

## **BILL ANALYSIS**

S.B. 74  
By: Nelson  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Informed observers report that too few children have access to certain behavioral and psychiatric rehabilitative services due to confusion regarding the requirements for a provider other than a local mental health authority to provide those services under the Medicaid managed care program. The goal of S.B. 74 is to provide for that access.

### **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**

S.B. 74 amends the Government Code to authorize a provider in the provider network of a managed care organization that contracts with the Health and Human Services Commission (HHSC) to provide behavioral health services under the Medicaid managed care program to contract with the managed care organization to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families. The bill limits the application of HHSC rules and guidelines concerning contract and training requirements applicable to the provision of behavioral health services to such a provider 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.

S.B. 74 prohibits HHSC rules and guidelines applicable to a provider that contracts with a managed care organization under the bill's provisions from requiring the provider to provide services not covered under Medicaid or 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 but expressly does not prohibit a managed care organization that contracts with HHSC to provide behavioral health services from specifically contracting with a provider for the provision of a behavioral health crisis hotline or a mobile crisis team that has such hours of operation. The bill prohibits HHSC rules and guidelines applicable to a provider that contracts with a managed care organization to provide targeted case management and psychiatric rehabilitative services specific to certain at-risk children and adolescents 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. The bill 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 the bill's provisions.

**EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2017.