

BILL ANALYSIS

Senate Research Center
83R1802 ADM-D

C.S.S.B. 58
By: Nelson
Health & Human Services
3/13/2013
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Several mental health services, such as medication management, counseling, and physician services, are already provided through managed care for Medicaid-eligible individuals. However, two categories of services (targeted case management and rehabilitative services) are provided on a fee-for-service basis and targeted case management and rehabilitation services are delivered almost exclusively by local mental health authorities for the Medicaid population. The current system makes it difficult to coordinate physical and behavioral health and limits the number of providers.

C.S.S.B. 58 amends current law relating to the integration of behavioral health and physical health services into the Medicaid managed care program.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 533.00255, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Section 533.00255, as follows:

Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) Defines "behavioral health services" in this section.

(b) Requires the Health and Human Services Commission (HHSC) or an agency operating part of the state Medicaid managed care program, as appropriate, to the greatest extent possible, to integrate into the Medicaid managed care program implemented under this chapter the following services for Medicaid-eligible persons: behavioral health services, including targeted case management and psychiatric rehabilitation services, and physical health services.

(c) Requires a managed care organization that contracts with HHSC under this chapter to develop a network of public and private providers of behavioral health services and ensure consumers with serious mental illness have access to a comprehensive array of services.

(d) Requires HHSC, in implementing this section, to ensure that:

- (1) an appropriate assessment tool is used to authorize services;
- (2) providers are well-qualified and able to provide an appropriate array of services;
- (3) appropriate performance and quality outcomes are measured;

(4) two health home pilot programs are established in two health service areas, representing two distinct regions of the state, for persons who are diagnosed with a serious mental illness and at least one other chronic health condition;

(5) a health home established under a pilot program under Subsection (d)(4) complies with the principles for patient-centered medical homes described in Section 533.0029 (Promotion and Principles of Patient-Centered Medical Homes for Recipients); and

(6) all behavioral health services provided under this section are based on an approach to treatment where the expected outcome of treatment is recovery.

(e) Requires HHSC and the Department of State Health Services to establish a Behavioral Health Integration Advisory Committee:

(1) whose membership is required to include:

(A) individuals with behavioral health conditions who are current or former recipients of publicly funded behavioral health services; and

(B) representatives of managed care organizations that have expertise in offering behavioral health services; and

(2) that is required to:

(A) meet at least quarterly to address the planning and development needs of the behavioral health services network established under this section;

(B) seek input from the behavioral health community on the implementation of this section; and

(C) issue formal recommendations to HHSC regarding the implementation of this section.

(f) Requires HHSC to provide administrative support to facilitate the duties of the advisory committee established under Subsection (e). Provides that this subsection and Subsection (e) expire September 1, 2017.

(g) Requires HHSC, if HHSC determines that it is cost-effective and beneficial to recipients, to include a peer specialist as a benefit to recipients or as a provider type.

(h) Provides that, to the extent of any conflict between this section and any other law relating to behavioral health services, this section prevails.

(i) Requires the executive commissioner of HHSC to adopt rules necessary to implement this section.

SECTION 2. Requires HHSC, not later than December 1, 2013, to establish the Behavioral Health Integration Advisory Committee required by Section 533.00255, Government Code, as added by this Act.

SECTION 3. Requires HHSC, not later than September 1, 2014, to complete the integration of behavioral health and physical health services required by Section 533.00255, Government Code, as added by this Act.

SECTION 4. 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 a delay of implementation until such a waiver or authorization is granted.

SECTION 5. Effective date: September 1, 2013.