

BILL ANALYSIS

C.S.S.B. 58
By: Nelson
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties observe that, while several mental health services are already provided to certain Medicaid recipients through the managed care program, other categories of services, such as targeted case management and rehabilitative services, are provided on a fee-for-service basis and are delivered almost exclusively to the Medicaid population by local mental health authorities. The parties assert that the current system makes it difficult to coordinate physical and behavioral health and limits the number of providers available to recipients. C.S.S.B. 58 seeks to address this issue by amending current law relating to the integration of behavioral health and physical health services into the Medicaid managed care program.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.S.B. 58 amends the Government Code to require the Health and Human Services Commission (HHSC), to the greatest extent possible, to integrate behavioral health services, including targeted case management and psychiatric rehabilitation services, and physical health services into the Medicaid managed care program for Medicaid-eligible persons. The bill requires a managed care organization that contracts with HHSC under the managed care program to develop a network of public and private providers of behavioral health services and to ensure adults with serious mental illness and children with serious emotional disturbance have access to a comprehensive array of services. The bill requires HHSC, in implementing the bill's provisions, to ensure that an appropriate assessment tool is used to authorize services; that providers are well-qualified and able to provide an appropriate array of services; that appropriate performance and quality outcomes are measured; that two health home pilot programs are established in two health service areas, representing two distinct regions of the state, for persons who are diagnosed with a serious mental illness and at least one other chronic health condition; that a health home established under such a pilot program complies with the principles for patient-centered medical homes; and that all behavioral health services are based on an approach to treatment where the expected outcome of treatment is recovery.

C.S.S.B. 58 adds temporary provisions, set to expire September 1, 2017, requiring HHSC and the Department of State Health Services, not later than December 1, 2013, to establish a Behavioral Health Integration Advisory Committee whose membership must include individuals with behavioral health conditions who are current or former recipients of publicly funded behavioral health services; representatives of managed care organizations that have expertise in offering behavioral health services; and public and private providers of behavioral health services. The bill requires the committee to meet at least quarterly to address the planning and development needs of the behavioral health services network; seek input from the behavioral health community on the implementation of the bill's provisions; and issue formal recommendations to HHSC regarding the implementation of the bill's provisions. The bill

requires HHSC to provide administrative support to facilitate the duties of the advisory committee.

C.S.S.B. 58 requires HHSC to include a peer specialist as a benefit to recipients or as a provider type, if determined to be cost-effective and beneficial to recipients. The bill establishes that, to the extent of any conflict between its provisions and any other law relating to behavioral health services, the bill's provisions prevail. The bill requires the executive commissioner of HHSC to adopt rules necessary to implement the bill's provisions and requires HHSC, not later than September 1, 2014, to complete the integration of behavioral health and physical health services.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.S.B. 58 may differ from the engrossed version in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the engrossed and committee substitute versions of the bill.

SENATE ENGROSSED

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00255 to read as follows:

Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) In this section, "behavioral health services" means mental health and substance abuse disorder services, other than those provided through the NorthSTAR demonstration project.

(b) The commission shall, to the greatest extent possible, integrate into the Medicaid managed care program implemented under this chapter the following services for Medicaid-eligible persons:

(1) behavioral health services, including targeted case management and psychiatric rehabilitation services; and

(2) physical health services.

(c) A managed care organization that contracts with the commission under this chapter shall develop a network of public and private providers of behavioral health services and ensure consumers with serious mental illness have access to a comprehensive array of services.

(d) In implementing this section, the commission shall ensure that:

(1) an appropriate assessment tool is used to authorize services;

(2) providers are well-qualified and able to provide an appropriate array of services;

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00255 to read as follows:

Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) In this section, "behavioral health services" means mental health and substance abuse disorder services, other than those provided through the NorthSTAR demonstration project.

(b) The commission shall, to the greatest extent possible, integrate into the Medicaid managed care program implemented under this chapter the following services for Medicaid-eligible persons:

(1) behavioral health services, including targeted case management and psychiatric rehabilitation services; and

(2) physical health services.

