR CERTAIN RESIDENTIAL CAREGIVERS. (a) In this section, "residential caregiver" means an individual who provides, through a group home or other residential facility licensed by or operated under the authority of the commission, community-based residential care services:

(1) to not more than four individuals with an intellectual or developmental disability at any time; and

(2) at a residence other than the home of the individual providing the services.

(b) A Medicaid provider, including a provider providing services under a 1915(c) waiver program, that employs or contracts with a residential caregiver to provide community-based

residential care services to Medicaid recipients shall review state and federal criminal history record information and obtain electronic updates from the Department of Public Safety of arrests and convictions for each residential caregiver the provider employs or contracts with to provide community-based residential care services to Medicaid recipients.

(c) An individual who has been convicted of an offense described by Section 250.006, Health and Safety Code, may not be employed or contracted as a residential caregiver or otherwise provide direct care to a Medicaid recipient with an intellectual or developmental disability to the same extent and, if applicable, for the same period of time prescribed by Section 250.006(a) or (b), Health and Safety Code, as an individual similarly convicted under those subsections. An individual who violates this subsection is subject to disciplinary action by the commission.

(d) A Medicaid provider shall immediately discharge any individual the provider employs or contracts with as a residential caregiver who is convicted of an offense described by Section 250.006, Health and Safety Code.

(e) Notwithstanding any other law, the commission shall take disciplinary action against a Medicaid provider that violates this section, including imposing an administrative penalty or vendor hold, terminating a contract or license, or any other disciplinary action the commission determines appropriate. In determining the appropriate disciplinary action to take against a Medicaid provider under this subsection, the commission shall consider:

(1) the nature and seriousness of the violation;

(2) the history of previous violations; and

(3) any other matter justice may require.

(f) The executive commissioner shall adopt rules necessary to implement this section.

Added by Acts 2023, 88th Leg., R.S., Ch. 674 (H.B. 1009), Sec. 2, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th

Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.02486. SUSPENDING EMPLOYMENT OF CERTAIN RESIDENTIAL CAREGIVERS. (a) In this section:

(1) "Consumer-directed service option" has the meaning assigned by Section 531.051.

(2) "Reportable conduct" includes:

(A) abuse or neglect that causes or may cause death or harm to an individual using the consumer-directed service option or a resident;

(B) sexual abuse of an individual using the consumer-directed service option or a resident;

(C) financial exploitation of an individual using the consumer-directed service option or a resident in an amount of $25 or more; and

(D) emotional, verbal, or psychological abuse that causes harm to an individual using the consumer-directed service option or a resident.

(3) "Resident" means an individual residing in a group home or other residential facility who is receiving services from a residential caregiver.

(4) "Residential caregiver" has the meaning assigned by Section 531.02485.

(b) A Medicaid provider, including a provider providing services under a Section 1915(c) waiver program, who employs or contracts with a residential caregiver to provide community-based residential care services through a group home or other residential facility described by Subsection (a)(4), on receiving notice of the reportable conduct finding, shall immediately suspend the employment or contract of an individual the provider employs or contracts with as a residential caregiver who the commission finds has engaged in reportable conduct while the individual exhausts any applicable appeals process, including informal and formal appeals, pending a final decision by an administrative law judge. The provider may not reinstate the individual's employment or contract during the course of any appeals process.

(c) Notwithstanding any other law, the commission shall

take disciplinary action against a Medicaid provider that violates Subsection (b), including imposing an administrative penalty or vendor hold, terminating a contract or license, or any other disciplinary action the commission determines appropriate. In determining the appropriate disciplinary action to take against a Medicaid provider under this subsection, the commission shall consider:

(1) the nature and seriousness of the violation;

(2) the history of previous violations; and

(3) any other matter justice may require.

(d) The executive commissioner shall adopt rules necessary to implement this section.

Added by Acts 2023, 88th Leg., R.S., Ch. 674 (H.B. 1009), Sec. 2, eff. September 1, 2023.

Sec. 531.028. MONITORING AND EFFECTIVE MANAGEMENT OF FUNDS.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(b) The executive commissioner shall establish a federal money management system to coordinate and monitor the use of federal money that is received by health and human services agencies to ensure that the money is spent in the most efficient manner and shall:

(1) establish priorities for use of federal money by all health and human services agencies;

(2) coordinate and monitor the use of federal money for health and human services to ensure that the money is spent in the most cost-effective manner throughout the health and human services system;

(3) review and approve all federal funding plans for health and human services in this state;

(4) estimate available federal money, including earned federal money, and monitor unspent money;

(5) ensure that the state meets federal requirements

relating to receipt of federal money for health and human services, including requirements relating to state matching money and maintenance of effort;

(6) transfer appropriated amounts as described by Section 531.0271; and

(7) ensure that each governmental entity that coordinates the delivery of health and human services in regions, counties, and municipalities of this state has access to complete and timely information about all sources of federal money for health and human services programs and that technical assistance is available to governmental entities seeking grants of federal money to provide health and human services.

Added by Acts 1995, 74th Leg., ch. 76, Sec. 8.002(a), eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, Sec. 14.10(a), eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 1460, Sec. 3.04, eff. Sept. 1, 1999.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.072, eff. April 2, 2015.

Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. 241), Sec. 1.06, eff. September 1, 2019.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 1147 (S.B. 956), Sec. 2, eff. September 1, 2023.

Sec. 531.06021. MEDICALLY DEPENDENT CHILDREN (MDCP) WAIVER PROGRAM QUALITY MONITORING; REPORT.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(b) The commission shall submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and each standing legislative

committee with primary jurisdiction over Medicaid a semiannual report containing, for the preceding six-month period, the following information and data related to access to care for Medicaid recipients receiving benefits under the medically dependent children (MDCP) waiver program:

(1) enrollment in the Medicaid buy-in for children program implemented under Section 531.02444;

(2) requests relating to interest list placements under Section 531.0601;

(3) use of the Medicaid escalation help line established under Section 533.00253, if the help line was operational during the applicable six-month period;

(4) use of, requests for, and outcomes of the external medical review procedure established under Section 531.024164; and

(5) complaints relating to the medically dependent children (MDCP) waiver program, categorized by disposition.

