

HOUSE COMMITTEE ON APPROPRIATIONS

ARTICLE II RIDERS



House Appropriations Committee Riders - Article II

Adopted

Legislative Budget Board

Health and Human Services Commission, Article II
Proposed Rider
Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals

Prepared by LBB Staff, 03/25/2021

Overview

Add a rider requiring the Health and Human Services Commission to report on the total value and uses of temporary rate increases provided to nursing facilities and hospitals in the 2020-21 biennium.

Required Action

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

_____. **Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall develop a report detailing the total value and uses of COVID-19-related Federal Funds, including Provider Relief Funds, provided directly to nursing facilities and hospitals contracting with HHSC since the beginning of the public health emergency. The report should include any temporary rate increases provided to nursing facilities related to the COVID-19 pandemic. HHSC shall submit the report to the Governor, Legislative Budget Board, and any appropriate standing committee in the Legislature on December 1st and June 1st of each fiscal year. The format and content of the report shall be specified by the Legislative Budget Board and posted on the HHSC website.

Department of Family and Protective Services

Proposed Rider

Family First Transition Act Funds

Prepared by LBB Staff, 03/25/2021

Overview

Direct the use of federal funds received by the Department of Family and Protective Services under the Family First Transition Act.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

_____. **Family First Transition Act Funds.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) is appropriated \$33,873,867 in Family First Transition Act (FFTA) federal funds in the 2022-23 biennium to implement the following programs in an effort to come into compliance with the federal Family First Prevention Services Act (FFPSA):

- (1) \$4,450,000 in Federal Funds in each fiscal year of the biennium in order to pilot FFPSA prevention services coordinated through Child Protective Services;
- (2) \$4,900,000 in Federal Funds in each fiscal year of the biennium to purchase pilot services and interventions for children who are at imminent risk of being removed from the child's home and placed into the conservatorship of DFPS because of a continuing danger to the child's physical health or safety caused by an act or failure to act of a person entitled to possession of the child, but for whom a court of competent jurisdiction has issued an order allowing the child to remain safely in the child's home or in a kinship placement with the provision of family preservation services;
- (3) \$2,600,000 in Federal Funds in each fiscal year of the biennium for the Nurse Family Partnership to expand capacity as allowed by the FFPSA; and
- (4) \$4,986,933 in Federal Funds in fiscal year 2022 and \$4,986,934 in Federal Funds in fiscal year 2023 to add to the DFPS Qualified Residential Treatment Pilot (QRTF) pilot project.

In addition to funds allocated above, DFPS shall report on the progress of increasing the capacity of qualifying community-based prevention and family preservation services, including a full accounting of funds expended. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted by March 31 and September 30 of each fiscal year of the biennium. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's public webpage in order to ensure transparency with the public and stakeholders.

By: _____ Rep. Howard _____

Texas Department of Family and Protective Services
Proposed Rider
Rider __, Volunteer Mentor Coordination

Overview

Add a new rider and funding to establish coordination for volunteer mentors for children in foster care.

Required Action

- 1) Make the following adjustments to the bill pattern for the Texas Department of Family and Protective Services:
 - a. Increase Strategy B.1.2, CPS Program Support, by \$75,000 in each fiscal year
 - b. Increase Appropriated Receipts in the Method of Finance by \$75,000 in each fiscal year
 - c. Increase the limitation on full-time-equivalent positions by 1 FTE;

- 2) Add the following new rider:

XX. Volunteer Mentor Coordination and Access. Appropriations above include an estimated \$75,000 in Appropriated Receipts and 1 FTE in each year of the 2022-23 biennium for the Volunteer Mentor Coordination and Access program. Appropriations are contingent on the Texas Department of Family and Protective Services receiving gifts, grants, and donations pursuant to Article IX section 8.01 of this Act.

To the extent allowed by federal and state law, the Department of Family and Protective Services (DFPS) shall use appropriations referenced above to maintain a coordinated and comprehensive strategy for engaging and collaborating with faith and community based partners providing mentoring and support services to youth in the foster care system. This strategy shall include a full-time equivalent position acting as a volunteer service liaison and single point of contact for public and community partners providing mentoring services, shall ensure established mentor relationships are supported and sustained regardless of the placement of a child within the foster care system (including but not limited to those in juvenile detention, psychiatric hospitals and emergency shelters), and shall liaison with agency initiatives combating human trafficking.

Overview

Amend rider 6, Other Reporting Requirements, to require additional monthly reporting on certain items.

Required Action

On page II-6 of the Department of Family and Protective Services bill pattern, amend the following rider.

6. Other Reporting Requirements.

a. **Monthly Financial Reports.** DFPS shall submit the following information to the Legislative Budget Board and the Governor no later than 30 calendar days after the close of each month:

- (1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.
- (2) A report detailing revenues, expenditures, and balances for earned federal funds as of the last day of the prior month.
- (3) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate.
- (4) A report providing a breakdown of the budgeted versus actual Child Protective Services Direct Delivery Full-time Equivalents (FTE) by case stage and by region.
- (5) Select Child Protective Services performance measures continued from the fiscal year 2017 critical needs reports, as determined by the Legislative Budget Board.
- (6) Any other information requested by the Legislative Budget Board or the Governor.

The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.

b. **Quarterly Updates.** DFPS shall submit the following information to the Legislative Budget Board and the Governor on a quarterly basis for each month in fiscal years 2019 through 2023: program expenditures and projected expenditures by method of finance and performance measure targets for Strategies A.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; B.1.3, TWC Contracted Day Care; B.1.9, Foster Care Payments; B.1.10, Adoption Subsidy/PCA Payments; B.1.11, Relative Caregiver Payments; and D.1.1, APS Direct Delivery Staff. DFPS shall also submit data used to calculate the performance measure actuals for Strategies A.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; and D.1.1, APS Direct Delivery Staff, as well as other statewide intake data related to call abandonment. The reports shall be submitted within 30 days of the end of each fiscal quarter in a format specified by the Legislative Budget Board.

c. **Litigation Involving Child Welfare Services Providers.** DFPS shall notify the Legislative Budget Board and the Governor in a timely manner about any pending litigation against DFPS or against any entity providing child welfare services under contract with DFPS, and the subject matter of the litigation.

d. **Monthly Data and Forecasts.**

- (1) DFPS shall submit actual and projected caseloads and related expenditure amounts to the Legislative Budget Board and the Governor for foster care, adoption assistance, permanency care assistance, relative caregiver, community-

based care, and day care. Data for other programs shall be submitted upon request of the Legislative Budget Board or the Governor. The data shall be submitted in a format specified by the Legislative Budget Board. At the request of the Legislative Budget Board or the Governor supporting documentation detailing the sources and methodologies utilized to develop any caseload or expenditure projections and any other supporting material must be provided.

- (2) DFPS shall provide a report to the legislature and shall publish the report and make the report available electronically to the public not later than the 15th day of each month containing the following information for the preceding month: 1) the regional statistics for children in DFPS care which includes age, sex, ethnic group, disabilities, and the level of services the children receive; statistics showing where children are living compared to their home region and the types of facilities and living arrangements where they were placed; 2) the key staffing and outcome measures for Statewide Intake, Adult Protective Services, Child Protective Investigations, and Child Protective Services; and 3) the total number of reports to Statewide Intake broken down by source; the total number of reports to Statewide Intake that are considered Information and Referrals; the total number of each type of allegation and the number of confirmed cases via an investigation for reports that meet the statutory definition of abuse, neglect, or exploitation; and the total number of exits from CPS custody broken down by exit type. DFPS may work with a third-party entity to help collect, analyze, and report the following data.

Overview

Provide direction to the Department of Family and Protective Services and the Health and Human Services Commission to coordinate efforts regarding the kinship program.

Required Action

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

- ____. **Kinship Care.** It is the intent of the legislature that the Department of Family and Protective Services and the Health and Human Services Commission shall collaborate to streamline the process for kin to become verified foster families and ensure that children and families are provided with financial assistance, including state and federal funding.

Department of Family and Protective Services
Proposed Rider
Faith and Community Based Partner Coordination

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider to direct the Department of Family Protective Services to maintain a coordinated and comprehensive strategy for collaborating with faith and community based partners.

Required Action

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

- _____. **Faith and Community Based Partner Coordination.** It is the intent of the legislature that to the extent allowed by federal and state regulations, and in accordance with Ch. 535 of the Government Code, the Department of Family and Protective Services shall use appropriations included in all Strategies in Goal C, Prevention Programs, to maintain a coordinated and comprehensive strategy for engaging and collaborating with faith and community based partners, including the designation of a single point of contact for public and community partners and the gathering and reporting of information on entity type of vendor as outlined in the Texas Business Organizations Code and the National Taxonomy of Exempt Entities.

Department of Family and Protective Services
Proposed Rider
Capacity Study

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Department of Family and Protective Services to create a study to review current capacity for pregnant and parenting foster youths.

Required Action

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

- _____. **Capacity Study.** Out of funds appropriated above in Strategy B.1.2, CPS Program Support, the Department of Family and Protective Services shall conduct a study to review current capacity and services for pregnant and parenting foster youths. The study shall offer recommendations on how to improve capacity and offer recommendations on where capacity can be improved by geographical region. The report shall be submitted no later than November 1, 2022, to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

By: Reps. M. Gonzales and Rose

Department of Family and Protective Services

Proposed Rider

Transportation Pilot Program Study

Prepared by LBB Staff, 03/23/2021

Overview

The proposed rider would direct the Department of Family and Protective Services to create a study to determine the cost effectiveness of a pilot program for transportation for children and families in the child welfare system.

Required Action

1) On page II-XX of the bill pattern for the Department of Family and Protective Services, add the following rider:

- ____. **Transportation Pilot Program Study.** Out of funds appropriated above in Strategy B.1.8, Other CPS Purchased Services, the Department of Family and Protective Services (DFPS) shall determine if it is cost effective to establish a pilot program to expand transportation options available for children and parents in order to determine if reunification outcomes can be improved by supporting family visitation, and better enabling parents to participate in services required under their plan of service through assistance of Transportation Network Companies. This study shall be submitted no later than December 1, 2022, to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

Overview

Add a rider to direct the Department of State Health Services to use available funding to conduct a health education program to increase awareness concerning the safety and efficacy of COVID-19 vaccines.

Required Action

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

- _____. **COVID-19 Vaccine Awareness Campaign.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall develop and implement a public awareness campaign designed to increase awareness of and educate the public concerning the safety and effectiveness of COVID-19 vaccines that are approved or authorized for emergency use by the United State Food and Drug Administration. In implementing the campaign, DSHS shall seek to disseminate scientific and evidence-based information and combat misinformation with the goal of increasing vaccination rates, particularly in communities with low rates of vaccination. To the extent possible, DSHS shall use available federal funds for this campaign.

Department of State Health Service
Proposed Rider
Schedule I Drug Scheduling

Prepared by LBB Staff, 3/23/2021

Overview

Add a rider that would allow any Schedule I drug that has been posted in the Federal Register as an approved and scheduled product to be immediately available in Texas unless the Executive Commissioner of the Health and Human Services Commission objects.

Required Action

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

- _____. **Schedule I Drug Scheduling.** It is the intent of the Legislature that any prescription drug approved by the federal Food and Drug Administration under Section 505 of the federal Food, Drug and Cosmetic Act that is designated, rescheduled, or deleted as a controlled substance under federal law by the United States Drug Enforcement Administration shall be excluded from Schedule I and shall be prescribed, distributed, dispensed, or used in accordance with federal law upon the issuance of a notice, final rule or interim final rule by the United States Drug Enforcement Administration designating, rescheduling, or deleting as a controlled substance such a drug product under federal law, unless and until the Commissioner publishes an objection pursuant to Tex. Health & Safety Code §481.034 to the extent allowable in federal and state statute. If the Commissioner does not publish an objection, the drug product shall be deemed to be designated, rescheduled, or deleted as a controlled substance in accordance with federal law and in compliance with this chapter.

Department of State Health Services
Proposed Rider
Report on Federal Public Health Funding to Local Health Entities

Prepared by LBB Staff, 3/23/2021

Overview

Add a new rider to require the Department of State Health Services to report on federal funding provided to local health entities

Required Action

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

_____. **Report on Federal Public Health Funding to Local Health Entities.** The Department of State Health Services shall produce a report on the allocation of federal public health funding received from the Centers for Disease Control between January 1st, 2020, to July 1st, 2021, to state programs and local health entities. The report shall be provided to the Governor, Lieutenant Governor, Chair of the House and Senate Finance Committees, Chair of the House Public Health Committee, and Chair of the Senate Health and Human Services Committee by January 31st, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Opioid Treatment Program Central Registry Study

Prepared by LBB Staff, 03/23/2021

Overview

Amend proposed rider to add the proposed reporting requirement to the Health and Human Services Commission's bill pattern.

Required Action

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

- _____. **Opioid Treatment Program Central Registry: Dosing Information.** Out of funds appropriated, the Health and Human Services Commission (HHSC) shall evaluate the feasibility and costs associated with including patient dosage information in the opioid treatment program central registry. In this evaluation, HHSC shall consider best practices for maintaining confidentiality while making database content available where appropriate, to ensure continuity of care in circumstances in which a patient's usual Narcotic Treatment Program is unavailable. HHSC shall report findings and recommendations to the Governor, the Legislative Budget Board, and permanent committees in the House and Senate with jurisdiction over health and human services by September 1, 2022.

Health and Human Services Commission, Article II

Proposed Rider

Rates: Intermediate Care Facilities and Certain Waiver Providers

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider providing information regarding Medicaid rates for intermediate care facilities and certain waiver providers.

Required Action

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

- _____. **Rates: Intermediate Care Facilities and Certain Waiver Providers.** Included in amounts appropriated above in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Strategy A.3.1. Home and Community-based Services (HCS), is funding to maintain rate increases authorized by House Bill 1, Eighty-Sixth Legislature, Health and Human Services Commission Rider 44, Rate Increases: Intermediate Care Facilities and Certain Waiver Providers, through the 2022-2023 biennium. It is the intent of the Legislature that:
- (a) Rates for these programs not be realigned through the Biennial Rate Review process during the 2022-2023 biennium, and
 - (b) HHSC, in collaboration with stakeholders, evaluate the rate setting methodology for these programs in order to develop reimbursement methodologies that more accurately reflect the costs of services and report back to the Eighty-eighth Legislature.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Family Violence Services

Prepared by LBB Staff, 03/23/2021

Overview

Add Temporary Assistance for Needy Families (TANF) federal funding and rider to the Health and Human Services Commission's bill pattern identifying amounts included for enhanced services in the Family Violence Program in House Bill 1 as Introduced.

Required Action

1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.1, Family Violence Services, by \$3,750,000 in TANF Federal Funds in fiscal year 2022 and by \$3,750,000 in TANF Federal Funds in fiscal year 2023.

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

_____. **Enhanced Capacity for Family Violence Services.** Included in the amounts appropriated above in Strategy F.3.1, Family Violence Services, is \$2,750,000 in General Revenue and \$3,750,000 in Federal Funds in each year of the 2022-23 biennium. It is the intent of the Legislature that funding shall provide enhanced capacity for shelter services and legal, mental health, housing, and economic stability services to victims of family violence.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Child Advocacy Centers

Prepared by LBB Staff, 03/23/2021

Overview

Add Temporary Assistance for Needy Families (TANF) federal funding for Child Advocacy Centers and amend rider at the Health and Human Services Commission's bill pattern to identify funding provided.

Required Action

1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.2, Child Advocacy Centers, by \$10,948,063 in TANF Federal Funds in fiscal year 2022 and by \$10,948,063 in TANF Federal Funds in fiscal year 2023.

2) On page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:

53. Funding for Child Advocacy Center Programs and Court-Appointed Special Advocate Programs.

- (a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$13,484,082 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, ~~and \$5,000,000 in General Revenue - Dedicated Sexual Assault Program Account No. 5010,~~ and \$10,948,063 in Federal Funds in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.
- (b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$9,835,578 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$13,500 in License Plate Trust Fund Account No. 0802 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.
- (c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining as of August 31, 2022, are appropriated for the same purposes for the fiscal year beginning September 1, 2022.
- (d) No later than December 15 of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, services provided and the number of children for whom the services were provided, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Compensation to Victims of Crime Fund Account No. 0469 and General Revenue - Dedicated Sexual Assault Program Account No. 5010, oversight activities conducted

relating to the child advocacy programs, and an analysis of the effectiveness of the contracts awarded in subsections (a) and (b). The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

Overview

Amend Health and Human Services Commission (HHSC) Rider 16, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, to require HHSC to submit a report regarding transition from the Delivery Services Reform Incentive Payment (DSRIP) program.

Required Action

On page II-61 of the Health and Human Services Commission bill pattern, amend the following rider:

16. **Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), supplemental payments where the source of the non-federal share is Local Provider Participation Funds (LPPF), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, and any successor programs. In addition, HHSC shall gather information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use.

(a) HHSC shall report quarterly:

- (1) Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and
 - (2) Expenditures made in the previous quarter, aligning expenditure reporting with the CMS-64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
 - (A) the recipients of funds by program;
 - (B) the amount distributed to each recipient;
 - (C) the date such payments were made; and
 - (D) all mandatory payments to an LPPF, including the amounts for each particular use.
- (b) Intergovernmental transfers (IGTs) of funds from institutions of higher education are appropriated to HHSC for the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.

- (c) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.
- (d) From funds appropriated elsewhere in the act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report of the audit's findings annually by June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.
- (e) (HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.
- (f) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.
- (g) HHSC shall also evaluate the impact, by provider type and class, of transitioning Delivery System Reform Incentive Payment funding available under the federal Healthcare Transformation and Quality Improvement Waiver to successor programs and propose and implement solutions to address reductions in funding for providers including public and rural hospitals as well as any inequities across provider types and classes resulting from such. HHSC shall report on the evaluation, findings and recommendations, including an implementation plan, to the Governor, the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the members of the Senate Finance Committee and House Appropriations Committee by October 1, 2021.

By Howard

**Health and Human Services Commission
Women’s Health Programs Savings and Performance Report**

Overview

Update existing annual cost savings and performance report prepared by Health and Human Services Commission to include Healthy Texas Women Plus and to incorporate results of policies designed to reduce enrollment gaps between Health Texas Women and other Medicaid or CHIP programs.

Required Action

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

37. Women's Health Programs: Savings and Performance Reporting.

The Health and Human Services Commission shall submit an annual report on the Healthy Texas Women (HTW), Healthy Texas Women Plus (HTW Plus), Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due MayAugust 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information for each program:

- (a) Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;
- (b) Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
- (c) Descriptions of all outreach activities undertaken for the reporting period, including those focused on recruiting new specialty provider types;
- (d) The total number of providers, by geographic region and by provider type, enrolled in each program ~~HTW and FPP networks~~, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers;
- (e) The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;
- (f) The number of program clients with a paid claim, detailed by provider type;

g) The number of eligible clients who received FPP services after the provider exhausted the contracted funds awarded to provide FPP services (i.e funds gone) and the amount of FPP funds that would have been reimbursed for these services if additional FPP funds had been available during the fiscal year;

(fh) The count of women in HTW and FPP receiving a long-acting reversible contraceptive;

(gi) The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity;

(hj) Total expenditures, by method of finance and program; and

(k) Results of policies designed to reduce enrollment gaps, including but not limited to the nNumber of unduplicated women automatically or administratively -enrolled into HTW from other Medicaid programs or the Children's Health Insurance Program, recommendations for further reducing enrollment gaps, and any impacts to funding resulting from procedural denials and enrollment gaps in HTW for Pregnant women .

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than ten percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

By: Rep. Darby

Health and Human Services Commission, Article II

Proposed Rider

Appropriation of Receipts: Certificate of Public Advantage Fees

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider to the Health and Human Services Commission bill pattern providing appropriation authority for fees related to certificates of public advantage.

Required Action

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

_____. **Appropriation of Receipts: Certificate of Public Advantage Fees.** In addition to the amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy H.1.1, Facility/Community-based Regulation, HHSC is appropriated any revenue (estimated to be \$0) collected pursuant to Texas Health and Safety Code, Chapter 314A and deposited to the credit of the General Revenue Fund. These funds shall only be used to review and monitor merger agreements in compliance with Health and Safety Code, Chapter 314A.

By: Rep. Capriglione

Health and Human Services Commission, Article II

Proposed Rider

Access to Federal Data Services Hub

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider directing the Health and Human Services Commission to use data from the Federal Data Services Hub when completing Medicaid eligibility determinations and redeterminations.

Required Action

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

- _____. **Access to Federal Data Services Hub.** To the extent allowable under state and federal law and regulations, the Health and Human Services Commission (HHSC) shall request a consumer report containing employment and income information through the Centers for Medicare and Medicaid Services Federal Data Services Hub for Medicaid eligibility determinations and redeterminations in order to achieve cost savings, improve timeliness, and minimize fraud.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Study on Mental Health Continuum of Care for Children and Adolescents

Overview

Require the Health and Human Services Commission to contract with a medical school or other qualified partner to complete a study on ways to improve the quality and efficiency of the continuum of care for children and adolescents in Texas with serious mental illness or serious emotional disturbance, including those with intellectual and developmental disabilities and/or Autism Spectrum Disorders.

Required Action

On page II-70 of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Study on Mental Health Continuum of Care for Children and Adolescents.** The Health and Human Services Commission shall contract with a medical school or other qualified partner to complete a study on ways to improve the quality and efficiency of the continuum of care for children and adolescents in Texas with serious mental illness/serious emotional disturbance, and/or substance abuse disorder, including those with intellectual and developmental disabilities and/or Autism Spectrum Disorders. The study shall include services under the purview of the following areas within HHSC: Medicaid & CHIP Services, the Office of Mental Health Coordination, and Intellectual and Developmental Disability & Behavioral Health Services. The study shall include the Medicaid state option to provide services in Psychiatric Residential Treatment Facilities for children and adolescents (as defined in Section 483.354 of the Code of Federal Regulations, Title 42) as well as community-based care options such as youth crisis/respite stabilization units and multisystemic therapy. The study shall include the following: comparison of various methods of covering residential treatment in Medicaid, options regarding licensing of Psychiatric Residential Treatment Facilities, potential focus populations for any treatment options, and fiscal impact analysis. The Commission shall submit the results of the study to the Legislature by December 1, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Nursing Home Workforce and Quality

Prepared by LBB Staff, 03/23/2021

Overview

Before the COVID-19 pandemic, Texas nursing homes faced a workforce shortage that threatened quality of care and patient safety. The disproportionate impact of COVID-19 in nursing homes has exacerbated staffing challenges and created an urgent need to examine the workforce shortage and direct-care staffing levels, along with reforms that promote resident well-being, health and safety.

Required Action

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

_____. **Nursing Home Workforce & Quality Task Force.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall study the workforce shortage in nursing homes and delivery of care in Texas nursing facilities. In conducting the study, HHSC shall:

- (a) evaluate the current workforce shortage and direct care staffing;
- (b) develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high-quality, cost-effective health care including:
 - (1) workforce engagement and advancement models;
 - (2) job supports and incentives;
 - (3) training and educational initiatives;
 - (4) wages and benefits;
 - (5) licensure and certification rules.
- (c) examine and develop recommendations for nursing home reforms, including:
 - (1) implementing new care models;
 - (2) optimizing nursing home size and configurations to foster resident wellness and infection control;
 - (3) increasing clinical presence in nursing homes; and
 - (4) appropriate nursing home staffing to meet the needs of the resident population.

Not later than November 1, 2022, HHSC shall submit the study to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House of Representatives.

Overview

Add a rider directing the Health and Human Services Commission to design a Quality Incentive Payment Program for Medicaid Community Care providers.

Required Action

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

- _____. **Community Care Quality Incentive Payment Program.** Out of funds appropriated above in all Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall design a statewide voluntary Quality Incentive Payment Program (QIPP) for Medicaid Community Care providers modeled after the Texas Nursing Facility QIPP. HHSC shall, in collaboration with Community Care providers and other stakeholders, develop the program design, including selection of performance measures; develop a funding methodology, including proposed budget, method of finance, and payment structure for awarding incentive payments; and determine the required federal approvals needed for the proposed funding methodology. HHSC shall explore all opportunities to use non-state funding sources for the program. HHSC shall submit a report on program design, including goals and performance measures, and the funding methodology to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, the Governor, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022.

Health and Human Services Commission
Clear Process for Including Prescription Drugs on the Texas Drug Code Index

Overview

The "clear process" rider was negotiated and included in the budget for the 85th and 86th Legislative Sessions to clarify the process and timeframe for which HHSC includes prescription drugs on the Texas Drug Code Index.

HHSC established a more transparent process and timeline which has been effective. Inclusion of the rider in the budget is intended to ensure the clear process remains.

Keeping the clear process rider in the proposed biennial budget maintains consistency and ensures the transparent process continues in its current form at HHSC, while also providing the opportunity for timely access to medication and treatments.

Required Action

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

____. **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.** The Texas Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children's Health Insurance Programs. In maintaining the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board notification, and making the product available, does not extend past the 90th day of receipt of the completed application for coverage on the Texas Drug Code Index. After the applicable Drug Utilization Review Board meeting and approval by the HHSC Executive Commissioner, HHSC will complete the public posting of medical policies associated with the product.

Health and Human Services Commission, Article II
Proposed Rider
STAR Health Psychiatric Rate Evaluation

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Health and Human Services Commission to conduct an evaluation of the rate methodology and payment rate for psychiatric services provided to child served by the STAR Health Program.

Required Action

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

_____. **STAR Health Psychiatric Rate Evaluation.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall complete an evaluation of the rate methodology and payment rate for psychiatric services provided to children enrolled in STAR Health. The evaluation shall be conducted in coordination with a work group convened by HHSC comprised of stakeholders with knowledge of the foster care population and their behavioral health needs. The evaluation shall examine whether the rate of reimbursement for psychiatric services under STAR Health:

- (a) impacts access to psychiatric and other mental health services;
- (b) impacts provider network requirements;
- (c) contributes to psychiatrists leaving the program;
- (d) contributes to the workforce shortages of psychiatrists within the program, considering rural and urban variations;
- (e) results in higher occurrence of potentially preventable events; and
- (f) other factors that are impede access to psychiatric and other mental health services.

