

BILL ANALYSIS

Senate Research Center
82R4700 KLA-D

S.B. 797
By: Nelson
Health & Human Services
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As Filed

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.

As proposed, S.B. 797 amends current law relating to objective assessment processes for acute nursing services and certain other services provided under the Medicaid program.

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 Subchapter B, Chapter 531, Government Code, by adding Sections 531.02417 and 531.024171, 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 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 the process include an assessment of specified criteria and documentation of the assessment results on a standard form, 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.

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 a comparable process with respect to assessing the needs of a Medicaid recipient for therapy 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.

SECTION 2. 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 3. Effective date: September 1, 2011.