Added by Acts 2019, 86th Leg., R.S., Ch. 623 (S.B. 1207), Sec. 3(b), eff. September 1, 2019.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 738 (H.B. 3265), Sec. 1, eff. September 1, 2023.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.0691. VENDOR DRUG PROGRAM INCLUSION. (a) The commission shall ensure that the vendor drug program includes all drugs and national drug codes made available under the federal Medicaid Drug Rebate Program if a certificate of information form to request the drug's inclusion in the vendor drug program has been submitted to the commission and:

(1) approved by the commission; or

(2) subject to Subsection (b), is pending review by the commission.

(b) On receipt of a certificate of information form to request the addition to the Texas Drug Code Index of a drug that is available under the federal Medicaid Drug Rebate Program, the commission shall, if the commission determines that the drug is appropriate for dispensing through an outpatient pharmacy, provisionally make the drug available under the vendor drug program for a period that expires on the earlier of:

(1) the 90th day after the date the form was submitted; or

(2) the date the commission makes a determination regarding whether to approve or deny the drug's inclusion on the vendor drug program formulary.

(c) The commission shall:

(1) denote the provisional availability of a drug under this section; and

(2) remove a drug made provisionally available under the vendor drug program:

(A) on the expiration of the 90-day period prescribed by Subsection (b)(1); or

(B) if applicable, on the date the commission denies the drug's inclusion on the vendor drug program formulary.

Added by Acts 2023, 88th Leg., R.S., Ch. 739 (H.B. 3286), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Without reference to the amendment of this section, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Sec. 531.072. PREFERRED DRUG LISTS.

(b-3) Notwithstanding Subsection (b), the preferred drug lists must contain all therapeutic equivalents for a generic drug on the preferred drug list.

(g) The commission shall develop an expedited review

process to consider requests from managed care organizations and providers to add drugs to the preferred drug list.

(h) The commission shall grant temporary non-preferred status to new drugs that are available but have not yet been reviewed by the drug utilization review board and establish criteria for authorizing drugs with temporary non-preferred status.

Amended by:

Acts 2009, 81st Leg., R.S., Ch. 1286 (H.B. 2030), Sec. 3, eff. September 1, 2009.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 3.08(d), eff. January 1, 2016.

Acts 2015, 84th Leg., R.S., Ch. 946 (S.B. 277), Sec. 2.08(d), eff. January 1, 2016.

Acts 2023, 88th Leg., R.S., Ch. 739 (H.B. 3286), Sec. 3, eff. September 1, 2023.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Sec. 531.073. PRIOR AUTHORIZATION FOR CERTAIN PRESCRIPTION DRUGS.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(b) The commission shall establish procedures for the prior authorization requirement under the Medicaid vendor drug program to ensure that the requirements of 42 U.S.C. Section 1396r-8(d)(5) and its subsequent amendments are met. Specifically, the procedures must ensure that:

(1) there will be a response to a request for prior authorization by telephone or other telecommunications device within 24 hours after receipt of a request for prior authorization; and

(2) a 72-hour supply of the drug prescribed will be provided in an emergency or if the commission does not provide a

response within the time required by Subdivision (1).

Added by Acts 2003, 78th Leg., ch. 198, Sec. 2.14, eff. Sept. 1, 2003.

Amended by:

Acts 2009, 81st Leg., R.S., Ch. 1286 (H.B. 2030), Sec. 4, eff. September 1, 2009.

Acts 2013, 83rd Leg., R.S., Ch. 1312 (S.B. 59), Sec. 99(17), eff. September 1, 2013.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.110, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 3.08(e), eff. January 1, 2016.

Acts 2015, 84th Leg., R.S., Ch. 946 (S.B. 277), Sec. 2.08(e), eff. January 1, 2016.

Acts 2019, 86th Leg., R.S., Ch. 1343 (S.B. 1283), Sec. 1, eff. September 1, 2019.

Acts 2021, 87th Leg., R.S., Ch. 348 (H.B. 2822), Sec. 1, eff. September 1, 2021.

Acts 2023, 88th Leg., R.S., Ch. 739 (H.B. 3286), Sec. 4, eff. September 1, 2023.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Sec. 531.0736. DRUG UTILIZATION REVIEW BOARD.

Without reference to the amendment of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(c) The executive commissioner shall determine the composition of the board, which must:

(1) comply with applicable federal law, including 42 C.F.R. Section 456.716;

(2) include three representatives of managed care organizations, all of whom must be physicians or pharmacists;

(3) include at least 17 physicians and pharmacists who:

(A) provide services across the entire population of Medicaid recipients and represent different specialties, including at least one of each of the following types of physicians:

(i) a pediatrician;

(ii) a primary care physician;

(iii) an obstetrician and gynecologist;

(iv) a child and adolescent psychiatrist; and

(v) an adult psychiatrist; and

(B) have experience in either developing or practicing under a preferred drug list; and

(4) include a consumer advocate who represents Medicaid recipients.

(d) Notwithstanding any other law, members appointed under Subsection (c)(2) may attend quarterly and other regularly scheduled meetings, but may not:

(1) attend portions of the executive sessions in which confidential drug pricing information is shared; or

(2) access confidential drug pricing information.

Added by Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 3.08(b), eff. January 1, 2016.