Not later than September 1, 2022, HHSC shall report on the findings and recommendations to improve access to psychiatric and other mental health services provided by STAR Health and include any recommendations for changes to the rate methodology and payment rate. The report shall be submitted to the Governor, Lieutenant Governor, Speaker of the House, Chair of the Senate Finance Committee, Chair of the House Appropriations Committee, standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and the Legislative Budget Board.

By Howard

Health and Human Services Commission
**CHIP Contract and Administration: Maximize CHIP Administration Fund for
Outreach and Enrollment**

Overview

The following action adds a new rider that directs the Health and Human Services Commission to identify new ways to utilize existing CHIP administration funding to improve outreach and help enroll eligible, uninsured children in health coverage.

Required Action

On page II 69 of the Health and Human Services Commission bill pattern, add the following rider:

_____ . CHIP Contract and Administration: Maximize CHIP Administration Fund for Outreach and Enrollment. HHSC shall evaluate current total expenditures of CHIP administrative funds, provide information regarding any unexpended funds, and provide this information in a report to the Legislative Budget Board, the Office of the Governor, and the Legislature no later than December 1, 2021. HHSC shall also seek recommendations from health care providers, children's health care advocates, family members of children enrolled in the medical assistance program, and other stakeholders on three to five outreach and enrollment strategies that maximize CHIP administrative funds to make sure the state is reaching and enrolling hard-to-reach eligible children. HHSC will collect recommendations no later than September 30, 2021. Implementation plans for at least two outreach and enrollment strategies using above funds shall be included in the report due to the legislature on December 1, 2021. Implementation of the plans shall begin no later than August 31, 2022.

By Rep. Johnson, Julie

Health and Human Services Commission
Access to Long-acting Reversible Contraception

Overview

Reinstate a rider directing HHSC increase access to LARCs and explore federal funding opportunities through the HTW Section 1115 Demonstration Waiver

Required Action

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

XX. Access to Long-acting Reversible Contraception Devices.

- (a) Out of funds appropriated in Strategy D.1.1, Women's Health Programs, the Health and Human Services Commission (HHSC) may implement program policies to increase access to long-acting reversible contraception (LARC).
- (b) Contingent upon approval by HHSC shall work with the Centers for Medicare and Medicaid Services (CMS) to determine if of the HTW Section 1115 Demonstration Waiver, HHSC shall work with CMS to determine if LARC bulk purchasing can be added to the waiver and receive federal matching funds may be amended to include administrative funding at the 90 percent federal matching rate to maintain an inventory of LARCs for providers who furnish covered medical assistance for eligible individuals (i.e., bulk purchasing).

By: Dean

Health and Human Services Commission, Article II
Proposed Rider
Equity in Payments

Prepared by LBB Staff, 03/23/2021

Overview

To direct the Health and Human Services Commission to maintain equity in impact between non-state government hospitals and non-government hospitals.

Required Action

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

_____. **Equity in Payments.** In crafting and implementing fee-for service supplemental and managed care directed payment programs, the Health and Human Services Commission (HHSC) shall strive to maintain equity in impact between non-state government hospitals and non-government hospitals. Equity for these purposes is defined as the aggregate percentage of the cost of services provided by hospitals to Medicaid and uninsured patients that is covered by all Medicaid payments, including supplemental and directed payments, net of intergovernmental transfers or provider taxes paid by those providers.

By: Dean, Julie Johnson, and Rose

Health and Human Services Commission, Article II
Proposed Rider
Telemedicine, Telehealth, and Audio Only Behavioral Health Services

Overview

The transmission of COVID-19 has made face-to-face interactions with health care providers problematic. For mental health, telemedicine and telehealth allow for nearly all routine and office-based specialty services to be delivered just as effectively (or in some cases more effectively) as in-person visits. Since March 20, 2020, Governor Abbott and the Health and Human Services Commission (HHSC) have issued and renewed a series of waivers authorizing [certain behavioral health services](#) to be reimbursed in Medicaid when delivered by telemedicine, telehealth, or telephone (audio only). These waivers are critical to the behavioral health safety net as some providers have reported less than 10 percent of billing occurring for face-to-face services. These flexibilities have also modernized the treatment dynamic and should be continued at least for the FY 2022-23 biennium. This rider is not expected to increase costs as there has been a shift from in-person services and, according to HHSC, “net utilization decreased.”

Required Action

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

XX. Claims for Behavioral Health Services. Out of funds appropriated above in all Strategies in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall authorize providers to submit claims for dates of services through August 31, 2023 for reimbursement of the following behavioral health services delivered by telemedicine, telehealth, or telephone (audio only): Psychiatric Diagnostic Evaluation; Psychotherapy; Peer Specialist Services; Screening, Brief Intervention, and Referral to Treatment; Substance Use Disorder Services; Mental Health Rehabilitation; and Mental Health Targeted Case Management.

Health and Human Services Commission, Article II
Proposed Rider
Institutions of Mental Disease Exclusion Waiver

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider directing the Health and Human Services Commission to seek a Section 1115 Demonstration Waiver from the Centers for Medicare and Medicaid Services to receive federal financial participation for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.

Required Action

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

_____. **Institutions of Mental Disease Exclusion Waiver.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall prepare and submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.

Health and Human Services Commission, Article II
Proposed Rider
Funding for Healthy Texas Women Program

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider directing HHSC to request authority to transfer GR funds to Healthy Texas Women in the event that federal HHS reinstates policies that impact the continued viability of the federal Medicaid 1115 waiver, and directing HHSC to utilize any lapsed state General Revenue funds for purposes of programs in Strategy D.1.1.

Required Action

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

- _____. **Funding for Healthy Texas Women Program.** In the event the Centers for Medicare and Medicaid Services (CMS) implements changes to the HTW Section 1115 Demonstration Waiver that result in the loss of federal matching funds appropriated above in Strategy D.1.1, Women’s Health Programs, the Health and Human Services Commission (HHSC) shall seek approval to transfer funds from other sources prior to making any reductions to Healthy Texas Women service levels.

By Howard

Health and Human Services
CHIP Contract and Administration: CHIP Health Services Initiatives (HSI)

Overview

The following action adds a new rider that directs the Health and Human Services Commission to maximize state dollars through the use of available federal CHIP administrative funds for CHIP Health Services Initiatives to improve children's health.

Required Action

On page II-69 of the Health and Human Services Commission bill pattern, add the following rider:

_____ . CHIP Contract and Administration Funds: CHIP Health Services Initiative (HSI). From funds appropriated above in Strategy B.1.2, CHIP Contracts and Administration, HHSC shall work with health care providers, children's advocates, family members of children enrolled in the medical assistance program, and other stakeholders to gather recommendations for CHIP Health Services Initiatives (HSI) aimed at improving child health with a focus on initiatives with proven outcomes and return on investment. The agency will work with stakeholders listed above to explore initiatives targeting newborns to improve child outcomes, develop partnerships to facilitate better coordination with schools and child care centers serving low-income children, and develop initiatives in regions of the state with high rates of mixed status families. The agency will determine the amount of funds available for CHIP HSI based on the current budget and expected expenditures. Assuming funds are available under the 10% CHIP administrative funds cap, and the initiatives will not impact direct client services funding, HHSC shall develop and submit a plan for federal approval of at least two HSIs to improve child health no later than December 1, 2021. One HSI shall seek to improve outcomes for children by support strategies that provide voluntary short term home nursing visitation for newborn caregivers.

Health and Human Services Commission, Article II
Proposed Rider
Informational Listing: Women's Health Funding

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider identifying appropriations for women's health programs.

Required Action

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

_____. **Informational Listing: Women's Health Funding.** This rider is informational only and does not make any appropriations. Appropriations above in Strategy D.1.1, Women's Health Programs, include the following:

- (a) Healthy Texas Women (HTW) Program: \$37,339,148 in General Revenue Funds and \$75,949,024 in Federal Funds (\$113,288,172 in All Funds) in fiscal year 2022 and \$38,090,332 in General Revenue Funds and \$78,525,444 in Federal Funds (\$116,615,776 in All Funds) in fiscal year 2023;
- (b) Family Planning Program (FPP): \$41,760,459 in General Revenue Funds and \$1,880,728 in Federal Funds (\$43,641,187 in All Funds) in fiscal year 2022 and \$42,278,085 in General Revenue Funds and \$1,880,728 in Federal Funds (\$44,158,813 in All Funds) in fiscal year 2023;
- (c) Breast and Cervical Cancer Services (BCCS): \$2,583,599 in General Revenue Funds and \$8,132,056 in Federal Funds (\$10,895,655 in All Funds) in each fiscal year; and
- (d) Administration: \$4,537,948 in General Revenue Funds and \$2,021,937 in Federal Funds (\$6,559,885 in All Funds) in each fiscal year.

Nothing in this provision shall be construed to limit the Health and Human Services Commission's authority to transfer appropriations within Strategy D.1.1, Women's Health Programs.

Overview

Add a rider indicating the Legislature's intent for the Health and Human Services Commission (HHSC) to not implement a nursing facility payment model to replace the Resource Utilization Group methodology unless HHSC ensures sufficient funds are available to ensure payments remain at the levels in place on August 31, 2021.

Required Action

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

- _____. **Nursing Facility Payment Methodology.** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) not deploy a nursing facility payment model to replace the Resource Utilization Group methodology unless HHSC ensures that sufficient funds are available to ensure payments remain at or above the levels in place on August 31, 2021. This provision does not apply to those facilities that primarily serve children.

Health and Human Services Commission, Article II
Proposed Rider
Limitations on Usual and Customary Calculations for Pharmacy Reimbursement

Overview

The following language adds a new rider stating the legislature intends that HHSC modify its requirements for pharmacies seeking reimbursement from the Medicaid Vendor Drug Program (“VDP”).

A 2020 reimbursement policy change by the VDP would make Texas the first state to require pharmacies to include pharmacy discount cards prices and membership club discount prices in a pharmacy’s Usual and Customary (“U&C”) price calculations. An unintended consequence of the policy change is that pharmacies could halt the acceptance of pharmacy discount cards or membership club discounts in order to obtain a higher U&C price. As Texas consumers not on Medicaid have saved billions of dollars by relying on the use of pharmacy discount cards prices and membership club discounts, the VDP policy change could raise drug costs at the pharmacy and harm millions of Texans not on Medicaid, including the uninsured, underinsured, those on Medicare and others.

Required Action

On page II-XXX of the Health and Human Services Commission’s (HHSC) bill pattern, add the following new rider:

- _____. **Limitations on Usual and Customary Calculations for Pharmacy Reimbursement.** It is the intent of the legislature that HHSC shall not require pharmacies to include the price paid by consumers through third-party discount plans or pharmacy discount membership programs when determining a pharmacy's Usual and Customary (UAC) price calculation for Medicaid reimbursement.

Health and Human Services Commission, Article II
Proposed Rider
Transforming Pediatric Care

Prepared by LBB Staff, 03/23/2021

Overview

Add a new rider requiring the Health and Human Services Commission to evaluate interventions in the Medicaid program that improve the quality of care for three priority children populations.

Required Action

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

_____. **Transforming Pediatric Care.** Out of funds appropriated above, the Health and Human Services Commission shall evaluate interventions to improve the quality of care delivered to:

- (a) children with behavioral health conditions;
- (b) children with medically complex conditions; and
- (c) children transitioning from pediatric care to adult care.

Not later than October 1, 2022, HHSC shall submit a report on the evaluation to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House of Representatives.

By: Krause

March 2021

**Article II
Health & Human Services Commission
Proposed New Rider**

Relative Caregiver Program – Ensuring Access to Care

Proposed Action

Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission.

Rider Language

Relative Certified Nurse Aide (CNA) Program. Out of existing funds, the Health and Human Services Commission (HHSC) shall submit a report on the of the feasibility of establishing a relative certified nurse aide program in Medicaid. The feasibility analysis shall be based on the premise that only a recipient or legally authorized representative (LAR) of a recipient shall be allowed to choose whether to receive care under PDN program and/or CNA program. The agency shall obtain input from the STAR Kids Managed Care Advisory Committee established by the executive commissioner under Section 531.012 and any other relevant provider, consumer, and state agency in conducting this analysis. The report should consider the adequacy of existing agency and individual caregiver training and licensure requirements as well as the amount, duration and scope, and reimbursement rates of a potential Relative CNA program. HHSC shall submit the report to the Governor, Chair of House Appropriations Committee, Chair of Senate Finance Committee, Speaker of the House, and Lieutenant Governor by September 1, 2022.

Overview

Add a rider directing the Health and Human Services Commission to conduct an analysis of provider payments as they relate Medicaid and CHIP managed care organization rates.

Required Action

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

- _____. **Review of Provider Payments.** Out of funds appropriated above in Goal B, Medicaid and CHIP Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct an analysis of provider payments as they relate to Medicaid and Children's Health Insurance Program (CHIP) managed care organization (MCO) rates. HHSC shall be able to request any information needed from the MCOs to complete the analysis. In conducting the analysis, HHSC shall:
- (a) out of all rates paid to non-physician providers by MCOs, review rates that make up the top 25 percent of spending;
 - (b) compare rates set by HHSC to the actual rate paid by MCOs to non-physician providers;
 - (c) compare appropriations made by the Legislature for specific rates to the actual rate paid by MCOs to non-physician providers; and
 - (d) for each rate paid by an MCO to a non-physician provider that varies from rates identified in subsections (b) or (c) by more than five percent, collect an explanation from the MCO regarding the reason for the variation.
- HHSC shall submit a report of findings to the Governor, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives not later than September 1 each year.

Health and Human Services Commission, Article II
Proposed Rider
Periodic Income Checks: Children's Medicaid

Overview

The following action adds a new rider that directs the Health and Human Services Commission to evaluate and report on the impact and efficiency of periodic income checks in Children’s Medicaid.

Required Action

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

- _____. **Report on Periodic Income Checks: Children's Medicaid.** From funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the number of children whose Medicaid health coverage is impacted by periodic income checks, including the number of children whose Medicaid is terminated due to a procedural reasons, and the number of children who are transferred to CHIP (the child health plan program under Health and Safety Code, Chapter 62). Starting January 1, 2022, data on the impact of periodic income checks shall be made available on the HHSC website on a quarterly basis. HHSC shall submit an annual report with recommendations to improve the percentage of children enrolled in Medicaid who maintain 12 months of uninterrupted health coverage, due September 1 of each year, starting September 1, 2022, to the Commissioner of HHSC, Governor, Legislative Budget Board, Speaker of the House, Lieutenant Governor, and members of the Senate Finance Committee and House Appropriations.

Health and Human Services Commission, Article II
Proposed Rider
Rate Setting to Improve Health Outcomes

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider requiring the Health and Human Services Commission to submit a report regarding rate setting strategies that support Medicaid managed care plans and their network providers in addressing barriers to good health.

Required Action

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

- _____. **Rate Setting to Improve Health Outcomes.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall explore rate setting strategies that support Medicaid managed care plans and their network providers in addressing barriers to good health such as lack of nutritious food and unstable housing. The strategies shall include:
- (a) how to classify certain health-related services and programs such as food access as covered benefits under the state's Medicaid plan;
 - (b) exploring financing social supports that cannot be classified as Medicaid benefits through Section 1115 Demonstration waivers;
 - (c) using value-based payments or incentives;
 - (d) defining social investments as quality improvement activities and including these costs in the non-benefit portion of Texas' Medicaid managed care rates; and
 - (e) proposing higher profit and risk margins and/or lower medical loss ratios to plans that demonstrate the positive impact of social investments on medical costs.

HHSC shall include Medicaid managed care plans, their network providers, and other relevant stakeholders in the process of developing these strategies and provide a report on their recommendations to the Governor, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives not later than May 1, 2022.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Step-down Housing Report

Prepared by LBB Staff, 03/17/2021

Overview

Add new rider at the Health and Human Services Commission requiring a study on step-down housing services for individuals with a serious mental illness.

Required Action

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

XX. Study on Step-Down Housing. Out of funds appropriated above, the Health and Human Services Commission shall study the efficacy and efficiency of the step-down services in diverting individuals from the state mental health hospital inpatient system into the community. The study shall identify:

- (a) Barriers in transitioning individuals out of the state mental health hospital inpatient system;
- (b) Best practices in providing step-down housing to individuals with complex psychiatric needs;
- (c) Potential funding sources to continue and expand services; and
- (d) Strategies to establish step-down housing programs in rural or remote counties.

HHSC shall submit study findings to the Senate Committee on Finance, the House Committee on Appropriations, the Legislative Budget Board, the Governor, the Lieutenant Governor, the Speaker of the House, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022.

Overview

Add a rider requiring the Health and Human Services Commission to conduct a study on assisted living facility residents' quality of care and quality of life.

Required Action

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

_____. **Study of Assisted Living Facility Resident Quality of Care and Resident Satisfaction.** Out of funds appropriated above in Strategy H.1.1, Facility/Community-based Regulation, the Health and Human Services Commission (HHSC) shall conduct a study of assisted living facility (ALF) residents' quality of care and quality of life. In conducting the study, HHSC shall review at least 30.0 percent of ALFs in the state, and include facilities of various licensed capacities and license types. HHSC shall conduct onsite case reviews of the care of ALF residents and interviews with residents, facility staff, and long-term care ombudsmen.

HHSC shall prepare a report that includes an evaluation of facility policies, including policies that relate to residents' rights, and facility disclosure statements. The report will also evaluate preventable occurrences and any adverse outcomes related to issues including medication errors, inappropriate use of antipsychotic medication, falls, inappropriate placement in a locked unit, and healthcare-acquired infections. HHSC shall submit the report to the Governor, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives not later than December 1, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Access to Care and Network Adequacy Study for Durable Medical Equipment
Supplies and Services

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider requiring the Health and Human Services Commission to submit a report regarding access to durable medical equipment supplies and services in Medicaid.

Required Action

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

_____. **Medicaid Access to Care and Network Adequacy Study for Durable Medical Equipment Supplies and Services.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC), in consultation and collaboration with the STAR Kids Advisory Committee and the State Medicaid Managed Care Advisory Committee, shall conduct a study of barriers to timely access to durable medical equipment (DME) supplies and services, including access to providers, sub-specialty providers, providers of pediatric specialty care, providers of complex rehabilitation technology, communications technology, and other sub-specialty providers of DME supplies and services within the STAR, STAR Kids, STAR Health, and STAR+PLUS Programs. In conducting the study, HHSC shall consider:

- (a) experiences of other states in addressing network adequacy and appropriate access to medically necessary care for individuals with complex medical needs, including travel time and distance standards set by current state and federal guidelines;
- (b) factors affecting access to care, including geographic location and proximity to patients; local offices, clinical support staff, and other local resources; ability to provide clinical services on an emergency basis with a maximum of two hours response time; capability of providers to provide a broad spectrum of appropriate specialty services, supplies and equipment for medically complex patients; minimizing burden on caregivers and patients; and eliminating fragmentation of providers of subspecialty services, equipment, and supplies; provider networks must ensure recipients have a choice of at least three providers capable of providing the same specialty services within the geographic region.

HHSC shall submit a report with the results of the study to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House of Representatives not later than September 1, 2022. The report shall identify issues and barriers in Texas Medicaid that delay or deny access to DME supplies and services. The report shall also include recommendations to improve timely access to DME supplies and services.

Health and Human Services Commission, Article II
Proposed Rider
Child Care Accessibility and Affordability Study

Prepared by LBB Staff, 03/10/2021

Overview

Add a rider directing the Health and Human Services Commission to conduct a study regarding child care accessibility and affordability.

Required Action

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

XX. Child Care Accessibility and Affordability Study. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a report regarding child care accessibility and affordability.

(a) While developing the report, HHSC shall consult the following individuals:

- (1) Two child development professionals who are licensed to practice in this state, one of whom must specialize in early childhood education;
- (2) One representative of a state employee organization described in Government Code Sec. 403.0165;
- (3) One representative of an organization representing the interested of licensed child-care facilities;
- (4) One social worker licensed to practice in this state;
- (5) One community advocate for child care workers;
- (6) One representative of the business community in this state;
- (7) One representative of or director of a private child care facility;
- (8) One home-based child care provider; and
- (9) One state employee who is a parent of not less than one school-aged child.

(b) In consultation with the individuals identified in subsection (a), HHSC shall:

- (1) conduct a cost-benefit analysis of the accessibility and affordability of child care in this state;
- (2) develop recommendations to incentivize employer-supported child care;
- (3) create a cost-estimate model to project the cost of providing safe, accessible, and affordable child care to anyone in the state who needs to use child care;
- (4) identify regions of the state in which child care is less accessible than in the state at large, and recommendations for improving the availability of child care in those regions, including:

- (A) proposing policies that will address racial, ethnic, and any geographic disparity and proportionality in the delivery of child care services; and
 - (B) identifying opportunities to streamline the child care licensing requirements and to facilitate development and construction of additional child care facilities.
- (5) conduct a survey of state employees to better understand the barriers to accessing and affording child care; and
- (c) Not later than December 31, 2022, HHSC shall submit a report to the Governor, Lieutenant Governor, Speaker of the House, and members of the legislature. The report shall include:
 - (1) a summary of the accessibility and affordability of child care to state employees, as determined by the survey in subsection (b)(5); and
 - (2) a plan to provide accessible and affordable child care to all families in this state by the year 2030.

By Rep. Howard

Health and Human Services Commission
CHIP Client Services Funding

Overview

The following action adds a new rider that directs the Health and Human Services Commission to evaluate expenditures within the CHIP program.

Required Action

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

_____. **CHIP Allotment Review.** HHSC shall evaluate current total expenditures of CHIP funds, provide information regarding any unexpended or carry over funds, and provide this information in a report to the Legislative Budget Board, the Office of the Governor, and the Legislature no later than December 1, 2021. The report shall include the number of clients served in the program, any change in the number clients served, any funding shortfalls in client services and MOF used to fund client services.

By __Rep. Johnson, Julie__

Health and Human Services Commission

Report on Continuity of Care for Women Aging Out of CHIP and Medicaid

Overview

Examine policies designed to reduce enrollment gaps between Healthy Texas Women and other Medicaid or CHIP programs and identify opportunities to improve continuity of care for this population.

Required Action

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

XX. Report on continuity of care for women aging out of CHIP and Medicaid

Out of funds appropriated above in Strategy D.1.1, Women's Health Services, the Health and Human Services Commission shall report by August 1, 2022 on the number of individuals aging out of Medicaid and CHIP coverage who are able to maintain coverage under another Medicaid program, including Healthy Texas Women (HTW), through the agency's administrative renewal process. The report will include the number of individuals determined ineligible through the administrative renewal process because documentation was not received. HHSC shall develop recommendations to improve connecting individuals aging out of Medicaid or CHIP to enrollment in Healthy Texas women. The report shall evaluate the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into HTW.

By: Rep. Dominguez and Julie Johnson

Health and Human Services Commission

Medicaid Dialysis Cost Effectiveness Study

OVERVIEW

The large prevalence in Texas of diabetes and hypertension has also caused a crisis in the number of persons needing dialysis services due to kidney failure. Generally, the best management of this condition is through routine dialysis three times per week to preserve kidney function and quality of life as much as possible, which can be done at an end stage renal disease facility or in some instances at home.

However, Texas Medicaid currently only allows persons with emergency Medicaid to receive dialysis if they show up in the emergency room. This means they come when they are acutely ill and often need costly inpatient care in addition to dialysis. In an effort to reduce costs and improve quality, some states have provided flexibility about where people with emergency Medicaid can receive dialysis. Rendering this care in the emergency room limits hospital emergency room capacity and contributes to urban trauma centers going on medical diversion, which puts the rest of the community at-risk. The COVID-19 Pandemic has also made managing this patient population highly problematic in over-run emergency rooms.

This rider directs HHSC to look at alternative models for providing dialysis services to see if it would be more cost effective and improve quality to provide care in locations other than the hospital emergency room or outpatient department, and if so, implement the findings in their analysis.

Required Action

On page XX of Health and Human Services Bill Pattern, add the following new rider

____. **Medicaid Dialysis Cost Effectiveness Study.** (a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in consultation with stakeholders, shall conduct a study regarding the most cost effective and clinically appropriate methods to deliver dialysis services under the Medicaid program.

(b) In conducting the study, HHSC must consider:

(1) the Medicare End-Stage Renal Disease (ESRD) Treatment Choices (ETC) model and whether savings could be achieved through increased utilization of home dialysis;

(2) value-based purchasing models for dialysis services;

(3) innovative models of delivering services to persons with renal disease, including those that may have been developed under the Delivery System Reform Incentive Program (DSRIP) to serve Medicaid recipients and the uninsured;

(4) alternatives to providing dialysis to persons under emergency Medicaid to improve cost effectiveness and quality and reduce hospitalizations; and

(5) the manner in which other states have been able to modify implementation of their Medicaid program to increase options in providing dialysis.

(c) HHSC shall submit a report with the results of the study to the Legislative Budget Board and Governor not later than December 1, 2022.

(d) If the study determines that it is cost effective to make changes to coverage and sites of service for dialysis, HHSC may pursue any necessary federal waivers or amendments to implement the report's findings.

Health and Human Services Commission, Article II
Proposed Rider
Feasibility of Postpartum Medicaid Expansion

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider requiring the Health and Human Services Commission to evaluate the feasibility and cost effectiveness of extending Medicaid coverage for women to 12 months postpartum through a state plan amendment.

Required Action

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

_____. **Feasibility of Postpartum Medicaid Expansion.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the feasibility and cost effectiveness of extending Medicaid coverage for women up to 12 months postpartum through a state plan amendment as authorized by the federal American Rescue Plan Act of 2021. HHSC shall submit a report of findings to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House of Representative not later than August 1, 2022. If feasible and cost effective, HHSC may work with the Centers for Medicare and Medicaid Services to identify opportunities to support extension of postpartum Medicaid coverage.

Health and Human Services Commission, Article II
Proposed Rider
Study Private Insurance Coverage of Early Childhood Intervention Services

Prepared by LBB Staff, 03/23/2021

Overview

The following action adds a new rider that directs HHSC to study the feasibility of requiring private insurers to reimburse participants for early intervention services.

Required Action

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

- _____. **Study Private Insurance Coverage of Early Childhood Intervention Services.**
Out of funds appropriated above in Strategy D.1.4, ECI Respite and Quality Assurance, the Health and Human Services Commission shall study the feasibility of requiring private insurers to reimburse participants for early intervention services. HHSC should work with the Early Childhood Intervention (ECI) Advisory Committee, early intervention service providers, advocacy groups, the Texas Department of Insurance, and representatives of private insurance companies to conduct the study. HHSC should present its findings and recommendations to the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, the standing legislative committees with primary jurisdiction over ECI, and the ECI Advisory Committee no later than September 1, 2022.

Overview

Add a rider requiring the Health and Human Services Commission to submit a report on the health outcomes and cost-efficiency of providing Medicaid coverage to women throughout inter-conception.

Required Action

On page II-67 of the Health and Human Services Commission bill pattern, add the following rider:

- _____. **Reporting Requirement: Medicaid Coverage throughout Inter-conception.** Out of funds appropriated above, the Health and Human Services Commission shall evaluate the health outcomes and cost-efficiency of providing Medicaid coverage to women throughout inter-conception. HHSC shall submit a report of findings to the Governor, Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives not later than May 1, 2022.

Health and Human Services Commission, Article II
Proposed Rider
9-8-8 Study

Prepared by LBB Staff, 03/18/2021

Overview

Add rider at the Health and Human Services Commission to study implementation of the suicide hotline.

Required Action

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

- XX. Study Related to 9-8-8 Implementation.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall study the adequacy and efficacy of existing National Suicide Prevention Lifeline (NSPL) infrastructure in Texas to determine state preparedness to comply with federal National Suicide Hotline Designation Act of 2020 (S. 2661). The study shall identify the adequacy of existing NSPL infrastructure, strategies to improve linkages between NSPL infrastructure and crisis response services, and strategies to improve access to mental health crisis and suicide response. The study shall also make recommendations for sources of sustainable funding for NSPL infrastructure and crisis response services. HHSC shall prepare and submit findings and recommendations to the Senate Committee on Finance, the House Committee on Appropriations, the Legislative Budget Board, the Governor, the Lieutenant Governor, the Speaker of the House, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Rare Disease Therapy Readiness Study

Overview

This rider requires the Health and Human Services Commission to conduct a study related to therapies for rare disease.

Required Action

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

- _____. **Rare Disease Therapy Readiness Study.** Out of funds appropriated above, the Agency shall study its readiness and ability to provide innovative therapies for rare disease diagnoses to the full extent allowable for eligible beneficiaries in programs offering medical or pharmaceutical benefits, including through the use of alternative payment models. After completing the study, the agency shall report its findings to the legislature, including any identified barriers to the provision of these therapies, no later than November 30, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Managed Care Denial and Appeals Process

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Health and Human Services Commission to submit a report regarding the denial and appeals process in Medicaid managed care.

Required Action

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

- _____. **Medicaid Managed Care Denial and Appeals Process.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC), in consultation and collaboration with the STAR Kids Advisory Committee and the State Medicaid Managed Care Advisory Committee, shall conduct a study of the denial and appeals process, including but not limited to, the administrative hearing process within the managed care networks for the STAR Kids, STAR Health, and STAR+PLUS Programs. In conducting the study, HHSC shall consider:
- (a) outcomes for patients;
 - (b) the percentage of denials that are upheld or overturned on appeal over the last seven years;
 - (c) the current appeals process's impact on access to care and continuity of care for patients;
 - (d) best practices, experiences and outcomes in other states;
 - (e) qualifications of hearing officers;
 - (f) timeliness of the review process;
 - (g) the denial notification process for families, including whether the family is able to timely request an appeal;
 - (h) the knowledge of families, caregivers and recipients of their right to request continuation of service, pending appeal; and
 - (i) the burden of the appeals process on caregivers and patients and families.

HHSC shall submit a report of the study's findings to the Governor, Legislative Budget Board, Lieutenant Governor, and the Speaker of the House of Representatives not later than December 11, 2022. The report shall also include steps the agency has taken to implement Government Code § 531.024164, and a detailed timeline and plan for implementing the provisions of the statute by March 1, 2022.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Home Health Personal Assistance COVID-19 Impact Study

Overview

The following action would require that the Health and Human Services Commission conduct a study to assess the impact of COVID-19 on the continuity of home health personal assistance services and the availability of such services for individuals in a residence or independent living environment in need of these services.

Required Action

On page II-142 of the Health and Human Services Commission bill pattern, add the following rider:

- _____. **Home Health Personal Assistance COVID-19 Impact Study.** The Health and Human Services Commission shall conduct a study to assess the impact of COVID-19 on the continuity of home health personal assistance services and the availability of such services for individuals in a residence or independent living environment in need of these services. This study shall assess the impact of COVID-19 on the number of available personal assistance service providers, and any resulting or existing shortage of such providers; assess the impact of COVID-19 on the turnover rate for personal assistance service providers; and identify and assess whether COVID-19 disproportionately affected the shortages or turnover rate of personal assistance service providers in any geographic region(s) in this state. Not later than September 1, 2022, the Health and Human Services Commission shall prepare and submit to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and each standing committee of the Senate and House of Representatives having jurisdiction over public health, a written report on the results of the study and any recommendations for legislative or other action.

Article II, Special Provisions Related to All Health and Human Services Agencies

Proposed Rider Federal Medical Assistance Percentage

Prepared by LBB Staff, 03/19/2021

Overview

Add rider directing Article II agencies to assume the increase to the Federal Medical Assistance Percentage (FMAP) throughout the duration of the COVID-19 public health emergency.

Required Action

1) On page II-XX of Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

- ____. **Increase to Federal Medical Assistance Percentage (FMAP).** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) utilize the 6.2 percentage point increase to FMAP to the extent allowable by the federal government throughout the duration of the COVID-19 public health emergency.

House Appropriations Committee Riders - Article II

Article XI

Legislative Budget Board

RIDER REQUEST

Member Name: Rep. Howard

Affected Agency: Department of Family & Protective Services

Purpose: Increase line item budget for Nurse Family Partnership by \$2,200,000 per year for 2022 and 2023.

Amount Requested (if applicable): \$4.4 million over the biennium

Method of Finance (if applicable): General Revenue

Rider Language:

34. Texas Home Visiting Program and Nurse Family Partnership Program. Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C.1.5, Home Visiting Programs, is:

(a) \$294,319 in General Revenue Funds and \$17,509,136 in Federal Funds in each fiscal year for services in the Texas Home Visiting Program; and

(b) ~~\$4,170,899~~ \$6,370,899 in General Revenue Funds and \$12,265,549 in Federal Funds in each fiscal year for services in the Nurse Family Partnership Program.

(c) Support costs for these programs are included in Strategy C.1.6, At-Risk Prevention Program Support, and are not included in subsections (a) through (b).

Department of Family and Protective Services
Proposed Rider and Funding
Home Visiting Programs for Early Childhood Intervention

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider which appropriates \$X for the purposes of implementing the provisions of Senate Bill 1079, contingent upon its enactment.

Required Action

- 1) On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$1,500,000 in General Revenue in 2022-23 biennium
- 2) On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

____. **Home Visiting Programs for Early Childhood Intervention.** From funds appropriated above in Strategy C.1.5, Home Visiting Programs, the Department of Family and Protective Services (DFPS) shall allocate \$750,000 in General Revenue in each fiscal year of the 2022-23 biennium to an organization which provides two-generational early childhood intervention for families of children ages 0-5 living in rural areas of the state. Any unexpended balances available as of August 31, 2022, are hereby appropriated to fiscal year 2023 for the same purpose. DFPS shall require the organization to provide the following:

- (a) Bi-weekly home visits by trained early childhood staff from the community;
- (b) Instruction in the family's home to the child and family that supports developmental growth, early literacy and numeracy, and home-school connections; and
- (c) A book bag exchange that includes age-appropriate books and training for the parents in dialogic reading.

Department of State Health Services
Proposed Funding and Rider
Alzheimer's Disease Program

Overview

Add funding and a new rider at the Department of State Health Services to replace the agency's five percent reduction to the Alzheimer's Disease program.

Required Action

- 1) On page II-XX of the Department of State Health Services' bill pattern, increase appropriations in Strategy A.3.1, Chronic Disease Prevention, by \$500,000 in General Revenue Funds in each fiscal year of the 2022-23 biennium.
- 2) On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____. **Alzheimer's Disease Program.** Out of the amounts appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services shall expend \$500,000 in General Revenue in each fiscal year for the Alzheimer's Disease Program.

Department of State Health Services, Article II
Proposed Rider and Funding
Regional Advisory Councils and EMS providers

Overview

The following action increases General Revenue appropriations to the Department of State Health Services by \$406,927 to maintain level funding in 2022-23 for Regional Advisory Councils and EMS providers. Regional Advisory Councils and EMS providers have been first responders in the COVID-19 crisis. HB 1 reduces funding for both due to the agency’s 5% required reduction in GR and GR-D funds. For RACs, the biennial reduction is \$315,246, slightly over 3%, and for EMS, the biennial reduction is \$91,681. At least level funding will help the trauma system continue its response to COVID-19 surges and be prepared for day-to-day needs and the next unplanned, extreme event.

Required Action

On page II-24 of the Department of State Health Services bill pattern, increase General Revenue appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$135,657 in fiscal year 2022 and \$271,270 in fiscal year 2023.

Department of State Health Services
Proposed Funding and Rider
Medical Child Abuse Resources and Education System (MedCARES)

Prepared by LBB Staff, 03/18/2021

Overview

Add funding and a new rider at the Department of State Health Services to add \$5,961,606 in General Revenue for the Medical Child Abuse Resources and Education System (MedCARES) over the biennium. Established in 2009, MedCARES provides grants to hospitals and academic health centers to support regional programs to improve the prevention, assessment, diagnosis, and treatment of child abuse and neglect.

Required Action

- 1) On page II-XX of the Department of State Health Services' bill pattern, increase appropriations in Strategy B.1.1, Maternal and Child Health, by \$2,980,803 in General Revenue Funds in each fiscal year of the 2022-23 biennium.
- 2) On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____. **Medical Child Abuse Resources and Education System (MedCARES).** Out of the amounts appropriated above in Strategy B.1.1, Maternal and Child Health, the Department of State Health Services shall expend \$2,980,803 in General Revenue in each fiscal year on the MedCARES program.

By _____ Rep. Howard _____

**Department of State Health Services
State Immunization Registry Updates and Notifications**

Overview

Add rider allocating \$10,000,000 in Federal Funds from the American Rescue Plan for information technology updates to ImmTrac2, the state's immunization registry, and other one-time notification costs.

Required Action

On page II-XX of the Department of State Health Services bill pattern, add the following new rider.

_____. **State Immunization Registry Notifications and Upgrades.** Contingent on the receipt of federal funds by the State of Texas pursuant to H.R. 1319 - 117th Congress, the American Rescue Plan Act of 2021, the Department of State Health Services (DSHS) is appropriated \$10,000,000 in Federal Funds for the purpose of one-time information technology upgrades, staff augmentation, and mailing, postage, and other costs affiliated with notifying individuals that their immunization information has been included in the state's immunization registry.

DSHS shall not use any Federal Funds on non-one-time expenditures. Federal Funds not utilized for allowable expenditures by September 1, 2024 shall be returned to the Comptroller of Public Accounts for the purpose of reallocation by the Legislative Budget Board.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intellectual and Developmental Disabilities Waiver Interest Lists

Prepared by LBB Staff, 03/18/2021

Overview

Increase appropriations to the Health and Human Services Commission (HHSC) for the purpose of the agency revising the *Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists* and implementing the revised questionnaire. Add a rider identifying the purpose of the appropriation and directing HHSC to evaluate the implementation of a “no wrong door” approach for waiver programs.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$147,422 in General Revenue Match for Medicaid Account No. 758 and \$147,422 in Federal Funds in fiscal year 2022 and \$87,422 in General Revenue Match for Medicaid Account No. 758 and \$87,422 in Federal Funds in fiscal year 2023.
- 2) On page II-44 of the HHSC bill pattern, increase appropriations to Strategy I.2.1, Long-term Care Intake & Access, by \$294,844 in fiscal year 2022 and \$174,844 in fiscal year 2023.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Intellectual and Developmental Disabilities (IDD) Waiver Interest Lists.**

- (a) Included in amounts appropriated above in Strategy I.2.1, Long-term Care Intake & Access, is \$60,000 in General Revenue Funds and \$60,000 in Federal Funds in fiscal year 2022 for the Health and Human Services Commission (HHSC) to revise the *Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists* to capture information necessary to determine the types of service individuals need and when the services are needed in order to ensure the individual’s health and safety in the least restrictive setting. In revising the questionnaire, HHSC shall consult appropriate stakeholders, including the Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee.
- (b) Included in amounts appropriated above in Strategy I.2.1, Long-term Care Intake & Access, is \$87,422 in General Revenue Funds and \$87,422 in Federal Funds in each fiscal year for HHSC to administer the revised questionnaire developed pursuant to subsection (a) to all individuals on IDD waiver interest lists.
- (c) Out of funds appropriated above, HHSC shall evaluate the use of available technology to create a “no wrong door” approach, allowing individuals access to an online portal for requesting interest list placement and providing current interest list questionnaire information.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Community Mental Health Services

Prepared by LBB Staff, 03/25/2021

Overview

Add funding and rider at the Health and Human Services Commission concerning community mental health services.

Required Action

1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services - Adults, by \$500,000 in General Revenue in fiscal year 2022 and by \$500,000 in General Revenue in fiscal year 2023.

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

XX. Community Mental Health Services. It is the intent of the Legislature that \$500,000 in General Revenue in each fiscal year of the biennium that is appropriated above in Strategy D.2.1, Community Mental Health Services – Adults, shall be used, to the extent allowable by state or federal law, to provide funding to eligible clinics that provide primary health care and community mental health care services in the north Dallas metropolitan area serving people who live in Addison, Carrollton, Coppell, Farmers Branch, and northwest Dallas.

Overview

This rider provides additional General Revenue Funds for HHSC to provide grants to fund ketamine infusion therapy for 250 veterans of the United States Armed Forces diagnosed with treatment-resistant post traumatic stress disorder and to provide a report on those treatments.

Required Action

1. On Page II-40 of the Health and Human Services Commission bill pattern, increase funding in Strategy D.2.6., Community Mental Health Grant Programs, by \$1,700,000 in fiscal year 2022.

2. On page II-118 of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Treatment-Resistant PTSD Pilot Program Rider.**

(a) Out of funds appropriated above in Strategy D.2.6 Community Mental Health Grant Programs, the Health and Human Services Commission (HHSC), \$1,700,000 in fiscal year 2022 shall be used to provide grants, in consultation with stakeholders, for ketamine infusion therapy for 250 veterans of the United States Armed Forces diagnosed with treatment-resistant post traumatic stress disorder.

(b) Out of funds appropriated above in Strategy D.2.6 Community Mental Health Grant Programs, the Health and Human Services Commission, in consultation with stakeholders, shall prepare and deliver a report with the results of the Treatment-Resistant PTSD pilot program to the House of Representatives, the Senate, and the Governor not later than December 1, 2022.

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider

Information Technology Modernization

Prepared by LBB Staff, 03/17/2021

Overview

Provide \$10,000,000 in General Revenue Funds and \$90,000,000 in Federal Funds (\$100,000,000 in All Funds) in fiscal year 2022 in Strategy L.1.2, IT Oversight and Program Support, and related capital budget authority for the Health and Human Services Commission to modernization the agency's information technology. Add a rider to identify the purpose of the appropriation.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$10,000,000 in General Revenue Match for Medicaid Account. No 758 and \$90,000,000 in Federal Funds in fiscal year 2022.
- 2) On page II-44 of the HHSC bill pattern, increase appropriations in Strategy L.1.2, IT Oversight and Program Support, by \$100,000,000 in fiscal year 2022.
- 3) On page II-52 of the HHSC bill pattern, increase capital budget authority by \$10,000,000 in General Revenue Funds and \$90,000,000 in Federal Funds.
- 4) On page II-XX of the HHSC bill pattern, add the following rider:

_____. **Information Technology Modernization.** Included in amounts appropriated above in Strategy L.1.2, IT Oversight and Program Support, is \$10,000,000 in General Revenue Funds and \$90,000,000 in Federal Funds (\$100,000,000 in All Funds) in fiscal year 2022 for the Health and Human Services Commission (HHSC) to maximize efficacy and ensure successful and timely implementation of information technology modernization initiatives. HHSC shall identify and utilize an external support organization that has the experience and expertise to provide holistic end-to-end solutions, inclusive of data management and analytic platforms, system integration, data management methodologies, enterprise data integration, master data management, and enriched analytics to support cost, utilization, and quality metrics for improved outcomes and quality of care.

Health and Human Services Commission, Article II

Proposed Rider

Community Mental Health Hospitals

Prepared by LBB Staff, 03/23/2021

Overview

Add rider to the Health and Human Services Commission's bill pattern allowing the agency to use available and allowable federal funds to purchase additional inpatient psychiatric beds.

Required Action

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

- _____. **Additional Mental Health Community Hospital Beds.** In addition to amounts appropriated above in Strategy G.2.2, Mental Health Community Hospital, and to the extend allowed by federal law, an additional \$10,000,000 in available federal funds identified by the Health and Human Services Commission, such as the COVID relief stimulus package, is appropriated for additional state-purchased inpatient psychiatric beds. It is the intent of the Legislature that the funds be used to purchase the additional beds to address the needs of counties with a population of 2,000,000 or higher in the northeast region of Texas.

Overview

Appropriate funding to the Health and Human Services Commission to implement a pilot program to provide access to emergent and urgent clinical care services via telemedicine by board certified emergency room physicians who have specialized training in intellectual and developmental disabilities to individuals enrolled in certain waiver programs or residing in certain facilities. Add a rider to identify the purpose of the appropriation.

Required Action

1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$13,500,000 in Federal Funds in each fiscal year.

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

_____. **Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.** Out of amounts appropriated above in Goal A, Medicaid Client Services, and to the extent that funds are available for the purpose of this rider, \$13,500,000 in Federal Funds in each year of the fiscal year for the Health and Human Services Commission shall be used to implement a pilot program to provide access to emergent and urgent clinical care services via telemedicine by board certified emergency room physicians who have specialized training in intellectual and developmental disabilities (IDD) for any individual receiving services through the Home and Community-based Services (HCS), Texas Home Living (TxHML), Community Living Assistance Services and Support (CLASS), and Deaf-Blind Multiple Disabilities (DBMD) waivers, and individuals residing in Intermediate Care Facilities for Individuals with IDD (ICF/IIDs) and State-Supported Living Centers (SSLCs). The pilot shall be evidence-based and aim to improve health outcomes for the IDD population by reducing unnecessary emergency room visits and treating individuals in place.

3) Adjust agency totals and method of finance totals accordingly.

Health and Human Services Commission, Article II
Proposed Rider
Update Medical Education Add-on for Urban Teaching Hospitals

Prepared by LBB Staff, 03/17/2021

Overview

Increase appropriations to the Health and Human Services Commission (HHSC) for the Indirect Medical Education (IME) add-on by \$1,134,480 in General Revenue Match for Medicaid Account No. 758 and \$1,765,520 in Federal Funds in fiscal year 2022 and \$1,132,450 in General Revenue Match for Medicaid Account No. 758 and \$1,767,550 in Federal Funds in fiscal year 2023. Add a rider directing HHSC to update the IME add-on methodology, upon request of a teaching hospital, using the most recently available Medical Education Adjustment Factor from the Centers for Medicare and Medicaid Services.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$1,134,480 in General Revenue Match for Medicaid Account No. 758 and \$1,765,520 in Federal Funds in fiscal year 2022 and \$1,132,450 in General Revenue Match for Medicaid Account No. 758 and \$1,767,550 in Federal Funds in fiscal year 2023.
- 2) One page II-41 of the HHSC bill pattern, increase appropriations Goal A, Medicaid Client Services, by \$2,900,000 in fiscal year 2022 and \$2,900,000 in fiscal year 2023.

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

_____. **Update Medical Education Add-on for Urban Teaching Hospitals.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall, upon request of a teaching hospital, update of the teaching hospital's Centers for Medicare and Medicaid Services Medical Education Adjustment Factor used to calculate the Indirect Medical Education add-on.

- 3) Adjust agency totals, method-of-finance totals, and performance measures accordingly.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Program of All-Inclusive Care for the Elderly

Prepared by LBB Staff, 03/12/2021

Overview

Add funding and rider at the Health and Human Services Commission to expand the Program of All-Inclusive Care for the Elderly.

Required Action

- 1) On page II-41 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy A.3.5, All-Inclusive Care – Elderly (PACE), by \$6,745,808 in General Revenue and \$10,498,077 in Federal Funds in fiscal year 2022 and by \$13,491,616 in General Revenue and \$21,057,977 in Federal Funds in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Program of All-Inclusive Care for the Elderly Program Growth. Included in amounts appropriated above in Strategy A.3.5, All-Inclusive Care – Elderly (PACE), is \$6,745,808 in General Revenue and \$10,498,077 in Federal Funds in fiscal year 2022 and \$13,491,616 in General Revenue and \$21,057,977 in Federal Funds in fiscal year 2023 for the purpose of one expansion site.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Pediatric Long-term Care Facility Rate Increase

Prepared by LBB Staff, 03/17/2021

Overview

Increase appropriations to the Health and Human Services Commission (HHSC) by \$1,418,621 in General Revenue Match for Medicaid No. 758 and \$2,207,710 in Federal Funds in fiscal year 2022 and \$1,557,690 in General Revenue Match for Medicaid No. 758 and \$2,431,274 in Federal Funds in fiscal year 2023 in Goal A, Medicaid Client Services, for HHSC to revise the reimbursement methodology for pediatric long-term care facilities to mirror that of Medicare reimbursement. Add a rider identifying the purpose of the appropriation.

Required Action

1. On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$1,418,621 in General Revenue Match for Medicaid No. 758 and \$2,207,710 in Federal Funds in fiscal year 2022 and \$1,557,690 in General Revenue Match for Medicaid No. 758 and \$2,431,274 in Federal Funds in fiscal year 2023.
2. On page II-41 of the HHSC bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$3,626,331 in fiscal year 2022 and \$3,988,964 in fiscal year 2023.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Pediatric Long-term Care Facility Rate Increase.** Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$1,418,621 in General Revenue Funds and \$2,207,710 in Federal Funds in fiscal year 2022 and \$1,557,690 in General Revenue Funds and \$2,431,274 in Federal Funds in fiscal year 2023 to revise the reimbursement methodology for pediatric long-term care facilities to mirror that of Medicare reimbursement.

4. Adjust method-of-finance totals, agency totals, and performance measures accordingly.

Health and Human Services Commission, Article II

Proposed Funding and Rider Court-Appointed Special Advocates

Prepared by LBB Staff, 03/17/2021

Overview

Add funding and amend rider at the Health and Human Services Commission for court-appointed special advocates.

Required Action

- 1) On page II-43 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy F.3.2, Child Advocacy Programs, by \$2,250,000 in General Revenue in fiscal year 2022 and \$2,250,000 in General Revenue in fiscal year 2023.
- 2) On page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:
 53. **Funding for Child Advocacy Center Programs and Court-Appointed Special Advocate Programs.**
 - (a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$13,484,082 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$5,000,000 in General Revenue - Dedicated Sexual Assault Program Account No. 5010 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.
 - (b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is ~~\$9,835,578~~\$12,085,578 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$13,500 in License Plate Trust Fund Account No. 0802 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.
 - (c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining as of August 31, 2022, are appropriated for the same purposes for the fiscal year beginning September 1, 2022.
 - (d) No later than December 15 of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, services provided and the number of children for whom the services were provided, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Compensation to Victims of Crime Fund Account No. 0469 and General Revenue - Dedicated Sexual Assault Program Account No. 5010, oversight activities conducted relating to the child advocacy programs, and an analysis of the effectiveness of the

contracts awarded in subsections (a) and (b). The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Center for the Elimination of Disproportionality and Disparities

Prepared by LBB Staff, 03/23/2021

Overview

Add funding and rider to the Health and Human Services Commission's bill pattern concerning the Center for the Elimination of Disproportionality and Disparities.

Required Action

1) On page II-44 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.1.1, HHS System Supports, by \$2,250,000 in General Revenue in fiscal year 2022 and by \$2,250,000 in General Revenue in fiscal year 2023.

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

_____. **Center for Elimination of Disproportionality and Disparities.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Executive Commissioner of the Health and Human Services Commission (HHSC) shall set aside \$2,250,000 in General Revenue and any unobligated and unexpended funds in each fiscal year of the biennium within Strategy L.1.1, HHS System Supports, to implement cultural competency training, collect disaggregated community health data, and house the Center for Elimination of Disproportionality and Disparities (CEDD) to develop partnerships with community groups and agencies to support the delivery of cultural competency services to children and families under Health and Safety Code Sec. 107A.001.

It is the intent of the Legislature that the CEDD shall advise each health and human services agency within Texas Health and Human Services (HHS) on the implementation of cultural competency training, collect disaggregated community health data from HHSC benefits systems, and house the Office of Minority Health to develop partnerships with community groups and agencies to support the delivery of cultural competency services to children and families.

The CEDD shall also lead the HHS Statewide Coalition on Addressing Disproportionality and Disparities to 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 education, juvenile justice, child welfare, health and mental health systems to implement and evaluate equitable policies and practices statewide.

The CEDD and Texas Health and Human Services agencies shall report on the status of these efforts to the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature by December 1, 2022.

