Article 2 Riders

Recommended for Adoption

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Department of Aging and Disability Services Proposed Funding and Rider

Informational Rider for Promoting Independence Initiative

Prepared by LBB Staff, 02/25/13

Initiative Overview

The rider provides an informational summary of slots funded under the Promoting Independence

rider: Required Action
On page II-20 of the Department of Aging and Disability Services' bill pattern, add the following

community-based services: for Waivers and Other Programs, appropriations made above in this Act related to expansion of Expansion of Community-based Services. Subject to the limitations in Rider 27, Limits

- 3 \$10,834,572 in General Revenue (\$26,007,307 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 400 slots for persons moving out of large and medium Intermediate Care Facilities for Individuals with Intellectual Disabilities; [14,494,998 in General Revenue (\$11,333,947 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 192 slots for children aging out of foster care; \$8,051,823 in General Revenue (\$20,302,224 in All Funds) to Strategy A.3.2, Home and
 - Ö
- c Community-based Services to add 300 slots to prevent institutionalization/crisis; \$661,468 in General Revenue (\$1,667,816 in All Funds) to Strategy A.3.1, Community-based
- ė Alternatives to add 100 slots to prevent institutionalization/crisis;
- O \$8,583,125 in General Revenue (20,588,677 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 360 slots for persons with intellectual and developmental
- : disabilities moving out of nursing facilities; and, \$729,849 in General Revenue (1,841,163 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 25 slots for children moving out of Department of Family and Protective Services general residential operations.

Department of Aging and Disability Services Proposed Funding and Rider **Nursing Facility Reporting**

Revised by LBB Staff, 03/06/2013

findings to the legislature Overview

The rider would require the Department of Aging and Disability Services to study the criteria employed when determining whether to issuance of a new nursing facility license and report

rider: Required Action
On page II-20 of the Department of Aging and Disability Services bill pattern, add the following

new license within a given market area, and any recommendations to improve the effectiveness and efficiency of the process. The report shall be submitted to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by August 31, 2014. Reporting on Nursing Facility Licensure. Out of funds appropriated above in strategy B.1.1, Facility and Community-based Regulation, the Department of Aging and Disability Services shall submit a report summarizing the nursing facility licensure process, including criteria considered when determining whether to issue a licensure process.

Department of Aging and Disability Services, Art. II State Supported Living Center Funding Prepared by LBB Staff, 02/23/2013 **Proposed Motion**

Overview
The motion would strike a rider in the Department of Aging and Disability Services bill pattern (Rider 16) that provides for a single funding methodology for state supported living centers.

Required Action

rider: On page II-13 of the Department of Aging and Human Services bill pattern, strike the following

16. State Supported Living Center Funding. It is the intent of the Legislature that the department implement a single funding methodology for state supported living centers which funds all living centers equitably and at a level which is adequate to maintain department in determining an acceptable funding methodology should be consideration of the number of residents in each living center and the needs of those residents. Staffing compliance with applicable federal standards. A primary consideration to be used by the patterns at living centers shall not reflect a census decline until a campus has realized a decline in census.

Sponsor:	

Department of Aging and Disability Services Riders New

Prepared by the Department of Aging and Disability Services

House Bill 1, Page II-18

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

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

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

Purpose:

This is former DADS Rider 29 under the 2012-13 General Appropriations Act. DADS can currently create "target groups" within a waiver with the approval of CMS. The HCS program currently has 11 such target groups. When the legislature identifies a target group, as is done in this rider, the agency still requires CMS approval to implement the target if it is not already included in the waiver. While it is possible for DADS to accomplish what is laid out in former Rider 29 without the language, the legislature's specific "authorization" does provide more clarity to DADS, to providers, to advocates and to the general public about legislative intent/support for the provision

Ä	Sponsor:

Department of Aging and Disability Services Riders New

Prepared by the Department of Aging and Disability Services

House Bill 1, Page II-18

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

and a. is determined to be ineligible for the services provided under the HCS waiver program;

Section 1915(c) waiver program. b. meets the eligibility requirements for and needs services provided under another

Purpose:

This is former DADS Rider 30 under the 2012-13 General Appropriations Act. While the language in the rider is permissive and likely within DADS' purview in managing the interest lists, the agency believes its memorialization in the rider does provide clarity on legislative intent and support for this issue.

