

**BILL ANALYSIS**

H.B. 2638  
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Youth Health & Safety, Select  
Committee Report (Unamended)

**BACKGROUND AND PURPOSE**

According to the U.S. Office of Juvenile Justice and Delinquency Prevention, family-based interventions that adopt a multisystemic perspective are better suited than a juvenile justice system for treating a broad range of problems found in delinquent youth. Multisystemic therapy (MST) is an intensive family-based and community-based treatment that addresses the multiple causes of serious antisocial behavior in juvenile offenders and, according to the Meadows Mental Health Policy Institute, is proven to be effective for treating youth that have committed violent offenses. Currently, MST is only provided through state, local, or foundation funds, so not all at-risk youth in need of these services can receive them. H.B. 2638 seeks to address this issue by providing for Medicaid reimbursement for services that are classified as MST and requiring the Health and Human Services Commission to establish a separate provider type for MST providers.

**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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

**ANALYSIS**

H.B. 2638 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to ensure that Medicaid reimbursement is provided to a health care provider who provides services to a Medicaid recipient that are classified as multisystemic therapy by the Healthcare Common Procedure Coding System code. The bill requires the executive commissioner of HHSC to establish a separate provider type for multisystemic therapy providers for purposes of enrollment as a Medicaid provider and Medicaid reimbursement. The bill provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted.

**EFFECTIVE DATE**

September 1, 2023.