Added by Acts 2015, 84th Leg., R.S., Ch. 946 (S.B. 277), Sec. 2.08(b), eff. January 1, 2016.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 739 (H.B. 3286), Sec. 5, eff. September 1, 2023.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Sec. 531.084. MEDICAID LONG-TERM CARE COST CONTAINMENT STRATEGIES. (a) The commission shall make every effort to achieve cost efficiencies within the Medicaid long-term care program. To achieve those efficiencies, the commission shall:

(1) establish a fee schedule for reimbursable incurred medical expenses for dental services controlled in long-term care facilities;

(2) implement a fee schedule for reimbursable incurred medical expenses for durable medical equipment in nursing facilities and ICF-IID facilities;

(3) implement a durable medical equipment fee schedule action plan;

(4) establish a system for private contractors to secure and coordinate the collection of Medicare funds for recipients who are dually eligible for Medicare and Medicaid;

(5) create additional partnerships with pharmaceutical companies to obtain discounted prescription drugs for Medicaid recipients; and

(6) develop and implement a system for auditing the Medicaid hospice care system that provides services in long-term care facilities to ensure correct billing for pharmaceuticals.

(b) The executive commissioner and the commissioner of aging and disability services shall jointly appoint persons to serve on a work group to assist the commission in developing the fee schedule required by Subsection (a)(1). The work group must consist of providers of long-term care services, including dentists and long-term care advocates.

(c) In developing the fee schedule required by Subsection (a)(1), the commission shall consider:

(1) the need to ensure access to dental services for residents of long-term care facilities who are unable to travel to a dental office to obtain care;

(2) the most recent Comprehensive Fee Report published by the National Dental Advisory Service;

(3) the difficulty of providing dental services in long-term care facilities;

(4) the complexity of treating medically compromised patients; and

(5) time-related and travel-related costs incurred by dentists providing dental services in long-term care facilities.

(d) The commission shall annually update the fee schedule required by Subsection (a)(1).

Added by Acts 2005, 79th Leg., Ch. 349 (S.B. 1188), Sec. 5(a), eff. September 1, 2005.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.117, eff. April 2, 2015.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.0932. INSTRUCTION GUIDE FOR FAMILY MEMBERS AND CAREGIVERS OF VETERANS WHO HAVE MENTAL HEALTH DISORDERS. (a) The commission and the Texas Veterans Commission jointly shall produce and make publicly available an instruction guide for family members and caregivers of veterans who have mental health disorders.

(b) The instruction guide produced under this section must include:

(1) general education about different mental health disorders, including instruction intended to improve understanding about the experience of persons suffering from those mental health disorders;

(2) techniques for handling crisis situations and administering mental health first aid to persons suffering from mental health disorders;

(3) techniques for coping with the stress of living with a person with a mental health disorder; and

(4) information about related services available for family members and caregivers of veterans who have mental health disorders that are provided by the commission, the Texas Veterans Commission, other state agencies, community organizations, and mental health services providers.

(c) The commission and the Texas Veterans Commission each shall publish the guide produced under this section on the respective agency's Internet website.

Added by Acts 2023, 88th Leg., R.S., Ch. 139 (S.B. 63), Sec. 1, eff. May 23, 2023.

See note following this section.

Sec. 531.0991. GRANT PROGRAM FOR MENTAL HEALTH SERVICES.

Without reference to the addition of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(e-1) If the commission is appropriated money to implement this section for a state fiscal year in an amount that exceeds the total amount of grants awarded under this section in the previous state fiscal year, the commission, in selecting grant recipients for the excess amount, must accept applications or proposals from applicants that were not selected as grant recipients under this section in the previous state fiscal year or applicants that were selected as grant recipients but require additional funding for the recipient's community mental health program for purposes of this section.

Added by Acts 2017, 85th Leg., R.S., Ch. 770 (H.B. 13), Sec. 1, eff. June 14, 2017.

Redesignated from Government Code, Section 531.0999 by Acts 2019, 86th Leg., R.S., Ch. 467 (H.B. 4170), Sec. 21.001(25), eff. September 1, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 486 (H.B. 3088), Sec. 1, eff. June 14, 2021.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 944 (S.B. 1677), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.09915. INNOVATION MATCHING GRANT PROGRAM FOR MENTAL HEALTH EARLY INTERVENTION AND TREATMENT. (a) In this section:

(1) "Inpatient mental health facility" has the meaning

assigned by Section 571.003, Health and Safety Code.

(2) "Program" means the grant program established under this section.

(3) "State hospital" has the meaning assigned by Section 552.0011, Health and Safety Code.

(b) To the extent money is appropriated to the commission for that purpose, the commission shall establish a matching grant program to provide support to eligible entities for community-based initiatives that promote identification of mental health issues and improve access to early intervention and treatment for children and families. The initiatives may:

(1) be evidence-based or otherwise demonstrate positive outcomes, including:

(A) improved relationship skills;

(B) improved self-esteem;

(C) reduced involvement in the juvenile justice system;

(D) participation in the relinquishment avoidance program under Subchapter E, Chapter 262, Family Code; and

(E) avoidance of emergency room use; and

(2) include:

(A) training; and

(B) services and supports for:

(i) community-based initiatives;

(ii) agencies that provide services to children and families;

(iii) individuals who work with children or caregivers of children showing atypical social or emotional development or other challenging behaviors; and

(iv) children in or at risk of placement in foster care or the juvenile justice system.

(c) The commission may award a grant under the program only in accordance with a contract between the commission and a grant recipient. The contract must include provisions under which the commission is given sufficient control to ensure the public purpose of providing mental health prevention services to children and families is accomplished and the state receives the return benefit.

(d) The executive commissioner by rule shall establish application and eligibility requirements for an entity to be awarded a grant under the program.

