

## **BILL ANALYSIS**

Senate Research Center

C.S.S.B. 1193  
By: Rodriguez  
Health & Human Services  
5/11/2011  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Currently, (Section 533.005(c), Government Code), explicitly states several provisions that must be included in a contract between a managed care organization and the Health and Human Services Commission (HHSC) for the organization to provide health care services to recipients.

C.S.S.B. 1193 amends current law relating to the coordination of services provided by Medicaid managed care organizations and certain community centers and local mental health or mental retardation authorities.

### **RULEMAKING AUTHORITY**

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

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 533.005(a), Government Code, to require that a contract between a managed care organization and the Health and Human Services Commission (HHSC) for the organization to provide health care services to recipients contain certain provisions, including a requirement that the managed care organization coordinate the care of each recipient who is receiving services through the managed care organization and through a community center created under Subchapter A (Community Centers), Chapter 534 (Community Services), Health and Safety Code, or local mental health or mental retardation authority with the community center or authority, as applicable. Makes nonsubstantive changes.

SECTION 2. Amends Section 533.0352(d), Health and Safety Code, to require the local mental health or mental retardation authority, in developing the local service area plan, to solicit information regarding community needs from certain entities and persons, make certain considerations, and include strategies in the plan that are designed to coordinate the care of each consumer who is receiving services through the local mental health or mental retardation authority and through a Medicaid managed care organization with the managed care organization.

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.