

**Senate Finance Committee  
Riders - Article II**

**Adopted**

**March 24, 2021**

**Legislative Budget Board**

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By:

B. W. Kellert

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

### **Proposed Rider**

#### **Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements**

Prepared by LBB Staff, 03/09/2021

#### **Overview**

Amend Special Provisions Related to All Health and Human Services Agencies, Sec. 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements, to decrease the amount of Public Health Medicaid Reimbursements appropriated to HHSC, to prioritize distribution of funds to the DSHS Laboratory, and to provide a method for DSHS receive additional revenue above appropriated amounts to support newborn screening.

#### **Required Action**

On page II-126 of Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

#### **Sec. 14. Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements.**

- (a) **Appropriations.** Included in the amounts appropriated to the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) are the following amounts of Public Health Medicaid Reimbursements (Account No. 709):

(1) Department of State Health Services:

- (A) Strategy A.4.1, Laboratory Services: \$37,105,294 in fiscal year 2022 and \$37,197,270 in fiscal year 2023;
- (B) Strategy B.2.2, Texas Primary Care Office: \$225,576 in each fiscal year; and
- (C) Strategy E.1.1, Central Administration: \$366,935 in each fiscal year.

(2) Health and Human Services Commission:

- (A) Strategy A.4.1, Non-Full Benefit Payments: ~~\$17,998,199~~ \$10,911,889 in fiscal year 2022 and ~~\$44,906,223~~ \$37,401,897 in fiscal year 2023; and
- (B) Strategy G.2.1, Mental Health State Hospitals: \$47,303,996 in each fiscal year.

Revenue from Account No. 709 shall be distributed first to the item in subsection (a)(1) and then to the item in proportionally based on the distribution between all items in subsection (a)(1) and subsection (a)(2)(B) until the full amount of those appropriations is satisfied. Revenue from Account No. 709 shall be distributed to the appropriate agency within ten business days of receipt.

Appropriations from Account No. 709 shall be expended prior to utilization of General Revenue or General Revenue-Dedicated Funds in strategies identified in this subsection. In the event General Revenue or General Revenue-Dedicated Funds have been expended prior to the receipt of appropriations from Account No. 709, DSHS or HHSC shall reimburse General Revenue or General Revenue-Dedicated on a monthly basis.

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HHSC may temporarily utilize funds identified in subsection (a)(2)(B) in Strategy A.4.1, Non-Full Benefit Payments, in August of 2023 if amounts identified in subsection (a)(2)(A) are expected to be available but have not yet been distributed.

(b) **Limitation on Use of Public Health Medicaid Reimbursements (Account 709).**

- (1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, ~~the funds are appropriated DSHS to reimburse the cost of performing newborn screening and to the Newborn Screening Preservation Account, established in Health and Safety Code, Section 33.052. If this occurs, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts appropriated and any increased costs, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available to DSHS and deposited to the Newborn Screening Preservation Account. DSHS or HHSC may expend the Public Health Medicaid Reimbursement funds thereby made available only upon prior written approval from the Legislative Budget Board and the Governor. Notwithstanding Article IX, §14.01, Appropriation Transfers, and Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, transfers of Public Health Medicaid Reimbursement revenues may be made only upon prior written approval from the Legislative Budget Board and the Governor. A request to expend additional Public Health Medicaid Reimbursement funds or transfer Public Health Medicaid Reimbursement funds shall include the following information:~~

- ~~(A) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts in subsection (a) above, and whether this additional revenue will continue in future years;~~
- ~~(B) the reason for and the amount of any transfer of Public Health Medicaid Reimbursement revenue;~~
- ~~(C) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;~~
- ~~(D) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;~~
- ~~(E) the impact of the expenditure on performance levels, and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and~~
- ~~(F) the impact of the expenditure on the capital budget.~~

~~— The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.~~

- (2) In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a), a reduction shall be made in HHSC Strategy A.4.1, Non-Full Benefit Payments.

(c) **Addition of New Newborn Screening.** In the event that additional screens are added to the Recommended Uniform Screening Panel in the biennium, additional revenue from the account shall be used as follows:

- (1) fund DSHS increased cost for the test; and

(2) deposited to the credit of the Newborn Screening Preservation Account, established in Health and Safety Code, Section 33.052.



By: \_\_\_\_\_

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

Prepared by LBB Staff, 03/16/2021

**Overview**

Add federal Bioterrorism Hospital Preparedness Program funding and a new rider at the Department of State Health Services for to direct 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 Federal Funds (CFDA 93.889.000) 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 Federal 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 Federal 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 Federal 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.

By: \_\_\_\_\_

**Department of State Health Services**  
**Proposed Rider**  
**Report on Consumable Hemp Program**

Prepared by LBB Staff, 03/16/2021

**Overview**

The rider would require the Department of State Health Services, out of its current funding, to conduct a study and report on the status of state hemp program, especially in regards to the safety of the various hemp products in the Texas market, summarizing any hemp project issues, complaints, mislabeling, poisoning or other accidents and injuries associated with hemp project use, summarizing issues and complaints related to hemp product retailers and manufacturers, and how the agency has resolved or intends to resolve these issues.

**Required Action**

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

\_\_\_\_\_. **Report on Consumable Hemp Program.** Out of the funds appropriated above to the Department of State Health Services, the agency shall report on the state consumable hemp program by providing an overview of licensing and enforcement activities, including:

- 1) complaints received relating to a consumable hemp product or consumable hemp product ingredient;
- 2) complaints related to consumable hemp retailers or manufacturers;
- 3) reports of mislabeling of a consumable hemp product; and
- 4) a summary of regulatory actions.

Not later than November 1, 2022, the department shall submit a report to the Senate Health and Human Services and House Public Health Committees.

By: West

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

Prepared by LBB Staff, 03/09/2021

**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:

- XX. **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.

By: West

**Department of Family and Protective Services**  
**Proposed Rider**  
**Kinship Care.**

Prepared by LBB Staff, 03/09/2021

**Overview**

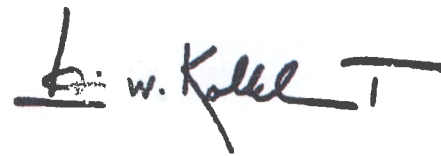
Provide direction to the Department of Family and Protective Services and the Health and Human Services Commission to coordinate efforts regarding the kinship program.

**Required Action**

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

- XX. **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**  
**Office of the Ombudsman**

Prepared by LBB Staff, 02/22/2021

**Overview**

The proposed rider would direct the Department of Family and Protective Services to transfer funding and FTEs for the office of the ombudsman.

**Required Action**

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

\_\_\_\_. **Office of the Ombudsman.** Out of funds appropriated above to the Department of Family and Protective Services (DFPS) for the purposes of establishing or maintaining an ombudsman, DFPS shall transfer the corresponding funds and full-time equivalents (FTEs) to the Health and Human Services Commission for the same purpose.

*L. W. Kelle T.*

**Department of Family and Protective Services  
Proposed Rider  
Community-based Care Funding Methodology**

Prepared by LBB Staff, 03/05/2021

**Overview**

The proposed rider would direct the Department of Family and Protective Services to develop and establish a funding methodology for Community-based Care.

**Required Action**

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

Community-based Care (CBC) Funding Methodology. Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.2. CPS Program Support, the agency shall:

- a. Establish a funding methodology for CBC that includes the following:
  - 1) Defines a daily rate paid to Single Source Continuum Contractors (SSCCs) to provide care for children that reflects the unique and varied needs of children being served within the catchment area;
  - 2) Incentivizes providers to address the behavioral, physical, and mental health needs of children in a manner that allows children to transition to less restrictive levels of care;
  - 3) Accounts for regional variations and recognizes differences in the cost of providing care within individual catchment areas;
  - 4) Is outcome based; and
  - 5) Provides a more equitable balance of financial risk between the state and SSCCs.
- b. Adopt the CBC funding methodology in all legacy regions to aid in regional preparations for transitioning from the legacy system to the CBC model.

L. W. Kolbe

**Department of Family and Protective Services**  
**Proposed Rider**  
**Interoperability of Data Systems**

Prepared by LBB Staff, 03/05/2021

**Overview**

The proposed rider would direct the Department of Family and Protective Services to ensure interoperability of the state's case management system with the Single Source Continuum Contractor's systems.

**Required Action**

1) On page 11-XX of the bill pattern for the Department of Family and Protective Services, add the following rider:

Interoperability of Data Systems. Out of funds appropriated above to the Department of Family and Protective Services in Strategy E.1.4, IT Program Support, the agency shall ensure the interoperability of the state's Information Management Protecting Adult and Children in Texas (IMPACT) case management system with the systems operated by Single Source Continuum Contractors in regions where Community-based Care is implemented to facilitate a seamless two-way exchange of data.

**Department of Family and Protective Services**  
**Amend Rider**  
**Human Trafficking Identification, Deterrence and Response.**

Prepared by LBB Staff, 03/15/2021

**Overview**

Amend rider to require the Department of Family and Protective Services (DFPS) to establish activities for the purposes of identifying and responding to victims of human trafficking; implementing human trafficking training for DFPS staff; coordinating with state agencies and law enforcement in the investigation of human trafficking activities, and report on certain information.

**Required Action**

On page II-19 of the Department of Family and Protective Services bill pattern, amend the following rider:

29. **Human Trafficking Prevention.** Out of the funds appropriated above to for the Department of Family and Protective Services in Strategy B.1.2, CPS Program Support E.1.1, Central Administration, \$574,999,615,619 in All Funds (\$521,897,613,606 in General Revenue and \$120 in General Revenue Match for Medicaid Account No. 758) and 5.0 FTEs in each fiscal year 2020, and \$595,527 in All Funds (\$592,788 in General Revenue and \$122 in General Revenue Match for Medicaid Account No. 758) and 5.0 FTEs for fiscal year 2021, shall be used to fund the continuation and expansion of prevention of human trafficking the following:

1) identify human trafficking victims in DFPS conservatorship and develop a process for referring identified human trafficking victims to appropriate entities for treatment services;

2) coordinate with the Human Trafficking Task Force, the implementation of training for DFPS staff regarding the identification and deterrence of youth at risk for human trafficking within DFPS conservatorship; and

3) coordinate investigative activities related to human trafficking of youth with DPS, OAG, TJJD OIG, and other state or local law enforcement agencies in order to ensure the detection, deterrence, enforcement and prosecution of human traffickers.

