

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 797
By: Nelson
Health & Human Services
3/29/2011
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

This bill is intended to ensure that clients with acute nursing needs receive an appropriate amount of nursing services by removing any conflict of interest owing to the same entity completing the client assessment and delivering the services.

This bill directs the Health and Human Services Commission to implement an objective client assessment process for acute nursing services provided to Texas Medicaid clients.

C.S.S.B. 797 amends current law relating to objective assessment processes for and appropriate provision of acute nursing services and certain other services provided under the Medicaid program.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 531.02417, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 531, Government Code, by adding Sections 531.02417, 531.024171, and 531.024172, as follows:

Sec. 531.02417. MEDICAID NURSING SERVICES ASSESSMENTS. (a) Defines, in this section, "acute nursing services."

(b) Requires the Health and Human Services Commission (HHSC) to develop an objective assessment process for use in assessing the needs of a Medicaid recipient for acute nursing services. Requires HHSC to require that:

(1) the assessment be conducted by a state employee or contractor who is not the person who will deliver any necessary services to the recipient and is not affiliated with the person who will deliver those services, and in a timely manner so as to protect the health and safety of the recipient by avoiding unnecessary delays in service delivery; and

(2) the process include an assessment of specified criteria and documentation of the assessment results on a standard form; an assessment of whether the recipient should be referred for additional assessments reading the recipient's needs for therapy services, as defined by Section 531.024171, attendant care services, and durable medical equipment; and completion by the person conducting the assessment of any documents related to obtaining prior authorization for necessary nursing services.

(c) Requires HHSC to implement the objective assessment process developed under Subsection (b) within the Medicaid fee-for-service model and the primary care case management Medicaid managed care model, and take necessary actions, including modifying contracts with managed care organizations under Chapter

533 (Implementation of Medicaid Managed Care Program) to the extent allowed by law, to implement the process within the STAR and STAR+PLUS Medicaid managed care programs.

(d) Requires the executive commissioner of HHSC to adopt rules providing for a process by which a provider of acute nursing services who disagrees with the results of the assessment conducted as provided by Subsection (b) is authorized to request and obtain a review of those results.

Sec. 531.024171. THERAPY SERVICES ASSESSMENTS. (a) Defines, in this section, "therapy services."

(b) Requires HHSC, after implementing the objective assessment process for acute nursing services as required by Section 531.02417, to consider whether implementing an objective assessment process for assessing the needs of a Medicaid recipient for therapy services that is comparable to the process required under Section 531.02417 for acute nursing services would be feasible and beneficial.

(c) Authorizes HHSC, if HHSC determines that implementing a comparable process with respect to one or more types of therapy services is feasible and would be beneficial, to implement the process within the Medicaid fee-for-service model, the primary care case management Medicaid managed care model, and the STAR and STAR+PLUS Medicaid managed care programs.

(d) Requires that an objective assessment program implemented under this section include a process that allows a provider of therapy services to request and obtain a review of the results of an assessment conducted as provided by this section that is comparable to the process implemented under rules adopted under Section 531.02417(d).

Sec. 531.024172. ELECTRONIC VISIT VERIFICATION SYSTEM. (a) Defines, in this section, "acute nursing services."

(b) Requires HHSC, if it is cost-effective and feasible, to implement an Electronic Visit Verification system to electronically verify and document through a telephone or computer-based system basic information relating to the delivery of Medicaid acute nursing services, including the provider's name, the recipient's name, and the date and time the provider begins and ends each service delivery visit.

SECTION 2. Requires HHSC, not later than September 1, 2012, to implement the Electronic Visit Verification system required by Section 531.024172, Government Code, as added by this Act, if HHSC determines that implementation of that system is cost-effective and feasible.

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: September 1, 2011.