(e) The following entities are eligible for a grant awarded under the program:

(1) a hospital licensed under Chapter 241, Health and Safety Code;

(2) a mental hospital licensed under Chapter 577, Health and Safety Code;

(3) a hospital district;

(4) a local mental health authority;

(5) a child-care facility, as defined by Chapter 42, Human Resources Code;

(6) a county or municipality; and

(7) a nonprofit organization that is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt entity under Section 501(c)(3) of that code.

(f) In awarding grants under the program, the commission shall prioritize entities that work with children and family members of children with a high risk of experiencing a crisis or developing a mental health condition to reduce:

(1) the need for future intensive mental health services;

(2) the number of children at risk of placement in foster care or the juvenile justice system; or

(3) the demand for placement in state hospitals, inpatient mental health facilities, and residential behavioral health facilities.

(g) The commission shall condition each grant awarded under the program on the grant recipient providing matching money in an amount that is equal to at least 10 percent of the grant amount.

(h) A grant recipient may only use grant money awarded under the program and matching money provided by the recipient to develop innovative strategies that provide:

(1) resiliency;

(2) coping and social skills;

(3) healthy social and familial relationships; and

(4) parenting skills and behaviors.

(i) A grant recipient may not use grant money awarded under the program or matching money provided by the recipient to:

(1) reimburse an expense or pay a cost that another source, including the Medicaid program, is obligated to reimburse or pay by law or under a contract; or

(2) supplant or be a substitute for money awarded to the recipient from a non-Medicaid federal funding source, including federal grant funding.

(j) A Medicaid provider's receipt of a grant under the program does not affect any legal or contractual duty of the provider to comply with requirements under the Medicaid program.

(k) The commission may use a reasonable amount of the money appropriated by the legislature for the purposes of the program, not to exceed five percent, to pay the administrative costs of implementing and administering the program.

Added by Acts 2023, 88th Leg., R.S., Ch. 1035 (S.B. 26), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.0993. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST, AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO REDUCE WAIT TIME FOR FORENSIC COMMITMENT.

Without reference to the addition of this subsection, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

(d-1) The commission shall establish procedures to assist a community collaborative that includes a county with a population of less than 250,000 with submission of a petition under Subsection (d).

(d-2) If the commission is appropriated money to implement

this section for a state fiscal year in an amount that exceeds the total amount of grants awarded under this section in the previous state fiscal year, the commission, in selecting grant recipients for the excess amount, must accept petitions from community collaboratives that were not selected as grant recipients under this section in the previous state fiscal year or collaboratives that were selected as grant recipients in the previous state fiscal year but require additional funding for the recipient's collaborative for purposes of this section.

Added by Acts 2017, 85th Leg., R.S., Ch. 528 (S.B. 292), Sec. 1, eff. September 1, 2017.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 486 (H.B. 3088), Sec. 3, eff. June 14, 2021.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(1), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 944 (S.B. 1677), Sec. 2, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.09936. ESTABLISHMENT OR EXPANSION OF REGIONAL BEHAVIORAL HEALTH CENTERS OR JAIL DIVERSION CENTERS. (a) In this section:

(1) "Governmental entity" means this state, a political subdivision of this state, or an agency of this state or a political subdivision of this state.

(2) "Local mental health authority" has the meaning assigned by Section 531.002, Health and Safety Code.

(3) "Nonprofit organization" means an organization that is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt entity under Section 501(c)(3) of that code.

(b) To the extent money is appropriated to the commission

for that purpose, the commission, in cooperation with local mental health authorities located primarily in rural areas of this state, shall contract with nonprofit organizations or governmental entities to establish or expand behavioral health centers or jail diversion centers in the authorities' local service areas to:

(1) provide additional forensic hospital beds and competency restoration services;

(2) provide inpatient and outpatient mental health services to adults and children; and

(3) provide services to reduce recidivism and the frequency of arrest, incarceration, and emergency detentions among persons with mental illness in the service areas.

(c) The executive commissioner shall develop criteria for the evaluation of applications or proposals submitted by a nonprofit organization or governmental entity seeking to contract with the commission under this section.

(d) This section may not be construed to affect a grant program established by the commission under this code.

Added by Acts 2023, 88th Leg., R.S., Ch. 944 (S.B. 1677), Sec. 3, eff. September 1, 2023.

For expiration of this section, see Subsection (d).

Sec. 531.09991. PLAN FOR THE TRANSITION OF CARE OF CERTAIN INDIVIDUALS. (a) Not later than January 1, 2025, the commission shall, in consultation with nursing facilities licensed under Chapter 242, Health and Safety Code, develop a plan for transitioning from a hospital that primarily provides behavioral health services to a nursing facility individuals who require:

(1) a level of care provided by nursing facilities; and

(2) a high level of behavioral health supports and services.

(b) The plan must include:

(1) recommendations for providing incentives to providers for the provision of services to individuals described by Subsection (a), including an assessment of the feasibility of including incentive payments under the Quality Incentive Payment

Program (QIPP) for those providers;

(2) recommendations for methods to create bed capacity, including reserving specific beds; and

(3) a fiscal estimate, including estimated costs to nursing facilities and savings to hospitals that will result from transitioning individuals under Subsection (a).

(c) The commission may implement the plan, including recommendations under the plan, only if the commission determines that implementing the plan would increase the amount of available state general revenue.

(d) This section expires September 1, 2025.

Added by Acts 2023, 88th Leg., R.S., Ch. 1035 (S.B. 26), Sec. 4, eff. September 1, 2023.

Text of subchapter effective until April 1, 2025

SUBCHAPTER C. MEDICAID AND OTHER HEALTH AND HUMAN SERVICES FRAUD, ABUSE, OR OVERCHARGES

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Without reference to the amendment of this section, this subchapter was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Sec. 531.1025. PERFORMANCE AUDITS AND COORDINATION OF AUDIT ACTIVITIES.

