

1-1 By: Nelson S.B. No. 58
 1-2 (In the Senate - Filed November 12, 2012; January 28, 2013,
 1-3 read first time and referred to Committee on Health and Human
 1-4 Services; March 18, 2013, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;
 1-6 March 18, 2013, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8 Nelson	X			
1-9 Deuell	X			
1-10 Huffman	X			
1-11 Nichols	X			
1-12 Schwertner	X			
1-13 Taylor	X			
1-14 Uresti	X			
1-15 West			X	
1-16 Zaffirini	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 58 By: Nelson

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the integration of behavioral health and physical
 1-22 health services into the Medicaid managed care program.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Subchapter A, Chapter 533, Government Code, is
 1-25 amended by adding Section 533.00255 to read as follows:

1-26 Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH
 1-27 SERVICES NETWORK. (a) In this section, "behavioral health
 1-28 services" means mental health and substance abuse disorder
 1-29 services, other than those provided through the NorthSTAR
 1-30 demonstration project.

1-31 (b) The commission shall, to the greatest extent possible,
 1-32 integrate into the Medicaid managed care program implemented under
 1-33 this chapter the following services for Medicaid-eligible persons:

1-34 (1) behavioral health services, including targeted
 1-35 case management and psychiatric rehabilitation services; and

1-36 (2) physical health services.

1-37 (c) A managed care organization that contracts with the
 1-38 commission under this chapter shall develop a network of public and
 1-39 private providers of behavioral health services and ensure
 1-40 consumers with serious mental illness have access to a
 1-41 comprehensive array of services.

1-42 (d) In implementing this section, the commission shall
 1-43 ensure that:

1-44 (1) an appropriate assessment tool is used to
 1-45 authorize services;

1-46 (2) providers are well-qualified and able to provide
 1-47 an appropriate array of services;

1-48 (3) appropriate performance and quality outcomes are
 1-49 measured;

1-50 (4) two health home pilot programs are established in
 1-51 two health service areas, representing two distinct regions of the
 1-52 state, for persons who are diagnosed with:

1-53 (A) a serious mental illness; and

1-54 (B) at least one other chronic health condition;

1-55 (5) a health home established under a pilot program
 1-56 under Subdivision (4) complies with the principles for
 1-57 patient-centered medical homes described in Section 533.0029; and

1-58 (6) all behavioral health services provided under this
 1-59 section are based on an approach to treatment where the expected
 1-60 outcome of treatment is recovery.

2-1 (e) The commission and the Department of State Health
2-2 Services shall establish a Behavioral Health Integration Advisory
2-3 Committee:

2-4 (1) whose membership must include:

2-5 (A) individuals with behavioral health
2-6 conditions who are current or former recipients of publicly funded
2-7 behavioral health services; and

2-8 (B) representatives of managed care
2-9 organizations that have expertise in offering behavioral health
2-10 services; and

2-11 (2) that shall:

2-12 (A) meet at least quarterly to address the
2-13 planning and development needs of the behavioral health services
2-14 network established under this section;

2-15 (B) seek input from the behavioral health
2-16 community on the implementation of this section; and

2-17 (C) issue formal recommendations to the
2-18 commission regarding the implementation of this section.

2-19 (f) The commission shall provide administrative support to
2-20 facilitate the duties of the advisory committee established under
2-21 Subsection (e). This subsection and Subsection (e) expire
2-22 September 1, 2017.

2-23 (g) The commission shall, if the commission determines that
2-24 it is cost-effective and beneficial to recipients, include a peer
2-25 specialist as a benefit to recipients or as a provider type.

2-26 (h) To the extent of any conflict between this section and
2-27 any other law relating to behavioral health services, this section
2-28 prevails.

2-29 (i) The executive commissioner shall adopt rules necessary
2-30 to implement this section.

2-31 SECTION 2. Not later than December 1, 2013, the Health and
2-32 Human Services Commission shall establish the Behavioral Health
2-33 Integration Advisory Committee required by Section 533.00255,
2-34 Government Code, as added by this Act.

2-35 SECTION 3. Not later than September 1, 2014, the Health and
2-36 Human Services Commission shall complete the integration of
2-37 behavioral health and physical health services required by Section
2-38 533.00255, Government Code, as added by this Act.

2-39 SECTION 4. If before implementing any provision of this Act
2-40 a state agency determines that a waiver or authorization from a
2-41 federal agency is necessary for implementation of that provision,
2-42 the agency affected by the provision shall request the waiver or
2-43 authorization and may delay implementing that provision until the
2-44 waiver or authorization is granted.

2-45 SECTION 5. This Act takes effect September 1, 2013.

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