4) DFPS shall report November 1 of each year to the Legislative Budget Board, the Human Trafficking Task Force, the Senate Health and Human Services Committee and the House Human Services Committee, the number of youth identified as victims of human trafficking within DFPS conservatorship; the number of youth referred for treatment services who are victims of human trafficking; the number of staff trained to detect and prevent human trafficking; a description of the deterrence and enforcement actions the agency has been involved in with TJJD, DPS, OAG and other state or local law enforcement agencies.

5) DFPS and the Health and Human Services Commission shall coordinate to better identify and track human trafficking victims, or those at risk of human trafficking (as well as other populations exempted under the Family First Prevention Services Act), and facilities serving those populations. The report shall be submitted 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.



**Department of Family and Protective Services**  
**Proposed Rider and Funding**  
**Community Youth Development (CYD) Program**

Prepared by LBB Staff, 03/16/2021

**Overview**

Add funding at the Department of Family and Protective for the Community Youth Development (CYD) Program.

**Required Action**

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy C.1.2, CYD Program, by \$500,000 in General Revenue in each fiscal year.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

\_\_\_\_\_. **Community Youth Development (CYD) Program.** Out of amounts appropriated above in Strategy C.1.2, CYD Program, the Department of Family and Protective Services is appropriated \$6,660,951 in General Revenue Funds in each fiscal year of the 2022-23 biennium for the purpose of implementing the CYD program.

By C. Schwerner

**Department of Family and Protective Services  
Aligning Oversight of Foster Care Providers and Foster Families**

**Overview**

The following action adds a new rider to require the Department of Family and Protective Services to work with the Health and Human Services Commission and direct care foster care providers to align regulatory functions and operational oversight in order to reduce state fiscal impact, and to reduce the impact of time and oversight resources for foster families and foster care providers.

**Required Action**

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

- \_\_\_\_. **Aligning Oversight of Foster Care Providers and Foster Families.** Out of funds appropriated above in Strategy \_\_\_\_, the Department of Health and Human Services (DFPS) shall work with the Health and Human Services Commission (HHSC) and other foster care oversight entities to align functions and eliminate any unnecessary or duplicative oversight while still maintaining transparency and accountability. This shall include the impact of increased oversight on foster family recruitment and retainment, elimination of duplicative functions, improved communications and documentation between agencies, fiscal impact on foster care providers, and improved alignment with Community Based Care implementation. DFPS shall report to the Legislative Budget Board and the Office of the Governor on efficiencies identified and actions taken, as well as any recommendations for the following biennium by August 31, 2022.

**Department of Family and Protective Services**  
**Proposed Rider and Funding**  
**Volunteer Mentor Coordination and Access.**

Prepared by LBB Staff, 03/16/2021

**Overview**

Direct the Department of Family and Protective Service to maintain a coordinated and comprehensive strategy for engaging with family and community based partners.

**Required Action**

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy B.1.1, CPS Direct Delivery Staff, by \$75,000 in appropriated receipts in each fiscal year.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

—. **Volunteer Mentor Coordination and Access.** Included in amounts appropriated above is an estimated \$75,000 in Appropriated Receipts and 1.0 FTE in each fiscal year of the 2022-23 biennium in Strategy B.1.1, CPS Direct Delivery Staff, for the Volunteer Mentor Coordination and Access program. Appropriations are contingent on the Department of Family and Protective Services (DFPS) receiving gifts, grants, and donations pursuant to Article IX, section 8.01 of this Act.

To the extent allowed by federal and state law, 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.

**Department of Family and Protective Services**  
**Amend Rider**  
**Texas Home Visiting Program and Nurse Family Partnership Program.**

Prepared by LBB Staff, 03/16/2021

**Overview**

Amend rider to increase funding for the Nurse Family Partnership Program with Family First Transition Act federal funds.

**Required Action**

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy C.1.5, Home Visiting Programs, by \$1,500,000 in Family First Transition Act Federal Funds in each fiscal year.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider.

\_\_\_\_\_. **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) ~~\$294,319,397,000~~ in General Revenue Funds and ~~\$17,509,136,176,334~~ in Federal Funds in each fiscal year 2020, ~~and \$397,000 in General Revenue Funds and \$16,176,334 in Federal Funds in fiscal year 2021~~ for services in the Texas Home Visiting Program; and
- (b) ~~\$4,170,899,060,671~~ in General Revenue Funds and ~~\$13,765,549,702~~ in Federal Funds in each fiscal year 2020, ~~and \$5,060,672 in General Revenue Funds and \$12,265,702 in Federal Funds in fiscal year 2021~~ 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).



By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Rider

### Supplemental Payment Programs

Prepared by LBB Staff, 03/15/2021

#### Overview

Amend Rider 16, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, to update the list of programs included in the report and add or update other reporting requirements.

#### Required Action

On page II-60 of the Health and Human Services Commission's 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 Public Health Provider Charity Care Program (PHP-CCP), the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), and other state directed payment programs, supplemental, or other payments where the source of the non-federal share is Local Provider Participation Funds (LPPF) intergovernmental transfers (IGTs) or certified public expenditures (CPEs), 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; and
  - (C) the date such payments were made; ~~and,~~
  - (D) ~~all mandatory payments to an LPPF, including the amounts for each particular use.~~

(b) HHSC shall report annually:

- (1) 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;
  - (2) The total amount of IGTs used to support Medicaid;
  - (3) The total amount of CPEs used to support Medicaid;
  - (4) A summary of any survey data collected by HHSC to provide oversight and monitoring of the use of local funds in the Medicaid program; and
  - (5) All financial reports submitted to the Centers for Medicare and Medicaid Services related to programs that use local funds in the Medicaid program.
- (bc) ~~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.
- (ed) 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.
- (de) 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.
- (ef) 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.
- (fg) 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.
- (h) In addition to the "Number of Full Time Equivalents (FTE)" appropriated above, an additional 25.0 FTEs are authorized for each year of the 2022-23 biennium if HHSC determines the additional staff are necessary implement the extension of the Healthcare Transformation and Quality Improvement 1115 waiver, including for increased monitoring and oversight of the use of local funds, and administration of new directed-payment programs and new supplemental payment programs
- (i) Notwithstanding the limitations in Article IX, Section 14.03, Transfers – Capital Budget, and Rider 85, Limitations on Transfer Authority, HHSC is authorized to transfer from an existing capital budget item or non-capital budget item to a new capital budget item not present in the agency's bill pattern to implement an electronic data collection and storage tool for the collection of information to support monitoring of local funds used in the Medicaid program, provided that HHSC determines that the project is necessary to meet the state's responsibilities under the Special Terms and Conditions for the Healthcare Transformation and Quality Improvement Program 1115 waiver.
- (j) HHSC shall evaluate the funding impact, by provider type and class, of the discontinuation of the Delivery System Reform Incentive Payment program and

implementation of successor programs on public and rural hospitals. HHSC shall report on the evaluation and findings and recommendations to the Governor, the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives by October 1, 2022.

By: Sen. Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Appropriation of Receipts: Certificate of Public Advantage Fees**

Prepared by LBB Staff, 02/19/2021

**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 be used only be used to review and monitor merger agreements in compliance with Health and Safety Code, Chapter 314A.

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 By Schwertner

**Health and Human Services Commission**  
**Expanding Access to Medicaid Behavioral Health Services through Program**  
**Improvements**

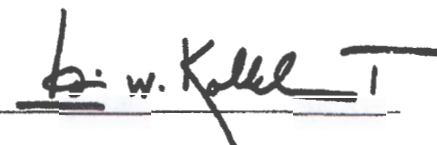
**Overview**

The following action adds a new rider to require the Health and Human Services Commission to (HHSC) to engage Medicaid managed care organizations (MCOs) in addressing the operational challenges experienced by child welfare providers in becoming enrolled and credentialed Medicaid providers of targeted case management and rehabilitation.

**Required Action**

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

- \_\_\_\_. **Expanding Access to Medicaid Behavioral Health Services through Program Improvements.** Out of funds appropriated above in Strategy B.1.1., Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall engage Medicaid managed care organizations (MCOs) in addressing the operational challenges experienced by child welfare providers of targeted case management and rehabilitation, including issues with contracting and credentialing, display in provider directories, and other administrative processes as needed. HHSC 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 number of new child welfare providers enrolled and credentialed for participation in Medicaid programs by August 31, 2022. .

By: 

## Health and Human Services Commission, Article II

### Proposed Funding and Rider

### Crisis Respite Services

Prepared by LBB Staff, 03/03/2021

#### Overview

Add rider at the Health and Human Services Commission to allow for space at state supported living centers to be used for crisis respite services.

#### Required Action

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

XX. Crisis Intervention and Respite Services. Out of eligible funds appropriated in Strategy F.1.3, Non-Medicaid IDD Community Services, the Health and Human Services Commission (HHSC) is authorized to identify and use any available state supported living center space for crisis respite services to individuals with an intellectual or developmental disability. These services may be provided by HHSC, the local intellectual and developmental disability authority, or other entity that operates a crisis respite program under contract with HHSC.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Report on Continuity of Care for Women Aging Out of CHIP and Medicaid**

Prepared by LBB Staff, 03/15/2021

**Overview**

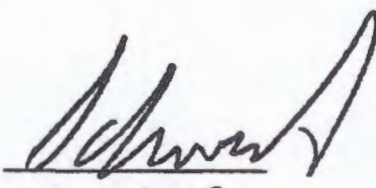
Add a rider requiring the Health and Human Services Commission to submit a report regarding the continuity of care for women aging out of CHIP and Medicaid.

**Required Action**

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

- \_\_\_\_\_. **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 Programs, the Health and Human Services Commission (HHSC) shall report 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 shall 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 into HTW. HHSC shall submit the report not later than August 1, 2022 to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House.



C. By   
Schwerthner

**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 XX-XX 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.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall establish a workgroup for the purpose of providing recommendations to improve the Texas Medicaid Provider Procedures Manual in a manner that prevents the incidence of fraud, waste, or abuse in the provision of Medicaid dental services. The work group shall consist of a representatives of the commission, representatives of the office of inspector general, stakeholders from managed care organizations that contract to provide Medicaid dental services, dental academia and providers of Medicaid dental services. Not later than December 31, 2022, the work group shall submit a report to the executive commissioner of Health and Human Services Commission with recommendations for improving the Texas Medicaid Provider Procedures Manual to prevent fraud, waste or abuse in dental services under Medicaid, including changes related to the use of dental procedure codes by providers.

By: \_\_\_\_\_

## Article II, Health and Human Services Commission

### Proposed Rider Medicaid Program Efficiencies

Prepared by LBB Staff, 03/15/2021

#### **Overview**

Add a rider to the Health and Human Services Commission directing the agency to implement various efficiencies in Medicaid.

#### **Required Action**

- 1) On page II-39 of the Health and Human Services Commission (HHSC) bill pattern, decrease appropriations by \$12,500,000 in General Revenue Match for Medicaid Account No. 758 in both fiscal years.
- 2) On page II-40 of the HHSC bill pattern, reduce appropriations Goal A, Medicaid Client Services, by \$12,500,000 in both fiscal years.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX.** **Medicaid Program Efficiencies.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall develop and implement initiatives to create program efficiencies in the Medicaid and Children's Health Insurance Program (CHIP) managed care and fee-for-service delivery models. Initiatives should minimize beneficiary and provider abrasion or reduce unnecessary administrative and operational costs at HHSC. At a minimum, these initiatives shall address:

- (a) **Streamlining Medicaid Provider Enrollment.** HHSC shall develop and implement data sharing and other processes to reduce duplication in the Medicaid provider enrollment and managed care organization (MCO) credentialing processes. In addition, HHSC shall develop and implement a process to expedite Medicaid provider enrollment for providers offering services through single case agreements to recipients with third-party insurance coverage. HHSC shall use the provider's National Provider Identifier in the expedited enrollment process.
- (b) **Streamlining Managed Care Enrollment and Disenrollment.** HHSC shall develop and implement an automatic enrollment process under which applicants determined eligible for Medicaid are automatically enrolled in a Medicaid managed care plan. If an applicant does not choose a managed care plan during the application process, HHSC will automatically enroll the applicant in a managed care plan using a default enrollment process that complies with federal and state laws and regulations.
- (c) **Reducing Paper Waste.** HHSC shall develop and implement strategies to promote the use of electronic provider directories and reduce paper waste in Medicaid and Children's Health Insurance Program (CHIP) managed care. To the extent authorized by state and federal laws, HHSC will only require managed care plans to print and distribute a paper directory when requested by a managed care recipient.
- (d) **Modernize Use of Electronic Communication.** HHSC shall develop and implement strategies to modernize communication and improve access to care and through telemedicine, telehealth, tele-monitoring, text messaging, and other



telecommunication and information technology. HHSC shall establish policies and procedures that:

- (1) To the extent allowed by federal law, authorize Medicaid MCOs to leverage telemedicine and other technology to conduct assessment and service coordination activities for members receiving home and community-based services. HHSC shall publish guidelines allowing for the use of such technology during a pandemic or natural disaster, when requested by a member, when determined medically appropriate by an MCO, or in other circumstances identified by HHSC. The guidelines must also address when in-person activities are required.
- (2) Authorize Medicaid and CHIP MCOs to communicate with enrolled members via text messages with member consent. HHSC shall develop standardized language to be used by MCOs to receive member consent.

By: \_\_\_\_\_

## **Health and Human Services Commission, Article II**

### **Proposed Rider**

### **Step-Down Housing**

Prepared by LBB Staff, 03/16/2021

#### **Overview**

Add rider at the Health and Human Services Commission for step-down services for individuals with serious mental illness. Repurpose available federal funds for this purpose.

#### **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.**

- (a) Notwithstanding Health and Human Services Commission (HHSC) Rider 85, Limitations on Transfer Authority, and Article IX, Section 14.03, Transfers – Capital Budget, HHSC may allocate up to \$12,700,000 for the 2022-23 biennium from available federal funds included in Rider 2, Capital Budget, to Strategy G.4.2, Facility Capital Repairs and Renovations, to make necessary upgrades and to secure one or more appropriate buildings on a state supported living center campus in preparation for a step-down transition program for long-term patients of the state mental health hospitals as recommended in the report required by HHSC Rider 110, State Supported Living Centers Planning, of House Bill 1, Eighty-sixth Legislature, Regular Session, 2019.
- (b) By August 31, 2022, HHSC shall develop an operational plan to establish a transition program that provides collaborative services from interdisciplinary teams from HHSC, in addition to community partners such as the local mental health authorities and local intellectual and developmental disability authorities (when appropriate). The plan will establish admission criteria and services provided; and explore potential pilot expansion sites and funding streams.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Funding and Rider Alternatives to Abortion

Prepared by LBB Staff, 03/15/21

#### **Overview**

Add \$10,000,000 in General Revenue in each fiscal year for the Alternatives to Abortion program and amend Health and Human Services Commission Rider 41, Alternatives to Abortion.

#### **Required Action**

- 1) On page II-39 of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations by \$10,000,000 in General Revenue in each fiscal year.
- 2) On page II-41 of the HHSC 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.
- 3) On page II-74 of the HHSC bill pattern, amend the following rider:

#### **41. Alternatives to Abortions 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 \$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. Included in amounts appropriated above in Strategy D.1.2, Alternatives to Abortion, is \$46,938,039 in General Revenue Funds, \$3,000,000 in Federal Funds, and \$73,337 in Other Funds (\$50,011,366 in All Funds) in each fiscal year for the Alternatives to Abortion program.~~
- (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 appropriated to 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 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, 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) total expenditures, by MOF;
  - (4) total contract amounts by provider, including subcontractors; and
  - (5) any outcome measures included in contracts with providers.
- 4) Adjust article totals, method-of-finance totals, and performance measures accordingly.



By Campbell

***Texas Healthcare & Bioscience Institute***  
**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 \_\_\_\_ of the Health and Human Services Commission bill pattern, update the follow rider to include:

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.

By: \_\_\_\_\_

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

Prepared by LBB Staff, 03/15/21

**Overview**

Provide an additional \$8.0 million in General Revenue in the 2022-23 biennium for child advocacy centers in Strategy F.3.2, Child Advocacy Programs.

**Required Action**

1) On page II-42 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy F.3.2, Child Advocacy Programs, by \$4,000,000 in General Revenue in fiscal year 2022 and by \$4,000,000 in General Revenue in fiscal year 2023.

2) On page II-79 of the HHSC bill pattern, amend the following rider:

**51. 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~~\$17,484,082 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 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.

By: \_\_\_\_\_

## **Health and Human Services Commission, Article II**

### **Proposed Rider**

#### **Women's Health Programs: Savings and Performance Reporting**

Prepared by LBB Staff, 03/16/2021

#### **Overview**

Amend Health and Human Services Commission Rider 37, Women's Health Programs: Savings and Performance Reporting, to require the agency to report additional information.

#### **Required Action**

On page II-72 of the Health and Human Services Commission bill pattern, amend 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), HTW Plus, Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due August 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 program type;
  - (g) The count of women in HTW and FPP receiving a long-acting reversible contraceptive;
  - (h) 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;
  - (i) Total expenditures, by method of finance and program; and
  - (j) Number of unduplicated women auto-enrolled into HTW from Medicaid 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: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Additional Mental Health Community Hospital Beds**

Prepared by LBB Staff, 03/16/21

**Overview**

Add up to an additional \$15.0 million in General Revenue to purchase additional inpatient beds in urban areas of state and \$15.0 million in General Revenue in rural areas of the state in Strategy G.2.2, Community Mental Health Hospitals. Also allow the agency to spend federal funds for this purpose if available and eligible for use.

**Required Action**

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

**XX.** **Additional Mental Health Community Hospital Beds for Urban Areas.** In addition to amounts appropriated above in Strategy G.2.2, Mental Health Community Hospital, an additional amount up to \$15,000,000 in General Revenue or available federal funds identified by the Health and Human Services Commission is appropriated for additional state-purchased inpatient psychiatric beds in urban areas of the state.

- 2) On page II-XX of the HHSC bill pattern, add the following rider:

**XX.** **Additional Mental Health Community Hospital Beds for Rural Areas.** In addition to amounts appropriated above in Strategy G.2.2, Mental Health Community Hospital, an additional amount up to \$15,000,000 in General Revenue or available federal funds identified by the Health and Human Services Commission is appropriated for additional state-purchased inpatient psychiatric beds in rural areas of the state.



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

Prepared by LBB Staff, 03/23/2021

**Overview**

Add funding and rider for enhanced family violence services to increase the amount included in Senate Bill 1 As Introduced to \$6.5 million in General Revenue per fiscal year.

**Required Action**

- 1) On page II-42, increase appropriations in Strategy F.3.1, Family Violence Services, by \$3,750,000 in General Revenue in fiscal year 2022 and by \$3,750,000 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:

\_\_\_\_\_. **Enhanced Capacity for Family Violence Services.** Included in the amounts appropriated above in Strategy F.3.1, Family Violence Services, is \$6,500,000 in General Revenue 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.

# **Senate Finance Committee Riders - Article II**

## **Article XI**

**March 24, 2021**

**Legislative Budget Board**

By: Sen. Perry

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Hospital Payments**

Prepared by LBB Staff, 03/03/2021

**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-39 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-40 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-57 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~~ \$6463,855,849 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~~ \$70,049,621 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

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\$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.

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By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Rider

#### Medicaid Dialysis Cost Effectiveness Study

Prepared by LBB Staff, 03/12/2021

#### **Overview**

Add a rider requiring HHSC to complete a Medicaid dialysis cost effectiveness study.

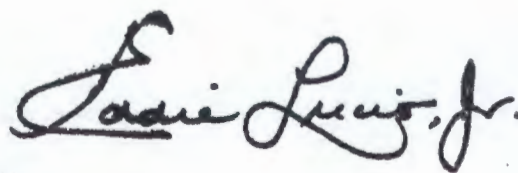
#### **Required Action**

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

\_\_\_\_\_. **Medicaid Dialysis Cost Effectiveness Study.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct a study regarding the most cost effectiveness and clinically appropriate methods to delivery dialysis services under the Medicaid program. In conducting the study, HHSC must consider:

- (a) The Medicare End-Stage Renal Disease (ESRD) Treatment Choice (ETC) model and whether savings could be achieved through increase utilization of home dialysis;
- (b) Value-based purchasing models for dialysis services;
- (c) Innovative models of delivery services to persons with renal disease, including those that may have been developed under the Delivery System Reform Incentive Payment (DSRIP) Program to service Medicaid recipients and the uninsured;
- (d) Alternatives to providing dialysis to persons under emergency Medicaid to improve cost effectiveness and quality and reduce hospitals; and
- (e) The manner in which other states have been able to modify implementation of their Medicaid program to increase options in providing dialysis

HHSC shall submit the report with results of the study to the Governor, Legislative Budget Board, Lieutenant Governor, and the Speaker of the House of Representatives not later than December 1, 2022.



By: \_\_\_\_\_

**Health and Human Services Commission**  
**Nursing Facility Direct Care Staff Rate Enhancement Program**  
**Senate Bill 1 (Introduced)**

**Overview:**

The following action adds a new rider that directs \$5,391,697 for the Nursing Facility Direct Care Staff Rate Enhancement Program (the Program). The Program was implemented in 2001 to incentivize increases in nursing facility direct care staffing levels, wages, and benefits. Direct care staffing levels are the primary indicator of quality care in nursing homes.

