

By: Nelson

S.B. No. 797

A BILL TO BE ENTITLED

AN ACT

relating to objective assessment processes for and appropriate provision of acute nursing services and certain other services provided under the Medicaid program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.02417, 531.024171, and 531.024172 to read as follows:

Sec. 531.02417. MEDICAID NURSING SERVICES ASSESSMENTS.

(a) In this section, "acute nursing services" means home health skilled nursing services, home health aide services, and private duty nursing services.

(b) The commission shall develop an objective assessment process for use in assessing the needs of a Medicaid recipient for acute nursing services. The commission shall require that:

(1) the assessment be conducted:

(A) by a state employee or contractor who is not the person who will deliver any necessary services to the recipient and is not affiliated with the person who will deliver those services; and

(B) in a timely manner so as to protect the health and safety of the recipient by avoiding unnecessary delays in service delivery; and

(2) the process include:

1 (A) an assessment of specified criteria and
2 documentation of the assessment results on a standard form;

3 (B) an assessment of whether the recipient should
4 be referred for additional assessments regarding the recipient's
5 needs for therapy services, as defined by Section 531.024171,
6 attendant care services, and durable medical equipment; and

7 (C) completion by the person conducting the
8 assessment of any documents related to obtaining prior
9 authorization for necessary nursing services.

10 (c) The commission shall:

11 (1) implement the objective assessment process
12 developed under Subsection (b) within the Medicaid fee-for-service
13 model and the primary care case management Medicaid managed care
14 model; and

15 (2) take necessary actions, including modifying
16 contracts with managed care organizations under Chapter 533 to the
17 extent allowed by law, to implement the process within the STAR and
18 STAR+PLUS Medicaid managed care programs.

19 (d) The executive commissioner shall adopt rules providing
20 for a process by which a provider of acute nursing services who
21 disagrees with the results of the assessment conducted as provided
22 by Subsection (b) may request and obtain a review of those results.

23 Sec. 531.024171. THERAPY SERVICES ASSESSMENTS. (a) In
24 this section, "therapy services" includes occupational, physical,
25 and speech therapy services.

26 (b) After implementing the objective assessment process for
27 acute nursing services as required by Section 531.02417, the

1 commission shall consider whether implementing an objective
2 assessment process for assessing the needs of a Medicaid recipient
3 for therapy services that is comparable to the process required
4 under Section 531.02417 for acute nursing services would be
5 feasible and beneficial.

6 (c) If the commission determines that implementing a
7 comparable process with respect to one or more types of therapy
8 services is feasible and would be beneficial, the commission may
9 implement the process within:

10 (1) the Medicaid fee-for-service model;

11 (2) the primary care case management Medicaid managed
12 care model; and

13 (3) the STAR and STAR+PLUS Medicaid managed care
14 programs.

15 (d) An objective assessment process implemented under this
16 section must include a process that allows a provider of therapy
17 services to request and obtain a review of the results of an
18 assessment conducted as provided by this section that is comparable
19 to the process implemented under rules adopted under Section
20 531.02417(d).

21 Sec. 531.024172. ELECTRONIC VISIT VERIFICATION SYSTEM.

22 (a) In this section, "acute nursing services" has the meaning
23 assigned by Section 531.02417.

24 (b) If it is cost-effective and feasible, the commission
25 shall implement an Electronic Visit Verification system to
26 electronically verify and document through a telephone or
27 computer-based system basic information relating to the delivery of

1 Medicaid acute nursing services, including:

2 (1) the provider's name;

3 (2) the recipient's name; and

4 (3) the date and time the provider begins and ends each
5 service delivery visit.

6 SECTION 2. Not later than September 1, 2012, the Health and
7 Human Services Commission shall implement the Electronic Visit
8 Verification system required by Section 531.024172, Government
9 Code, as added by this Act, if the commission determines that
10 implementation of that system is cost-effective and feasible.

11 SECTION 3. If before implementing any provision of this Act
12 a state agency determines that a waiver or authorization from a
13 federal agency is necessary for implementation of that provision,
14 the agency affected by the provision shall request the waiver or
15 authorization and may delay implementing that provision until the
16 waiver or authorization is granted.

17 SECTION 4. This Act takes effect September 1, 2011.