

AN ACT

relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization.

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

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Sections 533.002552 and 533.002553 to read as follows:

Sec. 533.002552. TARGETED CASE MANAGEMENT AND PSYCHIATRIC REHABILITATIVE SERVICES FOR CHILDREN, ADOLESCENTS, AND FAMILIES.

(a) A provider in the provider network of a managed care organization that contracts with the commission to provide behavioral health services under Section 533.00255 may contract with the managed care organization to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.

(b) Commission rules and guidelines concerning contract and training requirements applicable to the provision of behavioral health services may apply to a provider that contracts with a managed care organization under Subsection (a) 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.

1 (c) Commission rules and guidelines applicable to a
2 provider that contracts with a managed care organization under
3 Subsection (a) may not require the provider to provide a behavioral
4 health crisis hotline or a mobile crisis team that operates 24 hours
5 per day and seven days per week. This subsection does not prohibit
6 a managed care organization that contracts with the commission to
7 provide behavioral health services under Section 533.00255 from
8 specifically contracting with a provider for the provision of a
9 behavioral health crisis hotline or a mobile crisis team that
10 operates 24 hours per day and seven days per week.

11 (d) Commission rules and guidelines applicable to a
12 provider that contracts with a managed care organization to provide
13 targeted case management and psychiatric rehabilitative services
14 specific to children and adolescents who are at risk of juvenile
15 justice involvement, expulsion from school, displacement from the
16 home, hospitalization, residential treatment, or serious injury to
17 self, others, or animals may not require the provider to also
18 provide less intensive psychiatric rehabilitative services
19 specified by commission rules and guidelines as applicable to the
20 provision of targeted case management and psychiatric
21 rehabilitative services to children, adolescents, and their
22 families, if that provider has a referral arrangement to provide
23 access to those less intensive psychiatric rehabilitative
24 services.

25 (e) Commission rules and guidelines applicable to a
26 provider that contracts with a managed care organization under
27 Subsection (a) may not require the provider to provide services not

1 covered under Medicaid.

2 Sec. 533.002553. BEHAVIORAL HEALTH SERVICES PROVIDED
3 THROUGH THIRD PARTY OR SUBSIDIARY. (a) In this section,
4 "behavioral health services" has the meaning assigned by Section
5 533.00255.

6 (b) For a managed care organization that contracts with the
7 commission under this chapter and that provides behavioral health
8 services through a contract with a third party or an arrangement
9 with a subsidiary of the managed care organization, the commission
10 shall:

11 (1) require the effective sharing and integration of
12 care coordination, service authorization, and utilization
13 management data between the managed care organization and the third
14 party or subsidiary;

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

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

19 (4) require the managed care organization and the
20 third party or subsidiary to implement joint rounds for physical
21 health and behavioral health services network providers or some
22 other effective means for sharing clinical information; and

23 (5) ensure that the managed care organization makes
24 available a seamless provider portal for both physical health and
25 behavioral health services network providers, to the extent allowed
26 by federal law.

27 SECTION 2. Not later than January 1, 2018, the executive

1 commissioner of the Health and Human Services Commission shall
2 adopt rules and guidelines or amend existing rules and guidelines
3 as necessary to comply with the requirements of Section 533.002552,
4 Government Code, as added by this Act.

5 SECTION 3. If before implementing any provision of this Act
6 a state agency determines that a waiver or authorization from a
7 federal agency is necessary for implementation of that provision,
8 the agency affected by the provision shall request the waiver or
9 authorization and may delay implementing that provision until the
10 waiver or authorization is granted.

11 SECTION 4. This Act takes effect immediately if it receives
12 a vote of two-thirds of all the members elected to each house, as
13 provided by Section 39, Article III, Texas Constitution. If this
14 Act does not receive the vote necessary for immediate effect, this
15 Act takes effect September 1, 2017.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 74 passed the Senate on April 3, 2017, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 22, 2017, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 74 passed the House, with amendment, on May 17, 2017, by the following vote: Yeas 140, Nays 2, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor