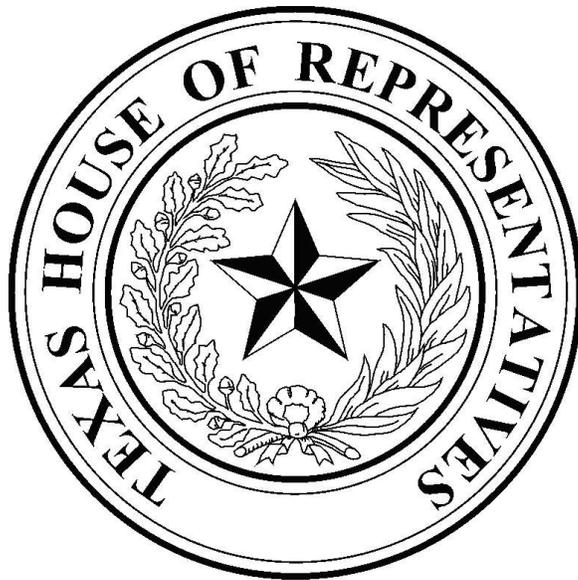


# HOUSE COMMITTEE ON APPROPRIATIONS

## SUBCOMMITTEE ON ARTICLE II



Adopted Riders Into Article XI

March 10, 2015

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**Art II, Department of State Health Services**

**HIV/STD Prevention**

Rider 88. (a) Out of State General funds appropriated in A.2.2 Strategy: HIV/STD PREVENTION, the department shall maintain funding at the FY 2011 levels for HIV medications in the Harris County (\$702,570 per fiscal year) and Travis County (\$134,626 per fiscal year) jails.

(b) The department shall not reduce the amount of any other funding that Harris County or Travis County receives under A. Goal: PREPAREDNESS AND PREVENTION.

*Background*

Last week, the Department of State Health Services (DSHS) notified Harris County and Travis County that the department decided to cut all state and federal funding that the counties had historically received to offset the cost of HIV medications in their respective county jails. Both counties have received this funding for many years. This appears to be an attempt to push down federal sequestration cuts to counties.

One-third of entire state's population with HIV lives in Harris County. Houston is often cited as a place where the HIV infection rate is twice the nation's, according to the federal Centers for Disease Control and Prevention's three-year testing project. Houston had 1,000 new cases of HIV in 2011.

Persons with HIV present unique challenges to jails. Most inmates at the jails are incarcerated for a very short time. Many for less than 24 hours. HIV, like all communicable diseases, creates public health risks. It is imperative that individuals have access to their regular HIV medications, which may or may not be included on the jail's drug formulary. Pregnant women with HIV may need HIV-related medication that jails are not equipped to provide.

**Comment [MS1]:** We weren't aware that our HIV screening and counseling/discharge planning grants were to be cut. We don't receive funding for medication, we receive actual medication.

**Comment [MS2]:** We have all of the appropriate medications on the formulary. We submit an application for appropriate individuals (not all meet criteria) for the Texas HIV Medication Program. Not all applications are accepted. The advantages are two-fold: 1) we receive medication for the individuals enrolled in the program from the state and therefore do not have to use county funding, and 2) the program follows the patient into the community. The medication is transferred to a community pharmacy upon release from jail. This allows for improved continuity of care and directly impacts the health of the patient and the community through his/her contacts.

## **RIDER REQUEST**

**Member Name:** Sarah Davis

**Affected Agency:** Health and Human Services Commission

**Purpose:** The state must ensure access and provide critical inter-conception and post-partum services such as preventative health screenings and management of chronic conditions such as diabetes, cholesterol, and hypertension. Increasing access to family planning services including contraception and perinatal services are necessary for Texas Women. The state has an essential duty to provide this population with increased access to additional behavioral health and substance abuse screenings and treatment if necessary.

**Amount Requested:** XX

**Method of Finance:** General Revenue

**Rider Language:** Out of funds appropriated to the Community Primary Health Care Services Strategy, the Health and Human Services Commission shall allocated \$X in General Revenue in fiscal year 2016 and \$X in General Revenue in fiscal year 2017 for the purpose of inter-conception/post-partum care for up to 12 months. It is the intent of the legislature that the services include but are not limited to the following: preventative health screenings; management of chronic conditions such as diabetes, cholesterol, hypertension; family planning services including contraception; perinatal services; and screening and treatment for behavioral health and substance abuse. Any unexpended balances remaining on August 31, 2016 in this strategy, are appropriated to the agency for fiscal year beginning September 1, 2016 for the same purposes.

## RIDER REQUEST

**Member Name:** Ruth Jones McClendon

**Affected Agency:** Department of Aging and Disability Services

**Purpose:** Expansion of Program of All-inclusive Care for the Elderly (PACE) Sites and Additional Participants at Existing PACE Sites

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:**

Sec. 48. Program of All-inclusive Care for the Elderly (PACE).

a. Expansion of PACE Sites. The Department of Aging and Disability Services (DADS) may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2015.

b. Additional Participants at Existing PACE Sites. DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 195 additional participants at existing PACE sites in Amarillo, Lubbock, and El Paso.

c. Funding for Additional Sites and Participants. Notwithstanding other provisions of this Act, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$398,718.78 in General Revenue Funds in fiscal year 2016 and \$3,973,660.25 in General Revenue Funds in fiscal year 2017. The Executive Commissioner of HHSC must certify that funds

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appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.

d. Additional Funding for PACE program. Should transfer authority provided in subsection (c) be insufficient to serve the increase in participants described by subsections (a) and/or (b), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2. Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Article II Special Provisions**  
**Proposed Rider Amendment**  
**Program of All-inclusive Care for the Elderly (PACE)**  
Prepared by Legislative Budget Board Staff, 3/4/2015

**Overview**

Modify Section 45, Program of All-inclusive Care for the Elderly (PACE) to add authority for 35 additional slots at the existing PACE site in Lubbock, including increased transfer authority.

**Required Action**

On page II-xx of the Special Provisions Relating to all Health and Human Services Agencies bill pattern, amend the following rider:

\_\_\_\_\_. **Sec. 45. Program of All-inclusive Care for the Elderly (PACE).**

- a. **Expansion of PACE Sites.** The Department of Aging and Disability Services (DADS) may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2016.
- b. **Additional Participants at Existing PACE Sites.** DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 35 additional participants at the existing PACE site in Lubbock.
- cb. **Funding for Additional Sites and Participants.** Notwithstanding Department of Aging and Disability Services, Rider 79; Special Provisions Relating to All Health and Human Services Agencies, Section 10; and Article IX, Section 14.01, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed ~~\$1,805,922~~2,078,835 in General Revenue Funds in fiscal year 2016 and ~~\$5,114,660~~5,605,164 in General Revenue Funds in fiscal year 2017. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.

**de. Additional Funding for PACE program.** Should transfer authority provided in subsection ~~(c)~~ be insufficient to serve the increase in participants described by subsections (a) and/or (b), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2. Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

By: Sheffield

## Department of Aging and Disability Services

### Proposed Funding and Rider

#### Allowing the Department of Aging and Disability Services to retain fees collected by State Supported Living Centers for providing services to the community.

Prepared by LBB Staff, 03/04/2015

#### Overview

State supported living centers (SSLCs) have the authority to collect fees from providing medical, behavioral, and other SSLC services to people in the community who meet certain eligibility requirements. Previous budget bills have prohibited the agency from increasing the SSLC strategy budget as a result of these fee revenues.

#### Required Action

1. On page II-2 of the Department of Aging and Disability Services bill pattern, increase strategy A.8.1., State Supported Living Centers, by \$242,500 in General Revenue Funds in fiscal year 2017 and by \$242,500 in General Revenue Funds in fiscal year 2017.
2. On page II-19 of the Department of Aging and Disability Services bill pattern, add the following rider:

\_\_\_\_\_. **Fees for community services at SSLCs.** DADS is authorized to expend agency-generated collections from Revenue Object Code 3767, collected pursuant to the provision of medical, behavioral, and other SSLC services to community members who meet certain eligibility requirements, and which are appropriated above as \$242,500 (estimated) in General Revenue Funds in fiscal year 2016 and by \$242,500 (estimated) in General Revenue Funds in fiscal year 2017 for the provision of those services to community members. In the event actual collections are less than these amounts, General Revenue Funds are not construed to make up the difference. In the event actual collections are greater than these amounts, DADS is authorized to expend the funds.

**\_\_\_ Payment for Hospital Services Provided to Persons Enrolled in the Medicaid Managed Care Program.** The Health and Human Services Commission (HHSC) shall ensure that an entity that provides emergency hospital services to a Medicaid managed care enrollee and that is not a contracted provider in the applicable Medicaid managed care plan's network of contracted providers is reimbursed for emergency services provided to the enrollee at a rate that is no less than 100 percent of the allowable fee-for-service rate for those services as determined under applicable law.

### **Justification**

The federal Emergency Medical Treatment and Labor Act ("EMTALA") requires hospitals to screen and stabilize individuals who present themselves for care at a hospital regardless of the individuals' ability to pay. Individuals who have what they believe to be an emergent condition often go to the nearest emergency room for their care, or they are brought to the nearest hospital by an ambulance and do not have the opportunity to choose a hospital. In either case, whether the hospital has a contract with the Medicaid managed care organization (MCO) that they are enrolled in is not the factor that determines to which hospital they go. Also many of the Medicaid MCOs have struggled to develop an adequate primary care network, which has resulted in increased emergency department utilization, both in and out-of-network. The Texas Health and Human Services Commission (HHSC) has adopted a rule that requires Medicaid managed care organizations (MCOs) to pay hospitals that do not have a contract and are thus considered out-of-network five percent less than the Medicaid fee-for-service rate. This artificial cap penalizes hospitals that are unable or unwilling to contract with Medicaid MCOs due to business or other considerations, including low reimbursement rates, for providing the care that the hospitals are obligated by federal law to provide. HHSC's rationale for the rule is that a consultant recommended this approach in 2004 as a way to encourage hospitals to contract with Medicaid MCOs. However, requiring hospitals to accept a reduced payment if they do not contract with an MCO provides little incentive, if any, for MCOs to contract on reasonable terms with hospitals. The existing out-of-network reimbursement rule has disrupted this market approach through establishment of an artificial limitation on provider reimbursement and has increased the uncompensated care that Texas hospitals provide each year.

Rider  
Rate Distribution clean up  
Article II  
Department of Aging and Disability Services

Sheffield

Purpose:

The Legislature is considering a rate increase for the Department of Aging and Disability Services for the community-based ICF/IID program and the HCS and TxHmL waiver program. Based on current rate distribution modals, this rate increase would actually result in a rate decrease for some providers. The proposed language below would create a committee with stake holders, to review and possibly improve the rate distribution modal, should the legislature pass an increase.

**Rider \_\_\_\_: Provider Rate Increases for Certain IDD Programs.** It is the 84th Legislature's intent that funds appropriated in this Act to the Department of Aging and Disability Services to provide an increase in the payment rates for the community-based ICF/IID program and the HCS and TxHmL waiver programs are to be distributed across service types and cost areas in a manner that restores, to the extent possible, service and operational needs providers reduced or eliminated as the result of the rate cuts that became effective 9-1-2010, 2-1-2011, 9-1-2011 and 9-1-2013 and that does not reduce any rate below current rates. In fulfilling this intent the Texas Health and Human Services Commission is directed to convene a workgroup of at least 4 representatives from each public and private association representing providers of the services for which the funds are appropriated. The workgroup is charged with reviewing and comparing current audited cost reports to reductions providers made to adjust to the rate cuts and determining rates that meet the intent stated above and that assure, to the extent possible, quality of services and health and safety of individuals served are not compromised.

**Required Action**

**In HB1, on page II-113** II of the Texas Health and Human Services Commission's bill pattern, amend **Rider 62** to read as follows.