(c) The commission's office of inspector general shall conduct performance audits and require financial audits to be conducted of each local behavioral health authority designated under Section 533.0356, Health and Safety Code, and local mental health authority, as defined by Section 531.002, Health and Safety Code. The office shall:

(1) establish a performance audit schedule that ensures the office audits each authority described by this subsection at least once every five years;

(2) establish a financial audit schedule that ensures

each authority described by this subsection:

(A) undergoes a financial audit conducted by an independent auditor at least once every three years; and

(B) submits to the office the results of the financial audit; and

(3) require additional audits to be conducted as necessary based on adverse findings in a previous audit or as requested by the commission.

Added by Acts 2015, 84th Leg., R.S., Ch. 945 (S.B. 207), Sec. 11, eff. September 1, 2015.

Repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01(2), eff. April 1, 2025.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 1035 (S.B. 26), Sec. 5, eff. September 1, 2023.

SUBCHAPTER M-2. STATEWIDE INTERAGENCY AGING SERVICES COORDINATING COUNCIL

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.491. DEFINITIONS. In this subchapter:

(1) "Council" means the statewide interagency aging services coordinating council.

(2) "Strategic plan" means the statewide interagency aging services strategic plan required under Section 531.497(1).

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.492. PURPOSE. The council is established to ensure a strategic statewide approach to interagency aging

services.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.493. COMPOSITION OF COUNCIL. (a) Subject to Subsection (b), the council is composed of at least one representative appointed by each of the following agencies and entities:

(1) the governor's office;

(2) the commission, including one representative of the commission's aging services coordination office;

(3) the Department of Family and Protective Services;

(4) the Department of State Health Services;

(5) the Department of Agriculture's office of rural health;

(6) the Texas Veterans Commission;

(7) the Texas Workforce Commission;

(8) the office of the attorney general;

(9) the Barshop Institute for Longevity and Aging Studies at The University of Texas Health Science Center at San Antonio;

(10) the Texas Aging and Longevity Consortium at The University of Texas at Austin; and

(11) the Center for Community Health and Aging at Texas A&M University.

(b) The executive commissioner shall determine the number of representatives that each agency or entity may appoint to serve on the council.

(c) The council may authorize another state agency or entity that provides specific interagency aging services with the use of appropriated money to appoint a representative to the council.

(d) A council member serves at the pleasure of the appointing agency or entity.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.494. TERMS; VACANCY. (a) Council members serve six-year terms.

(b) A vacancy on the council shall be filled in the same manner as the original appointment. A council member appointed to fill a vacancy on the council shall serve the remainder of the unexpired term.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.495. PRESIDING OFFICER. The representative of the commission's aging services coordination office appointed under Section 531.493(a) shall serve as the presiding officer.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.496. MEETINGS. The council shall meet at least once quarterly or more frequently at the call of the presiding officer.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending

publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.497. POWERS AND DUTIES. The council:

(1) shall, in accordance with Section 531.498:

(A) develop a recurring five-year statewide interagency aging services strategic plan; and

(B) submit the strategic plan to the executive commissioner and the administrative head of each agency subject to the strategic plan;

(2) shall develop and, not later than November 1 of each even-numbered year, submit to the legislature a biennial coordinated statewide interagency aging services expenditure proposal;

(3) shall annually publish an updated inventory of state-funded interagency aging programs and services that includes a description of how those programs and services further the purpose of the statewide interagency aging services strategic plan;

(4) may facilitate opportunities to increase collaboration for the effective expenditure of available federal and state money for interagency aging services in this state; and

(5) may establish subcommittees as necessary to carry out the council's duties under this subchapter.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.498. RECURRING FIVE-YEAR STRATEGIC PLAN AND RELATED IMPLEMENTATION PLANS. (a) Not later than March 1 of the last state fiscal year in each five-year period covered by the most recent strategic plan, the council shall:

(1) develop a new strategic plan for the next five state fiscal years that begins with the following fiscal year; and

(2) submit the new strategic plan to the executive

commissioner and the administrative head of each agency subject to the strategic plan.

(b) Not later than the 90th day after receiving the strategic plan, the executive commissioner and the administrative head of each agency that is subject to the plan shall develop and submit to the governor, the lieutenant governor, and the legislature a plan for implementing the recommendations applicable to the agency under the strategic plan. An implementation plan must include a justification for any recommendation the commission or other agency declines to implement.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.499. APPLICATION OF SUNSET ACT. The council is subject to Chapter 325 (Texas Sunset Act). The council shall be reviewed during the period in which the commission is reviewed under Section 531.004. Unless continued in existence as provided by Chapter 325, the council is abolished and this subchapter expires on the date on which the commission is subject to abolishment under that section.

Added by Acts 2023, 88th Leg., R.S., Ch. 484 (H.B. 728), Sec. 1, eff. September 1, 2023.

SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.651. DEFINITIONS. In this subchapter:

(1) "Case management for children and pregnant women program" means the "children and pregnant women program," as defined by Section 533.002555.

(2) "Nonmedical health-related needs screening" means a screening performed using the standardized screening questions required under Section 531.024183.

(3) "Program services" means case management services provided under the case management for children and pregnant women program, including assistance provided to a Medicaid managed care organization in coordinating the provision of benefits to a recipient enrolled in the organization's managed care plan in a manner that is consistent with the recipient's plan of care.

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE COORDINATION BENEFITS NOT AFFECTED. The provision of program services to a recipient does not preempt or otherwise affect a Medicaid managed care organization's obligation to provide service coordination benefits to the recipient.

