BILL ANALYSIS

C.S.H.B. 1393 By: Turner, Sylvester Human Services Committee Report (Substituted)

BACKGROUND AND PURPOSE

Texas, interested parties note, currently lacks an intermediate level of care for persons with severe and persistent mental illness. The parties suggest that, without the appropriate level of services and supports, this population can be easily destabilized and continue to cycle in and out of the criminal justice, emergency services, and state mental hospital systems. The parties conclude that providing a mechanism to serve this population will allow the state to maximize federal funding and will also save state and county dollars by providing an appropriate level of service for those who commonly use more expensive services. C.S.H.B. 1393 seeks to provide for such a mechanism.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

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.H.B. 1393 amends the Human Resources Code to require the Health and Human Services Commission (HHSC), in conjunction with the Department of State Health Services (DSHS), to establish a home and community-based services program as part of the Medicaid program for persons with severe and persistent mental illness who are at the greatest risk of institutionalization, including the following persons: persons who have been found incompetent to stand trial and who are transitioning from receiving inpatient mental health services to outpatient mental health services; persons who have been ordered to receive outpatient mental health services following an acquittal by reason of insanity; persons who have been ordered by a court to receive inpatient mental health services three or more times in a two-year period; persons with severe and persistent mental illness who have been confined in a county jail and charged with an offense three or more times in a two-year period; and children and adults who are experiencing a first episode of psychosis.

C.S.H.B. 1393 authorizes DSHS, in operating the home and community-based services program, to provide or coordinate with other entities for the provision of housing, employment, family, peer counseling, and education supports to persons participating in the program. The bill requires the executive commissioner of HHSC by rule to develop needs-based criteria to determine a person's eligibility for the program. The bill requires the executive commissioner to consider the funds available for the program in adopting the rules and to adopt any other rules necessary to implement the program, including rules that define what constitutes a severe and persistent mental illness. The bill requires HHSC, as soon as practicable after the bill's effective date, to

collaborate with DSHS to develop and seek approval of an amendment to the state Medicaid plan to receive federal Medicaid funding for the home and community-based services program.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1393 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0216 to read as follows:

Sec. 32.0216. HOME AND COMMUNITY-BASED SERVICES PROGRAM. (a) The Health and Human Services Commission, in conjunction with the Department of State Health Services, shall establish a home and community-based services program as part of the medical assistance program for persons with severe and persistent mental illness who are at the greatest risk of institutionalization, including the following persons:

(1) persons who have been found incompetent to stand trial under Chapter 46B, Code of Criminal Procedure, and who are transitioning from receiving inpatient mental health services to outpatient mental health services;

(2) persons who have been ordered to receive outpatient mental health services following an acquittal by reason of insanity under Chapter 46C, Code of Criminal Procedure;

(3) persons who have been ordered by a court to receive inpatient mental health services under Chapter 574, Health and Safety Code, three or more times in a two-year period;

(4) persons with severe and persistent mental illness who have been confined in a county jail and charged with an offense three or more times in a two-year period; and

(5) children and adults who are experiencing a first episode of psychosis.

(b) The department, in operating the program, may provide or coordinate with other entities for the provision of housing,

HOUSE COMMITTEE SUBSTITUTE

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(1) persons who have been found incompetent to stand trial under Chapter 46B, Code of Criminal Procedure, and who are transitioning from receiving inpatient mental health services to outpatient mental health services;

(2) persons who have been ordered to receive outpatient mental health services following an acquittal by reason of insanity under Chapter 46C, Code of Criminal Procedure;

(3) persons who have been ordered by a court to receive inpatient mental health services under Chapter 574, Health and Safety Code, three or more times in a two-year period;

(4) persons with severe and persistent mental illness who have been confined in a county jail and charged with an offense three or more times in a two-year period; and

(5) children and adults who are experiencing a first episode of psychosis.

(b) The Department of State Health Services, in operating the program, may provide or coordinate with other entities for

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employment, family, and education supports to persons participating in the program.

(c) The executive commissioner of the commission by rule shall develop needsbased criteria to determine a person's eligibility for the program. In adopting the rules, the executive commissioner shall consider the funds available for the program. The executive commissioner shall adopt any other rules necessary to implement the program established under this section, including rules that define what constitutes a severe and persistent mental illness for purposes of this section.

SECTION 2. As soon as practicable after the effective date of this Act, the Health and Commission Human Services shall collaborate with the Department of State Health Services to develop and seek approval of an amendment to the state Medicaid plan under Section 1915(i), Social Security Act (42 U.S.C. Section 1396n(i)), to receive federal funding under the Medicaid program for the program established under Section 32.0216, Human Resources Code, as added by this Act.

SECTION 3. 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 4. This Act takes effect September 1, 2015.

the provision of housing, employment, family, peer counseling, and education supports to persons participating in the program.

(c) The executive commissioner by rule shall develop needs-based criteria to determine a person's eligibility for the program. In adopting the rules, the executive commissioner shall consider the funds available for the program. The executive commissioner shall adopt any other rules necessary to implement the program established under this section, including rules that define what constitutes a severe and persistent mental illness for purposes of this section.

SECTION 2. Same as introduced version.

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.