**In SB2, on page II-114** of the Texas Health and Human Services Commission's bill pattern, amend **Rider 63** to read as follows.

**FQHC Reimbursement in Managed Care.** To the extent allowable by law, in developing the premium rates for Medicaid and CHIP Managed Care Organizations (MCOs), the Health and Human Services Commission shall include provisions for payment of the FQHC Prospective Payment System (PPS) rate and establish contractual requirements that require MCOs to reimburse FQHCs at the PPS rate. On a quarterly basis, the Commission shall reconcile with and provide MCOs an adjusted payment based on actual encounters that MCO members receive from FQHCs.

## RIDER REQUEST

**Member Name:** Walle

**Affected Agency:** Department of Assistive and Rehabilitative Services

**Purpose:** The following action adds a new rider that directs \$4,780,349 in fiscal year 2016 and \$4,829,823 in fiscal year 2017 from the Department of Assistive and Rehabilitative Services to the Texas Workforce Commission, for the purpose of the funding the Blind Children's Vocational Discovery and Development Program.

**Amount Requested (if applicable):** \$4,780,349 FY 2016 and \$4,829,823 FY 2017

**Method of Finance (if applicable):** (Current Funds)

### **Rider Language:**

**Transfer to the Texas Workforce Commission.** Contingent on the passage of a Sunset bill transferring vocational rehabilitation services from DARS to TWC, \$4,780,349 in FY 2016 and \$4,829,823 in FY 2017 are transferred from **A.2.1. Strategy: CHILDREN'S BLINDNESS SERVICES** (known as the Blind Children's Vocational Discovery and Development Program, on page II-24, to Article VII page VII-35, **A.1.2. Strategy: WORKFORCE INVESTMENT ACT YOUTH** Workforce Investment Act (WIA) Youth.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## TRANSFER OF CHILDREN'S AUTISM PROGRAM

**Member Name:** Rep. Ron Simmons

**Affected Agency:** Department of Assistive and Rehabilitative Services

**Purpose:** Contingency rider which transfers the administration of the Children's Autism Program from DARS to the Texas Education Agency. TEA shall establish the Children's Autism Program as a grant program for Texas colleges and universities as well as local community agencies and organizations to provide Autism treatment for children.

**Amount Requested (if applicable):** \$16,800,000 for the biennium

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Contingent on the passage of legislation regarding the administration of the Children's Autism Program which would transfer the Children's Autism program from DARS to the Texas Education Agency, funds appropriated above for DARS shall be transferred as well to TEA. TEA shall develop a method of providing grants to higher education institutions and existing local community agencies and organizations for the provision of Applied Behavioral Analysis therapy.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## RIDER REQUEST

**Member Name:** Walle

**Affected Agency:** Department of Assistive and Rehabilitative Services

**Purpose:** The following action adds a new rider that directs \$5,618,297 in fiscal year 2016 and \$5,618,297 in fiscal year 2017 from the Department of Assistive and Rehabilitative Services to the Texas Workforce Commission, for the purpose of ensuring Vocational Rehabilitative Services provided at the Criss Cole Rehabilitation Center continue.

**Amount Requested (if applicable):** \$5,618,297 in FY 2016 and \$5,618,297 in FY 2017

**Method of Finance (if applicable):** (Current Funds)

### **Rider Language:**

Contingent on the passage of a Sunset bill transferring vocational rehabilitation services from DARS to TWC, \$5,618,297 in FY 2016 and \$5,618,297 in FY 2017 are transferred from **B.1.3. Strategy:** VOCATIONAL REHABILITATION BLIND, on page II-23, to Article VII page VII-35, **A.1.1. Strategy:** WORKFORCE INVESTMENT ACT Workforce Investment Act (WIA) Adult and Dislocated Adults, to ensure Voc Rehab Services provided at the Criss Cole Rehabilitation Center continue for Persons Who are Blind or Visually Impaired.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Overview**

This rider would require the State Supported Living Centers to adopt an electronic barcode system for tracking medication provision.

**Required Action**

1. On page II-19 of the Department of Aging and Disability Services bill pattern, add the following rider:

\_\_\_\_\_. **Medicine Administration.** Out of funds appropriated above in Strategy A.8.1., State Supported Living Centers, the Department shall implement electronic medication administration recording software containing point of care barcode scanning to track the administration of medicine to the specific patient receiving medications.

## RIDER REQUEST

**Member Name:** Longoria

**Affected Agency:** Department of Family and Protective Services

**Purpose:** Community-Based Services – When a child’s safety in the home may be reasonably assured, Child Protective Services provides in-home services to help stabilize the family and reduce risks of future abuse or neglect, however, the need for these services is currently overwhelming existing resources, which then leaves children at risk of longer-than-necessary custodial placements. Family-based safety services (FBSS) are designed to maintain children safely at home – or make it possible for children to return home – by strengthening the ability of families to protect their children and reducing threats to their safety. Include \$10 million for FBSS in order to increase the availability of these services in the interest of family reunification and prevention of abuse and neglect.

**Amount Requested (if applicable):** \$10,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Increase funding for Strategy B.1.1. by \$10,000,000 for Family-based safety services in order to increase the availability of these services in the interest of family reunification and prevention of abuse and neglect.

By: Thompson of Harris

**Department of Family and Protective Services**  
**Proposed Rider**  
**Contingency for House Bill 2233**

Prepared by LBB Staff, 03/05/2015

**Overview**

Prepare a rider which appropriates \$500,000 per fiscal year from General Revenue for the purposes of implementing the provisions of HB 2233, relating to the establishment of a parent education pilot program by the Department of Family and Protective Services, contingent upon its passage.

**Required Action**

On page II-51 of the bill pattern for the Department of Family and Protective Services, add the following new rider:

\_\_\_\_\_. **Contingency for House Bill 2233.** Contingent on passage of House Bill 2233, or similar legislation relating to the establishment of a parent education pilot program by the Department of Family and Protective Services (DFPS), by the Eighty-fourth Legislature, Regular Session, DFPS is appropriated \$500,000 for fiscal year 2016 and \$500,000 for fiscal year 2017 from General Revenue Funds to Strategy C.1.5, Other At-Risk Prevention Programs, to implement the provisions of the legislation.

DFPS shall issue a competitive procurement or grant opportunity to fund a partnership with community-based organizations to deliver parent education programs with a proven record of success.

## RIDER REQUEST

Member Name: **Longoria**

**Affected Agency:** Department of Family and Protective Services

**Purpose:** Community-based services (Family Based Safety Services)

**Community-based services (Family Based Safety Services) Provide additional community-based services to families, including substance abuse treatment, family counseling, domestic violence intervention, protective parenting classes, homemaker and other purchased services for approximately 850 monthly clients in FY 2016 and 1,080 monthly clients in FY 2017. Family-Based Safety Services are designed to keep children safely in their own homes - or make it possible for children to return home - by strengthening the ability of families to protect their children and reducing threats to their safety. If a child's safety can be reasonably assured, CPS provides in-home services (directly or through contracted services providers or referrals to community-based providers) for family stabilization while reducing risks of future abuse or neglect. As Alternative Response - a new stage of service offered through the Department of Family and Protective Services which recognizes that different cases have different needs - rolls out, this more family-friendly, collaborative approach will be in higher demand. The biennial cost is \$10 million GR and All Funds - \$10 million, 1,080 monthly clients (2017).**

**Amount Requested (if applicable):** \$10 million

**Method of Finance (if applicable):** General Revenue

### **Rider Language:**

**Community-based services (Family Based Safety Services) Provide additional community-based services to families, including substance abuse treatment, family counseling, domestic violence intervention, protective parenting classes, homemaker and other purchased services for approximately 850 monthly clients in FY 2016 and 1,080 monthly clients in FY 2017. As Alternative Response - a new stage of service offered through the Department of Family and Protective Services which recognizes that different cases have different needs - rolls out, this more family-friendly, collaborative approach will be in higher demand. The biennial cost is \$10 million GR and All Funds - \$10 million, 1,080 monthly clients (2017).**

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## RIDER REQUEST

**Member Name:** J.D. Sheffield

**Affected Agency:** Department of Family and Protective Services

**Purpose:** Community-Based Services – When a child’s safety in the home may be reasonably assured, Child Protective Services provides in-home services to help stabilize the family and reduce risks of future abuse or neglect, however, the need for these services is currently overwhelming existing resources, which then leaves children at risk of longer-than-necessary custodial placements. Family-based safety services (FBSS) are designed to maintain children safely at home – or make it possible for children to return home – by strengthening the ability of families to protect their children and reducing threats to their safety. Include \$10 million for FBSS in order to increase the availability of these services in the interest of family reunification and prevention of abuse and neglect.

**Amount Requested (if applicable):** \$10,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Increase funding for Strategy B.1.1. by \$10,000,000 for Family-based safety services in order to increase the availability of these services in the interest of family reunification and prevention of abuse and neglect.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## RIDER REQUEST

**Member Name:** Burkett

**Affected Agency:** Department of Family and Protective Services

**Purpose:** Safety Services for Military Families – Military families adjusting to deployments may experience a higher risk of post-traumatic stress disorder (PTSD) and depression beyond combat exposure. Research indicates that rates of PTSD in veterans are substantially higher than that of civilians, and Army soldiers experienced higher rates of sexual and physical abuse as children compared to their civilian counterparts. Evidence-based family support services for military families surrounding periods of deployment allow for at-risk military families to access support services in order to preserve family unity and prevent child abuse or neglect. Include \$4 million to serve 1,200 military families in the three locations of the state with the largest concentrations of military personnel.

**Amount Requested (if applicable):** \$4,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Increase funding for C Strategy by \$4,000,000 to serve 1,200 military families in the three locations of the state with the largest concentrations of military personnel.

## RIDER REQUEST

**Member Name:** \_\_\_\_\_

**Affected Agency:** Department of State Health Services

**Purpose:** Veterans and service members often fail to pursue mental health assistance through the U.S. Department of Veterans Affairs (VA) due to the sometimes misplaced social stigma attached to mental health needs. Backlogs at the VA also contribute to those most in need failing to receive timely assistance. Increase by \$1 million to provide designated mental health screening days for veterans and service members through partnerships with qualified mental health providers near major military installations.

**Amount Requested (if applicable):** \$1,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Increase Strategy B.2.1. by \$1,000,000 to provide designated mental health screening days for veterans and service members through partnerships with qualified mental health providers near major military installations.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: *Dukes*

**Department of Family and Protective Services  
Proposed Funding and Rider  
3/4/2014**

**BACKGROUND**

Abusive head trauma can be caused by direct blows to the head, dropping, throwing or shaking a child. Abusive head trauma is the leading cause of child abuse death in Texas. Approximately 25% of infants who are shaken violently die from their injuries. Survivors may experience mental disability, developmental delays, cerebral palsy, severe motor dysfunction, blindness and seizures. Less than 10% of infants resume normal functioning after a shaking episode. Costs of abusive head trauma can exceed \$1 million per victim. Hospital-based pre-maternal discharge evidence-based education programs on handling incessant infant crying have demonstrated effectiveness in increased non-shaking, healthy parental behavior.

**REQUIRED ACTION**

Add the following appropriately numbered rider to the Department of Family and Protective Services.

\_\_\_\_. **Hospital-Based Parent Education.** In addition to appropriations above to the Department of Family and Protective Services in Strategy C1.5, Other at Risk Prevention Programs, the legislature appropriates \$\_\_ in General Revenue Funds in fiscal year 2016 and \$\_\_ in General Revenue funds in fiscal year 2017 to prevent abusive head trauma and other child abuse and neglect related fatalities for hospital-based parent education focused on infant crying.

House Sponsor: Dukes

**Department of Family and Protective Services (DFPS) Riders**  
**Prepared by Department of Family and Protective Services**

**House Bill 1, Page II-45**

**17. Reimbursement of Advisory Committee Members.**

Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of the funds appropriated above, not to exceed the amounts stated below per fiscal year, is limited to the following advisory committees:

Parental Advisory Committee \$3,000

Promote Adoption of Minority Children Advisory Committee \$50,000 ~~\$19,200~~

To the maximum extent possible, the department shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.