(c) A managed care organization that contracts with the commission under this chapter shall develop a network of public and private providers of behavioral health services and ensure adults with serious mental illness and children with serious emotional disturbance have access to a comprehensive array of services.

(d) In implementing this section, the commission shall ensure that:

(1) an appropriate assessment tool is used to authorize services;

(2) providers are well-qualified and able to provide an appropriate array of services;

(3) appropriate performance and quality outcomes are measured;
(4) two health home pilot programs are established in two health service areas, representing two distinct regions of the state, for persons who are diagnosed with:
(A) a serious mental illness; and
(B) at least one other chronic health condition;
(5) a health home established under a pilot program under Subdivision (4) complies with the principles for patient-centered medical homes described in Section 533.0029; and
(6) all behavioral health services provided under this section are based on an approach to treatment where the expected outcome of treatment is recovery.
(e) The commission and the Department of State Health Services shall establish a Behavioral Health Integration Advisory Committee:
(1) whose membership must include:
(A) individuals with behavioral health conditions who are current or former recipients of publicly funded behavioral health services; and
(B) representatives of managed care organizations that have expertise in offering behavioral health services; and

(2) that shall:
(A) meet at least quarterly to address the planning and development needs of the behavioral health services network established under this section;
(B) seek input from the behavioral health community on the implementation of this section; and
(C) issue formal recommendations to the commission regarding the implementation of this section.
(f) The commission shall provide administrative support to facilitate the duties of the advisory committee established under Subsection (e). This subsection and Subsection (e) expire September 1, 2017.
(g) The commission shall, if the commission determines that it is cost-effective and beneficial to recipients, include a peer specialist as a benefit to recipients or as a provider type.
(h) To the extent of any conflict between this section and any other law relating to

(3) appropriate performance and quality outcomes are measured;
(4) two health home pilot programs are established in two health service areas, representing two distinct regions of the state, for persons who are diagnosed with:
(A) a serious mental illness; and
(B) at least one other chronic health condition;
(5) a health home established under a pilot program under Subdivision (4) complies with the principles for patient-centered medical homes described in Section 533.0029; and
(6) all behavioral health services provided under this section are based on an approach to treatment where the expected outcome of treatment is recovery.
(e) The commission and the Department of State Health Services shall establish a Behavioral Health Integration Advisory Committee:
(1) whose membership must include:
(A) individuals with behavioral health conditions who are current or former recipients of publicly funded behavioral health services;
(B) representatives of managed care organizations that have expertise in offering behavioral health services; and
(C) public and private providers of behavioral health services; and

(2) that shall:
(A) meet at least quarterly to address the planning and development needs of the behavioral health services network established under this section;
(B) seek input from the behavioral health community on the implementation of this section; and
(C) issue formal recommendations to the commission regarding the implementation of this section.
(f) The commission shall provide administrative support to facilitate the duties of the advisory committee established under Subsection (e). This subsection and Subsection (e) expire September 1, 2017.
(g) The commission shall, if the commission determines that it is cost-effective and beneficial to recipients, include a peer specialist as a benefit to recipients or as a provider type.
(h) To the extent of any conflict between this section and any other law relating to

behavioral health services, this section prevails.
(i) The executive commissioner shall adopt rules necessary to implement this section.

SECTION 2. Not later than December 1, 2013, the Health and Human Services Commission shall establish the Behavioral Health Integration Advisory Committee required by Section 533.00255, Government Code, as added by this Act.

SECTION 3. Not later than September 1, 2014, the Health and Human Services Commission shall complete the integration of behavioral health and physical health services required by Section 533.00255, Government Code, as added by this Act.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect September 1, 2013.

behavioral health services, this section prevails.
(i) The executive commissioner shall adopt rules necessary to implement this section.

SECTION 2. Same as engrossed version.

SECTION 3. Same as engrossed version.

SECTION 4. Same as engrossed version.

SECTION 5. Same as engrossed version.