Department of Aging and Disability Services **Promoting Community Services for Children Proposed Funding and Rider**

rider: Required Action
On page II-20 of the Department of Aging and Disability Services bill pattern, add the following

community settings. In order to maintain cost-neutrality, the Executive Commissioner may develop rules in accordance with all applicable laws that would allow decertification of ICF/IID beds to offset the additional costs community intermediate care facilities for the intellectually disabled to be able to transition to families. To facilitate such transitions when requested by incurred in the community. provisions to transfer funding from Strategy A.7.1, Intermediate Care Facilities parent/guardian, the department may request approval through Rider 9 that opportunities be provided for children (under the age of 22) residing in Promoting Community Services for Children. - IID, to other Medicaid strategies that provide appropriate services in It is the intent of the Legislature

Department of Assistive and Rehabilitative Services, Article II **Proposed Rider**

Data Collection and Reporting on Centers for Independent Living

Prepared by LBB Staff, February 19, 2013

Overview

independent living, The rider would instruct DARS to improve performance data on individual centers for

the following rider: Required Action
On page II-34 of the Department of Assistive and Rehabilitative Services bill pattern, add

Assistive and Rehabilitative Services (DARS) shall report on the actual and projected numbers of consumers served by each center and the types of services provided in fiscal years 2014 and 2015. Data Collection and Reporting on Centers for Independent Living. Out of funds appropriated above in Strategy B.3.2, Independent Living Centers, the Department of

collection, and reporting of outcome data related to the centers. DARS shall also include in the report strategies to improve the measurement.

The report shall be submitted no later than February 1. 2014.

3. Reimbursement of Advisory Committee Members.

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

Early Childhood Intervention Advisory Council \$16,650 \$22,000

Elected Committee of Managers \$16,000

Board for Evaluation of Interpreters \$ 4,500

Rehabilitation Council of Texas \$58,350

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

the members actively participate in meetings. The travel limit, set at \$16,650, dates back to on the Council. Federal rules require ECI to hold 4 meetings per year, and the meetings are held in Austin. The home location of the majority of these members is outside of Austin, and The ECI Advisory Council members are appointed by the Governor and there are 25 members Purpose: 2004, and is not sufficient to cover current travel costs.

7. Maintenance of Effort (MOE) and Matching Funds Reporting Requirement.

The Department of Assistive and Rehabilitative Services (DARS) shall report quarterly to the previous fiscal years. The reports shall specify: 84.181) funds. Each report shall detail funds for the current fiscal year and at least the two MOE for federal Special Education Grants for Infants and Families with Disabilities (CFDA effort (MOE) for federal Vocational Rehabilitation (CFDA 84.126) funds and state funds used for Legislative Budget Board and the Governor on state funds used for match and maintenance of

therapies services provided to Medicaid-eligible children in the Early Childhood Intervention includes an estimate of expenditures at the Health and Human Services Commission for program. a. State funds within and outside the department's budget used for match and MOE. This

b. Federal Funds within and outside the department's budget matched by state funds identified in the previous section.

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

Purpose

Medicaid services provided to eligible children in the ECI program. While the state provides match for therapies provided through Medicaid, there are additional services, such as nursing To provide an estimate of all expenditures at the Health and Human Services Commission for reflect the state's full contribution to the ECI program. are eligible for MOE. For MOE purposes, we suggest one minor change to more accurately nutrition counseling, that are provided, and those services are also matched by the state and

16. Appropriations Limited to Revenue Collections.

costs" associated with these programs, appropriated elsewhere in this Act. "Other direct and Strategy B.2.2, Education, Training, Certification - Deaf, as well as the "other direct and indirect cover, at a minimum, \$130,000 in General Revenue in each year of the biennium to support appropriated for the fiscal year beginning September 1, 2014. additional other revenue collections in excess of the BRE as of August 31, 2014 are hereby any additional revenue collected within the year collected. Any unexpended balances and actual revenue collections are above the Biennial Revenue Estimate (BRE), DARS is appropriated provided above to be within the amount of revenue expected to be available. In the event that Board may direct that the Comptroller of Public Accounts reduce the appropriation authority collections are insufficient to offset the costs identified by this provision, the Legislative Budget indirect costs" for the certification of interpreters are estimated to be \$22,495 in fiscal year authorized and generated by the Department of Assistive and Rehabilitative Services (DARS) It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as 2014 and \$22,912 in fiscal year 2015. In the event that actual and/or projected revenue

Purpose

maintain the authority to UB to the next year. requesting authority to spend fees collected above the BRE in the year collected and will current year cannot be spent in the current year, but can be UB'd to the next year. DARS is Fees collected for the certification of interpreters over the Biennial Revenue Estimate in the

20. Appropriation of Donations: Blindness Education Screening and Treatment.

Included in the amounts above in Strategy B.1.2, Blindness Education, is \$400,743 in fiscal year appropriated each fiscal year is hereby appropriated to DARS for the same purpose. Any related to the BEST Program. Any revenue collected in the BEST Program above the amount appropriated to the Department of Assistive and Rehabilitative Services (DARS) for purposes exceed \$801,486 as provided by § 521.421 (j) or § 521.422 (b), Transportation Code, are received from donations made in fiscal year 2014 and fiscal year 2015, in amounts not to (BEST) Program, contingent upon the generation of funds through donations. Revenues 2014 and \$400,743 in fiscal year 2015 for the Blindness Education, Screening, and Treatment insufficient to offset the costs identified by this provision, the Legislative Budget Board may as of August 31, 2014 are appropriated for the same purpose for the fiscal year beginning appropriated to DARS beginning September 1, 2013, and any unexpended balances remaining unexpended <u>and unobligated</u> balances remaining as of August 31, 2014 <u>2013</u> are hereby above to be within the amount of revenue expected to be available direct that the Comptroller of Public Accounts reduce the appropriation authority provided September 1, 2014. In the event that actual and/or projected revenue collections are

Purpose:

currently gives UB authority within the biennium. Since collection amounts are difficult to their driver's license or Texas Department of Public Safety-issued identification card. The Rider These donations are from Texans who donate a dollar to the BEST program when they renew lapsed. To mitigate the loss of donations, DARS requests UB authority across the biennium. project, some donations received near the end of the second year of the biennium could be

28. Report on Changes to Improve Cost-Effectiveness of Family Cost Share Provisions.

Intervention program to the Legislative Budget Board and the Governor by December 1, 2014 Out of funds appropriated above in Goal A. Children with Disabilities, the Department of improve the cost-effectiveness of family cost share provisions in the Early Childhood Assistive and Rehabilitative shall prepare and submit a report on changes implemented to

Budget Board. administer family cost-share provisions and such other details as required by the Legislative and insurance collected during the previous fiscal year after deducting the estimated cost to Each report shall include information regarding the net amount of family cost-share revenue

Purpose:

contractors collecting both sources of revenue. consultants). The "cost effectiveness" of the family cost share system is dependent upon gross income may have high deductible insurance plans (such as professional independent insurance (such as families who are active duty military) and families with generous adjusted insurance payments. Families with a modest adjusted gross income may have generous To incorporate within the report an evaluation of both cash collections from families and

costs. The initial evaluations will be based on sampled administrative data collected from automated system must be modified prior to the contractors submitting data. sufficient amount of data regarding the adjusted gross income within the timeframe since the contractors to meet the December 1, 2014 deadline. DARS will not be able to collect a To clarify that costs to administer family cost-share provisions will be an estimate versus actual

Department of Family and Protective Services Proposed New Rider Contingency Rider for House Bill 969

Prepared by LBB Staff March 8, 2013

Overview

Prepare a rider that appropriates \$500,000 in fiscal year 2014 in General Revenue Funds and \$500,000 in fiscal year 2015 in General Revenue Funds for the purposes of implementing the provisions of House Bill 969, contingent upon its passage.

Required Action
On page II-48 of the Department of Family and Protective Services bill pattern, add the following rider:

Contingency for House Bill 969. Contingent on passage of House Bill 969, or similar legislation relating to relating to a student loan repayment assistance program for certain child protective services workers, by the 83rd Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$500,000 in fiscal year 2014 in General Revenue Funds and \$500,000 in fiscal year 2015 in General Revenue Funds to transfer to the Higher Education Coordinating Boarding for implementing the provisions of the legislation.



Department of Family and Protective Services Average Daily Employee Caseloads Proposed New Rider

Prepared by LBB Staff, February 26, 2013

Overview

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

Required Action
On page II-48 of the Department of Family and Protective Services bill pattern, add the following rider:

Average Daily Employee Caseloads. Out of funds appropriated above, the Departme of Family and Protective Services (DFPS) shall develop a plan for achieving the prescribed daily average caseload targets listed below for specific workers and for reducing call wait times and call abandonments for the abuse, neglect, and exploitation hotline managed by Statewide Intake. In the event that DFPS contracts with a Single Source Continuum Contractor (SSCC) to provide a full continuum of foster care service DFPS shall ensure that the plan address how the SSCC will achieve the prescribed dail average caseloads targets listed below as well. DFPS shall submit this plan no later the December 1, 2014 to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor. Position Target an average of 15 cases	if funds appropriated above, the Departnall develop a plan for achieving the led below for specific workers and for event that DFPS contracts with a Single event that DFPS contracts with a Single ovide a full continuum of foster care servithe SSCC will achieve the prescribed dell. DFPS shall submit this plan no later the mmittee, the House Committee on dell, and the Governor. Target an average of 15 cases
<u>Position</u> CPS Investigators:	<u>Target</u> an average of 15 cases
CPS Family-Based Safety Services Caseworkers:	an average of 10 cases
CPS Conservatorship Caseworkers:	an average of 20 cases
CPS Foster and Adopt Caseworkers:	an average of 20 cases
Child-Care Licensing Inspectors for day care:	an average of 64 child-care facilities or registered family homes
Child-Care Licensing Investigators for day care:	an average of 17 cases