**Purpose:**

*The agency requests additional authority for the Promote Adoption of Minority Children Advisory Committee. The number of members on the committee is anticipated to double from previous years and will increase the frequency of meetings - The committee intends to become very active in engaging faith-based communities. Private foundation funds have previously covered some travel expenses of this committee.*

**Overview**

Walle

The rider would require the Department of Family and Protective Services to develop a plan for achieving prescribed daily average caseload targets for specific workers and for reducing call wait times and call abandonment rates for the abuse, neglect, and exploitation hotline managed by Statewide Intake.

**Required Action**

On page XI-XX, add the following rider:

- **Average Daily Employee Caseloads.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall develop a plan for achieving the prescribed daily average caseload targets listed below for specific workers and for reducing call wait times and call abandonments for the abuse, neglect, and exploitation hotline managed by Statewide Intake. In the event that DFPS contracts with a Single Source Continuum Contractor (SSCC) to provide a full continuum of foster care services, DFPS shall ensure that the plan address how the SSCC will achieve the prescribed daily average caseloads targets listed below as well. DFPS shall submit this plan no later than December 1, 2016 to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor.

<b><u>Position</u></b>	<b><u>Target</u></b>
CPS Investigators:	an average of 15 cases
CPS Family-Based Safety Services Caseworkers:	an average of 10 cases
CPS Conservatorship Caseworkers:	an average of 20 cases
CPS Foster and Adopt Caseworkers:	an average of 20 cases
Child-Care Licensing Inspectors for day care:	an average of 64 child-care facilities or registered family homes
Child-Care Licensing Investigators for day care:	an average of 17 cases
APS In Home Specialists:	an average of 22 cases

<b><u>Initiative</u></b>	<b><u>Hotline Target:</u></b>
Average Hold Time for Calls to the Hotline:	Five Minutes or Less
Call Abandonment Rate for each fiscal year	25% or Less

House Sponsor: Dukes

**Department of Family and Protective Services (DFPS) Riders**

**Prepared by Department of Family and Protective Services**

**Delete House Bill 1, Page II-49**

**31. Locality Pay.**

~~The Department of Family and Protective Services may compensate current and newly hired employees whose headquarters are in specified counties with additional pay proportional to the hours worked during the month. The counties are to be identified based on formulas established by comparing data from the Bureau of Labor Statistics for counties in Texas to the agency's average salaries for select positions. Once established, the additional pay is reviewed at least annually and adjustments made as warranted by existing labor market conditions and agency staffing needs. This additional pay combined with base salary is not to exceed 90% of the market salary of comparable jobs. An employee is no longer eligible to receive this additional compensation beginning with the first day of the month in which an employee's headquarters is not in the specified county.~~

**Add to Article II Special Provisions**

Out of funds appropriated above, the health and human services agencies listed in Chapter 531, Government Code are hereby authorized to pay a salary supplement, **not to exceed \$1,200 per month, to each employee whose duty station is located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the agency.** This salary supplement shall be in addition to the maximum salary rate authorized for that position elsewhere in this Act. In the event that an employee so assigned works on a less than full-time basis, the maximum salary supplement shall be set on a basis proportionate to the number of hours worked.

***Purpose:***

*HHS agencies are requesting this as a provision for **Article II Special Provisions**. This rider will allow HHS agencies to pay a salary supplement to employees whose duty station is in an area of the state with a high cost of living (such as the Midland area). DFPS has a similar authority in the current biennium. **This rider, which is modeled after a Railroad Commission rider, would give all HHS agencies the ability to pay this salary supplement. Additionally, this change would allow the agency greater flexibility in determining which counties with high turnover should be targeted.***

By: Dukes

**Department of Family and Protective Services  
Proposed Funding and Rider  
3/4/2014**

**BACKGROUND**

Vacancy fill using data forecasting allows the Department of Family and Protective Services to replace resigned workers in a timely basis, therefore, maintaining caseloads and increasing retention of the remaining workers. Current statute requires the Department to develop a program where trainees are hired based on current and projected vacancies, however the full time equivalent (FTE) cap has prevented implementation of this program. The turnaround time from when a caseworker leaves the agency to when a case assignable caseworker replaces them can averages 5-6 months, leaving the existing caseworkers to carry the burden for their respective unit. Hiring in anticipation of vacancies has the potential to eliminate this timeframe to a matter of weeks.

**REQUIRED ACTION**

Add the following appropriately numbered rider to the Department of Family and Protective Services.

\_\_\_\_. **Vacancy Fill.** The Department of Family and Protective Services shall implement a targeted vacancy fill program using data to predict future outcomes and trends related to turnover. The legislature shall exempt from the Full Time Equivalent limit, investigative, family based safety services, and conservatorship caseworkers while in training and non-case assignable.

**Overview**

Amend the foster care redesign rider to provide additional direction to the Department of Family and Protective Services regarding the roll-out of foster care redesign.

**Required Action**

On page II-48 of the Department of Family and Protective Services bill pattern, amend the foster care redesign rider as follows:

**26. Foster Care Redesign.** Out of funds appropriated above to the Department of Family and Protective Services in Goal B, Child Protective Services, the agency shall:

- a. Report selected performance measures identified by the Legislative Budget Board that will allow for comparative analysis between the legacy foster care and the redesigned foster care systems.
- b. Provide a report that contains the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and related impact occurring in the redesigned foster care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the redesigned foster care system. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted August 1st and February 1st of each year of the biennium. The report shall be provided to the Legislative Budget Board, the Office of the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, and the Senate Committee on Health and Human Services. The report shall also be posted on the agency's webpage in order to ensure transparency with stakeholders.
- c. Ensure that all tasks, related FTEs, and associated funding to be transferred from DFPS to a single source continuum contractor (SSCC) are clearly identified and agreed upon prior to each subsequent rollout.
- d. Continue the use of independent, third-party evaluation to complete process and outcome evaluations throughout the entire rollout and implementation of foster care redesign in each established catchment area. All evaluations shall be provided to the Office of the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, and the Senate Committee on Health and Human Services.
- e. Develop a progressive intervention plan and contingency plan for the continuity of foster care service delivery in certain geographic areas. This plan should be published on DFPS website.
- f. Incorporate into its current contract monitoring activities, a system/process that would collect and monitor data and information that could be used for the early identification of SSCC problems and the evaluation of SSCC agency viability, and to report

annually to the Legislative Budget Board and the Office of the Governor on the SSCC' performance and viability.

g. Develop quality indicators for measuring child and family well-being in both the legacy and redesigned systems.

h. Delay the expansion of foster care redesign pending further evaluation of available data and possible legislative direction.

### **RIDER REQUEST**

**Member Name:** Burkett

**Affected Agency:** Department of State Health Services

**Purpose:** Veterans and service members often fail to pursue mental health assistance through the U.S. Department of Veterans Affairs (VA) due to the sometimes misplaced social stigma attached to mental health needs. Backlogs at the VA also contribute to those most in need failing to receive timely assistance. Increase by \$1 million to provide designated mental health screening days for veterans and service members through partnerships with qualified mental health providers near major military installations.

**Amount Requested (if applicable):** \$1,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Increase Strategy B.2.1. by \$1,000,000 to provide designated mental health screening days for veterans and service members through partnerships with qualified mental health providers near major military installations.

**Overview**

Canales

Prepare a motion that increases funding to the Department of State Health Services (DSHS) by \$10,000,000 in General Revenue in fiscal years 2016 and 2017 in Strategy B.1.3, Family Planning Services.

**Required Action**

1. On page II-53 of the Department of State Health Services bill pattern, increase General Revenue Funds in Strategy B.1.3, Family Planning Services, by \$10,000,000 in fiscal year 2016 and \$10,000,000 in fiscal year 2017 for the purpose of expanding family planning services.

**RIDER REQUEST**

**Member Name:** Borris L. Miles

**Affected Agency:** Department of State Health Services

**Purpose:** To provide additional funding for Obesity and Health Services in underserved communities within a food deserts.

**Amount Requested (if applicable):** \$250,000

**Method of Finance (if applicable):** General Revenue Funds

**Rider Language:** In Goal B, Community Health Services, allocate an additional \$125,000 in General Revenue funds in each fiscal year for 2016-2017, to provide obesity and health services in underserved communities located within a food desert.

## RIDER REQUEST

**Member Name:** Sheffield

**Affected Agency:** Department of State Health Services

**Purpose:** To create a program that will safely allow for the donation and recycling of unused medications to Medicaid patients that would typically be destroyed. Effectively saving taxpayer dollars and providing much needed medication.

**Amount Requested (if applicable):** \$200,000 for 2016; \$50,000 for 2017

**Method of Finance (if applicable):** General Revenue

**Rider Language:** The amount of an additional \$200,000 in Fiscal Year 2016 out of the General Revenue Fund and an additional \$50,000 in Fiscal Year 2017 out of the General Revenue Fund shall be used by The Department of State Health Services to establish a medication donation program.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Overview**

Walle

On page II-86 of the bill pattern for the Department of State Health Services Bill Pattern add the following new rider that funds three suicide prevention programs.

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

- \_\_\_\_\_. **Funding for Suicide Prevention.** In addition to amounts appropriated elsewhere in this Act by the Eighty-fourth Legislature, Regular Session, the amount of \$3,420,000 over the biennium is appropriated out of General Revenue funds to the Department of State Health Services for the following purposes: develop a coordinated, collaborative approach to suicide prevention for middle-aged adults and seniors; develop a collaborative approach to suicide prevention for individuals with substance abuse disorder; and provide an interactive suicide prevention and mental health training simulation program free of charge to elementary and high school educators.

By Davis, Sarah

**Rider Amendment to HB 1/SB 2**

**Department of State Health Services  
Epilepsy Services Funding**

**Amend DSHS Strategy A.3.6 Epilepsy Services line item as follows:**

DSHS	FY 2016	FY 2017
A. Goal: Preparation and Prevention		
A.3.6 Epilepsy Services	<del>\$1,937,811</del>	<del>\$1,937,811</del>
	<u>\$2,129,941</u>	<u>\$2,129,941</u>

**Rider Explanation**

The amendment in this proposed rider provides a 10% annual funding increase (\$193,631 annual) to Epilepsy Services over the FY 2014/2015 budget levels. The Department of State Health Services contracts annually with local service providers to treat uninsured adult patients diagnosed with epilepsy. The specialty care, provided by epilepsy experts, helps patients achieve greater seizure control improving the likelihood that they will lead productive and rewarding lives. Ensuring high quality care also reduces financial costs related to emergency room visits and lost productivity. A 10% funding increase is necessary to maintain the existing high level of service and to assist with decreasing new patient wait times which can be up to 10 months.

The following reflects the Epilepsy Foundations of Texas outstanding service results since the last biennium:

- Patient access options have been increased through increased clinic hours or afterhours weekend options, and by adding new clinics.
- DSHS eligible patients have increased by over 9%.
- Case Management services have increased by 151%. Increased services keep epilepsy patients out of the emergency rooms where costs and risks to patient health care are much higher.
- Patients reached through education and outreach have increased 79% to 44,239.
- In-house diagnostics have increased by 65% to 2,716 diagnostics such as EEG performed in house. In-house diagnostics save the state money over using private/outside diagnostic providers.

**RIDER REQUEST**

**Member Name:** Rep. Borris L. Miles

**Affected Agency:** Department of State Health Services

**Purpose:** Provide additional funding to give STD/HIV Screenings to certain residents when they go in for routine checkups.

**Amount Requested (if applicable):** \$500,000

**Method of Finance (if applicable):** General Revenue Fund

**Rider Language:** In addition to the funds appropriated above to Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services shall allocate an additional \$250,000, in General Revenue funds in each fiscal year of the 2016-2017, to provide STD/HIV screenings when they are getting routine checkups as an option to residents where priority is given to metropolitan statistical areas with the largest rate or instances of HIV-STD cases.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## RIDER REQUEST

**Member Name:** Sheffield

**Affected Agency:** Department of State Health Services

**Purpose:** To create transparency and awareness about school campus vaccination exemption rates to help parents make informed decisions and give visibility into the health of their child's school.

**Amount Requested (if applicable):** \$500,000 for 2016, \$0 for 2017

**Method of Finance (if applicable):** General Revenue

**Rider Language:** The amount of an additional \$500,000 in Fiscal Year 2016 out of the General Revenue Fund and \$0 in Fiscal Year 2017 out of the General Revenue Fund shall be used by The Department of State Health Services to provide de-identified campus level information about vaccine exemption rates. The Department of State Health Services will publish de-identified school campus vaccine exemption information on their website.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By Turner

**Department of State Health Services  
Proposed Rider  
Substance Abuse Detoxification Services**

Prepared by LBB Staff, 3/7/15

**Overview**

Add a new rider that requires the Department of State Health Services to allocate funding for substance abuse detoxification services.

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

**XX. Substance Abuse Detoxification Services.** In addition to amounts appropriated elsewhere in this Act by the Eighty-fourth Legislature, Regular Session, the amount of \$625,000 per fiscal year is appropriated out of General Revenue funds to the Department of State Health Services for the purpose of awarding a contract to a qualified local entity in the Houston area that could provide detoxification services.

**Overview**

Prepare a rider which appropriates remaining revenue and estimated balances from the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111, including revenue and balances transferred from the General Revenue-Dedicated Regional Trauma Account No. 5137, to help reimburse designated trauma facilities and those facilities seeking designation for uncompensated trauma care pursuant to the provisions of HB 1437, contingent upon its passage.

**Required Action**

On page II-84 of the bill pattern for the Department of State Health Service, add the following new rider:

\_\_\_\_\_. **Contingency for HB 1437.** Contingent on passage of HB 1437, or similar legislation relating to dedicated accounts in the general revenue fund that fund trauma facilities and emergency medical services, by the Eighty-fourth Legislature, Regular Session, in addition to amounts appropriated elsewhere in this Act, the Department of State Health Services Strategy B.3.1 EMS & Trauma Care Systems is appropriated:

- The balance transferred from the General Revenue-Dedicated Regional Trauma Account No. 5137 to the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 (estimated to be \$96,488,000) in fiscal year 2016 to help reimburse designated trauma facilities and those facilities seeking designation for uncompensated trauma care.
- Revenue that would have otherwise been deposited to the General Revenue-Dedicated Regional Trauma Account No. 5137 but instead is deposited to the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 in fiscal year 2016 and fiscal year 2017 (estimated to be \$16,103,000 per year) to help reimburse designated trauma facilities and those facilities seeking designation for uncompensated trauma care.
- All remaining revenue and balances from the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 not otherwise appropriated in this Act in fiscal year 2016 and fiscal year 2017 (estimated to be \$42,700,000 in each fiscal year) to help reimburse designated trauma facilities and those facilities seeking designation for uncompensated trauma care. In the event that amounts available for distribution are less than the amounts estimated above, this Act may not be construed as appropriating funds to make up the difference.

Any additional unexpended balances on hand in the account as of August 31, 2016 are appropriated to the agency for the fiscal year beginning September 1, 2016, for the same purposes, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending the balances.

By: Schaefer

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**Department of State Health Services  
New Rider  
Contingency for House Bill 832**

Prepared by LBB Staff: 3/4/2015

**Required Action**

On page II-83 of the bill pattern for the **Department of State Health Services** Bill Pattern add the following new rider:

**XXX. Contingency for House Bill 832.** Contingent on the enactment of House Bill 832, or similar legislation relating to reporting requirements for a physician performing an abortion at an abortion facility, by the Eighty-fourth Legislature, Regular Session, the Department of State Health Services shall use funds appropriated above in Strategy D.1.5, Health Care Facilities, to implement the provisions of the legislation.

**Overview**

Prepare a rider which directs the Department of State Health Services to use funds appropriated in the bill pattern to implement HB \_\_\_\_, contingent upon its passage.

**Required Action**

On page \_\_\_\_ of the bill pattern for the Department of Health Services, add the following new rider:

- \_\_\_\_. **Contingency for HB \_\_\_\_.** Contingent on passage of HB \_\_\_\_, or similar legislation relating to the designation of centers of excellence for fetal intervention and care, by the Eighty-fourth Legislature, Regular Session, the Department of State Health Services (DSHS), out of funds appropriated above in Strategy B.1.2, Women and Children's Health Services, shall expend \$5,000,000 in General Revenue for the 2016-17 biennium to implement the provisions of the legislation for the purpose of providing research grants to hospitals designated by DSHS as centers of excellence for fetal intervention and care that provide comprehensive maternal, fetal, and neonatal health care for pregnant women with high-risk medical complications and for fetuses with congenital anomalies and genetic conditions.

**RIDER REQUEST**

**Member Name:** Rick Miller

**Affected Agency:** Department of Health

**Purpose:** To provide funds to treat veterans suffering from PTSD inflicted by TBI.

**Amount Requested (if applicable):** 2,600,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:**

Contingent upon the passage of HB 175, or similar legislation, 2.6 million should be appropriate in fiscal year 2016 and 2017 for the treatment of veterans for the treatment of PTSD by hyperbaric chambers.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Special Provisions, Art. II**  
**Proposed Rider**  
**Contingency: Transition of NorthSTAR Funding and Services**  
March 2, 2015

**Overview**

The rider, contingent on the changing of rules by the Health and Human Services Commission (HHSC), related to NorthSTAR Program behavioral health services. All funds from the Department of State Health Services (DSHS) Strategy B.2.4, NorthSTAR Behavioral Health Waiver to other DSHS and HHSC strategies. The rider would also direct DSHS to develop a plan to facilitate the transfer of these funds.

**Required Action**

1. On page II-144 of the Special Provisions bill pattern, add the following rider:

\_\_\_\_\_. **Contingency: Transition of NorthSTAR Funding and Services.** Contingent on HHSC changing its rules related to NorthSTAR Program behavioral health services. All funds appropriated to the Department of State Health Services (DSHS) in Strategy B.2.4, NorthSTAR Behavioral Health Waiver associated with the provision of behavioral health services provided under the NorthSTAR Program are transferred to other behavioral health strategies under Goal B, Community Health Services at DSHS and Medicaid strategies under Goal B, Medicaid at the Health and Human Services Commission (HHSC). To facilitate the transition of these funds and services to other strategies, DSHS shall submit a plan detailing the amounts to be transferred to each DSHS and HHSC. The plan shall be submitted to the Legislative Budget Board and the Governor no later than January 1, 2016.

Under the funding provisions above and as part of this transition:

- a. Each of the counties that comprise NorthSTAR, either as an individual county or in partnership with other counties, must submit a local plan to DSHS and HHSC for provision of indigent services by October 1, 2015, for indigent services to begin no later than January 1, 2017.
- b. It is the intent of the Legislature that HHSC and DSHS should require the managed care organizations to extend contracts to any provider participating in NorthSTAR and treat them as significant traditional providers for three years.

**Overview**

Add a new rider that requires the Department of State Health Services to allocate funds Hernandez for the expansion of the Promotor(a) or Community Health Worker program to expand outreach services in unincorporated communities.

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

**XX. Promotor(a) or Community Health Worker Program.** Out of funds appropriated above in strategy B.1.2, Women and Children’s Health Services, the Department of State Health Services shall allocate \$100,000 over the biennium for the Promotor(a) or Community Health Worker program to expand outreach services in unincorporated communities.

## RIDER REQUEST

**Member Name:** Representative Sylvester Turner

**Affected Agency:** Department of State Health Services

**Purpose:** To increase funding for mental health services that would address longstanding funding inequities and disparities in the disbursements of those funds statewide.

**Amount Requested (if applicable):** \$65,000,000

**Method of Finance (if applicable):** General Revenue

**Rider Language:**

**77. Mental Health Program Allocation.** Out of funds appropriated above in B.2.1 and B.2.2, the Department of State Health Services (DSHS) is directed to use ~~\$18,400,000~~ \$65,000,000 in General Revenue over the biennium for the purpose of expanding or improving statewide community mental health services. It is the intent of the legislature that DSHS allocates a portion of the funds to achieve equity on a per capita basis among the local mental health authorities and NorthSTAR using a methodology that brings local services areas below the average per capita funding (including a poverty factor) to the average per capita funding (including a poverty factor) and a portion to all local mental health authorities.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Statewide Mental Health Forensic Service Coordination:

Out of the funds appropriated above from program C.1.3 Mental Health State Hospitals, DSHS shall allocate \$115,526 in FY 2016 and \$106,579 in FY 2017 for the creation of a Forensic Director I position for the 2016 – 2017 biennium. The number of FTEs shall increase by 1 FTE in FY 16 and in FY 17.

The Forensic Director will be responsible for overseeing forensic evaluation services, inpatient and transitional services, community forensic monitoring, and forensic research and training. The intent of the Legislature is to streamline the forensic operations statewide and accelerate the adoption of best practices in state facilities and local communities around the state.

**Overview**

Add a new rider that requires the Department of State Health Services to allocate funds to increase the acute care bed rate at Harris County Psychiatric Center.

Davis, Sarah

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

**XX. University of Texas Harris County Psychiatric Center Rates.** Out of funds appropriated above in strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,213,103 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to increase the rate for acute community mental health inpatient services at this facility.

**Department of State Health Services, Art. II**  
**New Rider**  
**Funding for Local Mental Health Authorities Previously Served by NorthSTAR**  
Prepared by LBB Staff, 03/04/2015

**Overview**

On page II-86 of the bill pattern for the Department of State Health Services Bill Pattern add the following new rider that states the methodology for the agency to determine the funding level for the local mental health authorities serving counties that previously were served by NorthSTAR.

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

- \_\_\_\_\_. **Funding for Local Mental Health Authorities Previously Served by NorthSTAR.** Out of funds appropriated above in Goal B, Community Health Services, the Department of State Health Services (DSHS) shall calculate grant amounts for each local mental health authority that serves the seven counties previously served by NorthSTAR to not be lower than the mean per capita of all local mental health authorities. The mean shall be calculated using grant amounts from the most recent fiscal year.

**Department of State Health Services  
Proposed Rider  
Health Care Workplace Violence Study**

Prepared by LBB Staff, 3/5/15

**Overview**

Add a new rider that requires the Department of State Health Services conduct a study on workplace violence in health facilities licensed by the department and submit a report with results and recommendations on addressing workplace violence no later than December 31, 2016.

**Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

**XX. Study on Workplace Violence in Health Facilities.** Out of funds appropriated above in strategy D.1.4, Health Care Professionals, the Department of State Health Services shall conduct a study on workplace violence in health facilities licensed by the department. The study must: determine the facilities with the highest incidence of workplace violence; determine the staff and volunteers in those facilities that are most at risk for workplace violence; and include recommendations on best practices to address workplace violence to prevent its occurrence. No later than December 31, 2016, the agency shall submit a report containing the results of the study to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

**X. Report on Information Required to be Provided to Patients.** The Department of State Health Services shall prepare and submit a report to the Legislature no later than January 1, 2016 containing the following information:

- (1) A listing of each and every document or other material (e.g. pamphlet, flyer, etc.) that a Texas physician is required, by law, rule, or regulation, to provide to a patient;
- (2) The location (website or otherwise) of each and every document or material listed in (1); and
- (3) A description of when each and every material must be provided by a physician to a patient.