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be provided only by a provider who completes the standardized case management training required by the commission under Section 531.654 and who is:

(1) an advanced practice nurse who holds a license, other than a provisional or temporary license, under Chapter 301, Occupations Code;

(2) a registered nurse who holds a license, other than

a provisional or temporary license, under Chapter 301, Occupations Code, and:

(A) completed a baccalaureate degree program in nursing; or

(B) completed an associate degree program in nursing and has:

(i) at least two years of cumulative paid full-time work experience; or

(ii) at least two years of cumulative, supervised full-time educational internship or practicum experience obtained in the last 10 years that included assessing the psychosocial and health needs of and making community referrals of:

(a) children who are 21 years of age or younger; or

(b) pregnant women;

(3) a social worker who holds a license, other than a provisional or temporary license, under Chapter 505, Occupations Code, appropriate for the individual's practice, including the practice of independent social work;

(4) a community health worker as defined by Section 48.001, Health and Safety Code, who is certified by the Department of State Health Services; or

(5) a doula who is certified by a recognized national certification program, as determined by the commission, unless the doula qualifies as a certified community health worker under Subdivision (4).

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require that each provider of program services complete training prescribed

by the commission. The training must be trauma-informed and include instruction on:

(1) social services provided by this state and local governments in this state;

(2) community assistance programs, including programs providing:

(A) nutrition and housing assistance;

(B) counseling and parenting services;

(C) substance use disorder treatment; and

(D) domestic violence assistance and shelter;

(3) domestic violence and coercive control dynamics;

(4) methods for explaining and eliciting an eligible recipient's informed consent to receive:

(A) program services screening; and

(B) any services that may be offered as a result of the screening; and

(5) procedures for:

(A) an eligible recipient to:

(i) decline program services screening; or

(ii) withdraw consent for offered services; and

(B) ensuring that the recipient is not subject to any retaliatory action for declining or discontinuing any screenings or services.

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) A Medicaid managed care organization that provides health care services to a pregnant woman under the STAR Medicaid managed care program shall conduct an initial health needs screening and nonmedical health-related needs screening of each pregnant recipient to determine, regardless of

whether the recipient is considered to have a high-risk pregnancy, if the recipient:

(1) is eligible for service coordination benefits to be provided by the managed care organization; or

(2) should be referred for program services.

(b) Service coordination benefits described by Subsection (a) must include identifying and coordinating the provision of non-covered services, community supports, and other resources the Medicaid managed care organization determines will improve the recipient's health outcomes.

(c) A Medicaid managed care organization must use the results of the screenings conducted under Subsection (a) to determine if a recipient requires a more comprehensive assessment for purposes of determining whether the recipient is eligible for service coordination benefits or program services.

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. A Medicaid managed care organization providing screenings under Section 531.655 must inform each pregnant woman who is referred for program services or for whom screening is conducted under that section that:

(1) the woman has a right to decline the screening or services or choose to discontinue the screening or services at any time; and

(2) declining or discontinuing the screening or services will not result in retaliatory action against the woman in the provision of other services.

Added by Acts 2023, 88th Leg., R.S., Ch. 316 (H.B. 1575), Sec. 3, eff. September 1, 2023.

SUBCHAPTER Y. COMMISSION OMBUDSMAN PROGRAMS

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.991. DEFINITIONS. In this subchapter:

(1) "Department" means the Department of Family and Protective Services.

(2) "Ombudsman" means the individual appointed as the ombudsman for an ombudsman program.

(3) "Ombudsman program" means an ombudsman program administered by the commission under this subchapter.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 2, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 2, eff. June 12, 2023.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 3, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.9912. ESTABLISHMENT OF OMBUDSMAN PROGRAMS. The executive commissioner shall establish the following ombudsman programs:

(1) the health and human services office of the ombudsman in accordance with Section 531.9915;

(2) the ombudsman for children and youth in foster care in accordance with Section 531.9931;

(3) the ombudsman for managed care assistance in accordance with Section 531.9932;

(4) the ombudsman for behavioral health access to care

in accordance with Section 531.9933; and

(5) the ombudsman for individuals with an intellectual or developmental disability in accordance with Section 531.9934. Added by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 4, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.9915. OFFICE OF OMBUDSMAN. (a) The executive commissioner shall establish the commission's office of the ombudsman with authority and responsibility over the health and human services system in performing the following functions:

(1) providing dispute resolution services for the health and human services system;

(2) performing consumer protection and advocacy functions related to health and human services, including assisting a consumer or other interested person with:

(A) raising a matter within the health and human services system that the person feels is being ignored; and

(B) obtaining information regarding a filed complaint; and

(3) collecting inquiry and complaint data related to the health and human services system.

(b) The office of the ombudsman does not have the authority to provide a separate process for resolving complaints or appeals.

(c) The executive commissioner shall develop a standard process for tracking and reporting received inquiries and complaints within the health and human services system. The process must provide for the centralized tracking of inquiries and complaints submitted to field, regional, or other local health and human services system offices.

(d) Using the process developed under Subsection (c), the office of the ombudsman shall collect inquiry and complaint data from all offices, agencies, divisions, and other entities within the health and human services system. To assist with the

collection of data under this subsection, the office may access any system or process for recording inquiries and complaints used or maintained within the health and human services system.

Added by Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 2.06(a), eff. September 1, 2015.

Transferred and redesignated from Government Code, Section 531.0171 by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 5, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.992. APPOINTMENT OF OMBUDSMAN. The executive commissioner shall appoint an ombudsman for each ombudsman program to serve at the will of the executive commissioner.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 4, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 6, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.9921. CONFLICT OF INTEREST. A person may not serve as ombudsman in an ombudsman program if the person or the person's spouse:

(1) is employed by or participates in the management of a business entity or other organization receiving funds from the commission;

(2) owns or controls, directly or indirectly, any interest in a business entity or other organization receiving funds from the commission; or

(3) is required to register as a lobbyist under Chapter 305 because of the person's activities for compensation on behalf of a profession related to the operation of the commission.

Added by Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 5, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 7, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.993. DUTIES OF OMBUDSMAN. (a) An ombudsman serves as an impartial party in assisting:

(1) children and youth in the conservatorship of the department with complaints regarding issues within the authority of the commission or department, as applicable; and

(2) persons with a complaint against the commission regarding case-specific activities of the programs within the health and human services system.