Any unexpended balances within Strategy L.1.1, HHS System Supports, as of August 31, 2022, are appropriated for fiscal year beginning September 1, 2022 for the same purposes.

Health and Human Services Commission, Article II

Proposed Funding and Rider

Hospital Payments

Prepared by LBB Staff, 03/17/2021

Overview

Provide \$23,497,005 in General Revenue Funds and \$37,502,488 in Federal Funds (\$60,999,493 in All Funds) in fiscal year 2022 and \$24,079,672 in General Revenue Funds and \$38,383,809 in Federal Funds (\$62,463,481 in All Funds) in fiscal year 2023 to the Health and Human Services Commission (HHSC) to increase reimbursement for Medicaid services provided by rural hospitals. Amend HHSC Rider 9, Hospital Payments, to identify appropriations for this purpose.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$23,497,005 in General Revenue Account No. 758, Match for Medicaid, and \$37,502,488 in Federal Funds in fiscal year 2022 and \$24,079,672 in General Revenue Account No. 758, Match for Medicaid, and \$38,383,809 in Federal Funds in fiscal year 2023.
- 2) On page II-41 of the HHSC bill pattern, increase appropriations in Strategy A.1.1, Aged and Medicare-Related, by \$60,999,493 in fiscal year 2022 and \$62,463,481 in fiscal year 2023.
- 3) On page II-58 of the HHSC bill pattern, amend the following rider:
 9. **Hospital Payments.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategies in Goal A, Medicaid Client Services, is ~~\$59,464,818~~\$82,961,823 in General Revenue Funds, \$98,978,587 in Interagency Contracts, and ~~\$244,412,951~~\$281,915,439 in Federal Funds (~~\$402,856,356~~\$463,855,849 in All Funds) in fiscal year 2022 and ~~\$56,464,008~~\$80,513,680 in General Revenue Funds, \$98,978,587 in Interagency Contracts, and ~~\$252,173,545~~\$290,557,354 in Federal Funds (~~\$407,586,140~~\$470,049,621 in All Funds) in fiscal year 2023 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:
 - (a) \$70,794,000 in Interagency Contracts and \$109,206,000 in Federal Funds in fiscal year 2022 and \$68,634,000 in Interagency Contracts and \$111,366,000 in Federal Funds in fiscal year 2023 for trauma care;
 - (b) \$30,810,413 in General Revenue Funds, \$28,184,587 in Interagency Contracts, and \$91,005,000 in Federal Funds in fiscal year 2022 and \$26,850,413 in General Revenue Funds, \$30,344,587 in Interagency Contracts, and \$92,805,000 in Federal Funds in fiscal year 2023 for safety-net hospitals;
 - (c) \$11,799,000 in General Revenue Funds and \$18,201,000 in Federal Funds in fiscal year 2022 and \$11,439,000 in General Revenue Funds and \$18,561,000 in Federal Funds in fiscal year 2023 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
 - (d) \$11,484,360 in General Revenue Funds and \$17,715,640 in Federal Funds in fiscal year 2022 and \$12,773,550 in General Revenue Funds and

\$20,726,450 in Federal Funds in fiscal year 2023 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor; ~~and~~

- (e) \$5,371,045 in General Revenue Funds and \$8,285,311 in Federal Funds in fiscal year 2022 and \$5,371,045 in General Revenue Funds and \$8,715,095 in Federal Funds in fiscal year 2023 for rural hospitals to maintain increases to inpatient rates in addition to those identified in subsection (d)-; and
- (f) \$23,497,005 in General Revenue Funds and \$37,502,488 in Federal Funds in fiscal year 2022 and \$24,079,672 in General Revenue Funds and \$38,383,809 in Federal Funds in fiscal year 2023 to increase reimbursement for Medicaid services provided by rural hospitals.

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in subsection (b) that targets the state's safety-net hospitals, including those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

For purposes of subsections (c), (d), (e) and (f), rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.

- 4) Adjust article totals, method-of-finance totals, and performance measures accordingly.

Health and Human Services Commission, Article II and Health-Related Provisions, Article IX

Proposed Funding and Rider Project Baby Dillo

Prepared by LBB Staff, 03/18/2021

Overview

Add funding at the Health and Human Services Commission for a critically ill newborn whole genome sequencing demonstration. Add rider in Article IX directing use of the funds and requiring a report.

Required Action

- 1) On page II-42 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.10, Additional Specialty Care, by \$2,000,000 in General Revenue in fiscal year 2022 and by \$2,000,000 in General Revenue in fiscal year 2023.
- 2) On page IX-XX of the Article IX bill pattern, add the following rider:

XX. Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing (WGS) Demonstration.

- (a) Included in funds appropriated elsewhere in this Act, the Health and Human Services Commission is appropriated \$4,000,000 in General Revenue for the one-time purpose of demonstrating improved clinical outcomes and cost savings associated with the utilization of Whole Genome Sequencing for low-income neonatal and pediatric intensive care patients. To administer the demonstration, HHSC shall expend \$2,000,000 per year with the University of Texas Health Science Center at Houston for program administration, clinical referral partners, and sequencing. The University of Texas Health Science Center at Houston shall coordinate with the Baylor College of Medicine Human Genome Sequencing Center, the Health and Human Services Commission, the Department of State Health Services, participating clinical referral sites within Texas, and patient representatives to collaborate on the development and implementation of the demonstration.
- (b) The agencies shall meet quarterly to carry out coordination activities as described above.
- (c) The agencies shall submit a report to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the standing committee of each house of the Legislature with primary jurisdiction over pediatric health issues and post on its Internet website a written report no later than December 1, 2022, describing:
 - 1) the activities and objectives of the demonstration, including an analysis of the cost effectiveness of the activities and a description of the health outcomes achieved and anticipated for cases;
 - 2) the health-related institutions of higher education and participating clinical referral partners that receive funding under the demonstration; and
 - 3) any recommendations based on the activities of the demonstration, including recommendations related to improving the availability of genetic services and workforce.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Community Mental Health and Supportive Services

Prepared by LBB Staff, 03/25/2021

Overview

Add funding and rider at the Health and Human Services Commission concerning community mental health services.

Required Action

1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services - Adults, by \$2,000,000 in General Revenue in fiscal year 2022 and by \$2,000,000 in General Revenue in fiscal year 2023.

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

XX. Community Mental Health and Supportive Services. It is the intent of the Legislature that \$2,000,000 in General Revenue in each fiscal year of the biennium that is appropriated above in Strategy D.2.1, Community Mental Health Services – Adults, shall be used, to the extent allowable by state or federal law, to provide funding to eligible clinics that provide community mental health care services and other support services to low income children, families, and seniors in the north Dallas metropolitan area serving people who live in Addison, Carrollton, Coppell, Farmers Branch, and northwest Dallas.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Terrell State Hospital

Prepared by LBB Staff, 03/12/2021

Overview

Add funding and rider at the Health and Human Services Commission for repairs and renovations at Terrell State Hospital, and for pre-planning of a replacement campus at Terrell State Hospital. Also, appropriate unexpended balances within the biennium for this purpose.

Required Action

- 1) On page II-43 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs and Renov, by \$8,150,000 in General Revenue in fiscal year 2022.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Terrell State Hospital Repairs and Renovations. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs and Renov, is \$8,150,000 in General Revenue in fiscal year 2022 for repairs and renovations at Terrell State Hospital as follows:

- (a) \$5,500,000 in General Revenue for anti-ligature remediation, renovations, fixtures, and equipment in Medical Building 2, intended to add additional inpatient beds;
- (b) \$250,000 in General Revenue for furniture in Medical Building 2;
- (c) \$1,400,000 in General Revenue for anti-climb fencing around the campus; and
- (d) \$1,000,000 in General Revenue for pre-planning of a replacement campus at Terrell State Hospital.

Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, 2022 are appropriated for the same purposes for the fiscal year beginning September 1, 2022.

Overview

Adjust appropriations to the Health and Human Services Commission to support a demonstration project for provision of comprehensive medical, non-medical and support services for special needs Texans intended to improve both the quality of care and program cost efficiency.

Required Action

- 1) On page II-43 of the HHSC bill pattern, increase appropriations in Strategy F.1.2, non-Medicaid Services, by \$325,000 in General Revenue in 2022 and \$650,000 in General Revenue in 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____ Multi-Assistance Center Demonstration Project.

- (a) Included in amounts appropriated above in Strategy A.1.2, Disability-related, is \$1,087,500 in General Revenue and \$1,087,500 in Federal Funds in 2022 and \$2,175,000 in General Revenue and \$2,175,000 in Federal Funds in 2023 and in Strategy F.1.2, Non-Medicaid Services, is \$325,000 in General Revenue in 2022 and \$650,000 in General Revenue in 2023 for a demonstration project providing comprehensive medical, therapeutic, and non-medical services to persons with special needs in Bexar County. The demonstration project shall utilize a one-stop shop model, providing on-site services to special needs adults and children in Bexar County and the south Texas region. The model shall employ staff to serve as single point of contact to coordinate and support client needs with community partners.
 - (b) Amounts appropriated above in Strategy A.1.2, Disability-related, are reduced by the same amounts identified for Strategy A.1.2, Disability-related, in subsection (a) due to savings to the Medicaid program from improved care coordination, improved efficiency and coordination with community partners, transportation, improved preventative medical care access, reduced emergency and hospital admissions, and other related savings. No benefits may be reduced to achieve these savings.
 - (c) The Health and Human Services Commission (HHSC) shall submit a report to the Legislative Budget Board and Governor not later than September 1, 2023 detailing a review of the demonstration project and outlining best practices to implement the model elsewhere in the state. HHSC may transfer funds among program strategies to implement these provisions upon prior written notification to the Legislative Budget Board.
- 3) Adjust agency totals and method of finance totals as appropriate.

By: Rep. Howard

Article II
Texas Health and Human Services Commission
COVID-19 Emergency Preparedness Funds

Overview:

Texas hospitals have undertaken extraordinary effort and expense to provide their communities with access to testing, vaccines, and treatment to address the impacts of the COVID-19 public health emergency. To the extent costs related to such efforts are not otherwise reimbursed, this rider appropriates federal funds granted to the state under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, or the American Rescue Plan Act of 2021 or similar legislation to the Health and Human Services Commission to reimburse such costs under criteria developed by the commission.

Required Action

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

____. COVID-19 Hospital Emergency Preparedness and Remediation.

In order to address the extraordinary, unanticipated, and unreimbursed costs related to remediation of the COVID-19 public health emergency by public and private hospitals in Texas, it is the intent of the Legislature that, to the extent such funds are available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, the American Rescue Plan Act of 2021, or similar federal legislation, \$ _____ is hereby appropriated to the Health and Human Services Commission to reimburse such hospitals' costs retroactive to March 31, 2020, or the earliest date allowable under federal law, subject to such reasonable criteria and methodology as the commission shall develop.

Overview

Add a rider directing the Health and Human Services Commission to implement an Emergency Triage, Treat, and Transport payment model in Medicaid. Decrease appropriations in Goal A, Medicaid Client Services, by \$1,667,479 in General Revenue Match for Medicaid Account No. 758 and \$2,586,293 in Federal Funds in fiscal year 2023 due to assumed savings relating to implementing the program.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, decrease appropriations by \$1,667,479 in General Revenue Match for Medicaid Account No. 758 and \$2,586,293 in Federal Funds in fiscal year 2023.
- 2) On page II-41 of the HHSC bill pattern, decrease appropriations by \$4,253,772 in Goal A, Medicaid Client Services, in fiscal year 2023.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Emergency Triage, Treat, and Transport Demonstration Payment Model.

- (a) For the purposes of this provision, ET3 Program means an Emergency Triage, Treat, and Transport Model or a substantially similar program approved by the federal Centers for Medicare and Medicaid Services that is designed to improve quality of care and lower costs by reducing avoidable emergency transports and unnecessary hospitalizations.
- (b) Out of funds appropriated above in Goal A, Medicaid Client Services, and not later than September 1, 2022, the Health and Human Services Commission (HHSC) shall implement the ET3 Program in Medicaid to reimburse Medicaid-enrolled emergency medical services providers for:
 - (1) transporting Medicaid clients to alternative destinations, other than an emergency department, as approved by HHSC;
 - (2) facilitating appropriate treatment in place at the scene; and
 - (3) facilitating appropriate treatment via telehealth.
- (c) In providing assistance and support under this section, HHSC shall ensure that a Medicaid-enrolled emergency medical services provider participating in the ET3 Program is reimbursed for any applicable costs, including claims for services provided:
 - (1) under a fee-for-service delivery model;
 - (2) under a Medicaid managed care delivery model;
 - (3) to persons enrolled in Medicaid; and

(4) to persons dually enrolled in Medicare and Medicaid.

4) Adjust agency totals, method-of-finance totals, and performance measures accordingly.

Health and Human Services Commission, Article II
Proposed Rider
Nursing Facility Emergency Reimbursement Rate Increase Protection

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider indicating legislative intent regarding the continuation of certain temporary rate increases provided to nursing facilities during the COVID-19 pandemic.

Required Action

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

_____. **Nursing Facility Emergency Reimbursement Rate Increase Protection.**
Notwithstanding Article II, Special Provisions Section 12, Rate Limitations and Reporting Requirements, and to the extent allowed by federal law and regulations, it is the intent of the Legislature that the Health and Human Services Commission (HHSC) ensure the continuation of emergency temporary reimbursement rate increases for nursing facilities through the end of the 2022-2023 biennium. It is the intent of the legislature that these temporary rate increases be continued without regard to whether or not a state- or federally-declared COVID-19 public health emergency is in effect.

Not later than January 1, 2023, HHSC shall prepare a report relating to the status of the nursing facility emergency reimbursement rate, including information on whether the emergency reimbursement funds are contributing to improved infection prevention and control practices, workforce development, and any other relevant information necessary for assessing improvements to overall nursing home quality. HHSC shall submit the report to the Governor, the Legislature Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives.

By: Howard

Health and Human Services Commission, Article II
Proposed Rider
Healthy Texas Women Waiver

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider expressing legislative intent for the Health and Human Services Commission to seek changes to the Healthy Texas Women Section 1115 Waiver from the Centers for Medicare and Medicaid Services.

Required Action

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

_____ . **Healthy Texas Women Waiver.** It is the intent of the Legislature that the Health and Human Services Commission apply to the Centers for Medicare and Medicaid Services (CMS) for an amendment to the Healthy Texas Women (HTW) Section 1115 Demonstration Waiver for approval of auto-enrollment of women into HTW after their Medicaid coverage ends, adjunctive eligibility, and any other aspects of the original HTW waiver application that were previously denied by CMS.

Overview

Direct the use of federal funds received by the Department of Family and Protective Services under the Family First Transition Act for the purpose of establishing a pilot program on aftercare services.

Required Action

- 1) On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$10,000,000 in Family First Transition Act federal funds in 2022-23 biennium.
- 2) On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

_____. **Aftercare Services.** The Department of Family and Protective Services (DFPS) is appropriated \$10,000,000 in Family First Transition Act (FFTA) federal funds for the purpose of establishing a pilot program to provide FFTA federal funds to Residential Treatment Centers (RTCs) not currently participating in DFPS's qualified residential treatment program pilot, to build capacity for aftercare services for RTCs to begin to come into compliance with the Family First Prevention Services Act (FFPSA).

DFPS shall submit a report no later than December 1 of each year of the duration of the pilot on recommendations on how to scale the reimbursement of federal funds under FFPSA and on the delivery of aftercare services. The report shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

Department of Family and Protective Services
Proposed Rider and Funding
Family First Transition Act Prevention Funds.

Prepared by LBB Staff, 03/19/2021

Overview

Provide direction to the Department of Family and Protective Services to expend Family First Transition Act federal funds to provide evidence based prevention services.

Required Action

- 1) On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$26,000,000 in Family First Transition Act federal funds in the 2022-23 biennium.
- 2) On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

____. **Family First Transition Act Prevention Funds.** Out of funds appropriated above in Strategy B.1.2, CPS Program Support, the Department of Family Protective Services shall carry out the prevention components of the Family First Prevention Services using \$26,000,000 million in Family First Transition Act federal funds to ensure children and families at risk of entering foster care are provided with evidence-based prevention services. The amount shall be expended during the 2022-2023 biennium only for the strategy and purpose shown and are not available for expenditure for other DFPS budget items.

Department of Family and Protective Services
Proposed Funding and Rider
Family First Transition Act and Family First Prevention Services Act Funds

Prepared by LBB Staff, 03/14/2021

Overview

Direct the use of federal funds received by the Department of Family and Protective Services under the Family First Transition Act and state funds appropriated for the purposes of ensuring compliance with the Family First Prevention Services Act.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$33,873,867 in federal funds in 2022-23 biennium.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

_____. **Family First Transition Act and Family First Prevention Services Act Funds.**

- (a) The Department of Family and Protective Services (DFPS) is appropriated \$33,873,867 in Family First Transition Act (FFTA) federal funds received under Section 602, Subtitle F, Title I, Division N of the federal Further Consolidated Appropriations Act, 2020, enacted December 20, 2019. FFTA federal funds and state funds appropriated to the agency for the purposes of ensuring compliance with the Family First Prevention Services Act (FFPSA) (42 U.S.C. §671, et seq.) shall only be used for the following purposes:
 - (1) Expend at least 50% of the FFTA federal funds to implement a pilot program to provide services and interventions for children who are at risk of entering foster care. Funds must be expended for a pilot program in at least one of the areas of the state in which Community-Based Care as defined in Family Code, Section 264.152, is operating; and
 - (2) Build the state's capacity of qualified residential treatment programs to meet the mandatory requirements of the federal Family First Prevention Services Act (42 U.S.C. §671, et seq.).
- (b) DFPS shall not utilize funds received under FFPSA or appropriated to the agency for the purposes of ensuring compliance with FFPSA for resolving budget shortfalls, hiring additional FTEs, meeting short-term goals, or any other purpose not approved by this Rider.
- (c) DFPS shall report on the progress of increasing the capacity of qualifying community-based prevention and family preservation services, including a full accounting of funds expended. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted by March 31 and September 30 of each fiscal year of the biennium. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's public webpage in order to ensure transparency with the public and stakeholders.
- (d) Notwithstanding section (a), DFPS shall not expend any funding to provide prevention services and seek matching funds from Title IV-E as authorized under

42 USC§671 (e) in strategies in Goal C, Prevention Programs, and strategies B.1.9, Foster Care Payments, and E.1.1, Central Administration, without enactment of House Bill 3041 or similar legislation relating to the procedures and grounds for taking possession of a child and authorizing a family preservation services pilot program as an alternative to removal in suits affecting the parent-child relationship.

(e) For the purposes of this rider, the following definitions shall apply:

(1) “Child who is a candidate for foster care” means a child who is at imminent risk of being removed from the child’s home and placed into the conservatorship of DFPS because of a continuing danger to the child’s physical health or safety caused by act or failure to act of a person entitled to possession of the child, but for whom a court of competent jurisdiction has issued an order allowing the child to remain safely in the child’s home or in a kinship placement with the provision of family preservation services; and

(2) “Community-based prevention and family preservation service” means a time-limited service subject to the Family First Prevention Services Act (Title VII, Div. E., Pub. L. No. 115-123) provided to the family of a child who is a candidate for foster care to prevent or eliminate the need to remove the child from and allow the child to remain safely in the child’s home.

By: Howard

Article II

Department of Family and Protective Services Rider

Overview

Adopt a rider requiring funds received by the state through the Family First Transition Act (P.L. 116-94) to be directed toward qualifying existing community programs under the evidence-based threshold required by the Family First Prevention Services Act ("FFPSA", P.L. 115-123). Such funding would be flexible and will increase the number of programs for which the state may claim federal financial participation pursuant to FFPSA.

Required Actions:

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

____. **Increasing Evidence Based Capacity for Foster Care Prevention.** (a) Out of funds appropriated above in Strategy B.1.2 or such other Strategy into which are appropriated amounts received by the Family First Transition Act (P.L. 116-94), the Department of Family and Protective Services shall ensure that not less than \$1,000,000 is awarded to existing community organizations for the purposes of developing, enhancing, or evaluating programs to increase the availability of such programs that meet the requirements for promising, supported, or well-supported practices specified in section 471(e)(4)(C) of the Social Security Act (42 U.S.C. 671(e)(4)(C))) (as added by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115-123). Such awards shall be made through grant award to eligible entities. DFPS shall ensure that such grant awards are available for application as soon as practicable following the effective date of this Act.

(b) DFPS shall require that any evaluation of a program funded by this Rider be designed to assist in the determination of whether the program may qualify as a promising, supported, or well-supported practice in accordance with the requirements of section 42 U.S.C. § 671(e)(4)(C).

(c) DFPS shall provide a report to the Legislative Budget Board and the Office of the Governor on efficiencies identified and actions taken, as well as the progress toward increasing the number of existing Texas programs that may qualify as a promising, supported, or well-supported practice in accordance with 42 U.S.C. 671(e)(4)(C) by August 31, 2022.

By: Rose

Department of Family and Protective Services
Proposed Rider
Permanency Care Assistance.

Prepared by LBB Staff, 03/19/2021

Overview

Provide direction to the agency to prioritize Permanency Care Assistance when children enter the conservatorship of the state.

Required Action

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

- ____. **Permanency Care Assistance.** It is the intent of the legislature that the Department of Family and Protective Services shall prioritize the Permanency Care Assistance program to ensure that children and families are receiving the financial assistance available to support the transition to permanent managing conservatorship.

Overview

Add funding and rider at the Health and Human Services Commission for planning, land acquisition, and construction of a new state hospital in the Dallas-Fort Worth metropolitan area.

Required Action

- 1) On page II-43 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs and Renovations, by \$255,000,000 from the Economic Stabilization Fund in fiscal year 2022.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. **Dallas-Fort Worth State Hospital.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs and Renovations, is \$255,000,000 from the Economic Stabilization Fund in fiscal year 2022. The Health and Human Services Commission (HHSC) may expend the funds for the planning, land acquisition, and construction of a new state psychiatric hospital in the Dallas-Fort Worth metropolitan area. HHSC, in partnership with the University of Texas Southwestern Medical Center, may only use funds appropriated specifically for this purpose, not to exceed \$255,000,000 from the Economic Stabilization Fund.

Overview

Directing Health and Human Services Commission to use federal funds from FFCRA, CARES, and ARP to supplement and not supplant general revenue funds appropriated for the operation of the Medicaid program.

Required Action

Out of federal funds appropriated to the State of Texas in federal appropriations bills and any future Federal initiatives, including but not limited to the Families First Coronavirus Relief Act (FFCRA); Coronavirus Aid, Relief, and Economic Security (CARES) Act; the American Rescue Plan Act of 2021, are \$____ for the provision of home and community-based services.

1. Allowable Uses of Funds - HHSC shall only expend these federal funds on Medicaid initiatives that:
 - 1.1. directly increase access to care, including direct service provisions, rate increases for all providers of direct services, supplies, and equipment;
 - 1.2. increasing waiver and emergency diversion slots and decreasing interest lists;
 - 1.3. funding of new and existing state laws governing the operation or implementation of the Medicaid program;
 - 1.4. exploring opportunities to draw additional federal funding provided by the ACE Kids Act; and
 - 1.5. achieving full compliance with federal law and regulations governing Home and Community-Based Services, including federal HCBS settings rules.
 - a. HHSC shall ensure that funds identified for provider rate increases are directly reimbursed to providers of direct services, supplies and equipment; and
 - b. HHSC shall ensure that managed care organizations reimburse the full amount of funds referenced under subsection 1.1 to providers of direct services, supplies and equipment.
2. Prohibited Uses of Funds: HHSC may not use or expend federal funds directly or indirectly for payroll of any kind, contract administration, or administrative services provided by managed care organizations. Funds identified for provider rate increases may not be used directly or indirectly for administrative services, payroll, bonuses, or costs unallowable under state or federal law or regulation or the uniform Medicaid managed care contract.
3. Federal funds identified in this section may only be used for the purposes set out in this section to supplement and shall not supplant state dollars appropriated for the operation of the Medicaid program.

Article II
Health & Human Services Commission
Proposed New Rider

Creating a Path to Self-Sufficiency for Medicaid Recipients

Background

Recognizing that health outcomes are driven by factors other than clinical care, Medicaid and other payers are exploring ways to provide health-related, non-clinical services that can address factors such as housing, healthy food, and employment to cost-effectively improve health outcomes, lower cost, and promote self-sufficiency.

According to the Center for Disease Control, resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, and employment services. Studies show that these factors can drive as much as 80 percent of health outcomes.

States can require Managed Care Organizations (MCOs) to conduct activities to assist Medicaid enrollees to gain self-sufficiency.

Because the impact of self-sufficiency programs on health outcomes is well-established, MCOs should have a formalized plan on how they will assist Medicaid recipients facing barriers to self-sufficiency. Plans seeking to do business should also submit such a plan as part of the Request for Proposal (RFP) process.

Proposed Action

Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission.

Rider Language

____ **Creating a Path to Self-Sufficiency.** Out of funds appropriated above, the Health and Human Services Commission shall encourage Medicaid managed care plans to coordinate existing resources and programs to address barriers to economic self-sufficiency and improve health outcomes. Activities should include connecting Medicaid families to job training, housing support, and addressing food insecurity. In soliciting bids from managed care organizations, the agency should request information from respondents about how they will address barriers to self-sufficiency.

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Health and Human Services Commission, Article II
Proposed Rider
Strengthening the System for Medicaid Managed Care Contracts

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider expressing legislative intent regarding the mix of organizations awarded Medicaid managed care contracts.

Required Action

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

- _____. **Strengthening the System for Medicaid Managed Care Contracts.** It is the intent of the Legislature that, to the extent allowed by state and federal law, the Health and Human Services Commission (HHSC) strengthen the system of Medicaid managed care in this state by ensuring the best value in Medicaid managed care contracts for the state over time, by striving to ensure that in each service area a mix of national and Texas community-based companies created by a health provider-sponsored nonprofit corporations or hospital districts receive Medicaid managed care contracts.

RIDER REQUEST

Member Name: Tan Parker

Affected Agency: Health and Human Services Commission (HHSC)

Purpose: To add a rider identifying legislative intent regarding the use of any Federal Funds provided to the Health and Human Services Commission for the provision of home and community-based services in federal COVID-19 relief bills.

Amount Requested (if applicable):

Method of Finance (if applicable):

Rider Language:

_____. **Utilization of Federal Relief Dollars for Medicaid Home and Community Based Services Programs.** It is the intent of the Legislature that any Federal Funds provided to the Health and Human Services Commission (HHSC) by the Families First Coronavirus Relief Act (FFCRA), Coronavirus Aid, Relief, and Economic Security (CARES) Act, the American Rescue Plan Act of 2021, or any other federal COVID-19 relief bill for the provision of Medicaid Home & Community Based Services, as defined by CMS, which provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings, to be subject to the following conditions:

(a) HHSC shall only expend such funds on Medicaid initiatives that:

(1) directly increase access to care, including direct service provisions, rate increases for all providers of direct services, supplies, and equipment;

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- (2) increasing waiver and emergency diversion slots and decreasing interest lists;
 - (3) funding of new and existing state laws governing the operation or implementation of the Medicaid program;
 - (4) exploring opportunities to draw additional federal funding provided by the Advancing Care for Exceptional (ACE) Kids Act; and
 - (5) achieving full compliance with federal law and regulations governing HCBS, including federal HCBS settings rules.
- (b) HHSC shall ensure funds identified for provider rate increases are directly reimbursed to providers of direct services, supplies, and equipment;
 - (c) HHSC shall ensure that managed care organizations reimburse the full amount of funds referenced under subsection (a)(1) to providers of direct services, supplies, and equipment;
 - (d) HHSC shall not use or expend funds directly or indirectly for payroll of any kind, contract administration, or administrative services provided by managed care organizations. Funds identified for provider rate increases may not be used directly or indirectly for administrative services, payroll, bonuses, or costs unallowable under state or federal law or regulation or the Uniform Managed Care Contract; and
 - (e) HHSC shall only use these funds for the purposes set out in this provision to supplement, not supplant, state dollars appropriated for the operation of the Medicaid program.

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

Overview

Peer supported community recovery housing organizations are a vital and cost effective resource in combating the devastating effects of substance use disorder. The Health & Human Services Commission should be tasked with evaluating the current status, needs, opportunities and challenges of expanding peer supported recovery housing organizations in the state.

Required Action

On page II-42 of the Health and Human Services, Health and Human Services Commission bill pattern, add the following rider

_____. **Recovery Housing Needs Study.** Out of funds appropriated above, the Health and Human Services Commission shall conduct a study to evaluate the current status of and opportunities, challenges, and needs for expanding recovery housing in this state.

The Health and Human Services Commission shall report the findings of the study to the permanent committees in the House of Representatives and the Senate with jurisdiction over mental health, rehabilitation, incarceration, and health and human services by September 1, 2022.

Overview

Add a rider directing the Department of Family and Protective Services to encourage foster youth transitioning to college to participate in a university's summer program.

Required Action

- 1) On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$2,800,000 in General Revenue in Strategy B.1.6, PAL Purchased Services in 2022-23 biennium.
- 2) On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

____. **Summer Program.** Out of funds appropriated above in Strategy B.1.6, PAL Purchased Services, is \$1,400,000 in General Revenue in each fiscal year at the Department of Family and Protective Services for the establishment of a summer program for foster youth transitioning to college that offers the following:

- (1) an immersive environment for students to develop life skills essential for college success;
- (2) free room and board in residence halls;
- (3) developmental courses for students who have not passed one or more parts of the Texas Success Initiative (TSI) assessment;
- (4) credit bearing core course for students who are TSI complete;
- (5) college preparatory modules on skills related to college success with special emphasis on financial literacy and financial aid coaching; and
- (6) sessions for students to virtually connect with their foster care liaison

It is the intent of the legislature that, to the extent allowable under federal and state statute, universities providing these programs seek public private partnerships with alumni, corporate and philanthropic organizations to provide starter kits for students that include essentials such as bedding, linens, and toiletries to ensure the students in the program are provided necessary items for independent living.

Department of Family and Protective Services

Proposed Rider and Funding Family Finding Collaboration.

Prepared by LBB Staff, 03/18/2021

Overview

The proposed rider would direct the Department of Family and Protective Services to develop a statewide organization for volunteer advocate programs.

Required Action

- 1) On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$321,800 in General Revenue in each fiscal year of the 2022-23 biennium.
- 2) On page II-XX of the bill pattern for the Department of Family and Protective Services, add the following rider:

– –. **Family Finding Collaboration.** Out of funds appropriated above in Strategy B.1.2, CPS Program Support, the Department of Family and Protective Services (DFPS) shall allocate \$321,800 in General Revenue in each fiscal year of the 2022-23 biennium for a contract with a statewide organization for volunteer advocate programs. Funding shall be used for personnel, developing curriculum, training and other necessary costs to support family finding efforts in order to increase permanency options and other beneficial outcomes for children and youth in state custody.

Department of Family and Protective Services
Proposed Rider and Funding
Contingency Rider for HB 3103

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider which appropriates \$1,100,000 in General Revenue for the purposes of implementing the provisions of House Bill 3103, contingent upon its enactment.

Required Action

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

- ____. **Contingency for House Bill 3103.** Contingent upon enactment of House Bill 3103, or similar legislation relating to creating a database of individuals found by the Department of Family and Protective Services (DFPS) to have abused or neglected a child two or more times, by the Eighty-seventh Legislature, Regular Session, DFPS is appropriated \$1,100,000 in General Revenue in Strategy B.1.2, CPS Program Support, to implement the provisions of the legislation.

By: Sherman, Sr

Contingency Rider for HB 722
Proposed Rider

Overview

Place a rider in Part 18 of Article IX of the General Appropriations Act appropriating \$XXX in General Revenue to the Department of Family and Protective Services to implement the provisions of the legislation.

Required Action

Add the following new rider:

Sec. __. Contingency Rider for HB 722. Contingent on the enactment of HB722 or similar legislation relating to payments made to certain foster care parents by the Eighty-seventh Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$XXX in General Revenue in Strategy B.1.9., Foster Care Payments each fiscal year to implement the provisions of the legislation.

Overview

Add a rider which appropriates \$X for the purposes of implementing the provisions of Senate Bill 1079, contingent upon its enactment.

Required Action

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

- _____. **Contingency for Senate Bill 1079.** Contingent upon enactment of Senate Bill 1079, or similar legislation relating to monthly reports of certain activity of the Department of Family and Protective Services, by the Eighty-seventh Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$X in fiscal year 2022 and \$X in fiscal year 2023 in Strategy E.1.4, IT Program Support, to implement the provisions of the legislation.

Department of State Health Services
Proposed Funding and Rider
Emergency Medical Task Force

Prepared by LBB Staff, 03/10/2021

Overview

Add funding and a new rider at the Department of State Health Services to direct the funds to the Emergency Medical Task Force (EMTF) program units and its State Coordinating Office to restore funding for the state's disaster emergency medical response capability.

The EMTF program acts as the state's disaster medical safety net – leveraging relationships with professional medical and EMS personnel from across the state to provide needed assistance when a local jurisdiction's medical and EMS personnel need augmentation or have been incapacitated or overwhelmed by a natural disaster or emergency. The program has depended on federal grant money to fund its ongoing activities and those funds have steadily decreased despite a steady increase in the activation of the EMTF units. Just like the state provides financial outlays to support Texas Task Force-1 and Texas Task Force-2 to act as the state's search and rescue safety net, this would provide similar stability to the emergency medical safety net.

Required Action

- 1) On page II-XX of the Department of State Health Services' bill pattern, increase appropriations in Strategy A.1.1, Public Health Preparedness, by \$5,000,000 in General Revenue Funds in fiscal year 2022 and in fiscal year 2023.
- 2) On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____. **Emergency Medical Task Force.**

- (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall transfer \$2,000,000 in each fiscal year of the biennium out of General Revenue Funds to the eight regional Emergency Medical Task Force (EMTF) Lead Regional Advisory Councils (RACs) to fund ongoing programs, exercises, and readiness.
- (b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall transfer \$500,000 in each fiscal year of the biennium out of General Revenue Funds to the Southwest Texas RAC (as the State Coordinating Office for the EMTF program) to fund the management of the EMTF program.
- (c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall transfer \$2,500,000 in each fiscal year of the biennium out of General Revenue Funds to the Southwest Texas RAC for the replacement of critical emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.

Department of State Health Services
Proposed Funding and Rider
Open Burn Pit Registry

Prepared by LBB Staff, 03/10/2021

Overview

Add General Revenue funding and a new rider at the Department of State Health Services for the creation of an open burn pit registry, as enabled by House Bill 306, Eighty-sixth Legislature, Regular Session, for certain service members and veterans. Also increase the full-time equivalent (FTE) cap relating to the creation of an open burn pit registry.

Required Action

- 1) On page II-23 of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.3, Health Registries, by \$1,945,433 in fiscal year 2022 and \$646,802 in fiscal year 2023 in General Revenue Funds.
- 2) On page II-24 of the Department of State Health Services bill pattern, increase the Number of Full Time Equivalents (FTE) by 4.0 in each fiscal year.
- 3) On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____. **Open Burn Pit Registry.** Out of the amounts appropriated above in Strategy A.1.3, Health Registries, the Department of State Health Services shall create an open burn pit registry for certain service members and veterans pursuant to Chapter 99 of the Health and Safety Code.

Explanation.
The proposed rider would appropriate funds from a fee and administrative penalty on pharmaceutical drug manufacturers created by House Bill 1033 to DSHS for the purposes of implementing the provisions of House Bill 1033.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

____. **Contingency for HB 1033.** Contingent on enactment of House Bill 1033, or similar legislation relating to prescription drug price disclosure, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services is appropriated any revenues deposited to the General Revenue Fund from the fee or administrative penalty authorized by the legislation during the biennium beginning September 1, 2021 (estimated to be \$0) to implement the provisions of the legislation.

Department of State Health Services, Article II
Proposed Funding and Rider
Funding for Mental Health Services at School Based Health Centers

Overview

Appropriation of \$900,000 for mental health services at school based health centers.

Required Action

Amend HB 1 on page II-39 following the bill pattern of the department of State Health Services by adding the following rider:

_____. **Contingency for House Bill 1114.** Contingent upon enactment of House Bill 1114, or similar legislation relating to mental health services at school based health centers by the Eighty-Seventh Legislature, Regular Session, the Department of State Health Services shall allocate up to \$900,000 in funds from Strategy B.1.1., Maternal and Child Health, to implement the provisions of the bill.

Department of State Health Services
Proposed Rider
Contingency for House Bill 1164

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider that appropriates \$191,062 in fiscal year 2022 and \$196,562 in fiscal year 2023 in General Revenue Funds to the Department of State Health Services for the purposes of implementing the provisions of House Bill 1164, contingent upon its enactment.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

- ____. **Contingency for House Bill 1164.** Contingent on enactment of House Bill 1164, or similar legislation relating to the designation of centers of excellence for the management and treatment of placenta accreta spectrum disorder, by the Eighty-seventh Legislature, Regular Session, \$191,062 in fiscal year 2022 and \$196,562 in fiscal year 2023 in General Revenue Funds is appropriated to the Department of State Health Services in Strategy B.2.1, EMS and Trauma Care Systems, to implement the provisions of the bill. In addition, the “Number of Full-Time Equivalents (FTE)” in the agency’s bill pattern is increased by 2.2 FTEs in fiscal year 2022 and 2.0 FTEs in fiscal year 2023.

Department of State Health Services
Proposed Rider
Contingency for House Bill 1802

Prepared by LBB Staff, 3/12/2021

Overview

Prepare a rider which directs the Department of State Health Services (DSHS) to use funds appropriated in the bill pattern to implement House Bill 1802, contingent upon its enactment. The rider would direct DSHS to dedicate \$150,000 from funds already appropriated to the agency to provide a grant for a study evaluating the use of alternative therapies, including the use of 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine, in the treatment of mental health and other medical conditions.

Required Action

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

_____. **Contingency for House Bill 1802.** Contingent on enactment of House Bill 1802, or similar legislation relating to a study evaluating the use of alternative therapies for treating certain mental health and other medical conditions, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services shall use \$150,000 in funds appropriated above to implement the provisions of the legislation.

Department of State Health Services
Proposed Rider
Contingency for House Bill 2096

Prepared by LBB Staff, 03/18/2021

Overview

Add a contingency rider for House Bill 2096.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

- ____. **Contingency for House Bill 2096.** Contingent on enactment of House Bill 2096, or similar legislation relating to an assessment of certain public health data reporting systems and implementation of public health data reporting requirements, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services shall implement the provisions of the bill out of funds appropriated above.

By: Rep. J. Turner

Department of State Health Services
Proposed Rider
Contingency for House Bill 2270

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider to direct the Department of State Health Services to use funds appropriated in the bill pattern to enact House Bill 2270, contingent upon its enactment.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

- ____. **Contingency for House Bill 2270.** Contingent on enactment of House Bill 2270, or similar legislation relating to the state reserve of personal protective equipment for health care workers and essential personnel, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services (DSHS) shall implement the provisions of the bill out of funds appropriated above. To the extent possible, DSHS shall use available federal funds for this effort.

By: Rep. J. Turner

Department of State Health Services
Proposed Rider
Contingency for House Bill 2316

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider to direct the Department of State Health Services to use funds appropriated in the bill pattern to enact House Bill 2316, contingent upon its enactment.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

- ____. **Contingency for House Bill 2316.** Contingent on enactment of House Bill 2316, or similar legislation relating to a COVID-19 vaccine awareness campaign, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services (DSHS) shall implement the provisions of the bill out of funds appropriated above. To the extent possible, DSHS shall use available federal funds for this effort.

By: Rep. J. Turner

Department of State Health Services
Proposed Rider
Contingency for House Bill 2538

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider to provide appropriate reimbursement for expenses incurred for serving on the Task Force on Infectious Disease Preparedness, contingent on enactment of House Bill 2538.

Required Action

1) On page II-XX of the bill pattern for the Department of State Health Services, add the following rider:

- ____. **Contingency for House Bill 2538.** Contingent on enactment of House Bill 2538, or similar legislation relating to the Task Force on Infectious Disease Preparedness and Response, by the Eighty-seventh Legislature, Regular Session, any member of the task force is eligible for reimbursement of expenses pursuant to Rider 12, Reimbursement of Advisory Committee Members.

Department of State Health Services
Proposed Rider
Contingency for House Bill 784

Prepared by LBB Staff, 3/18/2021

Overview

Add a contingency rider to require the Texas Department of State Health Services to ensure funds for an agreement between the Department and an institution of higher education in Hidalgo or Cameron County for the purposes of improving laboratory capabilities in border counties contingent on enactment of House Bill 784.

Required Action

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

_____. **Contingency for House Bill 784.** Contingent on enactment of House Bill 784, or similar legislation relating to a local agreement with the Department of State Health Services to improve laboratory capabilities in border counties, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services shall use \$250,000 in each fiscal year in funds appropriated above in Strategy A.4.1, Laboratory Services, to implement the provisions of the legislation.

Department of State Health Services
Proposed Rider
Contingency for House Bill 881

Prepared by LBB Staff, 3/18/2021

Overview

Add a contingency rider to require the Texas Department of State Health Services to ensure funds for an agreement between the Department and an institution of higher education in Hidalgo or Cameron County for the purposes of improving laboratory capabilities in border counties contingent on enactment of House Bill 881.

Required Action

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

- _____. **Contingency for House Bill 881.** Contingent on enactment of House Bill 881, or similar legislation relating to the duration of laboratory support for testing of vector-borne infectious diseases in border counties, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services shall use \$250,000 in each fiscal year in funds appropriated above in Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, to implement the provisions of the legislation.

By:

Department of State Health Services, Article II
Proposed Funding and Rider
Contingency Rider for Federal Funds for Capital Improvements

Section ____ Contingent upon the receipt of federal funds to address capital improvements related to social distancing and to prevent the spread of viruses, the Department, in addition to amounts appropriated above, is appropriated any such amounts of related funds as necessary to issue grants to local units of government for modernizing and providing more social distancing to help reduce the spread of viruses. The Department shall establish such rules and processes as necessary to effectuate the provisions of this section.

By: _____ Rep. Howard _____

Department of State Health Services
Immunization Registry Bidirectional Capabilities

Overview

The following action adds a new rider that requires the Department of State Health Services to use its funds in Strategy A.2.1, Immunize Children and Adults in Texas, in accordance with Texas Government Code Sec 531.0162(e), (f), (g), and (h).

Required Action

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

_____. **Bidirectional Data Exchange.** Amounts appropriated above to the Department of State Health Services in Strategy A.2.1, Immunize Children and Adults in Texas, must be spent in compliance with state regulations related to bidirectional data exchange pursuant to Section 531.0162, Government Code, Subsections (e) through (h).

Department of State Health Services
Proposed Rider
Sickle Cell Guidelines for Public Schools

Prepared by LBB Staff, 3/12/2021

Overview

Add a rider to direct the Sickle Cell Task Force to develop guidelines for public schools regarding the administration of health care services to students with sickle cell disease by December 2022.

Required Action

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

_____. **Sickle Cell Guidelines for Public Schools.** Out of funds appropriated to the Department of State Health Services (DSHS) in Strategy B.1.2, Children with Special Needs, the Sickle Cell Task Force shall develop guidelines for public schools regarding the administration of health care services to students with sickle cell disease by December 31, 2022. The guidelines shall include:

- (a) procedures for educating clinical and non-clinical school personnel and individuals who work with students who are participating in school-related activities about symptoms of distress related to sickle cell disease;
- (b) protocols to ensure students with sickle cell disease receive care as determined by orders from the student's provider and school nurse's assessment during school and school-sponsored after-school activities; and
- (c) any other issue pertaining to the administration of health care services to students with sickle cell disease.

DSHS shall work with the Texas Education Agency to implement the guidelines created by the Sickle Cell Task Force at independent school districts and charter schools in Texas.

Health and Human Services Commission
Proposed Funding and Rider
Mobile Imaging Unit

Prepared by LBB Staff, 03/12/2021

Overview

Provide the Health and Human Services Commission \$1,230,051 in General Revenue in fiscal year 2022 in Strategy D.1.10, Additional Specialty Care, for the purpose of supporting services provided by mobile imaging units. Add a rider identifying the appropriation.

Required Action

- 1) On page II-40 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$1,230,051 from the General Revenue Funds in fiscal year 2022.
- 2) On page II-42 of the HHSC bill pattern, include appropriations in Strategy D.1.10, Additional Specialty Care, by \$1,230,051 in fiscal year 2022.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. **Mobile Imaging Unit.** Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$1,230,051 in General Revenue in fiscal year 2022 for the Health and Human Services Commission to provide funding for services provided by mobile imaging units.

- 4) Adjust agency totals and method-of-finance totals accordingly.

Overview

Add funding and rider at the Health and Human Services Commission for child sex trafficking inpatient and outpatient services.

Required Action

- 1) On page II-43 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy F.3.1, Family Violence Services, by \$7,500,000 in General Revenue in fiscal year 2022 and \$7,500,000 in General Revenue in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Services for Victims of Child Sex Trafficking. Included in amounts appropriated above in Strategy F.3.1, Family Violence Services, is \$7,500,000 in General Revenue in each fiscal year of the biennium for inpatient and outpatient services for victims of child sex trafficking.

Health and Human Services Commission, Article II

Proposed Rider

Labor and Delivery Hospital Costs

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider directing the Health and Human Services Commission to distribute certain appropriations to hospital labor and delivery programs in which the majority of births are to Medicaid-eligible patients.

Required Action

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

_____. **Labor and Delivery Hospital Costs.** Out of funds appropriated above in Strategy A.1.3, Pregnant Women, the Health and Human Services Commission (HHSC) shall allocate \$9,825,000 in General Revenue and \$15,175,000 in Federal Funds in each fiscal year to be distributed to urban and rural hospital labor and delivery programs in which the majority of births are to Medicaid-eligible patients. It is the intent of the Legislature that funding shall be allocated to these hospitals for programs designed to promote efficiency, quality, and personal responsibility, in order to promote cost savings and healthy deliveries.

Health and Human Services Commission, Article II
Proposed Rider
CHIP Outreach

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Health and Human Services Commission to implement an outreach campaign targeting CHIP-eligible children who are not enrolled in the program, subject to the availability of funds under the American Rescue Plan Act for this purpose.

Required Action

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

_____. **Children’s Health Insurance Program (CHIP) Outreach.** Contingent on the availability of federal funds provided by the American Rescue Plan Act for this purpose, the Health and Human Services Commission (HHSC) shall allocate \$500,000 in each fiscal year to develop and implement an outreach campaign targeting children eligible for CHIP who are not currently enrolled in the program. The campaign shall be culturally sensitive and provided in multiple languages. The campaign may include online materials, printed materials, public service announcements, or other advertising media.

Overview

Add appropriations to the Health and Human Services Commission for the purpose of increasing the base wage for community attendants to \$9.00 per hour.

Required Action

- 1) On page II-41 of the Health and Human Services Commission bill patter, increase appropriations in Goal A, Medicaid Client Services, by \$172,096,622 in General Revenue Funds and \$274,675,501 in Federal Funds in fiscal year 2022 and \$180,833,347 in General Revenue Funds and \$288,254,453 in Federal Funds in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Community Attendant Base Wage Increase.** Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$172,096,622 in General Revenue Funds and \$274,675,501 in Federal Funds in fiscal year 2022 and \$180,833,347 in General Revenue Funds and \$288,254,453 in Federal Funds in fiscal year 2023 for the Health and Human Services Commission to increase the base wage for community attendants to \$9.00 per hour.

Overview

Add funding and new rider at the Health and Human Services Commission to identify the funding for step-down housing services for individuals with a serious mental illness.

Required Action

- 1) On page II-42 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services – Adults, by \$2,646,028 in General Revenue in fiscal year 2022 and by \$2,646,028 in General Revenue in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Step-Down Housing. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services – Adults, is \$2,646,028 in General Revenue and \$2,646,028 in federal funds in each fiscal year of the biennium to provide step-down housing services for individuals with serious mental illness who no longer require inpatient hospitalization at a state mental health hospital.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Nursing Facility Direct Care Staff Rate Enhancement Program

Prepared by LBB Staff, 03/18/2021

Overview

Increase appropriations in Health and Human Services Commission Strategy A.2.4, Nursing Facility Payments, by 2,693,095 in General Revenue and \$4,191,095 in Federal Funds in fiscal year 2022 and \$2,698,602 in General Revenue and \$4,185,587 in Federal Funds in fiscal year 2023 for the Nursing Facility Direct Care Enhancement Program. Add a rider identifying total appropriations for the program.

Required Action

- 1) On page II-41 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Strategy A.2.4, Nursing Facility Payments, by \$2,693,095 in General Revenue and \$4,191,095 in Federal Funds in fiscal year 2022 and \$2,698,602 in General Revenue and \$4,185,587 in Federal Funds in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Nursing Facility Direct Care Staff Rate Enhancement Program. Included in amounts appropriated above in Strategy A.2.4, Nursing Facility Payments, is \$75,055,450 in All Funds in each fiscal year to fully fund the Nursing Facility Direct Care Staff Rate Enhancement Program.**

- 3) Adjust agency totals, method of finance totals, and performance measures accordingly.

Article II, Health and Human Services Commission
Proposed Funding and Rider
Funding for Texas Information and Referral Network Improvements

Overview

Appropriation of \$500,00 for Texas Information and Referral Network Improvements.

Required Action

On page II-118 of the Health and Human Services Commission bill pattern, add the following rider:

- _____. **Texas Information and Referral Network Improvements.** Included in amounts appropriated above in Strategy L.1.2, IT Oversight & Program Support is \$500,000 to be used by the Health and Human Services Commission to facilitate interagency and community collaboration and improve efficiency, innovation, system integration, data transparency, and effectiveness. The improvements must include adoption and use of the 211 national brand and logo, efforts that enable the existing community resource database to be utilized by state agencies and programs as well as other partners, technology and communication enhancements, including texting and two-way API, measures designed to connect specialized populations with available state and local services, data transparency enhancements, including disaggregation and reporting of 211 data by race/ethnicity, gender, and other relevant demographics, and practices that support Area Information Centers (AICs) in engaging in special projects with community partners that leverage the 211 platform, technology, and system.

Not later than December 1, 2022, the Commission shall prepare a report in collaboration with statewide partners, including but not limited to United Ways of Texas (UWT) and Texas Alliance of Information and Referral Systems (TAIRS) detailing the improvements made to the Texas Information and Referral Network's 2-1-1 Help Line System, other state 211 models and best practices, and recommendations aimed at increasing efficiency, innovation, and system integration. The report shall be made available to the public on the HHSC website.

By: Rep Howard

Medicaid Client Services – Health and Human Services, Article II

Proposed Funding and Rider

Overview

Add funding of \$5,000,000 in Federal Funds for the purposes of enhancing digital customer experience management.

Required Action

1. On page II-40 of the Health and Human Services bill pattern, increase strategy A.1.1, Aged and Medicare-Related, by \$5,000,000 in fiscal year 2022.
2. On page II-XX of the Health and Human Services bill pattern, add the following rider:

_____. **Digital Customer Experience Management.** Included in amounts appropriated above in Strategy A.1.1, Aged and Medicare-Related, is \$5,000,000 in Federal Funds for fiscal year 2022 for the purpose of enhancements to the digital customer experience management (platform) to assist the agency in responding to the Covid-19 pandemic and connecting people with resources effectively and to improve health outcomes for all Texans and in particular those individuals in communities most impacted by the pandemic. Any unexpended and unobligated balance remaining as of August 31, 2022, is appropriated for the same purpose for the fiscal year beginning September 1, 2023. It is the intent of the legislature that the agency shall ensure that in future years the efficiencies achieved should be cost neutral and result in cost savings.

Overview

Add funding and rider at the Health and Human Services Commission for the purpose of increasing inpatient community capacity.

Required Action

- 1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals, by \$3,000,000 in General Revenue Funds in fiscal year 2022 and by \$3,000,000 in General Revenue Funds in fiscal year 2023.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Increase Community Mental Health Inpatient Capacity. Included in amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$3,000,000 in General Revenue in each fiscal year of the biennium for the purpose of increasing inpatient community capacity in the area previously served by the NorthSTAR program.

**Health and Human Services Commission
Proposed Rider
Funding for Recovery-Focused Clubhouses**

Overview: Clubhouses are evidence-based psychosocial rehabilitation programs that serve adults who are living with serious mental illness. Clubhouses focus on facilitating meaningful relationships and rewarding work as a pathway to recovery. Clubhouse participation has been statistically shown to significantly reduce psychiatric hospitalizations, ER and crisis center visits, encounters with law enforcement, and incarcerations. Statistics further show that Clubhouse participation helps people to become employed, to live more independently, and to improve both mental and physical health. Clubhouse members have significantly lower average annual total mental health care costs and lower median mental health care costs. The Clubhouse Model addresses continuity of care for individuals exiting local and county jails, implementation of evidence-based practices, use of peer services, and shared and usable data.

HB 1 (86R) appropriated \$1,742,696 for Clubhouses over the 2020-21 biennium. The Clubhouses receiving funding from HHSC in the current biennium are San Antonio Clubhouse, San Angelo Clubhouse, Austin Clubhouse, Hope Fort Bend Clubhouse, St. Joseph Clubhouse (Houston), PLAN Clubhouse (Richardson), BIND Clubhouse (Plano), and REAL Clubhouse (Alice). Clubhouses that do not currently receive state funding are Brownwood Clubhouse, La Familia del Paso (El Paso), Cowtown Clubhouse (Fort Worth), Prelude Clubhouse (Plano), Pavilion Clubhouse (Round Rock), and Tyler Clubhouse.

The Proposed Rider would increase funding for Clubhouses from \$1,742,696 over the 2020-21 biennium to \$2,450,000 over the 2022-23 biennium, expanding the capacity of Clubhouses to provide recovery-oriented services.

Required Action

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

_____ **Funding for Recovery-Focused Clubhouses** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, is \$1,225,000 in General Revenue in each fiscal year of the 2022-23 biennium for Recovery-Focused Clubhouses.

Health and Human Services Commission, Article II

Proposed Rider

Intensive Behavioral Intervention

Prepared by LBB Staff, 03/18/2021

Overview

Amend Health and Human Services Commission Rider 21, Intensive Behavioral Intervention, to indicate legislative intent for services are available by September 1, 2021.

Required Action

On page II-65 of the Health and Human Services Commission bill pattern, amend the following rider:

21. **Intensive Behavioral Intervention.** Included in amounts appropriated above is \$22,694,782 in General Revenue and \$36,222,097 in Federal Funds in fiscal year 2022 and \$54,321,706 in General Revenue and \$86,590,631 in Federal Funds in fiscal year 2023 in Strategy A.1.2, Disability-Related, and \$12,261,109 in General Revenue and \$20,337,002 in Federal Funds in fiscal year 2022 and \$34,955,891 in General Revenue and \$43,009,476 in Federal Funds in fiscal year 2023 in Strategy A.1.5, Children, for intensive behavioral intervention services for autism.

It is the intent of the Legislature that program services are available and reimbursement rates are effective on September 1, 2021.

By _____ Rep. Howard _____

Health and Human Services Commission
Medicaid Accountable Care Grant Initiative

Overview

The following adds new language to Health and Human Services Commission, Use of Certain Additional Medicaid Revenues, establishing a Medicaid accountable care grant initiative.

Required Action

On page II-62, Health and Human Services Commission, Use of Certain Additional Medicaid Revenues, amend Rider 19 as follows:

19. Use of Certain Additional Medicaid Revenues.

Included in amounts appropriated above in Strategy A.1.5, Children, is Medicaid Program Income No. 705 and in Strategy A.1.2, Disability Related, is Cost Sharing-Medicaid Clients No. 8075.

(a) **Definitions.** For the purposes of this provision and appropriation authority:

(1) Medicaid Program Income No. 705 is defined as revenues that are deposited into the General Revenue Fund in Revenue Object Code 3639 - Premium Credits, Medicaid Program, including:

(A) refunds/rebates of previously paid premiums and interest earnings;

(B) refunds/rebates received from the Medicaid claims payment contractor or other sources; and

(C) managed care experience rebates generated in accordance with contractual agreements with health maintenance organizations who participate in Medicaid managed care.

(2) Cost Sharing-Medicaid Clients No. 8075 is defined as all cost sharing revenues generated by Medicaid clients as authorized in Section 32.064 of the Human Resources Code. These revenues may include enrollment fees, deductibles, coinsurance, and portions of the managed care plan premiums.

(b) Medicaid Program Income No. 705 and Cost Sharing-Medicaid Clients No. 8075 shall be expended as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that revenues should be greater than the amounts identified in the method of finance above as General Revenue Fund-Medicaid Program Income No. 705, or Cost Sharing-Medicaid Clients No. 8075, the commission is appropriated and authorized to expend these General Revenue Funds, subject to the following requirements:

- (1) \$XXXX in fiscal year 2022 and \$XXXX in fiscal year 2023 to establish a Medicaid accountable care grant initiative to accelerate physician adoption of innovative care delivery models that promote data-driven, coordinated, cost-effective and high quality patient care in accordance with Government Code §533.0051. Grant funding shall be allocated to physician practices ineligible for supplemental funding via the Delivery System Reform Incentive Program.
- (2) Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and
- (3) In the event General Revenue has been expended prior to the receipt of program income or cost sharing revenues, the commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of program income or cost sharing revenue balances.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Postpartum Care For Mothers

Overview

The American Rescue Plan recently passed by Congress and signed by the President contains a provision that allows states to expand Medicaid and CHIP coverage to new mother from 60 days to a full year by simply opting in, no waiver request is needed. The specific plans of this program are not yet available as the new federal program is set to be effective in the first quarter of 2022. The amount of federal funding is also not yet finalized, however this rider will give HHSC the ability to draw down these new federal funds when available based on the funds made available by the Federal government.

Required Action

On page II-118 of the Health and Human Services Commission bill pattern, add the following rider:

- _____. **Postpartum Care Extension.** The commission subject to availability of federal funds may draw down additional federal funds through Medicaid and CHIP to cover mothers up to one year of postpartum care.

By:Romero, Jr.
Joint Author: Howard

Texas Health & Human Services Commission
Contingency Rider for HB 1050 & SB 539
Evaluation of mental health response models

Overview

Direct identified, needed funds to enact the provisions of House Bill 1050 and Senate Bill 539, which would require the Health and Human Services Commission to conduct a study of existing mental health and substance crisis response models across the state

Required Action

Amend CSHB1 on page II-127 of the Health and Human Services Commission bill pattern, by adding the following rider:

____. **Contingency for House Bill 1050.** Contingent upon enactment of HB 1050, or similar legislation relating to the evaluation of mental health response teams. If necessary, the Health and Human Services Commission will allocate funds from Section 12.1.1 HHS System Supports to fund an evaluation of mental health responder model outcomes in response to a behavioral health-related call.

Page X of X

Overview

Prepare a rider which appropriates \$500,000 in each fiscal year of the 2022-23 biennium from General Revenue Funds for the purposes of implementing the provisions of House Bill 1052, contingent upon its enactment.

Required Action

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

XX. **Contingency for House Bill 1052.** Contingent on enactment of House Bill 1052, or similar legislation relating to health benefit plan coverage for hair prostheses for breast cancer patients, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$500,000 for each fiscal year of the 2022-23 biennium from General Revenue Funds to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 1052

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider requiring the Health and Human Services Commission to implement the provisions of House Bill 1052 out of existing resources, contingent upon its enactment.

Required Action

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

XX. Contingency for House Bill 1052. Contingent on enactment of House Bill 1052, or similar legislation relating to health benefit plan coverage for hair prostheses for breast cancer patients, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

By: Rep. Rose

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 133

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates \$255,000 in General Revenue in fiscal year 2022 and \$77,500,000 in fiscal year 2023 from General Revenue Funds for the purposes of implementing the provisions of House Bill 133, contingent upon its enactment.

Required Action

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

XX. **Contingency for House Bill 133.** Contingent on enactment of House Bill 133, or similar legislation relating to the Medicaid eligibility of certain women after a pregnancy, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$255,000 from General Revenue in fiscal year 2022 and \$77,500,000 from General Revenue in fiscal year 2023 to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 1356

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates \$500,000 in each fiscal year of the 2022-23 biennium from General Revenue Funds for the purposes of implementing the provisions of House Bill 1356, contingent upon its enactment.

Required Action

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

XX. **Contingency for House Bill 1356.** Contingent on enactment of House Bill 1356, or similar legislation relating to health benefit plan coverage for hair prostheses for cancer patients, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$500,000 for each fiscal year of the 2022-23 biennium from General Revenue Funds to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 1356

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider requiring the Health and Human Services Commission to implement the provisions of House Bill 1356 out of existing resources, contingent upon its enactment.

Required Action

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

XX. Contingency for House Bill 1356. Contingent on enactment of House Bill 1356, or similar legislation relating to health benefit plan coverage for hair prostheses for cancer patients, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

By: Rep. Rose

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 1376

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates \$1,200,000 in General Revenue in fiscal year 2022 and \$1,200,000 in fiscal year 2023 from General Revenue Funds for the purposes of implementing the provisions of House Bill 1376, contingent upon its enactment.

Required Action

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

XX. **Contingency for House Bill 1376.** Contingent on enactment of House Bill 1376, or similar legislation relating to compensation received by state employees working in certain high injury risk positions, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$1,200,000 from General Revenue in fiscal year 2022 and \$1,200,000 from General Revenue in fiscal year 2023 to implement the provisions of the legislation.

Health and Human Services Committee
Strategy A.1.5 Children's Eligibility Group
Proposed Funding and Rider
Expansion of Eligibility for Medicaid-Reimbursable Peer Support Services

Overview

Appropriate funds deemed necessary to expand eligibility for Medicaid-reimbursable peer support services to individuals 14 years of age and older.

Required Action

Amend CSHB1 on page II-127 of the Health and Human Services Commission bill pattern, by adding the following rider:

_____. **Contingency for HB 1413.** Contingent upon enactment of HB 1413, or similar legislation relating to mental health peer support services for children and youth enrolled in Medicaid. If necessary, the Health and Human Services Commission will allocate funds from Strategy A.1.5 Children's Eligibility Group to allow youth ages 14-21 to access mental health peer support services under a state Medicaid program.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 1413

Prepared by LBB Staff, 03/17/2021

Overview

Add a contingency rider directing the Health and Human Services Commission to provide peer support services to certain individuals using funds appropriated in Goal A, Medicaid Client Services, contingent on passage of House Bill 1413, or similar legislation.

Required Action

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

_____. **Contingency for House Bill 1413.** Contingent upon enactment of House Bill 1413, or similar legislation relating to the adoption of rules regarding the provision of peer support services to persons older than a certain age and the provision of those services under Medicaid, the Health and Human Services Commission shall provide peer support services to persons who are enrolled in Medicaid, are 14 years of age or older, and are eligible to receive the services out of funds appropriated to the agency in Goal A, Medicaid Client Services.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for 12 months of Medicaid for Pregnant Women Coverage

Overview

Adds funding for 12 months of Medicaid for Pregnant Women coverage.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

- _____. **Contingency for House Bill 146.** Contingent upon enactment of House Bill 146, or similar legislation relating to extending Medicaid for Pregnant woman coverage to 12 months after the end of pregnancy by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Strategy A.1.3., Pregnant Women, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Rider
Contingency Rider for House Bill 155

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates \$2,250,000 in General Revenue in fiscal year 2022 and \$2,250,000 in fiscal year 2023 from General Revenue Funds for the purposes of implementing the provisions of House Bill 155, contingent upon its enactment.

Required Action

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

XX. Contingency for House Bill 155. Contingent on enactment of House Bill 155, or similar legislation relating to the office of minority statistics and engagement in the Department of Family and Protective Services, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$2,250,000 from General Revenue in fiscal year 2022 and \$2,250,000 from General Revenue in fiscal year 2023 to implement the provisions of the legislation.

Using funds identified above, the Executive Commissioner of the Health and Human Services Commission (HHSC) shall set aside \$2,250,000 in General Revenue and any unobligated and unexpended funds in each fiscal year of the biennium within Strategy L.1.1, HHS System Supports, to implement cultural competency training, collect disaggregated community health data, and house the Center for Elimination of Disproportionality and Disparities (CEDD) to develop partnerships with community groups and agencies to support the delivery of cultural competency services to children and families under Health and Safety Code Sec. 107A.001.

It is the intent of the Legislature that the CEDD shall advise each health and human services agency within Texas Health and Human Services (HHS) on the implementation of cultural competency training, collect disaggregated community health data from HHSC benefits systems, and house the Office of Minority Health to develop partnerships with community groups and agencies to support the delivery of cultural competency services to children and families.

The CEDD shall also lead the HHS Statewide Coalition on Addressing Disproportionality and Disparities to 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 education, juvenile justice, child welfare, health and mental health systems to implement and evaluate equitable policies and practices statewide.

The CEDD and Texas Health and Human Services agencies shall report on the status of these efforts to the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature by December 1, 2022.

Any unexpended balances within Strategy L.1.1, HHS System Supports, as of August 31, 2022, are appropriated for fiscal year beginning September 1, 2022 for the same purposes.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Doula Reimbursement in Medicaid for Pregnant Women Coverage

Overview

Adds funding for doula reimbursement in Medicaid for Pregnant Women coverage.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

- _____. **Contingency for House Bill 158.** Contingent upon enactment of House Bill 158, or similar legislation relating to providing doula reimbursement in the Medicaid for Pregnant Woman program by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate \$665,000 from Strategy A.1.3., Pregnant Women, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Medicaid Reimbursement to Local Health Departments

Overview

Adds funding for Medicaid reimbursement to local health departments.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

_____. **Contingency for House Bill 1666.** Contingent upon enactment of House Bill 1666, or similar legislation relating to allowing Medicaid reimbursement to local health departments by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Goal A, Medicaid Client Services, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Medicaid Reimbursement to Local Health Departments

Overview

Adds funding for Medicaid reimbursement to local health departments.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

_____. **Contingency for House Bill 1666.** Contingent upon enactment of House Bill 1666, or similar legislation relating to allowing Medicaid reimbursement to local health departments by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Goal A, Medicaid Client Services, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Medicaid Reimbursement to Local Health Departments

Overview

Adds funding for Medicaid reimbursement to local health departments.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

_____. **Contingency for House Bill 1666.** Contingent upon enactment of House Bill 1666, or similar legislation relating to allowing Medicaid reimbursement to local health departments by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Goal A, Medicaid Client Services, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 1722

Prepared by LBB Staff, 03/18/2021

Overview

Contingent on enactment of House Bill 1722, direct the Health and Human Services Commission to implement the provisions of the bill out of existing appropriations.

Required Action

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

_____. **Contingency for House Bill 1722.** Contingent on enactment of House Bill 1722, or similar legislation relating to the reimbursement and payment of claims for telemedicine medical services and telehealth services under certain health benefit plans, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provision of the bill of funds appropriated to the agency elsewhere in this Act.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 1741

Prepared by LBB Staff, 03/18/2021

Overview

Contingency on passage of House Bill 1741, require the Health and Human Services Commission to implement the provision of the bill out of existing appropriations.

Required Action

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

_____. **Contingency for House Bill 1741.** Contingent on enactment of House Bill 1741 or similar legislation relating to the expansion of eligibility for Medicaid to all persons for whom federal matching money is available, by the Eighty-seventh Legislative Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in the Act.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Contingency Rider for House Bill 18

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates \$430,200,000 in Federal Funds the purpose of implementing the provisions of House Bill 18, contingent upon its enactment.

Required Action

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

XX. Contingency for House Bill 18. Contingent on enactment of House Bill 18, or similar legislation relating to the establishment of the prescription drug savings program for certain uninsured individuals, by the Eighty-seventh Legislature, Regular Session, and to the extent that federal funds are available, the Health and Human Services Commission is appropriated \$430,200,000 from Federal Funds in the 2022-23 biennium to implement the provisions of the legislation.

RIDER REQUEST

Member Name: Rep. Candy Noble

Affected Agency: Legislative Budget Board

Purpose: Performing the study required by HB 1886

Amount Requested (if applicable): an amount not to exceed \$300,000 for the 2022-2023 biennium

Method of Finance (if applicable): TANF

Rider Language:

HB 1886 Contingency Rider

Required Action

On page _____ of the [BILL NUMBER] Health and Human Services Commission bill pattern, add the following rider:

_____. **Contingency for HB 1886.** Contingent on enactment of HB 1886, or similar legislation relating to a study of public safety net programs, by the 87th Legislature, Regular Session, the Legislative Budget Board is appropriated an amount not to exceed \$300,000 for the 2022-2023 biennium from Goal E, Encourage Self-Sufficiency, for the purpose of performing the study required by HB 1886.

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

Overview

Prepare a rider which appropriates \$12,500,000 in each fiscal year of the 2022-23 biennium from General Revenue Funds to provide grants for Healthy Community Collaboratives, contingent upon enactment of House Bill 1925.

Required Action

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

XX. Contingency for House Bill 1925. Contingent on enactment of House Bill 1925, or similar legislation relating to prohibitions on camping in a public place, creating a criminal offense, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$12,500,000 in each fiscal year of the 2022-23 biennium from General Revenue Funds to provide grants for Healthy Community Collaboratives.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Presumptive Medicaid Coverage for Certain Seniors

Overview

Adds funding for presumptive Medicaid coverage for certain seniors.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

- _____. **Contingency for House Bill 1988.** Contingent upon enactment of House Bill 1988, or similar legislation relating to presumptive Medicaid eligibility of certain seniors by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Strategy A.3.1., Home and Community-Based Services, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Adding Funding for Presumptive Medicaid Coverage for Certain Seniors

Overview

Adds funding for the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider

_____. **Contingency for House Bill 1991.** Contingent upon enactment of House Bill 1991, or similar legislation relating to creating a maternal mental health peer support pilot program for perinatal mood and anxiety disorder by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate funds from Strategy D.1.1., Women's Health Programs, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 202

Prepared by LBB Staff, 03/19/2021

Overview

Appropriate \$2,000,000 in General Revenue Funds in each fiscal year to the Health and Human Services Commission contingency on enactment of House Bill 202.

Required Action

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

- _____. **Contingency for House Bill 202.** Contingent upon enactment of House Bill 202, or similar legislation relating to renaming the Center for Elimination of Disproportionality and Disparities to the Office of Health Equity and to the duties of that office, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$2,000,000 in General Revenue Funds in each fiscal year in Strategy L.1.1, HHS System Supports, to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Funding for an Office of Health Equity

Overview

Appropriation of \$2 million for the creation of an Office of Health Equity.

Required Action

Amend HB 1 on page II-118 following the bill pattern of the Health and Human Service Commission by adding the following rider:

- _____. **Contingency for House Bill 202.** Contingent upon enactment of House Bill 202, or similar legislation relating to the creation of an Office of Health Equity by the Eighty-Seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate up to \$2,000,000 per year in funds from Strategy L.1.1., HHS System Supports, to implement the provisions of the bill.

RIDER REQUEST

Member Name: Jeff Leach

Affected Agency: Health and Human Services

Purpose:

Add a rider to Health and Human Services Commission directing the agency to transfer \$1,600,710 from other appropriations to Strategy A.1.2, Alternatives to Abortion, contingent upon passage of House Bill 2313.

Amount Requested (if applicable): \$1,600,710

Method of Finance (if applicable): Click here to enter text.

Rider Language:

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

XX. Contingency for House Bill 2313. Notwithstanding HHSC Rider 85, Limitations on Transfer Authority, Article IX Sec. 14.01, Appropriation Transfers, and any other transfer limitations in this act and contingent upon enactment on House Bill 2313, or similar legislation relating to a required resources access assistance offer before an abortion is performed, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall transfer \$1,600,710 in General Revenue in fiscal year 2023 from any funds appropriated to the agency to Strategy A.1.2, Alternatives to Abortion, to implement the provisions of the bill.

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

Overview

Add a rider appropriating \$_____ in fiscal year 2022 and \$_____ in fiscal year 2023 to the Health and Human Services Commission contingent on the enactment of House Bill 2487.

Required Action

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

_____. **Contingency for House Bill 2487.** Contingent on enactment of House Bill 2487, or similar legislation relating to the required disclosure by hospitals of prices for hospital services and items by the Eighty-seventh Legislature, Regular Session, in the Health and Human Services Commission is appropriated \$_____ in fiscal year 2022 and \$_____ in fiscal year 2023 to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 2633

Prepared by LBB Staff, 03/19/2021

Overview

Prepare a rider which would permit the Health and Human Services Commission to use allowable federal funds to provide grants to entities for construction of a new treatment shelter or treatment facility pursuant to the provisions of House Bill 2633, contingent upon its enactment.

Required Action

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

- XX.** **Contingency for House Bill 2633.** Contingent on enactment of House Bill 2633, or similar legislation relating to resources provided to human trafficking victims and the establishment of the trafficked persons grant program by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission (HHSC) may, to the extent allowed by federal law, use federal funds appropriated to the agency as the source of funding to award grants to eligible applicants for the purpose of constructing a new shelter or treatment facility.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 270

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider appropriation \$9,000,000 in General Revenue in each fiscal year to the Health and Human Services Commission contingency on the enactment of House Bill 270.

Required Action

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

_____. **Contingency for House Bill 270.** Contingent upon enactment of House Bill 270, or similar legislation relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$9,000,000 in General Revenue in fiscal year 2022 and \$9,000,000 in 2023 in fiscal year 2023 out of General Revenue for the purpose of implementing the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 2774

Prepared by LBB Staff, 03/18/2021

Overview

Prepare a rider which requires the Health and Human Services Commission to use appropriations provided in the 2022-23 biennium for the purposes of implementing the provisions of House Bill 2774, contingent upon its enactment.

Required Action

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

- XX.** **Contingency for House Bill 2774.** Contingent on enactment of House Bill 2774, or similar legislation relating to the reimbursement of residents of public housing authorities for certain losses resulting from a disaster, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall allocate \$50,000 in General Revenue in Strategy L.1.1, HHS System Supports, in each fiscal year of the biennium to implement the provisions of the bill.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 3121

Prepared by LBB Staff, 03/18/2021

Overview

Prepare a rider which appropriates funding in each fiscal year of the 2022-23 biennium for the purposes of implementing the provisions of House Bill 3121, contingent upon its enactment.

Required Action

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

- XX.** **Contingency for House Bill 3121.** Contingent on enactment of House Bill 3121, or similar legislation relating to a voluntary quality standards certification process for certain private residential psychiatric treatment facilities that provide treatments and services to youth; imposing fees; authorizing civil and administrative penalties, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$ in fiscal year 2022 and \$ in fiscal year 2023 from General Revenue Funds to implement the provisions of the legislation.

By: Rep. Julie Johnson

Health and Human Services Commission
Proposed Motion and Rider
Rider XX, Medicaid Plan Contingency: HB 3871

Overview

Rider provides a planning mechanism for implementation of HB 3871 or similar legislation

Required Action

- 1) Add the following new rider:

Rider XX. Medicaid Plan Submission Contingency: HB 3871. Contingent on the enactment of HB 3871 or similar legislation relating to the development and implementation of the Live Well Texas program to provide health benefit coverage to certain individuals by the Eighty seventh Legislature, Regular Session, the Health and Human Services Commission shall submit a plan to the Legislative Budget Board, the Office of the Governor, the members of the House Appropriations Committee and the members of the Senate Finance Committee for implementation of such legislation no later than March 1, 2022. The plan shall include but not be limited to:

- (a) Estimated transfers among strategies, changes to full-time equivalent positions, capital budget adjustments, and other measures necessary to implement the legislation;
- (b) Estimates of any changes to revenue, including but not limited to revenues associated with prescription drug rebates and premium taxes;
- (c) A reconciliation of non-Medicaid General Revenue expended or budgeted in fiscal years 2021, 2022, and 2023 by the Commission for services that would be eligible for Federal matching funds under the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code. Such amounts shall be included in the submitted plan; and
- (d) An estimate of the increase in the number of persons served by the Medicaid program, including those currently served in non-Medicaid programs and new individuals who will be eligible for health care.

Notwithstanding the limitations in the Health and Human Services Commission's bill pattern, Article II, Special Provisions or Article IX, General Provisions, HHSC is authorized to execute such transfers as outlined in the plan to implement this action.

Overview

Prepare a rider which appropriates funding the purposes of implementing the provisions of House Bill 3965, contingent upon its enactment.

Required Action

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

XX. **Contingency for House Bill 3965.** Contingent on enactment of House Bill 3965, or similar legislation relating to requiring an emergency operation plan for continued treatment of patients in an end stage renal disease facility in the event of a disaster and the prioritization of power restoration for those facilities during certain disasters, by the Eighty-seventh Legislature, Regular Session, and to the extent allowable under federal statute, the Health and Human Services Commission is to implement the provisions of the legislation with funds found elsewhere in this Act.

By: Rep. Campos

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 4133

Prepared by LBB Staff, 03/18/2021

Overview

Prepare a rider which appropriates \$100,000 in fiscal year 2022 from General Revenue Funds for the purposes of implementing the provisions of House Bill 4133, contingent upon its enactment.

Required Action

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

- XX. Contingency for House Bill 4133.** Contingent on enactment of House Bill 4133, or similar legislation relating to the creation of a mental health jail diversion pilot program, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$100,000 in fiscal year 2022 from General Revenue Funds to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Contingency Rider for House Bill 4365

Prepared by LBB Staff, 3/19/2021

Overview

Prepare a rider which appropriates funding the purposes of implementing the provisions of House Bill 4365, contingent upon its enactment.

Required Action

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

XX. Contingency for House Bill 4365. Contingent on enactment of House Bill 4365, or similar legislation relating to a pilot project to improve health care outcomes and reduce costs under Medicaid by providing participating recipients with enhanced case management and other services to address certain social determinants of health, by the Eighty-seventh Legislature, Regular Session, and to the extent allowable under federal statute, the Health and Human Services Commission is to implement the provisions of the legislation.

Health and Human Services Commission, Article II

Proposed Rider

Pregnant Women Direct Primary Care Pilot Program Funds

Prepared by LBB Staff, 03/19/2021

Overview

Direct the Health and Human Services Commission to implement a pilot program to provide direct primary care and primary medical care services for pregnant women contingent on enactment of House Bill 484.

Required Action

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

_____. **Pregnant Women Direct Primary Care Pilot Program Funds.**

(a) **Definitions.** For the purposes of this provision:

- (1) Primary medical care service is defined as a routine or general health care service of the type provided at the time a patient seeks preventive care or first seeks health care services for a specific health concern, is a patient's main source for regular health care services, and includes:
 - (A) promoting and maintaining mental and physical health and wellness;
 - (B) preventing disease;
 - (C) screening, diagnosing, and treating acute or chronic conditions caused by disease, injury, or illness;
 - (D) providing patient counseling and education; and
 - (E) providing a broad spectrum of preventive and curative health care over a period of time.
 - (2) Direct primary care is defined as a primary medical care service provided by a physician to a patient in return for payment in accordance with a direct fee. The term includes telemedicine medical services and telehealth services, as those terms are defined by Occupations Code Section 111.001, provided using a technology platform.
 - (3) Telehealth service is defined as a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.
- (b) Contingent on enactment of House Bill 484, or similar legislation relating to a direct primary care model pilot program for Medicaid, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission (HHSC) shall allocate \$1,800,000 million in Temporary Assistance for Needy Families (TANF) Federal Funds in each fiscal appropriated above in Strategy D.1.2, Alternatives to Abortion, to implement a pilot program to provide direct

primary care and primary medical care services for pregnant women. The pilot program shall be implemented in at least three areas of the state.

- (c) HHSC shall report on the impact of the pilot program on reducing emergency room utilization, including a full accounting of funds expended. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted March 31 and September 30 of each fiscal year. The report shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, and permanent standing committees in both the House and the Senate with jurisdiction over health and human services. The report shall also be posted on the agency's public webpage in order to ensure transparency with the public and stakeholders.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 926

Prepared by LBB Staff, 03/18/2021

Overview

Prepare a rider requiring the Health and Human Services Commission to implement the provisions of House Bill 926 out of existing resources, contingent upon its enactment.

Required Action

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

- XX.** **Contingency for House Bill 926.** Contingent on enactment of House Bill 926, or similar legislation relating to the exclusion of certain resources in determining eligibility for financial assistance and the Supplemental Nutrition Assistance Program, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

Health and Human Services Commission, Article II
Proposed Rider
Contingency for House Bill 927

Prepared by LBB Staff, 03/18/2021

Overview

Prepare a rider requiring the Health and Human Services Commission to implement the provisions of House Bill 927 out of existing resources, contingent upon its enactment.

Required Action

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

- XX. Contingency for House Bill 927.** Contingent on enactment of House Bill 927, or similar legislation relating to the exclusion of certain resources in determining eligibility for financial assistance, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

Health and Human Services Commission, Article II
Proposed Rider
Early Childhood Intervention (ECI) Funding Analysis

Prepared by LBB Staff, 03/12/2021

Overview

Add a rider directing the Health and Human Services Commission to have a third party evaluator conduct a financial evaluation of the Early Childhood Intervention program in the event that federal funds received under the American Rescue Plan Act are available for this purpose.

Required Action

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

_____. **Early Childhood Intervention Funding Analysis.** Contingent upon the availability of federal funds received under the American Rescue Plan Act for which it is an allowable use, the Health and Human Services Commission (HHSC) shall contract with a third party evaluator to conduct a financial evaluation of Early Childhood Intervention (ECI) services provided pursuant to Human Resources Code Chapter 73. The report shall include:

- (a) a description of current funding methods;
- (b) an analysis of the possible implementation of a method of financing based on the services and supports each child needs and receives;
- (c) data on ECI expenditures from a representative sample of ECI providers;
- (d) recommendations for improvements to current funding methods or implementation of new funding methods;
- (e) an analysis of feasibility and cost effectiveness of providing ECI services to children ages three and older, as authorized by 34 CFR § 303.211, in order receive state incentive grants authorized by 34 CFR § 303.734; and
- (f) recommendations regarding the amount needed to provide quality ECI services.

HHSC shall submit the report to the Legislative Budget Board, the Governor, permanent standing committees in the House of Representative and the Senate with jurisdiction over health and human services, and the ECI Advisory Committee no later than September 1, 2022.

Health and Human Services Commission
Proposed Rider
Use of Additional Federal Funds for Early Childhood Intervention Services

Prepared by LBB Staff, 03/12/2021

Overview

Add a rider directing the Health and Human Services Commission to expend federal funds provided through the American Rescue Plan Act for Early Childhood Intervention (ECI) services, ECI respite, and Child Find, for those purposes.

Required Action

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

- _____. **Use Additional Federal Funds for Early Childhood Intervention Services.**
Notwithstanding the limitations of Article IX, Section 13.02, Report of Additional Funding and contingent upon the Health and Human Services Commission (HHSC) receiving federal funds under the American Rescue Plan Act for the purpose of providing Early Childhood Intervention (ECI) services or ECI respite, or conducting Child Find activities, HHSC shall expend the funds to provide ECI services in Strategy E.1.3, ECI Services, and ECI respite and Child Find activities in Strategy D.1.4, ECI Respite and Quality Assurance.

Overview

Add a rider directing the Health and Human Services Commission to create a state plan to incentivize nursing facilities to become Alzheimer's Certified.

Required Action

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

_____. **State Plan for Alzheimer's Certification of Nursing Facilities.** Out of funds appropriated above in Strategy H.1.1, Facility/Community-Based Regulation, the Health and Human Services Commission (HHSC) shall develop a state plan to incentivize nursing facilities to become Alzheimer Certified by January 1, 2031. HHSC shall submit the plan to the Governor, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives not later than January 1, 2023.

Health and Human Services Commission, Article II

Proposed Rider

Medicaid Transformation Waiver

Prepared by LBB Staff, 03/23/2021

Overview

Hospital Districts have been an integral part of the section 1115 Texas Healthcare Transformation and Quality Improvement Program (Waiver) since 2011, yet at this time a hospital district created in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003 in which the district does not own or operate a hospital is not eligible to participate in any of the new 1115 Waiver Extension programs. As a result, a local indigent population may lose more than \$50 million dollars annually in health care services. This rider directs HHSC to ensure hospital districts have equitable opportunities to participate in the 1115 Waiver Extension programs.

Required Action

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

_____. **Medicaid Transformation Waiver.** It is the intent of the Legislature that the Health and Human Services Commission apply to the Centers for Medicare and Medicaid Services for an amendment to the Texas Healthcare Transformation and Quality Improvement Program Section 1115 Demonstration Waiver to include a hospital system that is established under the Texas Health and Safety Code Section 281.002(c) and in a county with a population of more than 800,000 that was not included in the boundaries of a hospital district before September 1, 2003 in which the district does not own or operate a hospital in the definition of a qualifying provider. It is the intent of the Legislature that the waiver amendment also provide for additional funding so that inclusion of such hospital systems does not reduce funding available for other qualifying providers.

Health and Human Services Commission, Article II
Proposed Rider
Expedited Approval Process for Level of Need Increases

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider directing the Health and human Services Commission to establish an expedited approval process for authorizing a Level of Need 9 for certain individuals.

Required Action

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

_____. **Expedited Approval Process for Level of Need Increases.** Out of funds appropriated above in Strategy I.2.1, Long-term Care Intake and Access, the Health and Human Services Commission (HHSC) shall establish an expedited approval process for authorizing a Level of Need (LON) 9 for individuals who have complex medical and/or behavioral support needs requiring long-term planning of appropriate supports and are at imminent risk of hospitalization, incarceration, or institutionalization.

The authorized LON 9 shall be reviewed by a service planning team to determine the frequency of review of LON 9 and to address factors contributing to ongoing or intermittent needs and additional resources that are or may be available. Services approved shall not cause an individual to exceed the individual cost limit for the Home and Community-based Services waiver, unless the person meets all of the requirements identified in HHSC Rider 15, Waiver Program Cost Limits. HHSC and Local Intellectual and Developmental Disability Authorities shall use a team approach, including the individual and legally authorized representative, to re-evaluate the needs for service recipients eligible for expedited approval and review on a regular basis.

Health and Human Services Commission, Article II
Proposed Rider
Texas Information and Referral Network Improvements

Prepared by LBB Staff, 03/23/2021

Overview

Add rider at the Health and Human Services Commission concerning 2-1-1.

Required Action

- 1) On page II-44 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Strategy I.1.1, Integrated Eligibility & Enrollment by \$1,000,000 in General Revenue in each fiscal year.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Texas Information and Referral Network Improvements. Included in amounts appropriated above in Strategy I.1.1, Integrated Eligibility & Enrollment, is \$1,000,000 in fiscal year 2022 and \$1,000,000 in fiscal year 2023 to be used by the Health and Human Services Commission (HHSC) to facilitate interagency and community collaboration and improve efficiency, innovation, system integration, data transparency, and effectiveness. The improvements must include adoption and use of the 2-1-1 national brand and logo, efforts that enable the existing community resource database to be utilized by state agencies and programs as well as other partners, technology and communication enhancements, including texting and two-way application programming interface measures designed to connect specialized populations with available state and local services, data transparency enhancements, including disaggregation and reporting of 2-1-1 data by race/ethnicity, gender, and other relevant demographics, and practices that support Area Information Centers (AICs) in engaging in special projects with community partners that leverage the 2-1-1 platform, technology, and system.

Not later than December 1, 2022, HHSC shall prepare a report in collaboration with statewide partners, including but not limited to United Ways of Texas (UWT) and Texas Alliance of Information and Referral Systems (TAIRS) detailing the improvements made to the Texas Information and Referral Network's 2-1-1 Help Line System, other state 2-1-1 models and best practices, and recommendations aimed at increasing efficiency, innovation, and system integration. The report shall be made available to the public on the HHSC website.

Health and Human Services Commission, Article II

Proposed Rider

Step-Down Housing

Prepared by LBB Staff, 03/18/2021

Overview

Add rider at the Health and Human Services Commission for step-down services for individuals with serious mental illness.

Required Action

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

XX. Step-down Housing Pilot for Individuals with Serious Mental Illness. Out of funds appropriated above, the Health and Human Services Commission (HHSC) through a Memorandum of Understanding between the state supported living centers (SSLCs) and state mental health hospitals shall allocate up to \$XX in General Revenue for the 2022-23 biennium from Strategy G.1.1, State Supported Living Centers, and \$XX in General Revenue from Strategy G.2.1, Mental Health State Hospitals, to implement a step-down housing program for long-term residents of the state mental health hospitals appropriate to receive services at SSLCs. HHSC shall establish a pilot program that provides collaborative services from interdisciplinary teams of both state hospitals and SSLCs, in addition to community partners such as the local mental health authorities and local intellectual and developmental disability authorities, during the transitional period.

RIDER REQUEST

Member Name: Dean

Affected Agency: Health and Human Services Commission

Purpose: To direct the Health and Human Services Commission to implement a Medicaid managed care directed payment program for nursing facilities.

Amount Requested (if applicable): N/A

Method of Finance (if applicable): N/A

Rider Language: It is the intent of the Legislature that not later than March 1, 2022, the Commission shall implement a Medicaid managed care directed payment program for nursing facilities that will facilitate reimbursement at the Medicare equivalent rate. No state General Revenue may be expended for this program.

Health and Human Services Commission
Work Group on Improving Texas Medicaid Provider Manual
Related to Dental Services

Overview

A thorough and complete review of Medicaid dental policies has not been completed in over two decades. Current dental policies were written before Managed Care was in place. Requiring the Health & Human Service Commission, in conjunction with the Office of Inspector General, and stakeholders from dental managed care organizations, dentists, and academia to convene a workgroup to do a thorough review of the Texas Medicaid Provider Procedures Manual for dental services will assist in finding cost savings for the state by helping to prevent fraud, waste and abuse in dental treatments. This review will also help update program benefits and tighten benefit limitations which will help avoid the over-treatment of Texans, while also providing comprehensive care.

Required Action

On page II-118 of the Health and Human Services bill pattern, add the following new rider:

____. **Work Group on Improving Texas Medicaid Provider Manual Related to Dental Services.** The Health and Human Service Commission shall review all provisions in the Texas Medicaid Provider and Procedures Manual related to dental services and determine which provisions can be eliminated or changed to prevent fraud, waste or abuse, including changes related to the use of dental procedure codes by providers. This review shall be conducted in coordination with a work group convened by the executive commissioner of the Health and Human Services Commission and composed of representatives from the commission, including the dental director, representatives from the office of inspector general, and stakeholders from managed care organizations that contract with the commission to provide Medicaid dental services, providers of Medicaid dental services, dental academia and other stakeholders as appropriate. The work group shall report the results of the review to the executive commissioner no later than December 31, 2022.

In order to ensure that the Health and Human Services Commission complies with current state and federal law regarding eligibility determinations for Children's Medicaid, HHSC shall return to providing for two consecutive six-month periods of continuous eligibility for a child between each certification and annual recertification. This will align eligibility timelines and procedures for Children's Medicaid with existing eligibility timelines and procedures for the Children's Health Insurance Plan (CHIP).

Required Action

On page II-64 of the Health and Human Services Commission bill pattern, add the following rider:

- _____. **Continuous eligibility.** Out of funds appropriated above in Goal I, Program Eligibility Determination & Enrollment, the Health and Human Services Commission shall adopt rules in compliance with 42 U.S.C. Section 1396a(e)(12), as amended, and Section 32.0261, Human Resources Code, to ensure that the documentation and verification procedures used in determining and certifying the eligibility and need for medical assistance of a child under 19 years of age are the same as the documentation and verification procedures used to determine and certify a child's eligibility for coverage under Chapter 62, Health and Safety Code. Rules adopted must ensure that a full recertification of a child's continued eligibility for medical assistance occur no more frequently than every 12 months, as required by 42 CFR §435.916(a)(1).

Health and Human Services Commission, Article II
Proposed Funding and Rider
School Health Services Reimbursement

Overview

Instruct HHSC to amend the State Medicaid Plan to allow schools to be reimbursed for school health services, regardless of whether the student has an Individualized Educational Plan.

Required Action

On page II-64 of the Health and Human Services bill pattern, add the following rider:

- _____. **School Health Services Reimbursement.** The Health and Human Services Commission shall seek an amendment to the State Medicaid Plan or other appropriate authorization from the Centers for Medicare and Medicaid Services or other appropriate agency to ensure that Medicaid reimbursement is provided to a local educational agency that is an authorized health care provider under Medicaid for all health care services covered under Medicaid.
- a) The commission shall ensure a local educational agency receives Medicaid reimbursement regardless of whether:
 - 1. there is any charge for the service to the student as a Medicaid recipient or to the community at large;
 - 2. the provided service is included in a student's individualized education plan or individualized family service plan; and
 - 3. the health professional providing the service is the recipient's primary care provider.
 - b) A local educational agency may only use the proceeds of Medicaid reimbursements received under this section to continue to fund the provision of health care services by the agency.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Funds for Chronic Homelessness

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Health and Human Services Commission to seek a Medicaid waiver to expand Medicaid eligibility to individuals experiencing chronic homelessness.

Required Action

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

_____. **Medicaid Funds for Chronic Homelessness.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall prepare and seek a waiver under Section 1115 of the Social Security Act (42 U.S.C. Section 1315), or other applicable federal law, to expand Medicaid eligibility to include persons experiencing chronic homelessness. The waiver shall seek to reduce health care costs by providing supportive housing services with Medicaid funds for persons experiencing chronic homelessness, to the extent allowable by federal law.

Health and Human Services Commission, Article II
Proposed Rider
Mobile Stroke Units

Prepared by LBB Staff, 03/23/2021

Overview

Add a rider to identify appropriations for mobile stroke units and to indicate that it is the intent of the Legislature for the Health and Human Services Commission to provide Medicaid reimbursement for tissue plasminogen activator for treatment of stroke.

Required Action

- 1) On page II-42 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Strategy D.1.10, Additional Specialty Care, by \$500,000 in General Revenue in each fiscal year.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Stroke Treatment and Response.**

- (a) Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$500,000 in General Revenue in fiscal year 2022 and \$500,000 in General Revenue in fiscal year 2023 for the Health and Human Services Commission (HHSC) to provide funding for services provided by mobile stroke units
- (b) It is the intent of the Legislature that, out of funds appropriated above in Strategies in Goal A, Medicaid Client Services, HHSC shall reimburse for tissue plasminogen activator (tPA) for treatment of stroke.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Medicaid Peer Support Services Rate Increase

Prepared by LBB Staff, 03/19/2021

Overview

Add a rider to identify appropriations to increase reimbursement rates for Peer Specialist Services in Medicaid to the rate paid for Mental Health Rehabilitation Services—Skills Training and Development.

Required Action

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

_____. **Medicaid Peer Support Services Rate Increase.** Included in amounts appropriated above is \$_____ in General Revenue Funds and \$_____ in Federal Funds in fiscal year 2022 and \$_____ in General Revenue Funds and \$_____ in Federal Funds in fiscal year 2023 in Goal A, Medicaid Client Services, and \$_____ in General Revenue Funds in each fiscal year of the biennium in Strategy B.1.1, Medicaid Contracts and Administration, to increase reimbursement rates for Peer Specialist Services to the rate paid for Mental Health Rehabilitation Services—Skills Training and Development.

Overview

Amend Health and Human Services Commission (HHSC) Rider 16, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, to indicate legislative intent for HHSC to reimburse certain privately-owned hospitals that participate in supplemental payment programs are reimbursed at the same rate or level as non-state owned public hospitals.

Required Action

On page II-61 of the Health and Human Services Commission bill pattern, amend the following rider:

16. **Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), supplemental payments where the source of the non-federal share is Local Provider Participation Funds (LPPF), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, and any successor programs. In addition, HHSC shall gather information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use.
- (a) HHSC shall report quarterly:
- (1) Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and
 - (2) Expenditures made in the previous quarter, aligning expenditure reporting with the CMS-64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
 - (A) the recipients of funds by program;
 - (B) the amount distributed to each recipient;
 - (C) the date such payments were made; and
 - (D) all mandatory payments to an LPPF, including the amounts for each particular use.
- (b) Intergovernmental transfers (IGTs) of funds from institutions of higher education are appropriated to HHSC for the non-federal share of uncompensated care or

delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.

- (c) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.
- (d) From funds appropriated elsewhere in the act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report of the audit's findings annually by June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.
- (e) HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.
- (f) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.
- (g) It is the intent of the Legislature that HHSC shall ensure a hospital that contracts with a hospital district that does not own or operate a hospital and participates in a supplemental payment program is reimbursed at a rate or level equivalent to a non-state owned public hospital.

Overview

The Office of Minority Health Statistics and Engagement was last funded for Fiscal Year 2018. There are multiple bills this session including H.B. 4139 by Representative Coleman that are aimed at reviving this office, and renaming it. Those bills are important but the Office is still in statue and can be brought back absent a bill with a proper appropriations request. This rider will bring funding back to the office near 2018 levels.

Required Action

On page II-41 and II-43 of the Health and Human Services Commission bill pattern, add the following rider:

A.1.1. Strategy: AGED AND MEDICARE-RELATED \$ 5,446[7],151,472 \$ 5,492[3],789,692

F.3.3. Strategy: ADDITIONAL ADVOCACY PROGRAMS 1,864,974 1,864,974

On page II-118 of the Health and Human Services Commission bill pattern, add the following rider:

_____. **The Office of Minority Health Statistics and Engagement.** Included in amounts appropriated above in Strategy F.3.3, Additional Advocacy Programs, is \$1,000,000 for each fiscal year for the Office of Minority Health Statistics and Engagement (Office) or similar office. The Office will renew its goals to provide cultural competency training and develop partnerships with community groups to support the delivery of culturally appropriate services to children and families. The Office shall also research, evaluate, develop, and recommend policies that address minority health, including education, juvenile justice, child welfare, workforce, and mental health systems to ensure equitable policies and practices statewide.

Health and Human Services Commission

Proposed Rider

Rider XX, Report of Certain General Revenue Expenditures.

Overview

Add a new rider to require the Health and Human Services Commission to report all expenditures of General Revenue made by the commission that would have been eligible for Federal funds if Medicaid client services were made available to those individuals described by the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code and an estimate of certain Federal funds. .

Required Action

Add the following new rider:

Rider XX, Report of Certain General Revenue Expenditures. By November 1 of each fiscal year, the Health and Human Services Commission shall report to the Legislative Budget Board, the Office of the Governor, members of the House Appropriations Committee and members of the Senate Finance Committee:

- 1) All non-Medicaid expenditures of General Revenue made by the commission during the preceding fiscal year for services that would be eligible for Federal matching funds under the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code; and
- 2) An estimate of the amount of Federal funds forgone to which the state of Texas would be entitled if individuals described by the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code were included in the state Medicaid program for the preceding fiscal year.

Health and Human Services Commission, Article II
Proposed Rider
Social Determinates of Health- Data Collection, Analysis and Reporting

Prepared by LBB Staff, 03/19/2021

Overview

Add a rider requiring the Health and Human Services Commission to expend certain Federal Funds to access and analyze healthcare and other data before, during, and after the COVID-19 public health emergency, including social determinates of health and the impacts on the health, wellness, and healthcare costs of Texans.

Required Action

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

_____. **Social Determinates of Health- Data Collection, Analysis and Reporting.**

- (a) Out of federal funds received during the coronavirus disease public health emergency, including money received under the Coronavirus Aid, Relief, and Economic Security Act (15 U.S.C. Section 9001 et seq.), the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260), and the American Rescue Plan Act of 2021, and to the extent that such funds can be used for the purpose of this rider, the Health and Human Services Commission (HHSC) shall coordinate with the Department of State Health Services and the University of Texas Health System, to access and analyze healthcare and other data (as permitted by law) before, during, and after the public health emergency, including social determinates of health (SDOH) and the impacts on the health, wellness, and healthcare costs of Texans.
- (b) To administer subsection (a), HHSC shall expend \$5,000,000 in Federal Funds received in part (a) of this rider, during the 2022-23 biennium, in cooperation with the University of Texas System to establish a center of excellence for data collection from public and commercial sources, analysis and reporting, including how SDOH risk factors, health equities, and health disparities have evolved during the public health emergency, with a particular emphasis on Medicaid recipients and uninsured Texans.
- (c) HHSC shall submit a report on the initial results of the centers work to the Legislative Budget Board and the Governor no later than December 1, 2022 describing efficiencies and inefficiencies in the Texas healthcare system, policies and practices that have been improved as a result of to the public health emergency, and recommendations on future ways to reduce cost and improve quality of care using SDOH data analytics.

Article II, Special Provisions Related to All Health and Human Services Agencies

Proposed Funding and Rider

Prescription Drug Price Study and Contingency for House Bill 1033

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider to appropriate \$200,000 to the Department of State Health Services over the biennium to study the data collected under Section 441 of the Health and Safety Code to make recommendations to the legislature related to pharmaceutical prices, as well as use that data to implement improvements to the reporting, collection, and dissemination of that data, contingent upon the enactment of House Bill 1033. If House Bill 1033 does not pass, the rider would appropriate \$200,000 to the Health and Human Services Commission over the biennium to study the data collected under Section 441 of the Health and Safety Code to make recommendations to the legislature related to pharmaceutical prices, as well as use that data to implement improvements to the reporting, collection, and dissemination of that data.

Required Action

1) On page II-XX of Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

____. **Prescription Drug Price Study and Contingency for House Bill 1033.**

- (a) **Prescription Drug Price Study.** In addition to amounts appropriated above, the Health and Human Services Commission is appropriated \$100,000 in General Revenue in Strategy L.1.1, HHS System Supports, in each fiscal year to study the data collected pursuant to Chapter 441 of the Health and Safety Code. Based on the results of the study, HHSC shall:
- (1) submit a report to the Senate Health and Human Services and House Public Health Committees with recommendations related to pharmaceutical drug prices not later than December 1, 2022; and
 - (2) implement improvements to the reporting, collection, and dissemination of the data.
- (b) **Contingency for House Bill 1033.** Contingent on enactment of House Bill 1033, or similar legislation relating to prescription drug price disclosure, by the Eighty-seventh Legislature, Regular Session, HHSC shall transfer \$100,000 in each fiscal year from Strategy L.1.1, HHS System Supports, to Strategy A.1.5, Health Data and Statistics, at the Department of State Health Services (DSHS) and DSHS shall perform the study, submit the report, and implement the improvements described in subsection (a) in lieu of HHSC.

Article II, Special Provisions Related to All Health and Human Services Agencies

Proposed Rider Contingency for House Bill 3834

Prepared by LBB Staff, 03/18/2021

Overview

Add a contingency rider for House Bill 3834.

Local public health entities are a vital part of the health care delivery system in many communities and should continue to play an integral role in improving access to health care for those who may not be able to afford it otherwise. Legislation filed seeks to ease barriers to participation with Managed Care Organizations program by local health departments and certain health service regional offices.

H.B 3834/S.B. 73 amends the Human Resources Code to require the executive commissioner of the Health and Human Services Commission to establish a separate provider type for local health entities, including health service regional offices acting in the capacity of local health department, for purposes of enrollment as a provider for reimbursement.

These bills amend current law relating to providing access to local health departments and certain health service regional offices under Medicaid.