**Special Provisions, Art. II**  
**Proposed Rider**  
**Contingency: Transition of NorthSTAR Funding and Services**  
March 2, 2015

**Overview**

The rider, in accordance with the adopted Sunset Commission decisions regarding NorthSTAR, would transfer funds from the Department of State Health Services (DSHS) Strategy B.2.4, NorthSTAR Behavioral Health Waiver to other DSHS and HHSC strategies. The rider would also direct DSHS to develop a plan to facilitate the transfer of these funds.

**Required Action**

1. On page II-144 of the Special Provisions bill pattern, add the following rider:

**Transition of NorthSTAR Funding and Services.** In accordance with adopted Sunset Commission decisions, all funds appropriated to the Department of State Health Services (DSHS) in Strategy B.2.4, NorthSTAR Behavioral Health Waiver associated with the provision of behavioral health services provided under the NorthSTAR Program are transferred to other behavioral health strategies under Goal B, Community Health Services at DSHS and Medicaid strategies under Goal B, Medicaid at the Health and Human Services Commission (HHSC). To facilitate the transition of these funds and services to other strategies, DSHS shall submit a plan detailing the amounts to be transferred to each DSHS and HHSC. The plan shall be submitted to the Legislative Budget Board and the Governor no later than January 1, 2016.

Under the funding provisions above and as part of this transition:

- a. Each of the counties that comprise NorthSTAR, either as an individual county or in partnership with other counties, must submit a local plan to DSHS and HHSC for provision of indigent services by October 1, 2015, for indigent services to begin no later than January 1, 2017.
- b. It is the intent of the Legislature that HHSC and DSHS should require the managed care organizations to extend contracts to any provider participating in NorthSTAR and treat them as significant traditional providers for three years.

## **Article II - Department of State Health Services Proposed Rider**

### **Background**

The Sunset Advisory Commission's Report to the 84th Legislature recommends transitioning the delivery of behavioral health services in the Dallas region from the current effective and efficient risk-based behavioral health organization (BHO) model, NorthSTAR, into a physical health managed care organization (MCO) model. Under this recommendation, all services must be transitioned to the new model by January 1, 2017.

The current contract for the BHO management of NorthSTAR was re-procured through a competitive bid process in 2014. The RFP and subsequent award was for a two-year period ending on August 31, 2017 (FY16-17). The rider below would express the intent of the Legislature for the Department of State Health Services to honor the terms of this contract and to allow it to continue in effect until it expires on August 31, 2017, which will help to ensure a smooth transition if a new model is implemented for the region.

### **Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

**\_\_\_\_. NorthSTAR Contract Obligations. Contingent on a management action or legislation directing the Department of State Health Services (DSHS) to implement a new behavioral health model in north Texas, it is the intent of the Legislature that DSHS continue to satisfy the terms of the contract awarded for the management of NorthSTAR by a behavioral health organization in a competitive bidding process in 2014 through the end of the contract period in order to allow for a transition to the new model.**

By: Davis, Yvonne

## **Article II - Department of State Health Services Proposed Rider**

### **Required Action**

On page II-86 of the Department of State Health Services bill pattern, add the following rider:

\_\_\_\_. **NorthSTAR Contract Obligations.** Contingent on a management action or legislation directing the Department of State Health Services (DSHS) to implement a new behavioral health model in north Texas, it is the intent of the Legislature that DSHS continue to satisfy the terms of the contract awarded for the management of NorthSTAR by a behavioral health organization in a competitive bidding process in 2014 through the end of the contract period in order to allow for a transition to the new model.

**Department of State Health Services  
Proposed Rider**

Prepared by LBB Staff: 2/20/2015

**Required Action**

On page XXX of the bill pattern for the Department of State Health Services Bill Pattern add the following new rider:

**XX. Regional Public Health Coordination.** From funds appropriated to DSHS in Strategy A.1.1, Public Health Preparedness and Coordinated Services, \$1,000,000 per fiscal year may be used for no purpose other than to award a contract for regional public health coordination between Cameron County, Hidalgo County, the city of Laredo and the city of El Paso.

**Health and Human Services Commission  
New Rider  
Guardianship Program**

Prepared by LBB Staff: 3/4/2015

**Overview**

Prepare a rider and motion for the Health and Human Services Commissions bill pattern which increases appropriations by \$750,000 in General Revenue-Dedicated Fund Account 5109, Medicaid Recovery 42 U.S.C. §1396P in each fiscal year in Strategy A.1.1, Enterprise Oversight and Policy, for the purpose of the guardianship program.

**Required Action**

1. On page II-88 of the Health and Human Services Commission bill pattern, increase General Revenue-Dedicated Fund Account 5109, Medicaid Recovery 42 U.S.C. §1396P in Strategy A.1.1, Enterprise Oversight and Policy, by \$750,000 in each fiscal year for the purpose of the guardianship program
2. On page II-115 of the bill pattern for the **Health and Human Services Commission** add a new rider:

**XX. Guardianship Program.** Out of funds appropriated above to the Health and Human Services Commission, the commission shall allocate in Strategy A.1.1, Enterprise Oversight and Policy, \$750,000 in fiscal year 2016 and \$750,000 in fiscal year 2017 out of General Revenue-Dedicated Fund Account 5109, Medicaid Recovery 42 U.S.C. §1396P, for the purposes of the guardianship program.

## **Health and Human Services Commission, Art. II**

### **Proposed Funding and Rider**

#### **Local Electronic Health Networks**

Prepared by LBB Staff, February 27, 2015

#### **Overview**

The motion and rider would increase appropriations to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy by \$5,000,000 in each fiscal year of the 2016–17 biennium in General Revenue and direct these funds to be used for the expansion of local health information networks.

#### **Required Action**

1. On page II-87 of the Health and Human Services Commission bill pattern, increase General Revenue funds in Strategy A.1.1, Enterprise Oversight and Policy by \$5,000,000 in each fiscal year of the 2016–17 biennium to expand local health information networks.
2. On page II-114 of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Supporting the Growth of Local Electronic Health Information Networks.** Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.1, Enterprise Oversight and Policy, HHSC shall allocate an amount not to exceed \$10,000,000 in General Revenue Funds for the 2016–17 biennium for the purpose of making a grant to the Texas Health Services Authority (Authority) to fund the growth of local electronic health information networks.

The development of eligibility criteria for the funds, distribution of funds to local health information networks, and oversight of activities supported by the funds will be managed by the Authority. Additionally, the Authority shall submit a report to the Legislative Budget Board and the Governor by January 1, 2017 describing the financial and operational activities undertaken pursuant to this provision.

All of the funds allocated by this provision are to be used for the expansion of local health information organizations. None of the funds allocated by this provision are to be used for administrative or technical expenses incurred by the Authority.

## RIDER REQUEST

**Member Name:** Representative J.M. Lozano

**Affected Agency:** Health and Human Services Commission

**Purpose:** Appropriate an increase of \$1 million for Health and Human Services Breast and Cervical Cancer Program.

**Amount Requested (if applicable):** \$1 Million

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Breast and Cervical Cancer Program- The Texas Health and Human Services Commission is hereby appropriated an increase of \$1 million from the General Revenue Fund for the Breast and Cervical Cancer Services Program. This amount is in addition to \$12.3 million annually allocated to this program from federal (75%) and state (25%) funds.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Burkett

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## **Health and Human Services Commission**

### **Proposed Rider**

### **Texas TeleNICU Project**

Prepared by LBB Staff, 03/09/2015

#### **Overview**

Prepare a rider which directs the Health and Human Services Commission to allocate \$373,985 in General Revenue Funds and \$874,000 in All Funds in fiscal year 2016 and \$242,520 in General Revenue Funds and \$564,000 in All Funds in fiscal year 2017 for the purpose of expanding access to Level IV neonatologists by establishing a TeleNICU grant program, contingent upon its passage.

#### **Required Action**

On page II-115 of the bill pattern for the Health and Human Services Commission, add the following new rider:

\_\_\_\_\_ **Texas TeleNICU Project.** Out of funds appropriated above in Strategy B.1.5, Children, on page II-88, the Health and Human Services Commission shall allocate \$373,985 in General Revenue Funds and \$874,000 in All Funds in fiscal year 2016 and \$242,520 in General Revenue Funds and \$564,000 in All Funds in fiscal year 2017 for the purpose of expanding access to Level IV neonatologists by establishing a TeleNICU grant program that allows up to ten non-level IV neonatal intensive care units (NICUs) to connect to a Level IV NICU via telemedicine. The Commission shall require the grant awardee, with the assistance of the Commission, to implement the program, develop criteria and protocols and select lower-level NICUs to participate in the program, and provide the Commission with annual reports demonstrating the cost-effectiveness of the program.

**Sec. \_\_\_\_.** **Calculation of Reimbursement Rates for Services Provided in the Home and Community-Based Services Waiver.** It is the intent of the Legislature that the Health and Human Services Commission utilize a reimbursement methodology for services provided in Strategy A.3.2, Home and Community-Based Services similar to other Department of Aging and Disability Services programs that incur capital expenses such as Strategies A.6.1, Nursing Facility Payments and A.7.1, Intermediate Care Facilities-IID.

## RIDER REQUEST

**Member Name:** Sarah Davis

**Affected Agency:** Health and Human Services Commission

**Purpose:** The state must provide quality care options for those who are most vulnerable in our state who have self-care limitations and need daily assistance. Those who need chronic-disease management, aid with progressive dementia, supportive assistance, and general ongoing nursing care are best served by those who are highly trained and work and live on site. This will move the state towards person-centered, quality resident care planning.

**Amount Requested:** \$2,155,304 and \$5,042,062

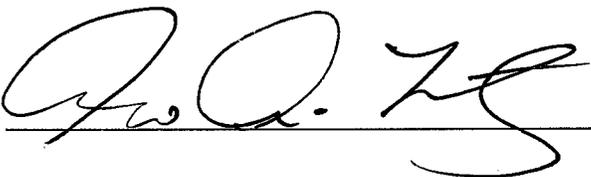
**Method of Finance:** General Revenue and All Funds

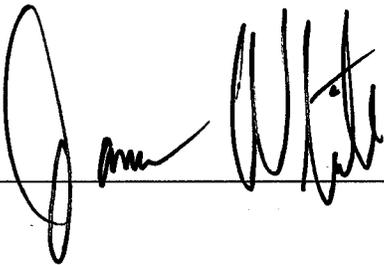
**Rider Language:** Out of funds appropriated to the Health and Human Services Commission (HHSC) in Goal B, Medicaid, \$2,155,304 General Revenue and \$5,042,062 All Funds for FY 2016-2017, is hereby appropriated so that HHSC can implement a Special Reimbursement Class for long-term care commonly referred to as "small house facilities." Such a class shall include a rate reimbursement model that adequately addresses the cost differences that exist in a nursing facility constructed and operated as a small house facility, such as a facility-specific cost-based reimbursement model. HHSC may limit provider participation in this Special Reimbursement Class in consideration of the following or other such contains:

1. Texas-based facility ownership only.
2. Owner-operated facilities only.
3. Not more than 50 percent of the facility-specific resident beds are contracted for Medicaid reimbursement.
4. An initial per resident day Medicaid reimbursement cap not to exceed \$250, adjusted biennially by a reasonable inflation factor.
5. Other such constraints or quality accountability standards as HHSC may deem reasonable so as not to exceed spending in excess of the above appropriations limits.

By: Martinez

**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Ambulance Medicaid Rates**

Hon. Armando "Mando" Martinez - 

Hon. James White - 

## RIDER REQUEST

**Member Name:** Armando "Mando" Martinez

**Affected Agency:** Texas Health and Human Services Commission

**Purpose:** The following action allocates \$25,879,421 in All Funds and \$11,050,513 General Revenue in fiscal year 2016 and \$28,311,447 in All Funds and \$12,108,806 in General Revenue in fiscal year 2017 in order to bring Medicaid rates for ground ambulance providers to the same level of Medicare rates for ambulance providers.

Ground ambulance transports are the backbone of the Texas ambulance transportation network. In spite of this, ground ambulance rates have been reduced by 7% over the last four years. This rider will support the transport of the most medically fragile Medicaid patients for medically necessary services by bringing parity to the Medicaid and Medicare ambulance pay rates.

