

## **BILL ANALYSIS**

Senate Research Center

S.B. 58  
By: Nelson  
Health & Human Services  
3/11/2013  
As Filed

### **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.

S.B. 58 requires that Medicaid targeted case management and rehabilitation services be delivered through managed care as opposed to fee-for-service; requires Managed Care Organizations contracted with the Health and Human Services Commission (HHSC) to build a network of providers of behavioral health services; and requires that in implementing the carve-in, HHSC must ensure that an appropriate assessment tool is used to authorize services, that an appropriate array of services are provided, that providers are well-qualified, and that performance and quality outcomes are measured. S.B. 58 does not apply to the NorthSTAR service area.

As proposed, S.B. 58 amends current law relating to integrating behavioral health and physical health services provided under the Medicaid program using managed care organizations.

### **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 A, Chapter 533, Government Code, by adding Section 533.00251, as follows:

Sec. 533.00251. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner; HHSC) to integrate behavioral health services, including targeted case management and psychiatric rehabilitation services, and physical health services to persons eligible for such services under the Medicaid program using the managed care organizations contracted to HHSC pursuant to Chapter 533, Government Code.

(b) Requires the managed care organizations contracted to HHSC to develop a network of providers of behavioral health services.

(c) Requires the executive commissioner, in complying with this section, to ensure that an appropriate assessment tool is used to authorize services, providers are well-qualified and able to provide an appropriate array of services, and appropriate performance and quality outcomes are measured.

(d) Provides that this section does not apply to the NorthSTAR Medicaid Demonstration Waiver.

(e) Defines "behavioral health services" for purposes of this section.

(f) Provides that, to the extent of any conflict, this section prevails over any other law relating to mental and behavioral health care.

SECTION 2. Requires that integration of behavioral health and physical health services as required by SECTION 1 be completed by September 1, 2014.

SECTION 3. Effective date: September 1, 2013.