Required Action

1) On page II-XX of Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

____. **Contingency for House Bill 3834.** Contingent on enactment of House Bill 3834, or similar legislation relating to providing access to local health departments and certain health service regional offices under Medicaid, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services is appropriated \$347,000 in General Revenue and the Health and Human Services Commission is appropriated \$665,000 in General Revenue Match for Medicaid Account No. 758 in fiscal year 2022 to implement the provisions of the legislation.

House Appropriations Committee Riders - Article II

Not Adopted

Legislative Budget Board

Department of State Health Services
Proposed Funding and Rider
Border Laboratory Capacity

Prepared by LBB Staff, 03/17/2021

Overview

Add funding and a new rider at the Department of State Health Services to direct funds to the City of Laredo's Health Department for the purpose of improving border laboratory capacity to receive a Laboratory Response Network certification.

Rapid Laboratory Detection along the Texas/Mexico Border is paramount for early detection and intervention, disease control. This is especially critical for new and emerging diseases such as COVID-19. Rapid Laboratory Detection is part of the health and bio-security response. Currently the laboratory capacity is not certified by the Texas Department of State Health Services to serve as a Laboratory Response Network (LRN) lab to detect bioterrorism agents, emerging and novel public health threats and emergencies and other public health threats.

Laredo has a biosafety laboratory level III (BSL III) that was built in partnership with DSHS with the intent of becoming an LRN to enhance laboratory capacity on the Texas/Mexico Border. This would enhance the response to current and new biological threats. This certification will also facilitate Food Emergency Response Network (FERN) approval to reduce the risk of foodborne threats.

Required Action

- 1) On page II-XX of the Department of State Health Services' bill pattern, increase appropriations in Strategy A.4.1, Laboratory Services, by \$500,000 in General Revenue Funds in fiscal year 2022 and in fiscal year 2023.
- 2) On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____. **Border Laboratory Capacity.** Out of the amounts appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services shall transfer \$500,000 in each fiscal year of the biennium out of General Revenue Funds to the City of Laredo's Health Department for the purpose of improving laboratory capacity to receive a Laboratory Response Network certification.

RIDER REQUEST

Member Name: Ryan Guillen

Affected Agency: Department of State Health Services

Purpose: To ensure funds are allocated for the Rita Littlefield Chronic Kidney Disease Centralized Resource Center.

Amount Requested (if applicable): N/A

Method of Finance (if applicable): N/A

Rider Language: Out of funds appropriated above in Strategy D.1.9, Kidney Health Care, Rita Littlefield Chronic Kidney Disease Centralized Resource Center, the Health Human Services Commission shall allocate the necessary appropriations for the Rita Littlefield Chronic Kidney Disease Centralized Resource Center to operate.

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

Overview

Add funding and rider at the Health and Human Services Commission for a senior and youth center.

Required Action

- 1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.2, Non-Medicaid Services, by \$862,515 in General Revenue Funds in fiscal year 2022.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. Senior and Youth Center. Included in amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, to the extent allowable by law, is \$862,515 in General Revenue in fiscal year 2022 for the continuation of a development project for a senior and youth center in Converse, Texas.

RIDER REQUEST

Member Name: Representative Lucio, III

Affected Agency: Health and Human Services Committee

Purpose: The purpose of this rider is to provide services to control, delay, and prevent Type 2 diabetes through a diabetes self-management education and support program and a nationally recognized diabetes prevention education program to deliver services in community and home-based settings. The Health and Human Services Commission (HHSC) shall collaborate with the University of Texas Health Science Center Houston School of Public Health-Brownsville Campus (UTSPH-B) to operate an evidence-based pilot program in Cameron and Hidalgo Counties for diabetic and pre-diabetic patients, including but not limited to pregnant women with a history of gestational diabetes or risk factors for type 2 diabetes.

Amount Requested (if applicable): \$1,300,000

Method of Finance (if applicable): Click here to enter text.

Rider Language: Diabetes Prevention and Management Pilot Program. Out of funds appropriated above in Goal A Medicaid Client Services, the Texas Health and Human Services Commission through a Memorandum of Understanding shall allocate \$1,300,000 in General Revenue per year for the 2022-23 biennium to University of Texas Health Science Center Houston School of Public Health-Brownsville Campus (UTSPH-B) to operate a diabetes prevention and management program and to analyze data relating to the provision of relevant services, report the preliminary results of the pilot program, including estimated cost savings through reduced utilization of ED and other treatment services, and make recommendations. The report should consider the impact of expanding the pilot program features to be more widely applied in Medicaid managed care to reduce costs and improve health outcomes.

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

Health and Human Services Commission, Article II

Proposed Funding and Rider Alternatives to Abortion

Overview

Add \$10,000,000 in General Revenue in each fiscal year for the Alternatives to Abortion program and a new rider relating to the Alternatives to Abortion program.

Required Action

- 1) On page II-42 of the Health and Human Services bill pattern, increase funding in Strategy D.1.2, Alternatives to Abortion, by \$10,000,000 in General Revenue in fiscal year 2022 and \$10,000,000 in General Revenue in fiscal year 2023.
- 2) On page II-78 of the Health and Human Services bill pattern, amend the following rider to read:

80 44. Alternatives to Abortion Program.

(a) **Funding for Alternatives to Abortion Program.** Included in amounts appropriated above in Strategy D.1.2, Alternatives to Abortion, is \$100,022,732 in General Revenue and 1.0 FTE in each fiscal year for the purpose of entering into and overseeing contracts with organizations that shall promote childbirth through the Alternatives to Abortion (A2A) program.

(b) **Beneficiaries Served.** A2A organizations and subcontractors, if applicable, shall provide support to the following beneficiaries within the State of Texas:

- (1) Women or men who are parents of an unborn child or a child of less than three years of age (“Clients”);
- (2) Women or men who are intending to adopt a child less than three years of age in the next 12 months, or have an adopted child less than three years of age (“Adoptive Parents”);
- (3) Women or men who have voluntarily relinquished their parental rights to a child less than three years of age if that relinquishment is less than 180 days prior to the services (“Birth Parents”);
- (4) Women or men who have experienced the death of a child in utero or the death of a child less than three years old if the death is less than 180 days prior to the services (“Grieving Parents”); or
- (5) The father, mother, sibling, aunt, uncle, grandparent, cousin, spouse, boyfriend, girlfriend, adult child, or legal guardian of clients (“Family Members”).

A2A organizations and subcontractors must provide services to beneficiaries that are located within the State of Texas at the time they receive the services, but shall not have eligibility requirements regarding citizenship, residency, or income as a condition for receiving services.

(c) Services and Materials. A2A organizations shall provide, either directly or through subcontractors, services and materials that improve the pregnancy or parenting situation, including, but not limited to:

- (1) Counseling/mentoring, education materials, and classes regarding pregnancy, parenting, adoption, life skills and employment readiness (“Services”); and
- (2) Non-medical material assistance that improves the pregnancy or parenting situation including but not limited to maternity clothing, formula, and diapers (“Materials”);

(d) Contracting Policies. HHSC shall use appropriations in Strategy D.1.2, Alternatives to Abortion, to enter into contracts with A2A organizations that are:

- (1) Able to provide the Services and Materials identified in subsection (b) to the beneficiaries identified in subsection (a);
- (2) Exempt from federal income taxation; and
- (3) Experienced in providing A2A services.

Contracts shall cover the period from September 1, 2021 through August 31, 2023. HHSC shall distribute the full amount of appropriated fiscal year funds to A2A organizations no later than September 1 of each fiscal year so long as the contractors are in good standing with HHSC. HHSC shall distribute funding between the A2A organizations based on the proportion of total amount of Services and Materials, as described in subsection (b), provided in the A2A program by the A2A organization, either directly or through subcontractors, during the first six months of fiscal year 2021. The 1.0 FTE allocated to Strategy D.1.2, Alternatives to Abortion, shall oversee contracts and ensure compliance with HHSC contracting procedures and all other relevant laws and policies.

Transfer Authority. ~~Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers—Capital Budget, Article II, Special Provisions § 6, Limitations on Transfer Authority, Health and Human Services Commission (HHSC) Rider 135, Limitations on Transfer Authority, or any other transfer limitations in this Act, HHSC may transfer up to a total of \$20,000,000 during the biennium to Strategy D.1.2, Alternatives to Abortion, from any appropriated funds, if HHSC determines that there is a demand based on program utilization. Any funds transferred to Strategy D.1.2, Alternatives to Abortion, shall be spent on direct client services.~~

(e) ~~(b)~~ Unexpended Balance Authority within the Biennium. Any unobligated and unexpended balances remaining as of August 31, 2020~~22~~, in Strategy D.1.2, Alternatives to Abortion, are appropriated to HHSC for the same purpose for the state fiscal year beginning September 1, 2020~~22~~.

(f) ~~(e)~~ Reporting Requirement. HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board and the Governor no later than December 1 of each year:

- (1) total amount of Services and Materials provided in the A2A program by each A2A organization, either directly or through subcontractors, by geographical region;
- (2) ~~(1)~~ total number of A2A providers, including subcontractors, by geographical region, and the total number of unduplicated clients served by each provider, by gender and age;
- (3) ~~(2)~~ description of A2A outreach efforts by providers and HHSC;
- (4) ~~(3)~~ total expenditures, by MOF;
- (5) ~~(4)~~ total contract amounts by provider, including subcontractors; and
- (6) ~~(5)~~ any outcome measures included in contracts with providers.

Overview

Amend Health and Human Services Commission Rider 44, Alternatives to Abortion Program, to: allow the agency to transfer up to \$30.0 million in General Revenue out of Strategy D.1.2, Alternatives to Abortion Program, to any other item of appropriation if there is demand based on program utilization; direct any unexpended balances at the end of fiscal year 2022 to Strategy D.1.1, Women's Health Programs; and amend reporting requirements. Also, make a confirming change to Rider 88, Limitations on Transfer Authority.

Required Action

- 1) On page II-78 of the Health and Human Services Commission bill pattern, amend the following rider:

44. Alternatives to Abortion Program.

- (a) **Transfer Authority.** Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, Article II, Special Provisions § 6, Limitations on Transfer Authority, Health and Human Services Commission (HHSC) Rider 88, Limitations on Transfer Authority, or any other transfer limitations in this Act, HHSC may transfer up to a total of \$30,000,000 in General Revenue during the 2022-23 biennium from Strategy D.1.2, Alternatives to Abortion, to any item of appropriation if HHSC determines that there is a demand based on program utilization. Any funds transferred from Strategy D.1.2, Alternatives to Abortion, shall be spent on direct client services.
- (b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining as of August 31, 2022, in Strategy D.1.2, Alternatives to Abortion, are reappropriated to HHSC then transferred to Strategy D.1.1, Women's Health Programs for HHSC for the same purpose for the state fiscal year beginning September 1, 2022.
- (c) **Reporting Requirement.** HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board, ~~and the Governor, and members of the Legislature~~ no later than December 1 of each year:
 - (1) total number of A2A providers, including subcontractors, by geographical region, type of provider (medical, social services, etc.), and the total number of unduplicated clients served by each provider, by gender and age;
 - (2) description of A2A outreach efforts by providers and HHSC;
 - (3) a description of the competitive contracting efforts done by the agency (number of respondents and final bid amount);
 - (4) total expenditures, by MOF;
 - (5) total contract amounts by provider, including subcontractors; ~~and~~

- (6) all performance measures expected of providers, including any outcome measures included in contracts with providers;
- (7) number of referrals to other health programs made by providers;
- (8) types of services offered by the program and their direct impact on families;
and
- (9) program recommendation to improve delivery of services, coordination between programs, and other service improvements.

- 2) On page II-99 of the HHSC bill pattern, amend Rider 88, Limitations on Transfer Authority, by striking subsection (b)(2), which reads:

Notwithstanding Article II, Special Provisions § 6, Limitations on Transfer Authority; Article IX, § 14.01, Appropriation Transfers; and subsection (b)(1) of this rider, HHSC may not make any transfers out of Strategy D.1.2, Alternatives to Abortion.

Health and Human Services Commission
Alternatives to Abortion

Overview

To amend the Alternatives to Abortion program's reporting requirements.

Required Action

On page II-78 of the Health and Human Services Commission bill pattern, amend the following rider:

 . **Alternatives to Abortion Program.**

~~(a) **Transfer Authority.** Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, Article II, Special Provisions § 6, Limitations on Transfer Authority, Health and Human Services Commission (HHSC) Rider 135, Limitations on Transfer Authority, or any other transfer limitations in this Act, HHSC may transfer up to a total of \$30,000,000 during the biennium to Strategy D.1.2, Alternatives to Abortion, from any appropriated funds, if HHSC determines that there is a demand based on program utilization. Any funds transferred to Strategy D.1.2, Alternatives to Abortion, shall be spent on direct client services.~~

(b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining at the end of each fiscal year, in Strategy D.1.2, Alternatives to Abortion, are appropriated to Strategy D.1.1. Women's Health Programs for client services ~~HHSC for the same purpose for~~ for the next state fiscal year.

(c) **Reporting Requirement.** HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board and the Governor no later than December 1 of each year:

- (1) total number of A2A providers, including subcontractors, by geographical region, type of provider (medical, social services, etc.) and the total number of unduplicated clients served by each provider, by gender and age;
- (2) description of A2A outreach efforts by providers and HHSC, including a description of the competitive contracting efforts done by the agency (number of respondents and final bid amount);
- (3) total expenditures, by MOF;
- (4) total contract amounts by provider, including subcontractors; ~~and~~
- (5) any outcome measures included in contracts with providers;
- (6) all performance measures expected of providers;

- (7) number of referrals to other health programs done by providers;
- (8) types of services offered by the program and their direct impact on families; and
- (9) program recommendations to improve delivery of services, coordination between programs, and other service improvements.

(d) Evaluation of Best Practices HHSC shall evaluate current expenditures of the Alternatives to Abortion program funds, provide information regarding any unexpended funds, and provide this information in a report to the Legislative Budget Board, the Office of the Governor, and the Legislature no later than December 1, 2021. HHSC shall also seek recommendations from women's health care providers, children's health care advocates, women's health advocates, early childhood education advocates, and other stakeholders on strategies that maximize these funds to make sure investments are made in programs which implement best practices and have proven outcomes. HHSC will collect recommendations no later than December 1, 2021 and shall include them in the expenditure report to the Legislature. The Legislative Budget Board shall approve of the implementation of these recommendations no later than June 1, 2022.

Health and Human Services Commission, Article II
Proposed Rider
Pregnant Women Direct Primary Care Pilot Program Funds

Prepared by LBB Staff, 03/19/2021

Overview

Direct the Health and Human Services Commission to implement a pilot program to provide direct primary care and primary medical care services for pregnant women.

Required Action

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

_____. **Pregnant Women Direct Primary Care Pilot Program Funds.**

(a) **Definitions.** For the purposes of this provision:

- (1) Primary medical care service is defined as a routine or general health care service of the type provided at the time a patient seeks preventive care or first seeks health care services for a specific health concern, is a patient's main source for regular health care services, and includes:
 - (A) promoting and maintaining mental and physical health and wellness;
 - (B) preventing disease;
 - (C) screening, diagnosing, and treating acute or chronic conditions caused by disease, injury, or illness;
 - (D) providing patient counseling and education; and
 - (E) providing a broad spectrum of preventive and curative health care over a period of time.
 - (2) Direct primary care is defined as a primary medical care service provided by a physician to a patient in return for payment in accordance with a direct fee. The term includes telemedicine medical services and telehealth services, as those terms are defined by Section 111.001, provided using a technology platform.
 - (3) Telehealth service is defined as a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.
- (b) Out of funds appropriated above in Strategy D.1.2, Alternatives to Abortion, the Health and Human Services Commission (HHSC) shall expend \$1,800,000 million in Temporary Assistance for Needy Families (TANF) Federal Funds in each fiscal year to implement a pilot program to provide direct primary care and primary medical care services for pregnant women. The pilot program shall be implemented in at least three areas of the state.

- (c) HHSC shall report on the impact of the pilot program on reducing emergency room utilization, including a full accounting of funds expended. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted March 31 and September 30 of each fiscal year. The report shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, and permanent standing committees in both the House and the Senate with jurisdiction over health and human services. The report shall also be posted on the agency's public webpage in order to ensure transparency with the public and stakeholders.

Overview

Require the Health and Human Services Commission to participate in a grievance process.

Required Action

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

XX. Grievance Process: Child Advocacy Center Programs and Court Appointed Special Advocate Programs. Out of funds appropriated above to the Health and Human Services Commission, the commission shall work with Child Advocacy Center Programs and Court Appointed Special Advocate Programs to participate in an established grievance process. The process shall include:

- (a) Statewide procedures through which children and other individuals served by a Child Advocacy Center Program or Court Appointed Special Advocate Program are informed of their right to make a complaint against the program and procedures for filing a complaint;
- (b) Procedures for resolving complaints at the program level;
- (c) Procedures for appealing a decision made at the program level to the commission;
- (d) Development and statewide distribution of form or telephone system that may be used to make a complaint;
- (e) A requirement that an individual making a complaint be provided with status information via phone, email, or other written communication at least quarterly; and
- (f) Procedures for taking corrective and remedial actions in connection with individual complaints and enforcing compliance with those recommendations.

By: Rep. Hull

Health and Human Services Commission, Article II

Proposed Rider

Child Advocacy Centers: Memorandums of Understanding

Prepared by LBB Staff, 03/16/2021

Overview

Require the Health and Human Services Commission to publish copies of memorandums of understanding on the commission's website.

Required Action

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

- XX. Memorandums of Understanding: Child Advocacy Center Programs.** Out of funds appropriated above to the Health and Human Services Commission, the commission shall publish and maintain current copies of any Memorandums of Understanding and Protocols related to Child Advocacy Center Programs on the commission's public internet website.

RIDER REQUEST

Member Name: Ryan Guillen

Affected Agency: Health and Human Services Commission

Purpose: To ensure Texas Nursing Homes receive the Medicaid reimbursement rate to Texas nursing homes under emergency order 1 T.A.C. Section 355.205.

Amount Requested (if applicable): N/A

Method of Finance (if applicable): N/A

Rider Language: It is the intent of the legislature that money appropriated to Health and Human Services Commission for Strategy A.2.4, Nursing Facility Payments, the Health and Human Services Commission shall allocate the necessary funds to ensure Texas Nursing Homes receive the Medicaid reimbursement rate allocated under emergency order 1 T.A.C. Section 355.205.

Health and Human Services Commission

Proposed Motion and Rider

Rider __, Medicaid Client Services.

Overview

Provide appropriation authority and make necessary adjustments to provide Medicaid client services to persons described by the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code. Amounts in this motion assume Medicaid expansion would yield an annual All Funds increase of \$10,000,000,000; actual amounts may vary but will yield similar General Revenue reductions and Federal Funds increases to those shown below. The General Revenue/Federal Funds adjustment in items E and F below may be across strategies in Goal A or isolated to one or more strategies.

Required Action

- 1) Make the following adjustments to the bill pattern for the Health and Human Services Commission:
 - a. Increase General Revenue appropriations on page II-41, for Strategy A.1.4., Other Adults, in the amount of \$950,000,000 in fiscal year 2023;
 - b. Increase Federal Funds appropriations on page II-41, for Strategy A.1.4., Other Adults, in the amount of \$8,550,000,000 in fiscal year 2023;
 - c. Increase General Revenue appropriations on page II-41, for Strategy B.1.1. Medicaid Contracts and Administration, in the amount of \$50,000,000 in fiscal year 2023;
 - d. Increase Federal Funds appropriations on page II-41, for Strategy B.1.1., Medicaid Contracts and Administration in the amount of \$450,000,000 in fiscal year 2023.
 - e. Reduce General Revenue appropriations on page II-41 for Goal A by \$1,500,000,000
 - f. Increase Federal Funds appropriations on page II-41 for Goal A by \$1,500,000,000

- g. Reduce General Revenue in the Method of Finance table by \$500,000,000 in fiscal year 2023 on page II-40;
- h. Increase Federal Funds in the Method of Finance table by \$10,500,000,000 in fiscal year 2023 on page II-40.

2) Add the following new rider:

Rider__. **Medicaid Client Services.** It is the intent of the Legislature that the Health and Human Services Commission provide Medicaid client services to persons described by the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code no later than September 1, 2022. It is further the intent of the Legislature that Health and Human Services Commission maximize the use of General Revenue appropriations as Medicaid match to draw Federal funds, and that the General Revenue identified in (c) below be applied as match to draw Federal funds. To execute this direction, included in amounts appropriated above are the following:

(a) \$950,000,000 in General Revenue and \$8,550,000,000 in Federal Funds in fiscal year 2023 in Strategy A.1.4., Other Adults to provide Medicaid client services to persons described by the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code; and

(b) \$50,000,000 in General Revenue and \$450,000,000 in Federal Funds in fiscal year 2023 in Strategy B.1.1., Medicaid Contracts and Administration for increased administrative costs associated with providing Medicaid client services pursuant to subsection (a).

The Health and Human Services Commission shall submit a plan to the Legislative Budget Board, the Office of the Governor, the members of the House Appropriations Committee and the members of the Senate Finance Committee for implementation no later than March 1, 2022 that includes but is not limited to the following elements:

- (a) Any assumed transfers among strategies, changes to full-time equivalent positions, capital budget adjustments, and other measures necessary to implement this direction;
- (b) Estimates of any changes to revenue, including but not limited to revenues associated with prescription drug rebates and premium taxes;
- (c) A reconciliation of non-Medicaid General Revenue expended or budgeted in fiscal years 2021, 2022, and 2023 by the Commission for services that would be eligible for Federal matching funds under the federal Social Security Act, Section 1902(a)(10)(A)(i)(VIII) as authorized in Section 32.024 of the Human Resources Code. Such amounts shall be included in the submitted plan; and
- (d) .An estimate of the increase in the number of persons served by the Medicaid program, including those currently served in non-Medicaid programs and new individuals who will be eligible for health care.

Notwithstanding limitations in the Health and Human Services Commission's bill pattern, Article II, Special Provisions or Article IX, General Provisions, HHSC is authorized to execute such transfers as outlined in the plan to implement this action.

Health and Human Services Commission, Article II
Proposed Rider
Pregnancy Resource Centers Reporting Requirements

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider requiring the Health and Human Services Commission to submit a report regarding pregnancy resource centers which receive funding from the state.

Required Action

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

_____. **Pregnancy Resource Centers Reporting Requirements.** Out of funds appropriated above, the Health and Human Services Commission shall submit a report regarding pregnancy resource centers receiving funding from the state. The report shall include:

- (1) licensing requirements for facilities;
- (2) number of unduplicated clients served at the facilities by geographic region, gender, and age;
- (3) the types of procedures performed at the facility;
- (4) total expenditures, by method of finance;
- (5) description of outreach efforts; and
- (6) total contract award.

HHSC shall submit the report to the Governor, the Legislative Budget Board, and members of the Legislature not later than December 1 of each year:

Health and Human Services Commission, Article II
Proposed Rider
Child Advocacy Centers and Court Appointed Special Advocates: Report

Prepared by LBB Staff, 03/11/2021

Overview

Require the Health and Human Services Commission to report on operations and outcomes achieved by Child Advocacy Centers and Court Appointed Special Advocates.

Required Action

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

XX. Operations and Outcomes Report: Child Advocacy Center Programs and Court Appointed Special Advocate Programs.

(a) Out of funds appropriated above to the Health and Human Services Commission in Strategy F.3.2, Child Advocacy Programs, the commission shall provide a report by December 1, 2022 on the operations and outcomes achieved by Child Advocacy Center Programs and Court Appointed Special Advocate Programs. The report shall cover fiscal years 2017 through 2020 and include the following:

1. The total number of active volunteers for each program;
2. The total number of children served by each program during the biennium;
3. The rate of children appointed a Court Appointed Special Advocate who:
 - i. Are reunified with their families;
 - ii. Are adopted;
 - iii. Are placed in the permanent care of a relative or kin;
 - iv. Enter the permanent managing conservatorship of the Department of Family and Protective Services;
 - v. Are emancipated from the conservatorship of the Department of Family and Protective Services without achieving permanency; and
 - vi. Are abused or neglected while in the conservatorship of the Department of Family and Protective Services.
4. For Child Advocacy Center Programs:
 - i. The number of children served by maltreatment allegation type;

- ii. The services provided for children by maltreatment allegation type;
- iii. The demographics of children served;
- iv. The number of non-offending parents receiving services;
- v. The number and type of services provided to non-offending parents;
- vi. The number of cases that receive multidisciplinary team response; and
- vii. The number of cases that result in criminal complaints filed.

(b) The data included in the report required by Subsection (a) shall be organized by individual local programs.

(c) For the purposes of this rider, “active volunteers” means an individual who has been trained under the requirements of Government Code Section 264.607 and has served as a court-appointed advocate on at least one child’s case during the biennium.

Health and Human Services Commission, Article II
Proposed Rider
End Stage Renal Disease Emergency Operations Plans

Prepared by LBB Staff, 03/17/2021

Overview

Add a rider directing the Health and Human Services Commission to ensure all end stage renal disease facilities regulated by the agency develop and implement an emergency operations plan.

Required Action

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

_____. **End Stage Renal Disease Facilities Emergency Operations Plans.** Out of funds appropriated above in Strategy H.1.1, Facility/Community-based Regulation, the Health and Human Services Commission shall ensure all end stage renal disease facilities regulated by the agency develop and implement an emergency operations plan consistent with the minimum guidelines in Health and Safety Code § 251.014.

Health and Human Services, Article II
Proposed Funding and Rider
Unrestricted Patient Access to Anti-Convulsant Drugs in Medicaid

Overview

The rider maintains unrestricted patient access to anti-convulsant drugs within Texas Medicaid. There would be no fiscal impact to GR as this would maintain the status quo.

Required Action

On page II-55 of the Health and Human Services bill pattern, add the following rider:

_____. **Anti-Convulsant Drugs.** The executive commissioner, in the rules and standards governing the Medicaid vendor drug program, may not require a clinical, nonpreferred, or other prior authorization for an anti-convulsant drug, or a step therapy or other protocol, that could restrict or delay the dispensing of the drug.