Higher Registered Nurse (RN) staffing levels are associated with better quality, including: fewer pressure ulcers; decreased infections; lower pain; improved activities of daily living; independence; less weight loss, dehydration, improper use/overuse of antipsychotics; lower hospitalization rates; and lower mortality rates. The Program is the only nursing facility program that promotes accountability by directly linking Medicaid reimbursement to direct care staff wages and benefits.

In SFY 2021, the Program was underfunded by roughly \$2,700,000 in general revenue (nearly \$6,900,000 in all funds) from the amount necessary to fully fund the Program to all levels requested during open enrollment. This rider would fully fund and strengthen the Program in SFY 2022-23 (see table below). Increasing funding will remove current program restraints, award nursing facilities the actual level requested, and increase direct-care staff wages and benefits.

<b>Nursing Facility Direct Care Enhancement Funding</b> <b>Net increase to fund all levels requested during the SY21 open enrollment period</b>					
SFY <sup>1</sup>	Current Funding to Support SFY21 Levels <sup>2</sup>	Funding Required to Support Maximum Levels Requested	All Funds <sup>3</sup>	General Revenue	Federal Funds
2022	\$68,193,260	\$75,077,450	\$6,884,190	\$2,693,095	\$4,191,095
2023	\$68,193,260	\$75,077,450	\$6,884,190	\$2,698,602	\$4,185,587
<b>Total</b>	<b>\$136,386,521</b>	<b>\$150,154,900</b>	<b>\$13,768,380</b>	<b>\$5,391,697</b>	<b>\$8,376,682</b>

<sup>1</sup>Assumes SFY21 participation rate at time of enrollment (approximately 79%)

<sup>2</sup>Maximum level awarded in SFY21 was level 9

<sup>3</sup>Represents the net increase required to award all levels requested in SFY21

**Required Action**

On page II-41 of Senate Bill 1 (Introduced), 87th Legislature, of the Health and Human Services Commission bill pattern, add the following new rider:

\_\_\_\_\_. **Nursing Facility Direct Care Staff Rate Enhancement Program.** In addition to amounts appropriated above in Strategy A.2.4, Nursing Facility Payments, \$2,693,095 is appropriated from general revenue in fiscal year 2022 and \$2,698,602 is appropriated from general revenue in fiscal year 2023 to fund the Nursing Facility Direct Care Staff Rate Enhancement Program.



By: Buckingham

March 12, 2021

**Article II**  
**Texas Health and Human Services Commission**  
**Update Medical Education Add-on for Urban Teaching Hospitals**

**Purpose:** This rider allows for an annual optional update of the CMS Medical Education Adjustment Factor to calculate the medical education add-on, sometimes referred to as the indirect medical education add-on (IME add-on) used to reimburse teaching hospitals for the provision of inpatient hospital care under Medicaid to allow for accurate hospital payments.

The IME add-on is an adjustment to the base standard dollar amount (SDA) for teaching hospitals to reflect higher patient care costs and is paid with state general revenue and federal Medicaid matching funds. The IME add-on has not been adjusted for changes in the number of interns and residents since 2012 and is based on 2010 data. HHSC has stated that the IME adjustment factor will be updated only when the Legislature directs HHSC to do so.

**Amount Requested (if applicable):** \$2.3 million GR; \$5.8 million All Funds

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

**Rider Language:** Amend S.B. 1, Health and Human Services Commission in the Article II bill pattern as follows:

**. Update Medical Education Add-on for Urban Teaching Hospitals.**

Out of funds appropriated above in Strategy B.1.1., Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall, upon request of a teaching hospital, update of the teaching hospital's Centers for Medicare and Medicaid Services (CMS) Medical Education Adjustment Factor used to calculate the Indirect Medical Education (IME) add-on.

By: B. W. Kell

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Indirect Medical Education Add-on Methodology**

Prepared by LBB Staff, 03/05/2021

**Overview**

Reduce appropriations to the Health and Human Services Commission (HHSC) for the Indirect Medical Education (IME) add-on by \$674,642 in General Revenue Match for Medicaid Account No. 758 and \$1,049,899 in Federal Funds in fiscal year 2022 and \$673,432 in General Revenue Match for Medicaid Account No. 758 and \$1,051,109 in Federal Funds in fiscal year 2023 based on anticipated saving resulting from HHSC updating the IME add-on methodology using the most recently available Medical Education Adjustment Factor from the Centers for Medicare and Medicaid Services.

**Required Action**

- 1) On page II-39 of the Health and Human Services Commission (HHSC) bill pattern, decrease appropriations by \$674,642 in General Revenue Match for Medicaid Account No. 758 and \$1,049,899 in Federal Funds in fiscal year 2022 and \$673,432 in General Revenue Match for Medicaid Account No. 758 and \$1,051,109 in Federal Funds in fiscal year 2023.
- 2) One page II-40 of the HHSC bill pattern, reduce appropriations Goal A, Medicaid Client Services, by \$1,724,541 in fiscal year 2022 and \$1,724,541 in fiscal year 2023.
- 3) On page II-XX of the HHSC bill pattern, add the following rider:

**XX. Indirect Medical Education Add-on Methodology.** Amounts appropriated above in Goal A, Medicaid Client Services, reflect reductions of \$674,642 in General Revenue and \$1,049,899 in Federal Funds in fiscal year 2022 and \$673,432 in General Revenue and \$1,051,109 in Federal Funds in fiscal year 2023 for anticipated savings resulting from the Health and Human Services Commission updating the Indirect Medical Education (IME) add-on methodology using the most recently available Medical Education Adjustment Factor from the Centers for Medicare and Medicaid Services.

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



By   Buckingham/Hinojosa  

**Health and Human Services Commission  
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.



SEK *Handwritten signature: J. J. King*  
*Handwritten signature: Eddie Lucio, Jr.* By: Sen. Zaffirini

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**State Mental Health Hospital Construction**  
 Prepared by LBB Staff, 03/10/2021

**Overview**

Add funding and rider at the Health and Human Services Commission to finish construction at Austin State Hospital and San Antonio State Hospital.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs and Renov, by \$276,500,000 in Economic Stabilization Funds in fiscal year 2022.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. San Antonio State Hospital Construction.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$152,400,000 from the Economic Stabilization Fund to finish construction of a replacement campus for San Antonio State Hospital. In the event federal funding becomes available to be used for this purpose, the Health and Human Services Commission's appropriations from the Economic Stabilization Fund are reduced by the amount of federal funding made available to be used for this purpose.

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

**XX. Austin State Hospital Construction.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$124,100,000 from the Economic Stabilization Fund to finish construction of a replacement campus for Austin State Hospital. In the event federal funding becomes available to be used for this purpose, the Health and Human Services Commission's appropriations from the Economic Stabilization Fund are reduced by the amount of federal funding made available to be used for this purpose.

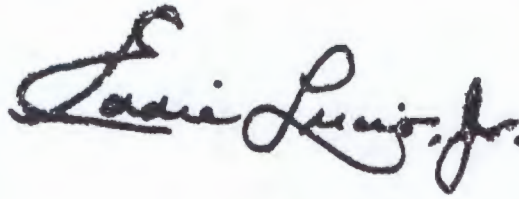
**Senate Finance Committee  
Riders - Article II**

**Not Adopted**

**March 24, 2021**

**Legislative Budget Board**

7



By: Sen. Zaffirini

## **Department of State Health Services Border Laboratory Capacity**

### **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 \$250,000 in General Revenue Funds to be used in fiscal years 2022 and 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 \$250,000 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.



Ry- WY

By Johnson

***Texas Department of State Health Services  
Contingency for Senate Bill 138***

**Overview**

The following action adds a new rider to align funding at the Texas Department of State Health Services contingent on the enactment of Senate Bill 138. To assist students in complying with a 2011 mandate requiring all entering college students under the age of 22 to show proof of a meningococcal conjugate vaccine prior to enrolling, SB 138 requires Texas high school students to received a booster vaccination. The cost of the booster will be covered by a student's insurance or the federally-funded Texas Vaccines for Children Program, with the exception of approximately 2,000 underinsured youth who are seen by a private health care provider.


**Required Action**

On page II of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_\_. Contingency for Senate Bill 138. Contingent on enactment of Senate Bill 138 or similar legislation relating to the vaccination against bacterial meningitis of public school students by the Eighty-seventh Legislature, Regular Session, the Texas Department of State Health Services is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.

6





By Johnson

***Texas Department of State Health Services  
Contingency for Senate Bill 138***

**Overview**

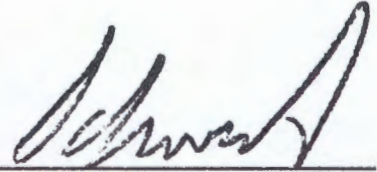
The following action adds a new rider to align funding at the Texas Department of State Health Services contingent on the enactment of Senate Bill 138. To assist students in complying with a 2011 mandate requiring all entering college students under the age of 22 to show proof of a meningococcal conjugate vaccine prior to enrolling, SB 138 requires Texas high school students to received a booster vaccination. The cost of the booster will be covered by a student's insurance or the federally-funded Texas Vaccines for Children Program, with the exception of approximately 2,000 underinsured youth who are seen by a private health care provider.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

- \_\_\_\_. **Contingency for Senate Bill 138. Contingent on enactment of Senate Bill 138 or similar legislation relating to the vaccination against bacterial meningitis of public school students by the Eighty-seventh Legislature, Regular Session, the Texas Department of State Health Services is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.**

By: Schwertner



## **Department of State Health Services**

### **Proposed Rider**

### **Contingency for Senate Bill 984**

Prepared by LBB Staff, 03/09/2021

#### **Overview**

Prepare a rider which appropriates \$X from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 984, contingent upon its enactment.

#### **Required Action**

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

\_\_\_\_\_. **Contingency for Senate Bill 984.** Contingent on enactment of Senate Bill 984, or similar legislation relating to public health disaster and public health emergency preparedness and response, including the operation of the Task Force on Infectious Disease Preparedness and Response, by the Eighty-seventh Legislature, Regular Session, the Department of State Health Services is appropriated \$X in fiscal year 2022 and \$X in fiscal year 2023 in General Revenue in Strategy A.1.1, Public Health Preparedness and Coordinated Services, to implement the provisions of the legislation.



By West

***Department of Family and Protective Services***

**Expanding Transportation Options for Children and Families in the Child Protection System**

**Overview**

The following rider directs the Department of Family and Protective Services to expend funds from the “*purchase client services*” funding strategy for the purpose of expanding access to transportation services for children in the child protection system and their families. This pilot program would support children and parents by enabling children to have regular parent and sibling visitations, in addition to helping parents participate in court-ordered services such as parenting classes or mental health treatment.

Children in foster care are often placed outside of their county of origin. This creates a barrier for parents to have regular visitation if they do not have access to reliable transportation. This pilot program would help children in foster care maintain important relationships with their parents and siblings as they work toward safely reunifying and completing plans of service.

**Required Action**

On page X-XXX of The Department of Family and Protective Services’ bill pattern, add the following new rider.

**\_\_\_\_\_. Expanding Transportation Options for Children and Families in the Child Protection System.** From the funds appropriated above in Strategy B.1.8, the Department of Family and Protective Services (DFPS) will establish a pilot program in at least one DFPS region to determine if expansion of transportation options for children and families involved in the child welfare system can improve outcomes and is cost effective. DFPS will collaborate with both child welfare stakeholders and Transportation Network Companies to expand transportation options for children and parents to support family visitation and to better enable parents to participate in required services under their plan of service.

By Senator Royce West

**Texas Department of Family and Protective Services  
Family First Transition Act Prevention Funds**

**Overview**

The following action adds a new rider that directs \$26 million of the \$33.9 million available in Family First Transition Act funds in the Department of Family and Protective Services' budget for the purposes of carrying out the prevention provisions of the Family First Prevention Services Act.

In 2018, the Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act. This bill reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to allow flexible investment in prevention and improving care for children already in the foster care system. In December 2019, the Family First Transition Act (FFTA) was enacted to help states address the start-up challenges to implementing FFPSA. Texas has been allotted \$50.3 million of FFTA funds to help implement the provisions of FFPSA.

Last session, Senate Bill 355 by Senator West passed, which required the Department of Family and Protective Services (DFPS) to come up with a strategic plan on how to implement FFPSA in Texas. DFPS proposed spending \$16.1 million of those FFTA dollars on the congregate care provisions of FFPSA to improve the quality of care of placements for children in custody. DFPS further indicated they wanted to spend the remaining \$33.9 million of those FFTA dollars on the prevention components of FFPSA, which would allow Title IV-E dollars to be used to fund smart community-based early interventions to address the key drivers of abuse and neglect so that families can stay together safely.

Based on ongoing budget conversations, this rider would ensure that at least \$26 of the \$33.9 million FFTA dollars be spent on prevention services that can prevent removals by providing evidence-based services to families at imminent risk of entering foster care. This would allow more flexibility for the remaining dollars to increase quality in congregate care, if needed, without compromising the intended preventative purpose of the funds and legislation.

**Required Action**

On page \_\_\_\_ of the Department of Family and Protective Services' bill pattern, add the following new rider:

\_\_\_\_. **Family First Transition Act Prevention Funds.** Out of funds appropriated in Strategy 2-1-2, the Department of Family and Protective Services will carry out the prevention components of the Family First Prevention Services Act using \$26 million in Federal Funds from the Family First Transition Act (CFDA 93.556.005) 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.



By Senator Campbell

***Texas Department of Family and Protective Services  
Update to Rider 6: Other Reporting Requirements***

**Overview**

Texas has been moving towards a community-based approach, where each individual community is tasked with meeting the needs of the children and families in their area. For this to be effective, they must be able to reach families promptly. It is imperative to ensure that local communities and providers have access to the accurate and real-time data needed to protect children both in and out of the child welfare system.

Without access to real-time child abuse data and the ability to know and analyze trends, providers and communities cannot make changes accordingly and timely. Throughout the COVID-19 pandemic, key stakeholders have been unable to obtain critical information regarding reports of abuse and neglect or the safety and needs of children in substitute care. The information that was available was anecdotal in nature, therefore issues that needed to be addressed or adjustments that needed to be made were not known in a timely manner.

The Department of Family and Protective Services (DFPS) collects, analyzes, and publishes data in house, and with the exception of a few rider reports made available quarterly or biannually, data is only available annually. The only monthly data currently available has been for children in substitute care, which includes information such as levels of care and placement types.

DFPS has recently begun keeping an Executive Dashboard that they have stated they plan to start making available monthly. While the information included in the Executive Dashboard is a great step forward, some information is still missing that should be included.

We need to ensure that accurate and timely data is available to the providers and communities on the frontlines of child protection. This can be done by: making sure that the information in the Executive Dashboard is made available monthly; ensuring more annual information is made available monthly to ensure communities have what they need when they need it to meet children's and families' needs; and allowing third-party entities, like a university, to help DFPS collect, analyze, and report data by providing vital resources to strengthen efficiency without increasing the burden on the agency.

**Required Action**

On page \_\_\_\_ of the Department of Family and Protective Services' bill pattern, update the following rider to include:

**6. 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 15<sup>th</sup> day of each month containing the following

- (3) 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.

By: Schwertner

## Department of Family and Protective Services

### Proposed Rider

### Contingency for Senate Bill 910.

Prepared by LBB Staff, 03/09/2021

#### **Overview**

Provide direction to the agency that any costs associated with implementing Senate Bill 910 would be expended using the Family First Transition Act federal funding.

#### **Required Action**

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

- XX. **Contingency for Senate Bill 910.** Contingent on enactment of Senate Bill 910, or similar legislation relating to implementation options for the provision of community-based family preservation services and certain other health and human services by certain state agencies or contractors and to the repeal of a prior pilot program for family-based safety services, by the Eighty-seventh Legislature, Regular Session, the Department of Family and Protective Services (DFPS) shall implement the provisions of the bill out of the Family First Transition Act federal funds appropriated to DFPS in this Act.



By: Sen. Perry

## Health and Human Services Commission, Article II

### Proposed Rider

#### Impact of CHIRP/DISRP transition plan

#### Overview

The proposed impact and changes being made to the proposed CHIRP/DSRIP transition plan reaches well over \$800,000,000. This rider even further ensures a full evaluation is done by the agency as these changes are made since the impact on the healthcare system could be significant.

#### Required Action

**2616. 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 CMS37. 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 that 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 of reductions 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, and 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, 2020<sup>1</sup>.

By: Perry

## **Health and Human Services Commission, Article II**

### **Proposed Rider**

#### **Funding for Enhanced Capacity at Family Violence Shelters**

#### **Overview**

Add \$6.5 million in General Revenue in each year of the fiscal year of the 2022-23 biennium to Strategy F.3.1 Family Violence Services to fund enhanced capacity and services to survivors seeking shelter.

#### **Required Action**

1) On page II-107 of the Health and Human Services Commission bill pattern, add the following appropriately numbered rider:

\_\_\_\_. Enhanced Capacity for Family Violence Services. Included in the amounts appropriated above in Strategy F.3.1 is \$6.5 million in General Revenue 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.



By: Sen. Perry

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Recovery-Focused Clubhouses**  
 Prepared by LBB Staff, 03/11/2021

**Overview**

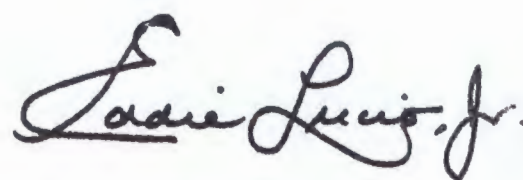
Add funding and rider at the Health and Human Services Commission for recovery-focused clubhouses.

**Required Action**

- 1) On page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services - Adults, by \$353,652 in General Revenue in fiscal year 2022 and by \$353,652 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.**

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



By: \_\_\_\_\_

***Health and Human Services Commission***  
**Diabetes Prevention and Management Pilot Program**

**Overview:**

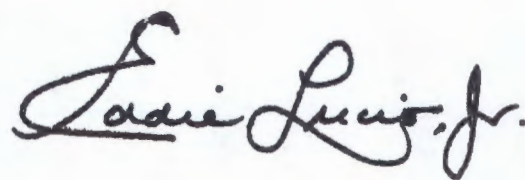
The purpose of this rider is to provide services to control, delay, and prevent Type 2 diabetes through a diabetes self-management education and support program and a nationally recognized diabetes prevention education program to deliver services in community and home-based settings. The Health and Human 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 evidenced-based pilot program in Cameron and Hidalgo Counties for diabetic and prediabetic patients, including but not limited to pregnant women with a history of gestational diabetes or risk factors for type 2 diabetes.

**Required Action**

On page II-44 of Agency's bill pattern, add the following new rider:

\_\_\_\_. **Diabetes Prevention and Management Pilot Program.** Out of funds appropriated above in Goal A Medicaid Client Services, the Texas Health and Human Services Commission (HHSC) 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 to other regions of the state with a high incidence of diabetes and requiring pilot program features to be more widely applied in Medicaid managed care to reduce costs and improve health outcomes.





By: \_\_\_\_\_

**Health and Human Services Commission  
Extending Certain Coverage for Pregnant and Postpartum Women Report**

**Overview**

A feasibility and cost-effectiveness report on seeking a state plan amendment to extend coverage for certain pregnant and postpartum women as authorized by the American Rescue Plan Act of 2021.

**Required Action**

On page II-116 of the Health and Human Services Commission bill pattern, revise the following rider:

**XX. Extending Certain Coverage for Pregnant and Postpartum Women.**

Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall evaluate the feasibility of extending coverage for certain pregnant and postpartum women as authorized by the American Rescue Plan Act of 2021. HHSC shall prepare and submit a report on the feasibility and cost-effectiveness of seeking a state plan amendment to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than December 31, 2021. If feasible and cost-effective, HHSC shall work with the Centers for Medicare and Medicaid Services (CMS) to identify opportunities to access federal funds to support extending coverage for certain pregnant and postpartum women.

By: L. W. Keller

**Health & Human Services Commission  
Article II**

**Overview**

Currently, clients eligible for continuous, one-to-one nursing through Texas Health Step's Private Duty Nursing benefit receive authorization for a registered nurse or licensed vocational nurse to provide all elements of their care at home. Aspects of this skilled care can be delegated to trained, certified nurse aides and reimbursed at a lower level accordingly.

- The Rider would authorize HHSC to allow family members of a Medicaid client to choose to acquire a nurse aide certification and be employed by a licensed agency to provide skilled home care to children helps ensure the safety and well-being of the child when there are gaps in nursing care and demonstrates cost savings by avoiding unnecessary hospital stays.

**Required Action**

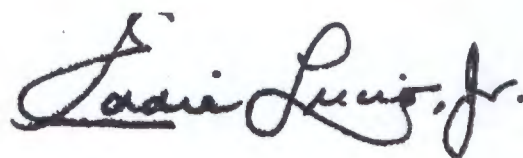
Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission.

**Rider Language**

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

**Relative Certified Nurse Aide (CNA) Program.** Out of funds appropriated above, 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 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 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.





By: \_\_\_\_\_

***Health and Human Services Commission***  
**Update Indirect Medical Education Add-on for Urban Teaching Hospitals**

**Overview:**

The purpose of this rider is to allow for a biannual optional update of the CMS Medical Education Adjustment Factor to calculate the medical education add-on, sometimes referred to as the indirect medical education add-on (IME add-on) used to reimburse teaching hospitals for the provision of inpatient hospital care under Medicaid to allow for accurate hospital payments.

The IME add-on is an adjustment to the base standard dollar amount (SDA) for teaching hospitals to reflect higher patient care costs and is paid with state general revenue and federal Medicaid matching funds. The IME add-on has not been adjusted for changes in the number of interns and residents since 2012 and is based on 2010 data. The Health and Human Services Commission (HHSC) has stated that the IME adjustment factor will be updated only when the Legislature directs HHSC to do so. This budget rider would allow teaching hospitals to request an update to their IME add-on to more accurately reflect the current state of Graduate Medical Education (GME) programs.

**Required Action**

On page II-116 of Health and Human Services bill pattern, add the following new rider:

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



By: 

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Emergency Triage, Treat, and Transport Demonstration Payment Model**

Prepared by LBB Staff, 03/09/2021

**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-39 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-40 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

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

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

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By: Buckingham

**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 (CPT Codes 90791, 90792), Psychotherapy (CPT Codes 90832, 90834, 90837, 90846, 90847, 90853), Peer Specialist Services (HCPCS Code H0038), Screening, Brief Intervention, and Referral to Treatment (CPT Code 99408, HCPCS Codes G2011, H0049), Substance Use Disorder Services (HCPCS Codes H0001, H0004, H0005), Mental Health Rehabilitation (HCPCS Codes H0034, H2011, H2012, H2014, H2017), and Mental Health Targeted Case Management (HCPCS Code T1017).



By: \_\_\_\_Senator Campbell\_\_\_\_

## **Health and Human Services Commission, Article II**

### **Proposed Rider**

#### **Emergency Telemedicine Services for People with Intellectual and Developmental Disabilities**

#### **Overview**

Fund a pilot project through the Health and Human Services Commission with federal COVID relief for a pilot program to provide emergent and urgent care services via telemedicine for the IDD population.

#### **Required Action**

I. Add \$13.5 million *out of federal funds received* for COVID-19 relief in each year of the fiscal year of the 2022-23 biennium to Strategy \_\_\_\_.

II. Then, on page II-XX of the Health and Human Services Commission bill pattern, add the following appropriately numbered rider:

**xx. Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.** Included in the amounts appropriated above in Strategy \_\_\_\_ is \$13.5 million in Federal Funds in each year of the fiscal year of the 2022-23 biennium for a pilot program to provide access to emergent and urgent clinical care services via telemedicine by board certified emergency room physicians who have specialized IDD training for any individual receiving services through the Home and Community-based Services program (HCS), the Texas Home Living Waiver (TxHML), Community Living Assistance (CLASS), Deaf-Blind Multiple Disabilities, and individuals residing in Intermediate Care Facilities-IID (ICF-IID) 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.

By: Paxton/Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 802**

Prepared by LBB Staff, 03/10/2021

**Overview**

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 Senate Bill 820.

**Required Action**

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

**XX. Contingency for Senate Bill 802.** 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 Senate Bill 802, 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.

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By: \_\_\_\_\_

***Health and Human Services Commission  
Funding for Healthy Texas Women***

**Overview:**

The purpose of this rider is to direct 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-72 of the Health and Human Service Commission's bill pattern, replace amended Rider 38 with the following rider:

**75-38. Funding for Healthy Texas Women Program Plus.** Funds appropriated above in Strategy D.1.1, Women's Health Programs, include ~~\$51,607,180~~ **\$5,906,720** in General Revenue and ~~\$57,695,214~~ **\$9,192,257** in Federal Funds in fiscal year 2020~~2~~ and ~~\$67,288,783~~ **\$5,562,301** in General Revenue and ~~\$57,960,141~~ **\$8,681,748** in Federal Funds in fiscal year 2021~~3~~ for the Healthy Texas Women Plus (HTW Plus) program. These amounts assume the Health and Human Services Commission (HHSC) will seek approval to receive federal matching funds for the program by submitting an amendment to approval of the Healthy Texas Women Section 1115 Demonstration Waiver application, and those funds will be available beginning in fiscal year 2022. In the event federal matching funds do not become available or are available in a lesser amount, ~~the Health and Human Services Commission~~ HHSC shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

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.

Any unobligated and unexpended balances remaining as of August 31, 2022, in Strategy D.1.1, Women's Health Services, are appropriated to HHSC for the same purpose for the state fiscal year beginning September 1, 2022.





By: \_\_\_\_\_

## **Health and Human Services Commission**

### **Nursing Facility Emergency Reimbursement Rate Increase Protection**

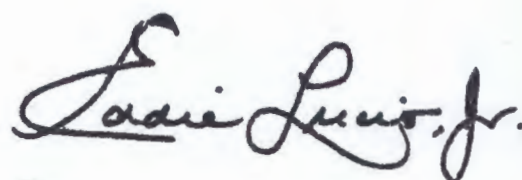
#### **Overview**

The following action adds a new rider that directs HHSC to use the funds already appropriated in their budget to maintain the current emergency Medicaid reimbursement rate increase for nursing homes.

#### **Required Action**

On page II-116 of Health and Human Services Commission bill pattern, add the following new rider:

\_\_\_\_\_. **Nursing Facility Emergency Reimbursement Rate Increase Protection.** Out of funds appropriated above and notwithstanding any state or federally declared COVID-19 public health emergency, HHSC shall ensure that the nursing facility emergency temporary reimbursement rate increases continue through the end of the 2022-2023 biennium.



By: \_\_\_\_\_

***Health and Human Services Commission***  
**Statewide Interagency Aging Services Coordinating Council**

**Overview:**

The purpose of this rider is to establish the Statewide Interagency Aging Services Coordinating Council and develop a statewide aging strategic plan.

**Required Action**

On page II-116 of the Health and Human Services Commission's bill pattern, add the following new rider:

\_\_\_\_\_. **Statewide Interagency Aging Services Coordinating Council.** The Office of the Governor, Veterans Commission, Health and Human Services Commission, Department of Family and Protective Services (Adult Protective Services), Department of State Health Services, Texas Workforce commission, Office of the Attorney General, Department of Agriculture (office of rural health), UT Health Science Center San Antonio Barshop Institute for Longevity & Aging Studies, UT Austin Aging and Longevity Center, and Texas A&M University Center for Population Health and Aging may use funds appropriated by this Act to support the statewide aging services coordinating council and each shall designate an individual to serve as a member of that coordinating council. Any other state agency or institution that receives funding in this Act and provides specific services to individuals age 60 and over may participate in the meetings and discussions of the coordinating council. The Aging Services Coordination Office at HHSC shall serve as chair of this council. The purpose of the statewide aging coordinating council shall be to develop a five year statewide strategic plan in support of the population age 60 and older. The coordinating council shall submit the five year strategic plan to the Executive Commissioner of HHSC for approval. The strategic plan shall include an inventory of programs and services for older Texans currently offered by state agencies and institutions of higher education, a report on the number of persons age 60 and older served by each agency and detail a plan to coordinate these programs and services to eliminate redundancy, utilize best practices in contracting standards, replicate identified, successful models for aging service coordination to ensure optimal service delivery, and identify and collect comparable data on results and effectiveness. The strategic plan should also include demographic information from the Texas Demographic Center. The Executive Commissioner of HHSC shall approve the plan and notify the Legislative Budget Board of such approval by May 1, 2022.

The coordinating council shall submit to the Executive Commissioner of HHSC for approval a coordinated statewide expenditure proposal for fiscal year 2023 for each agency, which shall be the fiscal year 2023 amount identified in subsection (a) of this rider. The expenditure proposal shall describe how the identified appropriations at each agency or institution will be spent in accordance with, and to further the goals of the approved statewide aging services strategic plan. HHSC shall submit the coordinated statewide aging services expenditure proposal to the Legislative Budget Board by June 1, 2022. The plan shall be considered to be approved unless the Legislative Budget Board issues written disapprovals by August 1, 2022. Notwithstanding

By: Sen. Eckhardt / Whitmore

**Health and Human Services Commission, Article II**  
**Proposed Rider**

**Study on Mental Health Continuum of Care**  
 Prepared by LBB Staff, 03/11/2021

**Overview**

Add rider at the Health and Human Services Commission to require a study on mental health continuum of care for children and adolescents.

**Required Action**

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

**XX. Study on Mental Health Continuum of Care for Children and Adolescents.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall work with a medical school or other qualified partner to conduct 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. The study shall include services under the purview of the following areas within HHSC: Medicaid & Children's Health Insurance Program 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. HHSC shall submit a report with findings to the Legislature by December 1, 2022.



By: Whitmore

**Health and Human Services Commission, Article II  
New Strategies, Riders and Funding  
UTHealth Behavioral Sciences Center**

**Overview:**

1. Prepare a new strategy and rider and appropriate General Revenue to the Texas Health and Human Services Commission to allocate to The University of Texas Health Science Center at Houston (UTHealth) Harris County Psychiatric Center and the new UTHealth Behavioral Sciences Center at a bed-day rate of at least \$610 per day, plus startup operational costs. Move all existing HCPC funding into the new strategy.
2. Prepare a new strategy and rider and appropriate General Revenue to the Texas Health and Human Services Commission to allocate to The University of Texas Health Science Center at Houston for Accountability and Outcomes Reporting. Request is to create a new "G.5.2. Accountability and Outcomes Reporting" strategy funded at \$500,000 per year.

**Required Action:**

1. On page II-38 of the bill pattern for the Health and Human Services Commission, reallocate \$36,493,415 per year (\$72,986,830 biennium total) from G.2.2. Mental Health Community Hospitals to a new strategy, G.5.1, HHSC and Medical Schools Mental Health Hospital Partnerships and appropriate an additional \$4,474,185 in General Revenue in each year for the purpose of bed rate increase for the UTHealth Harris County Psychiatric Center. Additionally, for FY2022, appropriate \$14,332,560 in General Revenue to the new strategy G.5.1. HHSC and Medical Schools Mental Health Hospital Partnerships to set a bed day rate for the new UTHealth Behavioral Sciences Center of at least \$610 and an additional \$1,400,000 in General Revenue for startup costs to operationalize the new hospital. For FY2023, appropriate \$42,748,800 in General Revenue to set a bed day rate for the new UTHealth Behavioral Sciences Center of at least \$610.
2. On page II-38 of the bill pattern for the Health and Human Services, add the following rider:

**UTHealth Harris County Psychiatric Center Bed Rate and Setting the Bed Rate for the new UTHealth Behavioral Sciences Center.** Out of funds appropriated above in G.5.1., HHSC and Medical Schools Mental Health Hospital Partnerships, the Health and Human Services Commission (HHSC) shall allocate \$40,522,300 in General Revenue each year of the 2022-23 biennium for contracted beds for The University of Texas Health Science Center at Houston (UTHealth) Harris County Psychiatric Center at not less than \$610 per bed per day. Additionally, HHSC shall allocate \$14,332,560 in General Revenue in fiscal year 2022 and \$42,748,800 in General Revenue in fiscal year 2023 from strategy G.5.1. for the purpose of contracting for beds for the new UTHealth Behavioral Sciences Center at a rate of not less than \$610 per bed per day. Additionally, HHSC shall allocate \$1,400,000 in General Revenue from strategy G.5.1. to UTHealth for startup costs to operationalize the new UTHealth Behavioral Sciences Center in fiscal year 2022. HHSC shall allocate funds from this rider and rider Accountability and Outcomes Reporting from Strategies G.5.1 and G.5.2. in a single contract with UTHealth.



3. On page II-38 of the Health and Human Services bill pattern, appropriate \$500,000 in General Revenue for each year of the biennium to a new strategy, G.5.2., Accountability and Outcomes Reporting.
4. On page II-38 of the bill pattern for the Health and Human Services, add the following rider:

**Accountability and Outcomes Reporting.** Out of funds appropriated in G.5.2., Accountability and Outcomes Reporting, HHSC shall allocated \$500,000 in each year of the 2022-23 biennium to The University of Texas Health Science Center at Houston (UTHealth) to do longitudinal research on the strategies, outcomes, and other metrics of the new UTHealth Behavioral Sciences Center. UTHealth shall send a report briefing research activities and results to the HHSC Executive Commissioner or their designee, the Governor, Lieutenant Governor, Speaker of the House, the chair of the Senate Finance Committee, the chair of the Senate Health and Human Services Committee, the chair of the House Appropriations Committee, and the chair of House Public Health Committee on December 1 of each even numbered year.

#### New Strategy Format:

#### **Existing strategy:**

<b>G. Goal: FACILITIES</b>	<b>FY2020</b>	<b>FY2021</b>
<b>Mental Health State Hospitals, SSLCs and Other Facilities.</b>		
<b>G.1.1. Strategy: STATE SUPPORTED LIVING CENTERS</b>	\$ 700,391,137	\$ 693,967,624
<b>G.1.1. Strategy: MENTAL HEALTH STATE HOSPITALS</b>	442,728,813	456,009,662
<b>G.2.2. Strategy: MENTAL HEALTH COMMUNITY HOSPITALS</b>	136,040,351	135,280,101
(Reduce G.2.2. by \$72,986,830 biennium & move to G.5.1)	(\$36,493,415)	(\$36,493,415)
<b>G.3.1. Strategy: OTHER FACILITIES</b>	5,968,651	5,968,651
<b>Other State Medical Facilities.</b>		
<b>G.4.1. Strategy: FACILITY PROGRAM SUPPORT</b>	20,780,578	10,957,078
<b>G.4.2. Strategy: FACILITY CAPITAL REPAIRS &amp; RENOV</b>	214,217,036	16,688,740
Capital Repair and Renovation at SSLCs, State Hospitals, and Other.		
<b>Total, Goal G: FACILITIES</b>	<b>\$ 1,520,126,566</b>	<b>\$ 1,319,871,856</b>

#### G.5.1. Strategy: HHSC and Medical Schools

#### Mental Health Hospital Partnerships

#### G.5.2. Strategy: Accountability and Outcomes Reporting

#### Total

<b>FY 2022</b>	<b>FY 2023</b>
\$56,254,860	\$83,271,100
\$500,000	\$500,000
\$56,754,860	\$83,771,100



5. On page III-49, add the following rider:

**9. Appropriation for the New UTHealth Behavioral Sciences Center.** In addition to amounts appropriated above for the Harris County Psychiatric Center, The University of Texas Health Science Center at Houston is appropriated an additional \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023 for the purpose of paying General Revenue group insurance premiums for employees associated with the UTHealth Behavioral Sciences Center next to the Harris County Psychiatric Center (HCPC). The amounts appropriated herein may be used for group insurance premiums for UTHealth Behavioral Sciences Center and HCPC employees notwithstanding any other limitations found in Higher Education Group Insurance Rider 6.f. Funds appropriated herein are to be used exclusively for UTHealth Behavioral Sciences Center and HCPC employees and may not be transferred pursuant to authority granted to The University of Texas System in Higher Education Group Insurance Rider 6.a. Any unexpended balances remaining at August 31, 2022, are hereby appropriated for the same purpose in fiscal year 2023.

6. Amend rider 10 in The University of Texas Health Science Center at Houston bill pattern on page III-179 as follows:

**10. Benefits Costs for Harris County Psychiatric Center and the new UTHealth Behavioral Sciences Center.** Notwithstanding any other provision of this Act, contract services funds appropriated to the Health and Human Services Commission (HSSC) and provided to the University for the operation of the Harris County Psychiatric Center (HCPC) and the new UTHealth Behavioral Sciences Center (BSC) are eligible to receive state-paid General Revenue benefits support for Retirement, Group Insurance, and Social Security from funds appropriated elsewhere in this Act. For purposes of the requirements of Article IX, Sec. 6.08 Benefits Proportional by Method of Finance of this Act, contract services funds appropriated to HHSC and provided to the University for the operation of the HCPC and the BSC shall be treated as if the funds received are appropriated by this Act and are not required to be held in the state treasury.

7. On page IX-30, amend subsection (k) as follows:

(k) The limitation in Subsection (j) shall not apply to the:

(1) funds appropriated to the Texas Department of Criminal Justice and provided to The University of Texas Medical Branch at Galveston or to the Texas Tech University Health Sciences Center for correctional health care services, and



(2) funds appropriated to the Health and Human Services Commission and provided to The University of Texas Health Science Center at Houston for the operation of the Harris County Psychiatric Center and the UTHealth Behavioral Sciences Center.

By: Buckingham

March 12, 2021

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

**Improving Access to Pediatric Services**

**Background**

- Medicaid rates for pediatric services have decreased over the last 10 years, while expenses have dramatically increased. This is not sustainable.
- Low and inadequate rates limit the number of doctors willing to take Medicaid. It also limits the percent of Medicaid patients participating doctors will see.
- Limited Medicaid providers results in lack of access to critical care for high risk babies and fragile children.
- Access issues lead to poor outcomes and increased costs in Medicaid.
- Increasing the rates will increase access to care, improve outcomes and lower costs in the Medicaid program.
- **By focusing on the state's most vulnerable and youngest Texans, the state will reap benefits for years to come over the lifetime of the child.**

**COVID Impact**

- Pediatric providers have experienced significant financial losses due to reduced volume as a result of COVID and the corresponding shutdowns.
- Pediatric providers experienced increased costs due to such things as purchasing PPE, setting up telemedicine, and curbside capabilities.
- With the increased costs and reduced revenue, it will become increasingly difficult for pediatric providers to accept Medicaid patients when rates are already inadequate, **potentially compounding access issues.**

**Cost-Neutral**

- This proposed rider would be **cost neutral to the GAA** in that it uses the savings from increased access to pay for a rate increase to pediatric providers delivering services to children ages 0-3.
- Savings will be achieved due to a reduction in preventable emergency room visits, preventable hospital admissions, reducing extended stays in NICUs, transportation costs and other access related savings.
- A conservative analysis of data collected from HHSC through an open records request estimated the cost **savings** due to increased access was **two times the cost** of the rate increase.

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### **Proposed Action**

Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission in Senate Bill 1.

### **Rider Language**

#### **\_\_\_\_\_ Improving Access to Pediatric Services.**

- (a) Included in amounts appropriated above in Strategy A.1.5, Children, is \$13,193,307 in General Revenue Funds and \$20,531,916 in Federal Funds (\$33,725,223 in All Funds) in fiscal year 2022 and \$13,169,700 in General Revenue Funds and \$20,555,523 in Federal Funds (\$33,725,223 in All Funds) in fiscal year 2023 to provide a 7 percent rate increase for services provided in any setting by a physician, including a specialist, to children ages 0 to 3.
- (b) Amounts appropriated above in Strategy A.1.5, Children, are reduced by the same amounts identified in subsection (a) due to savings to the Medicaid program from increased access leading to reduced emergency room visits, reduced hospital admissions, reduced extended stays in neonatal intensive care units, and any other access related savings identified by the Health and Human Services Commission (HHSC). No benefits may be reduced to achieve these savings.
- (c) It is the intent of the Legislature that HHSC allocate the funding identified in subsection (a) among provider type and procedure codes to improve access to care for clients served under Medicaid fee-for-service and managed care models. It is the intent of the Legislature that HHSC shall ensure all funds allocated through this rider are fully reflected in reimbursement rates paid for physician services in both Medicaid fee-for-service and managed care models.
- (d) HHSC shall report to the Legislative Budget Board and Governor by September 1, 2022 detailing the compliance by managed care organizations in allocating the additional funds listed above directly to physician services for children ages 0 to 3.



By: Buckingham

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Collaborative Care**

**Overview**

Mental health needs are increasing due to the COVID-19 pandemic; symptoms of anxiety and depression alone are up 4-fold over pre-pandemic levels. The Collaborative Care model (CoCM) uses a team-based approach to care to increase the effectiveness of mental health treatment in primary care settings. The potential cost-savings of wide-spread implementation are also considerable; a 2013 study found savings in Medicare and Medicaid settings of up to 6 to 1 in total medical costs and estimated \$15 billion in Medicaid savings if only 20 percent of beneficiaries with depression receive it.<sup>1</sup>

This rider would implement Collaborative Care in the Texas Medicaid program to increase the effectiveness of mental health treatment and help counteract the increase in mental health concerns and suicide due to COVID-19.

**Required Action**

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

**XX. Collaborative Care Model.** The Health and Human Services Commission (HHSC) shall add the Collaborative Care model (Current Procedural Terminology codes 99492-99494) as a Medicaid benefit, for children and adults, to increase access to behavioral health services integrated in primary care. HHSC may expend funds appropriated above in all Strategies in Goal A, Medicaid Client Services, to reimburse for the provision of Collaborative Care services.

