

BILL ANALYSIS

Senate Research Center

S.B. 74
By: Nelson
Health & Human Services
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Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

S.B. 58, 83rd Legislature, Regular Session, 2013, added community rehabilitation services to Medicaid managed care, allowing providers other than licensed mental health authorities (LMHAs) to provide these services. Three years later, only three providers have been credentialed and three more are in the credentialing process.

Barriers to credentialing cited by providers include a misunderstanding of requirements to become a credentialed provider and a lack of funding for credentialing-related expenses.

S.B. 74 streamlines credentialing requirements for providers seeking to offer targeted case management and rehabilitative services to children, adolescents, and their families. S.B. 74 is expected to increase statewide capacity for targeted case management and rehabilitative services for high-needs children, adolescents, and their families. An estimated 4,000 high-needs foster children are in need of these intensive mental health services.

S.B. 74 clarifies that a non-LMHA provider entity may contract with a managed care organization to provide targeted case management and rehabilitative services to children, adolescents, and their families. The bill also requires the Health and Human Services Commission to update Medicaid managed care contracts, the Manual, and the Child-Adolescent Mental Health Texas Resilience and Recovery Utilization Management Guidelines within 60 days.

S.B. 74 amends current law relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Sections 533.002552 and 533.002553, as follows:

Sec. 533.002552. TARGETED CASE MANAGEMENT AND PSYCHIATRIC REHABILITATIVE SERVICES FOR CHILDREN, ADOLESCENTS, AND FAMILIES. (a) Authorizes a provider in the provider network of a managed care organization (MCO) that contracts with the Health and Human Services Commission (HHSC) to provide behavioral health services under Section 533.00255 (Behavioral Health and Physical Health Services Network) to contract with the MCO to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.

(b) Authorizes HHSC rules and guidelines concerning contract and training requirements applicable to the provision of behavioral health services to apply to a provider that contracts with an MCO only to the extent those contract and

training requirements are specific to the provision of targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.

(c) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO from requiring the provider to provide a behavioral health crisis hotline or a mobile crisis team that operates 24 hours per day and seven days per week. Provides that this subsection does not prohibit an MCO that contracts with HHSC to provide behavioral health services under Section 533.00255 from specifically contracting with a provider for the provision of a behavioral health crisis hotline or a mobile crisis team that operates 24 hours per day and seven days per week.

(d) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO to provide targeted case management and psychiatric rehabilitative services specific to children and adolescents who have certain risks from requiring the provider to also provide less intensive psychiatric rehabilitative services specified by HHSC rules and guidelines as applicable to the provision of targeted case management and psychiatric rehabilitative services to children, adolescents, and their families, if that provider has a referral arrangement to provide access to those less intensive psychiatric rehabilitative services.

(e) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO from requiring the provider to provide services not covered under Medicaid.

Sec. 533.002553. BEHAVIORAL HEALTH SERVICES PROVIDED THROUGH THIRD PARTY OR SUBSIDIARY. (a) Defines “behavioral health services.”

(b) Requires HHSC, for an MCO that contracts with HHSC under this chapter and that provides behavioral health services through a contract with a third party or an arrangement with a subsidiary of the MCO, to:

(1) require the effective sharing and integration of care coordination, service authorization, and utilization management data between the MCO and the third party or subsidiary;

(2) encourage, to the extent feasible, the colocation of physical and behavioral health care coordination staff;

(3) require warm call transfers between physical and behavioral health care coordination staff;

(4) require the MCO and the third party or subsidiary to implement joint rounds for physical and behavioral health services network providers or some other effective means for sharing clinical information; and

(5) ensure that the MCO makes available a seamless provider portal for both physical and behavioral health services network providers, to the extent allowed by federal law.

SECTION 2. Requires the executive commissioner of HHSC, not later than January 1, 2018, to adopt rules and guidelines or amend existing rules and guidelines as necessary to comply with the requirements of Section 533.002552, Government Code, as added by this Act.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: upon passage or September 1, 2017.