(b) An ombudsman shall:

(1) develop and implement statewide procedures to:

(A) receive complaints from:

(i) children and youth in the conservatorship of the department; and

(ii) other persons with a complaint against a program within the health and human services system;

(B) review complaints filed with an ombudsman and take appropriate action, including:

(i) conducting an investigation into individual complaints that allege violations of commission or department procedures or policies or other violations; and

(ii) referring to the commission or department for resolution any trends or systemic issues identified in complaints;

(C) provide any necessary assistance to:

(i) children and youth in the

conservatorship of the department in making complaints and reporting allegations of abuse, neglect, or exploitation under Chapter 48, Human Resources Code; and

(ii) any other person in making complaints against a program within the health and human services system or reporting allegations of abuse, neglect, or exploitation under Chapter 48, Human Resources Code;

(D) maintain the confidentiality of:

(i) an ombudsman's communications and records;

(ii) records of another person that have been provided to an ombudsman; and

(iii) communications of another person with an ombudsman; and

(E) ensure that any person who files a complaint with an ombudsman is informed of the results of the ombudsman's investigation of the complaint, including whether the ombudsman was able to substantiate the complaint;

(2) collaborate with the commission to develop and implement an annual outreach plan to promote awareness of the ombudsman programs among the public and stakeholders that includes:

(A) how an ombudsman may be contacted;

(B) the purpose of an ombudsman; and

(C) the services an ombudsman provides;

(3) issue and file with the commission or department, as applicable, a report that contains an ombudsman's final determination regarding a complaint and any recommended corrective actions to be taken as a result of the complaint;

(4) establish a secure form of communication with any individual who files a complaint with an ombudsman;

(5) collaborate with the commission or department, as applicable, to identify consequences for any retaliatory action related to a complaint filed with an ombudsman, in accordance with Section 531.997; and

(6) monitor and evaluate the corrective actions taken in response to a recommendation by an ombudsman.

(c) An ombudsman's final determination in a report

described by Subsection (b)(3) must include a determination of whether there was wrongdoing or negligence by the commission or department or an agent of the commission or department or whether the complaint was frivolous or without merit. If the ombudsman determines there was wrongdoing or negligence, the ombudsman shall recommend corrective actions to be taken by the commission or department.

(c-1) The department and the commission shall provide written notice to an ombudsman on whether the department or commission adopted or rejected the ombudsman's recommended corrective action. If the department or commission rejects a recommended corrective action, the department or commission shall include in the notice the reason for the rejection.

(d) An ombudsman may attend any judicial proceeding related to a complaint filed with the ombudsman program.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 6, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 8, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.9931. OMBUDSMAN FOR CHILDREN AND YOUTH IN FOSTER CARE. (a) The commission shall establish an ombudsman program to provide support and information services to children and youth in foster care.

(b) An ombudsman appointed under this section shall:

(1) receive complaints from children and youth in the conservatorship of the department as provided under Section 531.993(b)(1)(A)(i);

(2) inform children and youth in the conservatorship of the department who file a complaint under this subchapter about

the result of an ombudsman's investigation of the complaint, including whether the ombudsman was able to substantiate the child's or youth's complaint; and

(3) collaborate with the department to develop an outreach plan for children and youth in the conservatorship of the department to promote awareness of the ombudsman program.

Added by Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 7, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 9, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Text of section as transferred, redesignated and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 10

Without reference to the amendment of this section, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Sec. 531.9932. OMBUDSMAN FOR MANAGED CARE ASSISTANCE. (a) The commission shall establish an ombudsman program to provide support and information services to a person enrolled in or applying for Medicaid coverage who experiences barriers to receiving health care services.

(b) An ombudsman appointed under this section shall give emphasis to assisting a person with an urgent or immediate medical or support need.

(c) The commission shall provide support and information services required by this section through a network of entities coordinated by the commission's ombudsman program and composed of:

(1) the commission's ombudsman program or other division of the commission designated by the executive commissioner to coordinate the network;

(2) the office of the state long-term care ombudsman required under Subchapter F, Chapter 101A, Human Resources Code;

(3) the division within the commission responsible for

oversight of Medicaid managed care contracts;

(4) area agencies on aging;

(5) aging and disability resource centers established under the Aging and Disability Resource Center initiative funded in part by the federal Administration on Aging and the Centers for Medicare and Medicaid Services; and

(6) any other entity the executive commissioner determines appropriate.

(d) As a part of the support and information services required by this section, the ombudsman program shall:

(1) operate a statewide toll-free assistance telephone number that includes relay services for persons with speech or hearing disabilities and assistance for persons who speak Spanish;

(2) intervene promptly with the state Medicaid office, managed care organizations and providers, and any other appropriate entity on behalf of a person who has an urgent need for medical services;

(3) assist a person who is experiencing barriers in the Medicaid application and enrollment process and refer the person for further assistance if appropriate;

(4) educate persons so that they:

(A) understand the concept of managed care;

(B) understand their rights under Medicaid, including grievance and appeal procedures; and

(C) are able to advocate for themselves;

(5) assist the state Medicaid office and managed care organizations and providers in identifying and correcting problems, including site visits to affected regions if necessary;

(6) meet the needs of all current and future Medicaid managed care recipients, including children receiving dental benefits;

(7) incorporate support services for children enrolled in the child health plan established under Chapter 62, Health and Safety Code; and

(8) ensure that staff providing support and information services receives sufficient training, including

training in the Medicare program for the purpose of assisting recipients who are dually eligible for Medicare and Medicaid, and has sufficient authority to resolve barriers experienced by recipients to health care and long-term services and supports.