**Amount Requested (if applicable):** \$25,879,421 in All Funds and \$11,050,513 General Revenue in fiscal year 2016 and \$28,311,447 in All Funds and \$12,108,806 in General Revenue in fiscal year 2017.

**Method of Finance (if applicable):** General Revenue

**Rider Language:**

On page II-115 of the Health and Human Service's bill pattern, add the following rider:

From funds appropriated above, the Health and Human Services Commission shall reimburse ambulance providers enrolled in the Medicaid program at a rate equivalent to the appropriate Medicare rate. Such reimbursement shall apply to both services provided through fee-for-service and through managed care.

By: Turner of Harris

**Health and Human Services  
Proposed Funding and Rider  
2/24/2014**

**BACKGROUND**

The Texas Home Visiting Program and the Nurse Family Partnership Program have shown positive outcomes and a high return on investment to the state. An increase of \$42,696,607 for the biennium will allow an additional 4,837 of the highest need families to be served.

**REQUIRED ACTION**

Make changes to the following numbered rider to the Health and Human Services Commission.

**RIDER LANGUAGE**

57. Texas Home Visiting Program and Nurse Family Partnership Program. Included in appropriations above to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, is ~~\$3,955,272~~ \$23,955,272 in General Revenue Funds and ~~\$7,441,041~~ \$10,441,041 in Federal Funds in fiscal year 2016 and \$3,966,555 in General Revenue Funds and ~~\$7,441,041~~ \$10,441,041 in Federal Funds in fiscal year 2017 for the Texas Home Visiting Program to include evidence based models and ~~\$5,624,999~~ \$6,973,303 in General Revenue Funds and \$3,250,000 in TANF Federal Funds in each fiscal year for the Nurse Family Partnership Program. On or before September 30, 2015, the Health and Human Services Commission shall submit in its Delivery System Reform Incentive Payment (DSRIP) Program extension request to the Centers for Medicare and Medicaid Services a statewide project to expand the Home Visiting Program. The request shall include at least \$20,000,000 for fiscal year 2017.

**Health and Human Services Commission  
Amended Rider  
Umbilical Cord Blood Bank Funding**

Prepared by LBB Staff: 3/5/2015

**Overview**

Prepare a motion and amend Rider 59, Umbilical Cord Blood Bank Funding, for the Health and Human Services Commissions bill pattern which increases appropriations by \$1,000,000 in General Revenue funds annually in Strategy A.1.1, Enterprise Oversight and Policy, for the purpose of funding the Umbilical Cord Blood Bank..

**Required Action**

1. On page II-87 of the Health and Human Services Commission bill pattern, increase General Revenue Funds in Strategy A.1.1, Enterprise Oversight and Policy, by \$1,000,000 in each fiscal year for the purpose of funding the Umbilical Cord Blood Bank.
2. On page II-112 of the bill pattern for the **Health and Human Services Commission** Bill Pattern amend the following rider as follows:

**59. Umbilical Cord Blood Bank Funding.** Included in appropriations above in Strategy A.1.1, Enterprise Oversight and Policy, is ~~\$1,000,000~~2,000,000 in General Revenue Funds in fiscal year 2016 and ~~\$1,000,000~~2,000,000 in General Revenue Funds in fiscal year 2017 for the purpose of entering into a contract with a public cord blood bank in Texas for gathering from live births umbilical cord blood and retaining the blood at an unrelated cord blood bank for the primary purpose of making umbilical cord blood available for transplantation purpose. The contracting blood bank must be accredited by the American Association of Blood Banks and the International Organization for Standardization.

**Health and Human Services Commission  
New Rider  
Texas Women's Health Program**

Prepared by LBB Staff: 3/2/2015

**Required Action**

1. On page II-88 of the Health and Human Services Commission bill pattern, increase General Revenue Funds in Strategy D.2.3, Texas Women's Health Program, by \$25,000,000 in each fiscal year for the purpose of expanding services to cover follow-up screenings for women with abnormal breast or cervical cancer test results or cervical dysplasia treatment, and offer individualized case management.
2. On page II-115 of the bill pattern for the **Health and Human Services Commission Bill Pattern** add a new rider:

**XX. Texas Women's Health Program Expanded Services.** Out of appropriations above in Strategy D.2.3, Texas Women's Health Program, is \$25,000,000 in General Revenue Funds in fiscal year 2016 and \$25,000,000 in General Revenue Funds in fiscal year 2017 for the purpose of expanding services to include follow-up screenings for women with abnormal breast or cervical cancer test results or cervical dysplasia treatment, and individualized case management. Additionally, the Health and Human Services Commission shall use these funds to continue to increase public awareness of the program through marketing activities.

**Overview**

Prepare a motion that increases funding to the Health and Human Services Commission (HHSC) by \$25,000,000 in General Revenue in fiscal years 2016 and 2017 in Strategy D.2.3, Texas Women's Health Program.

**Required Action**

1. On page II-88 of the Health and Human Services Commission, increase General Revenue Funds in Strategy D.2.3, Texas Women's Health Program, by \$25,000,000 in fiscal year 2016 and \$25,000,000 in fiscal year 2017 for the purpose of expanding women's health services.

By: 

**Health and Human Services Commission  
New Rider**

**Posttraumatic Stress Disorder Study**

Prepared by LBB Staff: 3/5/2015

**Overview**

Prepare a rider and motion for the Health and Human Services Commissions bill pattern which increases appropriations by \$3,000,000 in General Revenue funds annually in Strategy A.1.1, Enterprise Oversight and Policy, for the purpose of studying posttraumatic stress disorder in veterans and providing a report by December 1, 2016 to the Legislature and the Governor.

**Required Action**

1. On page II-88 of the Health and Human Services Commission bill pattern, increase General Revenue Funds in Strategy A.1.1, Enterprise Oversight and Policy, by \$3,000,000 in each fiscal year for the purpose of studying posttraumatic stress disorder in veterans.
2. On page II-115 of the bill pattern for the **Health and Human Services Commission** add a new rider:

**XX. Posttraumatic Stress Disorder Study.** Out of appropriations above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission shall use \$3,000,000 in General Revenue Funds in fiscal year 2016 and \$3,000,000 in General Revenue Funds in fiscal year 2017 for the purpose of conducting a study identifying the benefits of providing integrated care to veterans diagnosed with Posttraumatic Stress Disorder. The study should evaluate the benefits of using a standardized, comprehensive trauma and Posttraumatic Stress Disorder assessment to identify and target evidence-based treatment services in order to provide integrated care for veterans diagnosed with Posttraumatic Stress Disorder. The study should also evaluate the benefits of involving family members in the veteran's treatment. HHSC shall submit the results of the study, including number of people served, the type of integrated care provided, and the benefits of using a standardized, comprehensive trauma and Posttraumatic Stress Disorder assessment by December 1, 2016 to the Legislature and the Governor.

By: Longoria

**Health and Human Services Commission  
Statewide Hospital SDA Reimbursement Add-On**

**Overview**

Add a new rider to the Health and Human Services Commission bill pattern that would direct HHSC to implement a new add-on to the Medicaid hospital reimbursement methodology used for calculating the statewide Standard Dollar Amount.

**Action**

On page \_\_\_\_ of the Health and Human Services Commission bill pattern, add the following rider:

- \_\_\_ **Reimbursement Add-On to the Statewide Hospital SDA.** No later than January 1, 2016, out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and implement an add-on to the Medicaid hospital reimbursement methodology for calculating the statewide Standard Dollar Amount (SDA) that acknowledges the functions and services of hospitals that treat a high number of SSI, Medicaid, uninsured and underinsured populations.

**RIDER LANGUAGE**

57. Texas Home Visiting Program and Nurse Family Partnership Program. Included in appropriations above to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, is \$3,955,272 (\$\_\_\_\_) in General Revenue Funds and ~~\$7,441,041~~ \$10,441,041 in Federal Funds in fiscal year 2016 and \$3,966,555 (\$\_\_\_\_) General Revenue Funds and \$7,441,041 ~~\$10,441,041~~ in Federal Funds in fiscal year 2017 for the Texas Home Visiting Program and \$5,624,999 (\$\_\_\_\_) in General Revenue Funds and \$3,250,000 in TANF Federal Funds in each fiscal year for the Nurse Family Partnership Program. In order to maximize federal funds, on or before September 30, 2015, the Health and Human Services Commission shall submit in its Delivery System Reform Incentive Payment (DSRIP) Program extension request to the Centers for Medicare and Medicaid Services a statewide project to expand the Home Visiting Program and the Nurse Family Partnership Program.

**RIDER REQUEST**  
**HB 2082**

**Member Name:** Jodie Laubenberg

**Affected Agency:** Health and Human Services Commission

**Purpose:** We believe that this pilot program will reduce costs, not add expenditures, by eliminating the need for costly emergency room visits, replacing instead with cheaper telemedicine alternatives.

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:** "Contingent on the passage of HB 2082 or similar legislation, the Commission shall, out of the funds appropriated above in Strategy B.1.5., implement a home-based telemedicine pilot program for children with complex medical needs and report to the legislature on the program's clinical outcomes, success in reducing emergency department visits, and impact on medical costs."

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Attendant Wage Clarification  
HHSC Exceptional Item #9

To clarify increased wage rate distribution regarding attendant wages, by specifying which programs will receive increased funding. Historically these has been confusion due to lack of specificity. HHSC has requested \$121.6 Million certain community attendants and direct support workers and \$4.5 million for ICF attendants.

**Information on Funding Provided for Community-Based Direct Support Workers and Attendant Wages.**

- a. Contingent on appropriations made elsewhere in this Act for the 2016-17 biennium to provide a 5% wage increase for certain community attendants and direct support workers includes the following:

- (1) Appropriations at the Department of Aging and Disability Services include \$\_\_\_\_\_ in General Revenue Funds (\$\_\_\_\_\_ in All Funds) for the FY 2016-17 biennium for wage increases for attendants and direct support workers in: Community-based ICF/IID; HCS Residential Services; HSC Supported Home Living; TxHmL Community Support Services; DBMD Habilitation; CLASS Habilitation; DAHS; RC; CBA PAS; MCDP PAS; CBA AL/RC; PHC; CAS; FC

- (2) Appropriations at the Health and Human Services Commission include \$\_\_\_\_\_ in General Revenue Funds (\$\_\_\_\_\_ in All Funds) for the FY 2016-17 biennium for wage increases for attendants in: Star+Plus CBA AL; Star+Plus CBA PAS; Star+Plus PAS; Star+Plus DAHS; CMPAS; PCS Attendant; PCS Behavioral

Contingent on Passage of HB 1874

Contingent on passage of HB 1874, from funds appropriated above, the Commissioner shall allocate \$142,182 in fiscal year 2016 and \$135,309 for fiscal year 2017 in General Revenue for the Palliative Care Interdisciplinary Advisory Council and a statewide palliative care consumer and healthcare professional information and education program.

Any unexpended balances as of August 31, 2016 are hereby appropriated for fiscal year 2017 for the same purpose.

**RIDER REQUEST**  
**HB 1623**

**Member Name:** Jodie Laubenberg

**Affected Agency:** Health and Human Services Commission

**Purpose:** We believe that this program will reduce costs, not add expenditures, by eliminating the need for costly emergency room visits, replacing instead with cheaper telemedicine alternatives.

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:** "Contingent on the passage of HB 1623 or similar legislation, the Commission shall, out of the funds appropriate above, implement a home telemonitoring program for pediatric patients with chronic or complex medical needs who are being concurrently treated by at least three medical specialists, are medically dependent on technology, are diagnosed with end-stage solid organ disease, or required mechanical ventilation."