<sup>1</sup> Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013, May). *The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes*. Health Home Information Resource Center. [http://www.chcs.org/media/HH\\_IRC\\_Collaborative\\_Care\\_Model\\_\\_052113\\_2.pdf](http://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf)

By: Buckingham

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 672**

**Overview**

This rider aligns funding at the Health and Human Services Commission contingent on enactment of Senate Bill 672. Senate Bill 672 would implement Collaborative Care in the Texas Medicaid program to increase the effectiveness of mental health treatment in *primary care settings* and help counteract the increase in mental health concerns and suicide presenting due to COVID-19.

**Required Action**

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

**XX. Contingency for Senate Bill 672.** Contingent on enactment of Senate Bill 672, or similar legislation relating to Medicaid coverage of certain collaborative care management services, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in General Revenue and \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in General Revenue and \$ \_\_\_\_\_ in fiscal year 2023 in Strategy \_\_\_\_\_ to implement the provisions of the legislation.

By: Paxton /Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 1059**

Prepared by LBB Staff, 03/10/2021

**Overview**

Add a rider directing the Health and Human Services Commission to implement the provisions of Senate Bill 1059 out of appropriations in Goal A, Medicaid Client Services, contingent upon passage of the bill.

**Required Action**

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

**XX. Contingency for Senate Bill 1059. Contingent upon enactment of Senate Bill 1059, or similar legislation relating to the process for determining the Medicaid eligibility for certain former foster care youth, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of existing appropriations.**

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C.   
By Schwertner

**Health and Human Services Commission  
Proposed Rider  
Contingency for Senate Bill 662**

**Overview**

Prepare a rider which appropriates \$X from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 662, contingent upon enactment.

**Required Action**

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

\_\_\_\_\_. **Contingency for Senate Bill 662.** Contingent on enactment of Senate Bill 662, 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, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$X in fiscal year 2022 and \$X in fiscal year 2023 in General Revenue in Strategy A.1.5, Children's Eligibility Group, to implement the provisions of the legislation.

By: Sen. West

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Contingency for Senate Bill 1390**

Prepared by LBB Staff, 03/11/2021

**Overview**

Prepare a rider which appropriates \$12,500,000 in each fiscal year of the 2022-23 biennium from General Revenue Funds for the purposes of implementing the provisions of Senate Bill 1390, contingent upon its enactment.

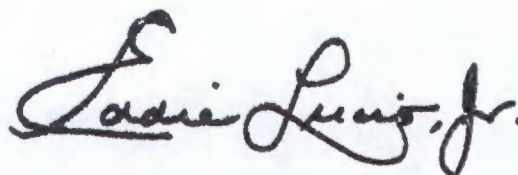
**Required Action**

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

**XX. Contingency for Senate Bill 1390. Contingent on enactment of Senate Bill 1390, or similar legislation relating to a grant program for municipal or county mental health crisis response team programs, by the Eighty-seventh Legislature, Regular Session, the Health and Human Services Commission is appropriated \$12,500,000 for each fiscal year of the 2022-23 biennium from General Revenue Funds to implement the provisions of the legislation.**

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By Johnson

***Texas Health and Human Services Commission***  
**Contingency for Senate Bill 141**

**Overview**

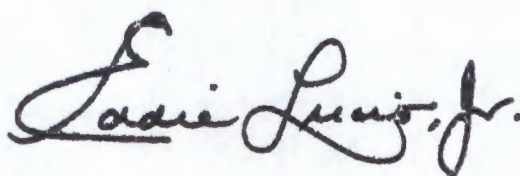
The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 141, or similar legislation. A September 2020 report by the Texas Maternal Mortality and Morbidity Review Committee recommended that Medicaid benefits be extended to mothers for at least one year after the month of delivery or miscarriage, in part because about 40% of maternal deaths in Texas were pregnancy-related and a chance of preventability existed in 89% of them.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. Contingency for Senate Bill 141. Contingent on enactment of Senate Bill 141 or similar legislation relating to the Medicaid eligibility of certain women after a pregnancy, by the Eighty-seventh Legislature, Regular Session, the Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.




By Johnson

**Texas Health and Human Services Commission  
Contingency for Senate Bill 493**

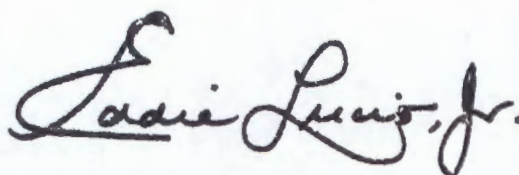
**Overview**

The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 493 or similar legislation. With Medicaid paying for the care of many elderly Texans in nursing homes, damages from neglectful care cases, if and when they occur, are all the more important for these patients and their loved ones to receive. To protect the state's most vulnerable, SB 493 requires facilities to maintain professional liability insurance coverage that will cover a minimum amount of \$300,000 per occurrence of neglectful care and \$1 million aggregate.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. **Contingency for Senate Bill 493. Contingent on enactment of Senate Bill 493 or similar legislation relating to healthcare liability insurance for certain nursing facilities, by the Eighty-seventh Legislature, Regular Session, the Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.**


By Johnson

***Texas Health and Human Services Commission  
Contingency for Senate Bill 1133***

**Overview**

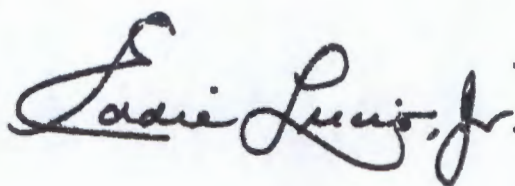
The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 1133 or similar legislation. Recent deaths at senior living facilities across Texas have shown a need for the state to incentivize senior living facilities to do a better job protecting vulnerable residents. By creating a voluntary safety certification for facilities that adhere to best practices, SB 1133 would educate prospective residents and strengthen market incentives to keep seniors safe.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. **Contingency for Senate Bill 1133. Contingent on enactment of Senate Bill 1133 or similar legislation relating to registration requirements and voluntary safety standards certification for senior living facilities, by the Eighty-seventh Legislature, Regular Session, the Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.**




By Johnson

**Texas Health and Human Services Commission  
Contingency for Senate Bill 117**

**Overview**

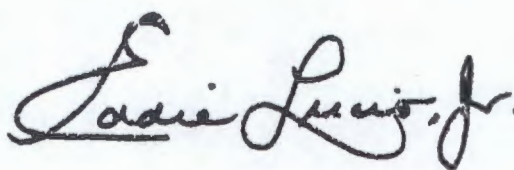
The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 117 or similar legislation. Texas has the highest rate of uninsured adults in the nation, only worsened by the COVID-19 pandemic. SB 117 seeks to address this issue by pursuing an 1115 waiver that will provide insurance to approximately one million low-income Texans and offer flexibilities to expand coverage in the Texas Medicaid program the Texas way. While cost concerns have been raised in the past, state costs are expected to be largely offset through savings in other programs, and the net economic benefits from a 90% match by the federal government for the 2022-23 biennium are expected to include gains of \$45.3 billion in gross product, \$29.4 billion in personal income, and 461,700 job-years of employment.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. Contingency for Senate Bill 117. Contingent on enactment of Senate Bill 117 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 Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.




By Johnson

***Texas Health and Human Services Commission***  
**Contingency for Senate Bill 651**

**Overview**

The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 651, or similar legislation. Social determinants of health include factors like socioeconomic status, education, physical environment, employment, food security, social support networks, and access to health care. Typically, states have not been allowed to use federal Medicaid funds to pay the direct costs of non-medical services. SB 651 seeks to address this issue by pursuing an 1115 waiver that mirrors the approved North Carolina waiver for a pilot program aimed at reducing health care costs and improving health outcomes by addressing housing instability, transportation insecurity, food insecurity, interpersonal violence, and toxic stress.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

- \_\_\_\_. **Contingency for Senate Bill 651. Contingent on enactment of Senate Bill 651 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, the Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.**


By Johnson

***Texas Health and Human Services Commission***  
**Contingency for Senate Bill 1751**

**Overview**

The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 1751, or similar legislation. Texas has the highest rate of uninsured adults in the nation, only worsened by the COVID-19 pandemic. SB 1751 seeks to address this issue by pursuing an 1115 waiver that will provide insurance to approximately one million low-income Texans and offer flexibilities to expand coverage in the Texas Medicaid program the Texas way. Additionally, the bill includes elements that address health literacy, social determinants of health, continuous coverage for Medicaid, pre-existing coverage protection, high-risk reinsurance, behavioral health, a state-based exchange, and focused rate review.

**Required Action**

On page II-XXX of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. **Contingency for Senate Bill 1751. Contingent on enactment of Senate Bill 1751 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 Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.**



Roger W. N.

By Johnson

***Texas Health and Human Services Commission  
Contingency for Senate Bill 117***

**Overview**

The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 117 or similar legislation. Texas has the highest rate of uninsured adults in the nation, only worsened by the COVID-19 pandemic. SB 117 seeks to address this issue by pursuing an 1115 waiver that will provide insurance to approximately one million low-income Texans and offer flexibilities to expand coverage in the Texas Medicaid program the Texas way. While cost concerns have been raised in the past, state costs are expected to be largely offset through savings in other programs, and the net economic benefits from a 90% match by the federal government for the 2022-23 biennium are expected to include gains of \$45.3 billion in gross product, \$29.4 billion in personal income, and 461,700 job-years of employment.

**Required Action**

On page II- [REDACTED] of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. Contingency for Senate Bill 117. Contingent on enactment of Senate Bill 117 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 Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.

[REDACTED]

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By Johnson

***Texas Health and Human Services Commission  
Contingency for Senate Bill 1751***

**Overview**

The following action adds a new rider to align funding at the Texas Health and Human Services Commission contingent on enactment of Senate Bill 1751, or similar legislation. Texas has the highest rate of uninsured adults in the nation, only worsened by the COVID-19 pandemic. SB 1751 seeks to address this issue by pursuing an 1115 waiver that will provide insurance to approximately one million low-income Texans and offer flexibilities to expand coverage in the Texas Medicaid program the Texas way. Additionally, the bill includes elements that address health literacy, social determinants of health, continuous coverage for Medicaid, pre-existing coverage protection, high-risk reinsurance, behavioral health, a state-based exchange, and focused rate review.

**Required Action**

On page II- [REDACTED] of the Contingency and Other Provisions bill pattern, add the following new rider:

\_\_\_\_. **Contingency for Senate Bill 1751.** Contingent on enactment of Senate Bill 1751 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 Texas Health and Human Services Commission is appropriated \$ \_\_\_\_\_ in fiscal year 2022 and \$ \_\_\_\_\_ in fiscal year 2023.

[REDACTED]

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