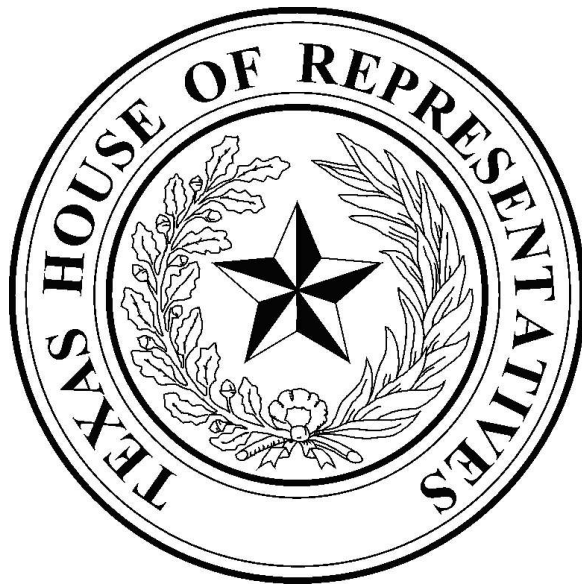


HOUSE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON
ARTICLE II



Adopted Riders Into Article II

March 10, 2015

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Sec. 47. Coordination of Interagency Nursing Facility Resident Complaint Data and Information.

- a. The Office of the Long Term Care Ombudsman shall be the state entity designated to collect, monitor, and analyze data related to all **Medicaid managed care** nursing facility resident complaint **data**, regardless of the payer of services, and shall include in their annual report information and data that identifies Medicaid managed care organizations' performance at the facility level that is related to nursing facility resident complaints, including, but not limited to: (1) the source and location of the complaint, (2) the nature of complaint, (3) the disposition of complaint, (4) the **length of time required to resolve the complaint resolution-length**, and (5) any other information and data that the Long Term Care Ombudsman identifies as relevant.
- b. Out of the funds appropriated elsewhere in the Act, the Department of Aging and Disability Services and the Health and Human Services Commission shall establish an interagency workgroup to facilitate the exchange of data and any other related information about Medicaid managed care nursing facility resident complaint data and to determine standard definitions for the data to be shared.
- c. Out of the funds appropriated to the Health and Human Services Commission (HHSC), in Goal A, Strategy A.1.2, Integrated Eligibility and Enrollment:
 - 1. HHSC shall collect information and data related to **Medicaid managed care nursing facility resident complaint data consumer-complaints** from Medicaid managed care organizations including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the nature or category of complaint and/or appeal, (3) the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information the HHSC Office of the Ombudsman, in consultation with the Department of Aging and Disability Services Long Term Care Ombudsman, identifies as relevant.
 - 2. HHSC shall quarterly provide the above information to the Department of Aging and Disability Services Office of the Long Term Care Ombudsman in a format the Long Term Care Ombudsman specifies.
 - 3. The HHSC Office of the Ombudsman shall annually report the above **Medicaid managed care nursing facility resident consumer** complaint information, including analysis of complaint data trends, and comparison of performance between managed care organizations and across time, to the executive commissioner of HHSC and the Health and Human Services Council.
 - 4. HHSC's Office of the Ombudsman shall prepare information that identifies a Medicaid managed care organization's (MCO) performance related to **Medicaid managed care nursing facility resident-consumer** complaints including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the nature or category of complaint and/or appeal, (3) the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information identified as relevant to a MCO beneficiary. The information shall be prepared in a consumer-friendly, printed format that allows beneficiaries to compare **Medicaid managed care nursing facility resident managed care organizations' consumer** complaint **resolution** performance by MCO, services

provided, geographic location, and across time. The printed information shall be distributed to all respective beneficiaries of health and human service programs provided by a MCO. The information shall be distributed to beneficiaries via postal mail annually during enrollment or other predetermined mailing period.

Overview: This would reinstate Rider 35, currently recommended for deletion, authorizing individuals with IDD under the age of 22 to transition from an intermediate care facility for individuals with intellectual disability or related condition (ICF/IID) into a 1915(c) waiver program other than HCS.

Justification: *Reinstating this rider reflects the intent of the Legislature to give flexibility to transition individuals with IDD from an intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) to another 1915(c) waiver program.*

House Bill 1, Page II-20

35. Services under HCS Waiver Program.

It is the intent of the Legislature that, from the funds appropriated above, if an individual 21 years and younger, seeking to leave an intermediate care facility for individuals with intellectual disabilities, has been offered services under the Home and Community-based Services waiver program, the Department of Aging and Disability Services may provide services to the individual under another Section 1915(c) waiver program if the individual leaving the facility:

- a. is determined to be ineligible for the services provided under the HCS waiver program; and
- b. meets the eligibility requirements for and needs services provided under another Section 1915(c) waiver program.

Overview: This would reinstate Rider 34, currently recommended for deletion, authorizing individuals with an intellectual or developmental disability (IDD) under the age of 22 to transition from a nursing facility into a 1915(c) waiver program.

Justification: *Rider 34, originally passed as Rider 41, allows individuals under 22 with IDD to transition from a nursing home into the Home and Community-based Services (HCS) waiver. Previously, children in nursing facilities were only allowed to leave the facility if they were returning home to their family, which is not an option for many. As of August 2014, the number of children in nursing facilities has decreased by more than 70 percent since 2002.*

While the Promoting Independence Plan does provide for the diversion of nursing facility residents into the HCS waiver program, it does not have the force of law. The inclusion of the rider gives DADS clear authority to carry out the Legislature's intent.

House Bill 1, Page II-20

34. Services under a 1915(c) Waiver.

It is the intent of the Legislature that, from the funds appropriated above, the Department of Aging and Disability Services shall provide services under a Section 1915(c) waiver program, other than a nursing facility waiver program to an individual, 21 years and younger, leaving a nursing facility if the individual:

a. meets the eligibility requirements for that Section 1915(c) waiver program; and

b. in order to leave the nursing facility, requires services that are available only under that Section 1915(c) waiver program.

4. Nursing Home Program Provisions.

a.a. Tending Home Income Eligibility Cap. It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).

~~**b. Establishment of a Swing-bed Program.** Out of the funds appropriated above for nursing home vendor payments, the department shall maintain a "swing bed" program, in accordance with federal regulations, to provide reimbursement for skilled nursing patients who are served in hospital settings in counties with a population of 100,000 or less. If the swing beds are used for more than one 30-day length of stay per year per patient, the hospital must comply with the regulations and standards required for nursing home facilities.~~

~~**e.b. Nursing Home Bed Capacity Planning.** It is the intent of the Legislature that the department shall control the number of Medicaid beds, and decertify unused Medicaid beds, and reallocate some or all of the decertified Medicaid beds, taking into account a facility's occupancy rate.~~

~~**d. Nursing Facility Competition.** It is the intent of the Legislature that the department encourage competition among contracted nursing facilities.~~

Reason for Rider Update

- Deleting the rider calls into question income eligibility for nursing home patients and because community services waive off of the nursing home services, community service income eligibility could also be changed.
- Our understanding is that the update is to not change income eligibility.
- Nursing Home licensing takes into consideration Certificate of Need requirements which is directed to also involve a look at occupancy in licensed facilities.
- We do not believe the intent is to remove this control and therefore should remain in the general appropriations bill.

Overview: This modification would authorize DADS to apply funds received through civil monetary damages and penalties to the protection of health and property of nursing facility residents.

Justification of Changes: *As written, the rider removes the General Revenue match for DADS. By removing the agency entirely from the rider, DADS is not authorized to have civil monetary damages and penalties collected by the agency appropriated to the agency. The recommended modifications would allow DADS to apply collected civil monetary damages and penalties to protecting the health and safety of nursing facility residents.*

House Bill 1, II-136

Sec. 37. Appropriation of Receipts: Civil Monetary Damages and Penalties. Included in the amounts appropriated above for the ~~2014-15~~2016-17 biennium are the following:

- a. ~~\$2,660,000 in General Revenue Match for Medicaid for the Department of Aging and Disability Services;~~
- ba. \$1,414,870 in General Revenue Match for Medicaid for the Health and Human Services Commission; and
- eb. \$780,000 in General Revenue for the Department of State Health Services.

c. \$0 in General Revenue Match for Medicaid for the Department of Aging and Disability Services (DADS).

These amounts are contingent upon the collection of civil monetary damages and penalties under Human Resources Code §§32.021 and 32.039, and Health and Safety Code §431.0585. Any amounts collected above these amounts by the respective agency are hereby appropriated to the respective agency in amounts equal to the costs of the investigation and collection proceedings conducted under those sections, and any amounts collected as reimbursement for claims paid by the agency. For DADS, any amount collected above this amount is to be applied to the protection of health and property of residents in nursing facilities in accordance with 42 U.S. Code §1396r(h)(2)(a)(ii) and Human Resources Code §32.021(g) subject to the approval of the Centers for Medicare and Medicaid Services.

Department of Assistive and Rehabilitative Services

Proposed Rider

Job Training Pilot Program

Prepared by LBB Staff, 03/09/15

Overview

Add a new rider to the DARS bill pattern that allocates \$200,000 in General Revenue Funds for the 2016-17 biennium to establish a job-training pilot program in Harris County for persons with intellectual and developmental disabilities.

Required Action

On page II-35 of the DARS bill pattern, add the following rider:

XX. Job Training Pilot Program. Out of funds appropriated above to the Department of Assistive and Rehabilitative Services (DARS) in Strategy B.3.1, Vocational Rehabilitation – General, the agency shall allocated \$100,000 in General Revenue Funds in each year of the 2016-17 biennium to implement a job training pilot program in Harris County. In cooperation with providers who offer minimum-wage job training to persons with intellectual and developmental disabilities in Harris County, DARS shall establish a pilot program to be implemented by providers in the county for the purpose of encouraging individuals with intellectual and developmental disabilities to receive job training skills and establish self-sufficiency. The expenditure of funds for the pilot program by DARS is contingent upon funding from the provider in an amount equal to the DARS expenditure.

House Sponsor: Dukes

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

House Bill 1, Page II-47

~~25. Cost Containment Strategies for DFPS Funded Daycare Services.~~

~~Out of funds appropriated above to the Department of Family and Protective Services in strategy B.1.3, TWC Contracted Day Care, the agency shall collect available income and family size data on clients that receive foster and relative daycare services during the initial authorization process and every subsequent 12 months to assess the feasibility of certain cost containment strategies. The agency shall identify and implement appropriate cost containment strategies for state-funded daycare services. Strategies that the agency may employ include but are not limited to the following options: (1) creating client priority groups, (2) instituting waiting lists based on client priority, (3) implementing an income-based sliding fee scale for daycare services on a case-by-case basis, and (4) setting time limits on the receipt of services or cost-sharing exemptions.~~

Purpose:

DFPS requests deletion of this rider. Although HB1 introduced remove the reporting requirements, the remaining language would still require DFPS to collect the data. The collection of this data is administratively burdensome to the caseworker as it is a manual process. Additionally there is no system to compile this collected data.

Finally CPS has identified and implemented various cost containment policies.

Overview

Add a new rider that authorizes the Department of Family and Protective Services to pay a salary supplement, not to exceed \$1,200 per month to certain CPS caseworkers and delete the agency's locality pay rider on page II-49.

Dukes

Required Action

- 1) On page II-49 of the Department of Family and Protective Services bill pattern, delete the following rider:

~~**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.~~

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

___ . High Cost Housing and Retention Salary Supplement. The Department of Family and Protective Services is hereby authorized to pay a salary supplement, not to exceed \$1,200 per month, to each investigative, family based safety services, and conservatorship caseworker and supervisor whose headquarters are located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the Commission. 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.

House Sponsor: Dukes

Department of Family and Protective Services (DFPS) Riders

Prepared by Department of Family and Protective Services

House Bill 1, Page II-120

Sec. 3. Services to Employees.

The Department of State Health Services, Department of Family and Protective Services and Department of Aging and Disability Services may expend funds for the provision of first aid or other minor medical attention for employees injured in the course and scope of their employment and for the repair and/or replacement of employees' items of personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed equipment. Expenditures for such equipment may not exceed \$500 per employee per incident.

Purpose:

As written, DADS and DSHS may pay for first aid or minor medical attention, or repairs and replacement of employees' personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed. Expenditures may not exceed \$500 per employee per incident. Inclusion of DFPS would authorize compensating an employee up to \$500.00 for replacement or repair of certain personal items that are destroyed or damaged in the course of their work.

Overview

Add a new rider that allocates the use of \$200,000 in General Revenue Funds in strategy B.1.6, PAL Purchased Services, for the 2016-17 biennium for youth specialist activities.

Dukes

Required Action

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

___. **Youth Specialist Activities.** Out of funds appropriated above in strategy B.1.6, PAL Purchased Services, the Department of Family and Protective Services (DFPS) shall allocate \$100,000 in General Revenue Funds in fiscal year 2016 and \$100,000 in fiscal year 2017 for regional youth leadership specialist and youth specialist activities, including:

- a. assisting DFPS with the development of services, policies, and procedures for foster youth;
- b. the creation and coordination of leadership opportunities for foster youth;
- c. assisting foster youth in understanding the foster children's bill of rights developed under Section 263.008, Family Code;
- d. coordinating and facilitating the operation of the regional youth leadership councils;
- e. facilitation of the operation of the state youth leadership council;
- f. training for regional youth specialists and the youth specialist at the state office; and
- g. travel to the regional youth leadership council and state youth leadership council.

**Department of State Health Services
Amended Rider
Mental Health Program for Veterans**

Prepared by LBB Staff, 3/9/15

Overview

Amend rider #67 on page II-81 to establish an interagency contract with the Texas Veterans Commission for the purpose of administering the Mental Health Program for Veterans.

Required Action

On page II-81 of the Department of State Health Services bill pattern, amend the following rider:

- 67. Mental Health Program for Veterans.** Included in the amounts appropriated above to the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, is \$5,000,000 in each fiscal year of the 2016-17 biennium in General Revenue for the purpose of administering the Mental Health Program for Veterans pursuant to Health and Safety Code §1001.201-204.

Out of these appropriated funds, the Department of State Health Services shall establish an Interagency Contract to provide \$1,500,000 for each fiscal year of the 2016-17 biennium to the appropriate fund or account with the Texas Veterans Commission for the purpose of administering the Mental Health Program for Veterans pursuant to Health and Safety Code §1001.201-204.

Not later than December 1 of each fiscal year, the department shall submit to the Legislature and the Governor's Office a detailed report describing the activities of the program in the preceding year, including, at a minimum: a description of how the program is operated; the number of veterans served; the number of peers and volunteer coordinators trained; a summary of the contracts issued and services provided through those contracts; and recommendations for program improvements.

By: Rep. Davis

Department of State Health Services, Art. II
Proposed Rider
Breast and Cervical Cancer Services Program

Prepared by LBB Staff, March 2, 2015

Required Action

1. On page II-83 of the Department of State Health Services bill pattern, add the following rider:

_____. Breast and Cervical Cancer Services Program.

- (a) To the extent allowed by federal law, the Department of State Health Services (DSHS) shall allocate funds appropriated above in Strategy B.1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program using a methodology that prioritizes distribution and reallocation to first award public entities that provide breast and cervical cancer screenings, including state/county/local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide breast and cervical cancer screenings as part of comprehensive primary and preventative care; and thirdly, non-public entities that provide breast and cervical cancer screenings but do not provide comprehensive primary and preventative care. The department shall ensure the distribution and allocation methodology for funds in Strategy B.1.2, Women and Children's Health Services appropriated for the Breast and Cervical Cancer Services Program does not severely limit or eliminate access to services to any region.
- (b) Implementation of the funding methodology in subsection (a) is contingent upon DSHS submitting a plan to demonstrate that this funding method will not result in a loss of federal funds. The plan shall be submitted to the Legislative Budget Board and the Governor 30 days prior to any expenditure of the funds under the funding methodology outlined in subsection (a). If the agency is unable to demonstrate that the funding methodology outlined in subsection (a) would not result in the loss of federal funds, then the funding methodology outlined in subsection (a) shall not be implemented. In that case, DSHS shall still continue to provide breast and cervical cancer screening services through performance-based contracts with local providers through a competitive provider application process.

Amend the rider below that allows the Department of State Health Services to expend \$6.5 million in General Revenue over the biennium for the purpose of cardiovascular disease and stroke projects, including \$2.0 million over the biennium for data collection activities.

Davis

Required Action

On page II-82 of the Department of State Health Services bill pattern, amend the following rider:

73. ~~Texas Council on Cardiovascular Disease and Stroke. Cardiovascular Disease and Stroke Projects.~~ Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services may expend ~~\$5,000,000~~ \$6,500,000 in General Revenue Funds over the 2016-17 biennium for the purpose of funding cardiovascular disease and stroke projects. Out of these funds, DSHS shall allocated \$4,500,000 of those funds over the biennium to the University of Texas System for the administration of the statewide stroke clinical research network, Stroke System of Care Coordination (Lone Star Stroke), and ~~\$500,000~~ \$2,000,000 of these funds over the biennium for the Stroke/SEMI (St-Segment Elevation Myocardial Infarction) Data Collection for data collection activities.

**Department of State Health Services
Proposed Rider
Mental Health Peer Support Reentry Pilot**

Prepared by LBB Staff, 3/9/15

Overview

Add a new rider that requires the Department of State Health Services to allocate funding to implement a mental health peer support re-entry program.

Required Action

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

XX. Mental Health Peer Support Re-entry Pilot. Out of funds appropriated above, the Department of State Health Services (DSHS) through a Memorandum of Understanding shall allocate up to \$1,250,000 in General Revenue for the 2016-17 biennium from strategy B.2.1, Mental Health Services for Adults, to implement a mental health peer support re-entry program. DSHS in partnership with Local Mental health Authorities and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. The purpose of this program is to reduce recidivism and to maintain a continuity of care for individuals with a mental illness who are incarcerated in local jails. It is the intent of the Legislature that select Local Mental Health Authorities have an established peer support program.

By Davis

**Department of State Health Services
Proposed Rider
Psychiatric Center Long-term Bed Pilot**

Prepared by LBB Staff, 3/1/15

Overview

Add a new rider that requires the Department of State Health Services to allocate funds for six additional civil beds at the University of Texas Harris County Psychiatric Center.

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 Long-term Bed Pilot. Out of funds appropriated above in strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,200,000 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to fund civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing long-term treatment not to exceed 90 days.

House Sponsor: Rep Sarah Davis

**Department of State Health Services Riders
Revised**

Prepared by Department of State Health Services

House Bill 1, Page II-62

5. Transfers of Appropriation - State Owned Hospitals.

The Department of State Health Services (DSHS) shall transfer from non-Medicaid state appropriated funds the following amounts to the Health and Human Services Commission for the Disproportionate Share Hospital Reimbursement Program:

2014-2016

State Mental Health Hospitals ~~\$215,096,138~~ 158,038,231

Texas Center for Infectious Disease ~~\$5,862,342~~ 5,862,342

~~\$229,829,054~~ ~~220,958,480~~ 163,900,573

2015-2017

State Mental Health Hospitals ~~\$215,096,138~~ 158,038,231

Texas Center for Infectious Disease ~~\$5,862,342~~ 5,862,342

~~\$229,829,054~~ ~~220,958,480~~ 163,900,573

The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Health and Human Services Commission. The Legislative Budget Board is authorized to ~~may~~ adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals including mental health community hospitals. DSHS shall monitor Medicaid utilization rates at these state-owned hospitals to ensure their qualification for the Disproportionate Share Hospital Reimbursement Program.

Purpose:

Updated fiscal years.

Amounts need to be changed based on recent earnings being much lower than prior years.

**Department of State Health Services
Revised Rider**

Prepared by LBB Staff, 3/10/2015

Overview

Amend the rider below to add an annual reporting requirement.

Required Action

On page II-78 of the Department of State Health Services bill pattern, amend the following rider:

- 55. Funding for Abstinence Sexual Education.** It is the intent of the Legislature that funds appropriated in Strategy A.3.3, Abstinence Education, including \$1,231,686 in General Revenue, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:
- a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and
 - b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.

No later than December 1 of each fiscal year, the Department of State Health Services shall submit to the Legislative Budget Board and the Governor's Office a report containing contractor compliance issues related to components A-H of Section 510(b)(2) of the Social Security Act (42 U.S.C. Section 710(b)).

X. 1115 Medicaid Transformation Waiver Distribution Public Reporting. Out of the funds appropriated above, the Health and Human Services shall report to the Legislature and the public the recipients of all funds distributed by the commission for uncompensated care (UC) and delivery system reform incentive payments (DSRIP) under the 1115 Medicaid Transformation Waiver. The commission shall, within 30 days of distributing any funds or otherwise making payments under the 1115 Medicaid Transformation Waiver, publicly report: (1) the recipients of funds for UC and DSRIP, (2) the amount distributed to each recipient, (3) the amount of IGT dollars provided by each transferring entity within the region; and (4) the date such payments were made.

From funds appropriated above, the Commissioner shall allocate \$142,182 in fiscal year 2016 and \$135,309 for fiscal year 2017 in General Revenue to establish the Palliative Care Interdisciplinary Advisory Council and a statewide palliative care consumer and healthcare professional information and education program. The Council shall be made up of health care professionals with experience in palliative care delivery in an inpatient, outpatient or community setting or expertise in interdisciplinary palliative care. The Commission shall consult with the Advisory Council on the implementation of the information and education program.

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

**Health and Human Services Commission
Proposed Rider
Medicaid Managed Care Organization Network Adequacy Action Report**

Prepared by LBB Staff: 3/9/2015

Required Action

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

XX. Medicaid Managed Care Organization Network Adequacy Action Report. Out of funds appropriated above, the Health and Human Services Commission shall report to the Legislature and the public no later than September 1, 2016 containing the number of final disciplinary orders or corrective action plans imposed by the Commission over the last five years based upon violations of the Commission's Medicaid managed care program network adequacy requirements under 1 Tex. Admin. Code § 353.411. For each final disciplinary order or corrective action plan imposed by the Commission based upon a violation of the Commission's Medicaid managed care program network adequacy requirements or accessibility of services standards provisions, the report shall include: the name of the managed care organization, date of the disciplinary order or corrective action plan, disciplinary or corrective action taken, and ground for the violation.

X. Report on Provider Participation in Medicaid and CHIP. Out of the funds appropriated above, the Health and Human Services Commission shall conduct a provider outreach program to determine provider participation in each of the eleven Health and Human Services Regions and identify reasons for non-participation and barriers to provider participation in the Medicaid and CHIP programs. The Commission shall prepare a written report to the Legislature and the public no later than January 1, 2017 identifying the provider participation rates in each of the eleven Health and Human Services Regions and identify the most commonly identified reasons for provider non-participation or barriers to participation in the Medicaid and CHIP programs.

**Health and Human Services Commission
Proposed Rider
Assessment of Single Case Agreements**

Prepared by LBB Staff: 3/9/2015

Required Action

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

XX. Assessment of Single Case Agreements. Out of funds appropriated above, the Health and Human Services Commission shall report to the Legislature and the public no later than September 1, 2016 containing the number of single case agreements between any Medicaid or CHIP managed care organization and a provider over the last five years. For each single case agreement entered between a Medicaid or CHIP managed care organization and a provider over the last five years, the report shall include: the name of the managed care organization, the type of provider, the effective date of the agreement, the term of the agreement, and the services provided under the agreement.

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 195 additional slots at the existing PACE sites in Amarillo, Lubbock, and El Paso 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 195 additional participants at the existing PACE sites in Amarillo, Lubbock, and El Paso.
- 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 ~~\$1,805,922,572,634~~ in General Revenue Funds in fiscal year 2016 and ~~\$5,114,660,322,211~~ 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~~b) 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.

Required Action

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

- _____. **Prescription Drug Therapies.** Out of funds appropriated above, the Health and Human Services Commission shall promote person-centered medical treatment and reduce ineffective and over-utilization of prescription drug therapies in the Medicaid program through increased use, as appropriate, of cost-effective, clinically approved testing that deals with the influence of genetic variations in drug response in patients to assist in physician selection of drugs as needed for specific patients.

Longoria

Sponsor: _____

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

Overview: Rider requires that the Center for Elimination of Disproportionality and Disparities advise HHS agencies on implementing cultural competency training and developing partnerships with community groups and other agencies. The CEDD is directed to help agencies develop and deliver culturally competent services to children and families.

Justification of Changes: *The current version of Rider 64 directs the Center for Elimination of Disproportionality and Disparities and the Interagency Council for Disproportionality and Disparities to submit a report to the Legislature by December 2016. However, the Interagency Council is no longer in existence. A statewide coalition of agency representatives and community leaders has been formed to replace the Council and advise the Executive Commissioner on disproportionality and disparities issues.*

House Bill 1, Page II-113

64. The Center for Elimination of Disproportionality and Disparities Center.

Out of funds appropriated above in Strategy A.2.1, Consolidated System Support, it is the intent of the Legislature that the Center for Elimination of Disproportionality and Disparities (CEDD) shall advise each health and human services agency within Texas Health and Human Services, education, juvenile justice, child welfare, and mental health agency on the implementation of cultural competency training and develop partnerships with community groups and agencies to support the delivery of culturally competency services to children and families. The CEDD shall only contract with entities that have been screened, reviewed, and approved by the executive commissioner of the Health and Human Services Commission. The CEDD and the HHS Statewide Coalition on ~~and the Interagency Council for~~ Addressing Disproportionality and Disparities shall also develop and recommend to the executive commissioner policies and programs for addressing disproportionality and disparities within Texas Health and Human Services agencies, and support collaborative efforts in the education, juvenile justice, child welfare, health and mental health systems to ~~and~~ implement and evaluate equitable those policies and practices statewide. The CEDD and Texas Health and Human Services agencies ~~the Interagency Council for Addressing Disproportionality~~ shall report on the status of these efforts implementation of the policies to the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature by December 1, 2016.

Sponsor: Longoria

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

Overview: This modification would clarify the timeframe for submission of the report.

Justification of Changes: *As written, the report would be submitted prior to finalizing the contract amounts and NAIP component of the PMPM. Contracts are signed 45 days prior to effective date of contract and payments. Proposals are approved prior to this timeframe.*

House Bill 1, Page II-113

Rider 66. Network Access Improvement Program Report. The Health and Human Services Commission (HHSC) shall submit a report each time a new round of Network Access Improvement Program (NAIP) proposals are approved, which includes a list of participating public health related institutions (HRI) and managed care organization (MCO) partnerships, the anticipated amount paid to each MCO by HHSC and the anticipated amount paid to each HRI by an MCO, and a summary of each partnership (including program methodology, targeted goals and performance metrics, and the payment structure). Each report shall be submitted to the Governor and the Legislative Budget Board 45 days prior to contract effective date ~~within 30 days of approving proposals.~~

Sheffield

**Rider
Transfer Authority Schedule Correction
Article II Special Provisions
HHSC**

Purpose: To prevent a premature transfer of funding contingent on the transition of Medicaid program benefits for persons enrolled in TxHmL to the STAR+PLUS program. The current code does not allow this action until certain requirements are met.

*"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."*

To date, these requirements have not been met, as implementation of CFC has been delayed and the pilots have not started (to begin 9-1-2016; end 9-1-2018), it is not possible yet 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."

Recommended Action:

Strike the section below.

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.

Access to Highly Effective Methods of Contraception

Prepared by LBB Staff, 3/10/2015

Overview

Prepare a rider for the Special Provisions of Article II which requires the Health and Human Services Commissions and the Department of State Health Services to use existing appropriations to implement program policies to increase the utilization of long acting contraceptives.

Required Action

On page II-149 of the bill pattern for the Special Provisions for Article II add a new rider:

XX. Access to Highly Effective Methods of Contraception. Out of funds appropriated to the Health and Human Services Commission, HHSC, in collaboration with participating health care providers, shall expeditiously implement program policies to increase the utilization of long acting contraceptives by 10 percent annually. The commission shall develop provider education and training to promote utilization of the most effective forms of contraception, including vasectomy but excluding abortifacients or any other drug or device that terminates a pregnancy. Additionally, the Department of State Health Services, in collaboration with participating health care providers, shall implement program policies, as well as education and training, to promote their usage. HHSC shall ensure providers are reimbursed the cost of acquiring such devices.