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Health and Human Services  
New Rider  
Contingency for HB 1973**  
Prepared by LBB Staff: 3/5/2015

**Overview**

Prepare a rider for the Health and Human Services Commissions bill pattern which appropriates \$588,548 in General Revenue and \$562,242 in Federal Funds in fiscal year 2016 and \$10,755,666 in General Revenue and \$10,329,741 in Federal Funds in fiscal year 2017 and an additional 37.8 FTEs in fiscal year 2017 for the purposes of implementing the provisions of HB 1973 or similar legislation relating to electronic benefits transfer cards used for recipients of benefits under certain assistance programs, contingent upon its passage.

**Required Action**

On page II-112 of the bill pattern for the **Health and Human Services Commission** add a new rider:

**XXX. Contingency for Photo Identification on SNAP Cards.** Contingent on the enactment of HB 1973, or similar legislation relating to electronic benefits transfer cards used for recipients of benefits under certain assistance programs, by the Eighty-fourth Legislature, Regular Session, the Health and Human Services Commission is appropriated \$588,548 in General Revenue and \$562,242 in Federal Funds in fiscal year 2016 and \$10,755,666 in General Revenue and \$10,329,741 in Federal Funds in fiscal year 2017 and an additional 37.8 FTEs in fiscal year 2017 to implement the provisions of the legislation.

**RIDER REQUEST**  
**HB 1878**

**Member Name:** Jodie Laubenberg

**Affected Agency:** Health and Human Services Commission

**Purpose:** We believe that this program will reduce costs, not add expenditures, by eliminating the need for costly emergency room visits, replacing instead with cheaper telemedicine alternatives.

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:** "Contingent on the passage of HB 1878 or similar legislation, the Commission shall, out of the funds appropriate above in Strategy B.1.5., reimburse school-based telemedicine medical services provided compliance exists with the statutory requirements."

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## **Health and Human Services Commission**

### **New Rider**

#### **Women's Health Advisory Committee**

Prepared by LBB Staff: 3/4/2015

### **Overview**

Prepare a rider for the Health and Human Services Commission bill pattern which requires the Health and Human Services Commission to appoint an advisory committee to consult the commission in its development of the new consolidated women's health program.

### **Required Action**

On page II-115 of the bill pattern for the Health and Human Services Commission add a new rider:

**XX. Women's Health Advisory Committee.** Out of funds appropriated above to the Health and Human Services Commission (HHSC), the commission, upon passage of legislation or any other action consolidating any of the state's women's health programs, shall appoint an advisory committee to advise the commission in its development of all aspects of the new consolidated program. The majority of the committee shall be comprised of geographically-diverse participating providers of varying size, representative of providers across the state, who have experience in operating these programs. Additional members of the committee shall include stakeholders who can provide insight on best practices. The commission shall appoint the committee no later than October 15, 2015.

**Health and Human Services Commission**  
**New Rider**  
**Contraception Effectiveness Measurement**  
Prepared by LBB Staff: 3/4/2015

**Overview**

Prepare a rider for the Health and Human Services Commission bill pattern which requires the Health and Human Services Commission to develop a measure of cost-effectiveness for the state women's health programs.

**Required Action**

On page II-115 of the bill pattern for the Health and Human Services Commission add a new rider:

**XX. Contraception Effectiveness Measurement.** Out of funds appropriated above to the Health and Human Services Commission (HHSC), the commission shall develop a measure of cost-effectiveness for the state women's health programs, including any consolidation of women's health programs passed by the Legislature or through other action, which takes into account the duration and effectiveness of protection from unplanned pregnancy. Potential measures to be considered shall include dollars spent per month of protection from unplanned pregnancy.

## RIDER REQUEST

**Member Name:** Sheffield

**Affected Agency:** Health and Human Services Commission

**Purpose:** Medicaid Block Grant Waiver Transition Funding

**Amount Requested (if applicable):** 250,000,000

**Method of Finance (if applicable):** General Revenue Funds

**Rider Language:** XX. Medicaid Block Grant Waiver Transition Funding. Out of funds appropriated above to the Health and Human Services Commission in Goal B, Medicaid, the Health and Human Services Commission may expend up to \$250,000,000 in General Revenue Funds in fiscal year 2016 and \$250,000,000 in General Revenue Funds in fiscal year 2017 to stabilize and improve Medicaid hospital payments, including providing a portion of the non-federal share of Medicaid Disproportionate Share Hospital (DSH) payments to recognize continued improvements in quality of patient care and patient outcomes.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

## **New Rider on Medicaid Inpatient Payments to Children's Hospitals**

**Background:** The Texas Medicaid program sets inpatient rates for Children's Hospitals using an APR-DRG system that establishes an average base rate using audited allowable costs from 2011.

The 2014-15 General Appropriations Act included RIDER 71, Inpatient Payments to Children's Hospitals, which required the Health and Human Services Commission (HHSC) to update the rates for 2014 and 2015 using an appropriate measure of medical cost increases. Prior to using APR-DRGs, the Legislature required HHSC to pay children's hospitals under the "TEFRA" methodology that used the most current audited allowable costs to establish Medicaid inpatient rates.

It is critical to update Medicaid inpatient rates for children's hospitals for the 2016-2017 biennium:

- In the aggregate, 57% of the patient days at children's hospitals are covered by Medicaid (2013). No other class of hospitals is as reliant on Medicaid reimbursement; the average number of Medicaid patient days for all other acute care hospitals in Texas is 19%.
- Children's hospitals provide highly complex and specialized pediatric care. Forty-four percent of the staffed beds at children's hospitals are intensive care (ICU) beds compared to 24% for all other acute care hospitals.
- Children's hospitals are the pediatric safety net, serving children transferred from other hospitals when it is beyond their capacity to provide the necessary care.
- Children's hospitals serve children from all across Texas and provided inpatient care to children from 241 of Texas' 254 counties in 2012. (About 5,000 children live in the other 13 counties.)
- The acuity of cases at children's hospitals is twice that of patients at all other hospitals.
- Two-thirds of the children served at children's hospitals are under age 10.

Failure of Medicaid rates to reflect the audited, actual allowable costs of serving Medicaid children will impair the ability of children's hospitals to provide the comprehensive array of pediatric services that any child in Texas could need.

**Rationale for the Proposed Rider:** The rider ensures that Medicaid inpatient payments keep up with changing costs as children's hospitals expand clinical capacity and develop services to meet the needs of our fast growing child population.

The data used to establish the APR-DRG rate methodology for children's hospitals is from 2011. Since then, children's hospitals have been making clinical infrastructure improvements, recruiting and training pediatricians and pediatric health care professionals, and developing new services to meet the needs of children. Over a multi-year period, the cost structure of a hospital can change considerably and the rider will ensure that rates are established using more current and accurate cost data.

**New Rider: Inpatient Payments to Children's Hospitals:** It is the intent of the Legislature that out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall rebase the rates for state fiscal year 2016 using the most current audited cost reports and update the rates for state fiscal year 2017 using an appropriate measure of medical cost increases.

By: Munoz

## **Health and Human Services Commission Rider, Art. II Proposed Rider**

### **Overview**

There is a need for the Health and Human Services Commission to analyze the fiscal impact and savings of the state's Medicaid Managed Care program past and present.

### **Required Actions:**

On page II-118 of the Health and Human Services Commission bill pattern in the House's General Appropriations Bill, add the following rider:

Out of funds appropriated above, the Health and Human Services Commission shall contract with an independent auditor to determine the cost impact of the state's Medicaid managed care program from SFY 2010 through SFY 2015 as well as projected cost impact through SFY 2018. The report should calculate the medical and pharmacy cost impacts for STAR and STAR+PLUS Medicaid managed care programs, including how savings, if any, were achieved. Further, the independent analysis should assess the impact of Medicaid managed care on the availability, quality, and cost-effectiveness of patient services. HHSC shall report its findings to the legislature no later than [June 1, 2016](#).

**RIDER REQUEST**

**Member Name:** Longoria

**Affected Agency:** Health and Human Services

**Purpose:** The Health and Human Services Commission shall set reimbursement which will maintain access to anesthesia services in the Medicaid system and will reduce the burden on hospitals which typically pay supplements to providers for the availability of these services for Medicaid and Medicare patients because of their extremely low reimbursement levels. To do so, the Commission shall set the Medicaid rates under Texas Human Resources Code §32.028 at a level similar and competitive with the rate set by the Texas Department of Insurance, Division of Workers' Compensation in December, 2014 for anesthesia care under Texas Labor Code §413.011(a).

**Amount Requested (if applicable):** \$\_\_\_\_\_ **All funds;**  
\$\_\_\_\_\_ **General Revenue**

**Method of Finance (if applicable):** General Revenue

**Rider Language:** It is the intent of the Legislature that funds appropriated above in Strategy B, Medicaid, be expended in a manner which provides reimbursement for anesthesia services to both adults and children and a rate which is no less than the rate set by the Texas Department of Insurance in accordance to Labor Code, Chapter 413.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**RIDER REQUEST**

**Member Name:** Rep. Walle

**Affected Agency:** Health and Human Services

**Purpose:** The Health and Human Services Commission shall set reimbursement which will maintain access to anesthesia services in the Medicaid system and will reduce the burden on hospitals which typically pay supplements to providers for the availability of these services for Medicaid and Medicare patients because of their extremely low reimbursement levels. To do so, the Commission shall set the Medicaid rates under Texas Human Resources Code §32.028 at a level similar and competitive with the rate set by the Texas Department of Insurance, Division of Workers' Compensation in December, 2014 for anesthesia care under Texas Labor Code §413.011(a).

**Amount Requested (if applicable):** \$\_\_\_\_\_ **All funds;**  
\$\_\_\_\_\_ **General Revenue**

**Method of Finance (if applicable):** General Revenue

**Rider Language:** It is the intent of the Legislature that funds appropriated above in Strategy B, Medicaid, be expended in a manner which provides reimbursement for anesthesia services to both adults and children and a rate which is no less than the rate set by the Texas Department of Insurance in accordance to Labor Code, Chapter 413.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**X. Pharmacy dispensing fees under a state health plan.** Any dispensing fees paid by the Health and Human Services Commission, under a state health plan, including the Medicaid and CHIP vendor drug programs, to pharmacies or pharmacists dispensing prescription drugs or medication in the same building or on the same premises where cigarettes, tobacco products and/or alcoholic beverages are sold or made available shall be paid at a rate not less than 30 percent less than the rate paid to pharmacies or pharmacists not located in such buildings or on such premises.

**Article II**  
**New Proposed Rider**  
**Value Based Enhancements**

Date

**Required Action**

1. On page II-XX of the Article II, add the following new rider:

**Sec. \_\_. Appropriation: Star Plus Nursing Home Value Based Enhancements.** In addition to amounts appropriated above in Goal B, Medicaid, for the purpose of providing Medicaid nursing home care through the managed care model of service, the Health and Human Services Commission is appropriated any revenues in excess of the Comptroller's Biennial Revenue Estimate (BRE) for 2016-17 collected in the Account No. 3201 Insurance Premium Taxes, which correlate to the carve-in of the nursing home benefit and resulting increase in insurance premium tax revenue (estimated to be \$\_\_ million in FY 2016 and \$\_ million in FY 2017). The funds shall be used during the 2016-17 biennium to implement value based enhancements which will incentivize quality through base rate enhancements supported by benchmarks, measured and reported through the STAR + PLUS Nursing Facility Advisory Committee established under Section 533.00252.

***Texas Health and Human Services Commission***  
**Federally Qualified Health Center (FQHC) Reimbursement in Managed Care**

**Overview**

The Texas Health and Human Services Commission (HHSC) is required by federal law to ensure federally qualified health centers (FQHCs) are reimbursed no less than their Prospective Payment System (PPS) rate for services provided in the Medicaid and CHIP programs. Prior to September 2011, Medicaid Managed Care Organizations (MCOs) paid FQHCs a fee for service rate and HHSC reimbursed FQHCs the difference between the rate paid by the MCO and the FQHC PPS rate in quarterly “wraparound” payments. Pursuant to the 2012-2013 General Appropriations Act, HHSC Rider 79 (HB1, 82<sup>nd</sup> Regular Session, 2011), MCOs were required to begin paying full PPS rates to FQHCs up front.

