

SUBJECT: Adjusting contract requirements for providers in Medicaid MCO networks

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Price, Sheffield, Arévalo, Coleman, Collier, Cortez, Guerra,
Klick, Oliverson

0 nays

2 absent — Burkett, Zedler

SENATE VOTE: On final passage, April 3 — 31-0, on Local and Uncontested Calendar

WITNESSES: For — Michelle Harper, Meadows Mental Health Policy Institute;
(*Registered, but did not testify*: Liz Garbutt, Children's Defense Fund-
Texas; Paul Townsend, Children's Hospital Association of Texas; Gyl
Switzer, Mental Health America of Texas; Sebastien Laroche, Methodist
Healthcare Ministries of South Texas, Inc.; Greg Hansch, National
Alliance on Mental Illness-Texas; Will Francis, National Association of
Social Workers-Texas Chapter; Marita Rafael and Judy Vanderheiden,
NCMS; Mark Mendez, Tarrant County; Katie Olse, Texas Alliance of
Child and Family Services; Amanda Martin, Texas Association of
Business; Rick Thompson, Texas Association of Counties; Jamie
Dudensing, Texas Association of Health Plans; Sarah Crockett, Texas
CASA; Donald Lee, Texas Conference of Urban Counties; Lee Johnson,
Texas Council of Community Centers; Joel Ballew, Texas Health
Resources; Sara Gonzalez, Texas Hospital Association; Pamela McPeters,
TexProtects (Texas Association for the Protection Children); Aidan
Utzman, United Ways of Texas; Knox Kimberly, Upbring; Aman Patel)

Against — None

On — (*Registered, but did not testify*: Robert Dole, Michelle Erwin, and
Tamela Griffin, Health and Human Services Commission; Monica
Thyssen, Meadows Mental Health Policy Institute)

BACKGROUND: Government Code, sec. 533.00255 requires the Health and Human Services Commission to integrate behavioral health services, including physical health services and targeted case management and psychiatric rehabilitation services, into Medicaid managed care. A Medicaid managed care organization must develop a network of public and private behavioral health service providers to ensure children and adults have access to these services.

DIGEST: SB 74 would allow a behavioral health services provider in the network of a Medicaid managed care organization (MCO) to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families. The Health and Human Services Commission (HHSC) rules and guidelines relating to contract and training requirements for Medicaid MCO providers that provide targeted case management and psychiatric rehabilitative services would have to pertain to those services.

The bill would prohibit HHSC rules and guidelines for Medicaid MCO behavioral health service providers from mandating that the provider:

- offer a behavioral health crisis hotline or a 24/7 mobile crisis team;
- provide less intensive psychiatric rehabilitative services to children, adolescents, and their families if the provider had a referral arrangement for those services; or
- provide services not covered under Medicaid.

The HHSC executive commissioner would have to adopt or amend rules and guidelines by January 1, 2018, to implement the bill's provisions.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2017.

SUPPORTERS SAY: SB 74 would encourage more providers to enroll as Medicaid managed care organization behavioral health service providers by clarifying the Health and Human Services Commission contract requirements. Allowing

behavioral health service providers to offer targeted case management and psychiatric rehabilitative services for children, adolescents, and their families would address the state's systemic gap in available intensive care services, particularly in the foster care system. Expanding behavioral health care access for children and their families would help prevent vulnerable children from entering the juvenile justice system, foster care system, a hospital, or a residential treatment center.

**OPPONENTS
SAY:**

SB 74 could increase the use of psychotropic medications for children with mental health issues by expanding targeted case management and psychiatric rehabilitative services for children.

NOTES:

A companion bill, HB 1758 by Price, was referred to the House Public Health Committee on March 14.