

## **BILL ANALYSIS**

Senate Research Center  
85R2634 GCB-D

S.B. 74  
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Health & Human Services  
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As Filed

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

S.B. 58, 83rd Legislature, Regular Session, 2013, added community rehabilitation services to Medicaid managed care, allowing providers other than licensed mental health authorities (LMHAs) to provide these services. Three years later, only three providers have been credentialed and three more are in the credentialing process.

Barriers to credentialing cited by providers include a misunderstanding of requirements to become a credentialed provider and a lack of funding for credentialing-related expenses.

S.B. 74 streamlines credentialing requirements for providers seeking to offer targeted case management and rehabilitative services to children, adolescents, and their families. S.B. 74 is expected to increase statewide capacity for targeted case management and rehabilitative services for high-needs children, adolescents, and their families. An estimated 4,000 high-needs foster children are in need of these intensive mental health services.

S.B. 74 clarifies that a non-LMHA provider entity may contract with a managed care organization to provide targeted case management and rehabilitative services to children, adolescents, and their families. The bill also requires the Health and Human Services Commission to update Medicaid managed care contracts, the Manual, and the Child-Adolescent Mental Health Texas Resilience and Recovery Utilization Management Guidelines within 60 days.

As proposed, S.B. 74 amends current law relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Section 533.002552, as follows:

Sec. 533.002552. TARGETED CASE MANAGEMENT AND PSYCHIATRIC REHABILITATIVE SERVICES FOR CHILDREN, ADOLESCENTS, AND FAMILIES. (a) Authorizes a provider in the provider network of a managed care organization (MCO) that contracts with the Health and Human Services Commission (HHSC) to provide behavioral health services under Section 533.00255 (Behavioral Health and Physical Health Services Network) to contract with the MCO to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.

(b) Authorizes HHSC rules and guidelines concerning contract and training requirements applicable to the provision of behavioral health services to apply to a provider that contracts with an MCO 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.

(c) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO from 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. Provides that this subsection does not prohibit an MCO that contracts with HHSC to provide behavioral health services under Section 533.00255 from specifically contracting with a provider for the provision of a behavioral health crisis hotline or a mobile crisis team that operates 24 hours per day and seven days per week.

(d) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO to provide targeted case management and psychiatric rehabilitative services specific to children and adolescents who have certain risks 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.

(e) Prohibits HHSC rules and guidelines applicable to a provider that contracts with an MCO from requiring the provider to provide services not covered under Medicaid.

SECTION 2. 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 this Act.

SECTION 3. Effective date: upon passage or September 1, 2017.