The intent of Rider 79 was to reduce HHSC administrative costs. The administrative cost was associated with the Texas Medicaid and Healthcare Partnership (TMHP), an HHSC contractor, calculating and disbursing the wrap payment to each FQHC. By moving responsibility for the wrap payment to the MCO the administrative cost to HHSC was eliminated. Rider 79 did not contemplate a reduction in appropriate FQHC utilization.

The unintended consequence of the Rider was to create a financial incentive for MCOs to reduce FQHC utilization.

The FQHC PPS encounter rate includes the cost for all services FQHCs provide to Medicaid and CHIP patients, including medical, dental, behavioral health, and pharmacy. HHSC sets MCO premium rates to sufficiently cover the costs of the FQHC reimbursement rate; it is done prospectively for a year period based on the number of MCO members receiving services in an FQHC at the time the rate is set. If the actual number of MCO members that choose to receive care in an FQHC is greater than the number at the time the rate is set or the utilization per patient increases, the MCO is not compensated for those additional patients or utilization assigned to an FQHC. As a result, MCOs have a disincentive to contract with and assign patients to FQHCs.

This amended rider requires HHSC to reconcile with MCOs, on a quarterly basis, the actual number of MCO members that received care in an FQHC. If this reconciliation occurs, MCOs will not be negatively impacted if more of their members receive care in an FQHC than anticipated, and will not have a disincentive to assign patients to FQHCs.

**Required Action**

Updated March 3, 2015

**In HB1, on page II-113** II of the Texas Health and Human Services Commission's bill pattern, amend **Rider 62** to read as follows.

**In SB2, on page II-114** of the Texas Health and Human Services Commission's bill pattern, amend **Rider 63** to read as follows.

**FQHC Reimbursement in Managed Care.** To the extent allowable by law, in developing the premium rates for Medicaid and CHIP Managed Care Organizations (MCOs), the Health and Human Services Commission shall include provisions for payment of the FQHC Prospective Payment System (PPS) rate and establish contractual requirements that require MCOs to reimburse FQHCs at the PPS rate. On a quarterly basis, the Commission shall reconcile with and provide MCOs an adjusted payment based on actual encounters that MCO members receive from FQHCs.

**In HB1, on page II-113** II of the Texas Health and Human Services Commission's bill pattern, amend **Rider 62** to read as follows.

**In SB2, on page II-114** of the Texas Health and Human Services Commission's bill pattern, amend **Rider 63** to read as follows.

**FQHC Reimbursement in Managed Care.** To the extent allowable by law, in developing the premium rates for Medicaid and CHIP Managed Care Organizations (MCOs), the Health and Human Services Commission shall include provisions for payment of the FQHC Prospective Payment System (PPS) rate and establish contractual requirements that require MCOs to reimburse FQHCs at the PPS rate. On a quarterly basis, the Commission shall reconcile with and provide MCOs an adjusted payment based on actual encounters that MCO members receive from FQHCs.

Sponsor: Longoria

**Health and Human Services Commission Riders**  
**Proposed Rider Revision**  
**Prepared by Texas Health and Human Services Commission**

**Overview:** Sec. 44. Rate Limitations & Reporting Requirements, b. Quarterly Notification “(3) new procedure codes and revised rates for physician-administered drugs;” was NOT added in either HB1 or SB2.

**Justification of Changes:** *Request is to provide notification rather than require approval to establish a rate for new physician administered drugs, or to increase a rate, above the threshold. Decision to add a specific physician-administered drug as a Medicaid-covered benefit is a medical decision rather than fiscal decision. The approval process can delay access of new drugs, primarily cancer treatment, for clients. Section 44 does not apply to self-administered drugs such as oral medications and it would be logical to treat physician administered drugs similarly.*

**House Bill 1, Page II-139**

**S.P., Section 44. Rate Limitations and Reporting Requirements.** Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision. For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology) that account for significant expenditures by a health and human services agency as listed in Chapter 531, Government Code. "Fiscal impact" is defined as an increase in expenditures due to either a rate change or establishment of a new rate, including the impact on all affected programs. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission (HHSC) pursuant to other provisions in this Act and should specify General Revenue-related Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be reported at an aggregate level and acute care services may be reported by rate category.

a. Notification of Change to Managed Care Rates.

(1) No later than 45 calendar days prior to implementation of a change to premium rates for managed care organizations (MCO) contracting with HHSC, the Executive Commissioner of the HHSC shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

- (i) a schedule showing the original and revised rate, which should include information on the rate basis for the MCO reimbursements to providers;
- (ii) a schedule and description of the rate-setting process for all rates listed for subsection (1); and

Sponsor: \_\_\_\_\_

**Health and Human Services Commission Riders**  
**Proposed Rider Revision**  
**Prepared by Texas Health and Human Services Commission**

(iii) an estimate of the fiscal impact, by agency and by fiscal year, including the amount of General Revenue Funds, TANF Federal Funds, and All Funds for each rate change listed for subsection (1).

(2) Within seven days of the submission requirements listed above in subsections (i) through (iii), the Executive Commissioner of the HHSC shall submit a schedule identifying an estimate of the amount of General Revenue Funds, TANF Federal Funds, and All Funds by which expenditures at such rate levels would exceed appropriated funding.

b. **Quarterly Notification.** On a quarterly basis, HHSC shall provide notice of changed rates for:

(1) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates;

(2) revised rates occurring as a result of a biennial calendar fee review;

(3) new procedure codes and revised rates for physician-administered drugs;

~~(3)~~(4) any rate change estimated to have an annual fiscal impact of less than \$500,000 in General Revenue-related Funds or TANF Federal Funds; and

~~(4)~~(5) Any rate change for which approval is obtained under section (c).

c. **Limitation on Rates that Exceed Appropriated Funding.** With the exception of those rates specified in subsections (1) - ~~(4)~~ of section (b), Quarterly Notification, no agency listed in Chapter 531, Government Code, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies without the prior written approval of the Legislative Budget Board and the Governor.

To request authorization for such a rate, the Executive Commissioner of the HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

(1) a list of each new rate and/or the existing rate and the proposed changed rate;

**Sponsor:** \_\_\_\_\_

**Health and Human Services Commission Riders**

**Proposed Rider Revision**

**Prepared by Texas Health and Human Services Commission**

(2) an estimate of the fiscal impacts of the new rate and/or rate change, by agency and by fiscal year; and

(3) the amount of General Revenue Funds, TANF Federal Funds, and All Funds, by fiscal year, by which each rate would exceed appropriated funding for each fiscal year.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for authorization for the rate and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

d. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

e. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.

f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or Public Accounts that the requirements of this provision have not been satisfied.

Sponsor: Longoria

**Health and Human Services Commission Riders**  
**Proposed Rider Revision**  
**Prepared by Texas Health and Human Services Commission**

**Overview:** This rider will allow HHS agencies to pay a salary supplement to employees whose duty station is in an area of the state with a high cost of living (such as the Midland area). DFPS has a similar authority in the current biennium. This rider, which is modeled after a Railroad Commission rider, would give all HHS agencies the ability to pay this salary supplement.

***Justification of Changes:*** Add new HHS Special Provisions rider.

**Locality Pay.** Out of funds appropriated above, the health and human services agencies listed in Chapter 531, Government Code are hereby authorized to pay a salary supplement, not to exceed \$1,200 per month, to each employee whose duty station is located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the agency. This salary supplement shall be in addition to the maximum salary rate authorized for that position elsewhere in this Act. In the event that an employee so assigned works on a less than full-time basis, the maximum salary supplement shall be set on a basis proportionate to the number of hours worked.

## Overview

Add a new rider that directs the Health and Human Services Commission to report on the benefits of a pay for performance for prescription drugs benefit model.

Sheffield

## Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_ **Pay for Performance for Prescription Drugs.** Out of funds appropriated above, the Health and Human Services Commission shall prepare a report on the benefits of establishing an independent, data-driven fiscal management solution for the prescription drug benefit. The proposed prescription drug benefit model shall incorporate a comprehensive quality and non-confiscatory payment system leading to pay for performance. The model should also avoid the health insurance provider fee/tax, reduce contractor and subcontractor non-compliance, and improve access to prescribed medications.

The results of the benchmarking and oversight, including limitations and improvements made shall be included in the report, which is due to the Legislative Budget Board, Office of the Governor, the Chair of the House Committee on Appropriations, the Chair of the Senate Committee on Finance, Speaker of the House, the Lieutenant Governor, the House Committee on Human Services, and the Senate Committee on Health and Human Services by August 31, 2016.

**Strike Sec. 40-Article II, Special Provisions (HB 1)**

**Purpose:** Chapter 534, Government Code - Sec. 534.201 (b) specifies the transition of TxHmL benefits to the STAR+PLUS Medicaid managed care program or the most appropriate integrated capitated managed care program. **"must** be based on the cost-effectiveness and the experience of STAR + PLUS in providing basic attendant and habilitation services [CFC], and the pilot programs under Chapter 534, Gov. Code."

As implementation of CFC has been delayed and the pilots (to begin 9-1-2016; end 9-1-2018), it is not possible to conduct an evaluation of the cost-effectiveness and experience of these initiatives to determine the feasibility and appropriateness of transferring the TxHmL benefits to STAR+PLUS in FY 2017. As the result, the directive needs to be removed.

**STRIKE Sec. 40, Article II - Special Provisions**

**Sec. 40. Transfer Authority Re: Texas Home Living Waiver (TxHmL):**

~~Notwithstanding the limitations on transfer authority in Special Provisions Relating to All Health and Human Services Agencies, Sec. 10 and Article IX, Sec. 14.01 and contingent on the transition of Medicaid program benefits for persons enrolled in TxHmL to the STAR+PLUS program, or other capitated managed care program, the HHSC Exec. Com. may transfer GR and Federal Funds appropriated to DADS in FY 2017 in Strategy A.3.5, TxHmL Waiver to HHSC, Strategy B.1.1, Aged and Medicare-Related & Strategy B.1.2, Disability-Related. Transfer is limited to amounts necessary to provide services previously available from the TxHmL Waiver through a capitated managed care program. Should HHSC decide to continue operation of the TxHmL Waiver for purposes of providing services not available under managed care, amounts sufficient to provide those services should be retained in DADS Strategy A.3.5, TxHmL Waiver. HHSC shall notify the LBB and Governor's Office of the actual transfer amounts and estimated impact on performance measures at least thirty days prior to transferring funds.~~

\* CFC refers to the Community First Choice Option authorized under the Affordable Care Act.

\*\* The purpose of the pilots is to test one or more service delivery models involving a managed care strategy based on capitation to deliver LTSS under the Medicaid program to individuals with IDD; i.e., an alternative to STAR+PLUS.

\*\*\* SB 1 (83rd) - Article II, Special Provisions, Sections 53 and 59 reference CFC appropriations during FY 2015.

SPECIAL PROVISIONS RELATING TO  
ALL HEALTH AND HUMAN SERVICES AGENCIES

By: Sheffield

Sec. 48. Program of All-inclusive Care for the Elderly (PACE).

a. Expansion of PACE Sites. The Department of Aging and Disability Services (DADS) may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2015.

b. Additional Participants at Existing PACE Sites. DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 195 additional participants at existing PACE sites in Amarillo, Lubbock, and El Paso.

c. Funding for Additional Sites and Participants. Notwithstanding other provisions of this Act, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$398,718.78 in General Revenue Funds in fiscal year 2016 and \$3,973,660.25 in General Revenue Funds in fiscal year 2017. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.

d. Additional Funding for PACE program. Should transfer authority provided in subsection (c) be insufficient to serve the increase in participants described by subsections (a) and/or (b), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2. Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.