(e) The ombudsman program must be sufficiently independent from other aspects of Medicaid managed care to represent the best interests of recipients in problem resolution.

Added by Acts 1997, 75th Leg., ch. 165, Sec. 14.03(a), eff. Sept. 1, 1997.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 2.025, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1272 (S.B. 760), Sec. 3, eff. September 1, 2015.

Transferred, redesignated and amended from Government Code, Section 531.0213 by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 10, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Text of section as transferred, redesignated and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 11

Without reference to the amendment of this section, this section was repealed by Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 3.01, eff. April 1, 2025.

Sec. 531.9933. OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE. (a) The commission shall establish an ombudsman program to provide support and information services to a consumer enrolled in or applying for a behavioral health program.

(b) The commission may use an alternate title for the ombudsman in consumer-facing materials if the commission determines that an alternate title would be beneficial to consumer understanding or access.

(c) An ombudsman serves as an impartial party to help consumers, including consumers who are uninsured or have public or

private health benefit coverage, and behavioral health care providers navigate and resolve issues related to consumer access to behavioral health care, including care for mental health conditions and substance use disorders.

(d) An ombudsman shall:

(1) interact with consumers and behavioral health care providers with concerns or complaints to help the consumers and providers resolve behavioral health care access issues;

(2) identify, track, and help report potential violations of state or federal rules, regulations, or statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions or substance use disorders, including potential violations related to quantitative and nonquantitative treatment limitations;

(3) report concerns, complaints, and potential violations described by Subdivision (2) to the appropriate regulatory or oversight agency;

(4) receive and report concerns and complaints relating to inappropriate care or mental health commitment;

(5) provide appropriate information to help consumers obtain behavioral health care;

(6) develop appropriate points of contact for referrals to other state and federal agencies; and

(7) provide appropriate information to help consumers or providers file appeals or complaints with the appropriate entities, including insurers and other state and federal agencies.

(e) The Texas Department of Insurance shall appoint a liaison to an ombudsman to receive reports of concerns, complaints, and potential violations described by Subsection (d)(2) from an ombudsman, consumers, or behavioral health care providers.

Added by Acts 2017, 85th Leg., R.S., Ch. 769 (H.B. 10), Sec. 1, eff. September 1, 2017.

Transferred, redesignated and amended from Government Code, Section 531.02251 by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 11, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending

publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.9934. OMBUDSMAN FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY. The executive commissioner shall appoint an ombudsman to assist a client, or a person acting on behalf of an individual with an intellectual or developmental disability or a group of individuals with an intellectual or developmental disability, with a complaint or grievance regarding the infringement of the rights of an individual with an intellectual or developmental disability or the delivery of intellectual disability services submitted under Section 592.039, Health and Safety Code.

Added by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 12, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.994. INVESTIGATION OF UNREPORTED COMPLAINTS. If, during the investigation of a complaint, an ombudsman discovers unreported violations of the commission's or department's rules and policies, the ombudsman shall open a new investigation for each unreported violation.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 13, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.995. ACCESS TO INFORMATION. The commission and department shall provide an ombudsman access to the records that

relate to a complaint the ombudsman is reviewing or investigating.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 14, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.996. COMMUNICATION AND CONFIDENTIALITY. (a) A person may communicate with an ombudsman relating to a complaint by telephone, by mail, by electronic mail, or by any other means the ombudsman determines to be feasible, secure, and accessible.

(b) A communication with an ombudsman is confidential during an investigation or review of a complaint and remains confidential after the complaint is resolved.

(c) The records of an ombudsman are confidential and must be maintained in a manner that preserves the confidentiality of the records.

(d) The disclosure of confidential information to an ombudsman under this subchapter does not constitute a waiver of confidentiality. Any information disclosed to the ombudsman under this subchapter remains confidential and privileged following disclosure.

(e) An ombudsman is not prohibited from communicating with the commission or department regarding confidential information disclosed to the ombudsman.

(f) An ombudsman may make reports relating to an investigation of a complaint public after the complaint is resolved. A report may not include information that identifies an individual complainant, client, parent, or employee or any other person involved in the complaint.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 14, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.997. RETALIATION PROHIBITED. The commission or department may not retaliate against an employee of the commission or department, as applicable, or any other person who in good faith makes a complaint to an ombudsman or against any person who cooperates with the ombudsman in an investigation.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 9, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 15, eff. June 12, 2023.

The following section was amended by the 89th Legislature. Pending publication of the current statutes, see H.B. 1620, 89th Legislature, Regular Session, for amendments affecting the following section.

Sec. 531.998. REPORT. (a) Each ombudsman shall prepare an annual report that contains:

(1) a description of the ombudsman's work;

(2) any change made by the commission or department in response to a substantiated complaint;

(3) a description of any trends in the nature of complaints received by the ombudsman or any systemic issues identified by the ombudsman in the investigation of individual complaints, any recommendations related to addressing those trends and issues, and an evaluation of the feasibility of the ombudsman's recommendations;

(4) a glossary of terms used in the report;

(5) a description of the methods used to promote

awareness of the ombudsman under Section 531.993(b) and the ombudsman's promotion plan for the next year; and

(6) any public feedback received by the ombudsman relating to the ombudsman's previous annual reports.

(b) Each report must be submitted to the governor, the lieutenant governor, each standing committee of the legislature with jurisdiction over matters involving the commission, each member of the legislature, and the executive commissioner not later than December 1 of each year. On receipt of the report, the commission shall make the report publicly available on the commission's Internet website.

Added by Acts 2015, 84th Leg., R.S., Ch. 1168 (S.B. 830), Sec. 1, eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 906 (S.B. 213), Sec. 10, eff. September 1, 2017.

Reenacted and amended by Acts 2023, 88th Leg., R.S., Ch. 741 (H.B. 3462), Sec. 15, eff. June 12, 2023.