<u>Initiative</u>
Average Hold Time for Calls to the Hotline: Five Minutes or Less Hotline Target:

Call Abandonment Rate for each fiscal year 25% or Less

Department of Family and Protective Services Proposed New Rider Other At-Risk Prevention Programs. Prepared by LBB Staff, March 11, 2013

Overview

education organizations. or more competitively procured established child abuse and neglect prevention and parenting The rider would designate \$350,000 in fiscal year 2014 and \$350,000 in fiscal year 2015 for one

Required Action

On page II-48 of DFPS bill pattern, add the following rider:

\$350,000 in General Revenue Funds in fiscal year 2015 for grants for one or more Other At-Risk Prevention Programs. Out of funds appropriated above in strategy C.1.5, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate \$350,000 in General Revenue Funds in fiscal year 2014 and competitively procured established child abuse and neglect prevention and parenting children and youth. individuals, education organizations that provide evidence-based programs delivered by trained and that addresses adverse conditions resulting in negative outcomes for

Department of Family and Protective Services Contingency Rider for House Bill 915 **Proposed New Rider**

Prepared by LBB Staff March 8, 2013

Overview

provisions of House Bill 915, contingent upon its passage. \$500,000 in fiscal year 2015 in General Revenue Funds for the purposes of implementing the Prepare a rider that appropriates \$500,000 in fiscal year 2014 in General Revenue Funds and

Required Action
On page II-48 of the Department of Family and Protective Services bill pattern, add the following rider:

Contingency for House Bill 915. Contingent on passage of House Bill 915, or similar legislation relating to the administration and monitoring of certain medications provided to foster children, by the 83rd Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$500,000 in General Revenue Funds in fiscal year 2014 and \$500,000 in General Revenue Funds in fiscal year 2015 to implement the provisions of the legislation.

House Sponsor:	

Prepared by Department of Family and Protective Services

New

House Bill 1, Page II-43

#16. Reimbursement of Advisory Council Members

Pursuant to Human Resources Code 40.025, reimbursement of expenses for Family and Protective Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$10,000 per fiscal year.

Purpose:

The current limit is too low for the reimbursement of necessary travel expenditures for the reimbursement shall be funded within existing appropriation. Council members to conduct quarterly public meetings. The increase in authorized

House Sponsor:

Prepared by Department of Family and Protective Services

House Bill 1, Page II-46

†27. Limitation on Appropriations for Day Care Services

above in Strategy B.1.3, TWC Foster Day Care, Strategy B.1.4, TWC Relative Day Care, and Strategy B.1.5, TWC Protective Day Care, without the prior written approval of the Legislative Budget Board and the The Department of Family and Protective Services may not spend more than the amounts appropriated

To request approval, the department shall submit a written request to the Legislative Budget Board and Governor that includes the following information:

- address the need without exceeding the amounts appropriated above a detailed explanation of the need for day care services and the steps that have been taken to
- purchased and the average cost per day; a five year history of expenditures for day care services with information on the number of days
- financing and FTEs for each strategy by fiscal year; the name of the strategy or strategies affected by the increase in expenditures and the method of
- included in this Act for both the affected strategy or strategies; and the impact of the expenditure on performance levels and, where relevant, a comparison to targets
- e. the impact of the expenditure on the capital budget.

specified by the Legislative Budget Board. a timely manner. The request and information provided subsequently shall be prepared in a format <u>Additional information requested by the Legislative Budget Board or the Governor should be provided in </u>

Lieutenant Governor, Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Board concludes its review of the request and forwards its review to the Chair of the House issue a written approval within 30 business days of the date on which the staff of the Legislative Budget The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor

provides notification to the Comptroller of Public Accounts that the requirements of this provision have The Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board not been satisfied.

Purpose:

children without services. Often, the identified additional funding requires separate approval. is identified in lieu of policy changes to reduce the caseload which would leave vulnerable spending is monitored monthly. If projected needs exceed the appropriation, additional funding higher costs of paid foster care. Forecasts of day care services caseloads are done quarterly and CPS day care services are critical resources for the protection of children and to avoid the

•	House Sponsor:	

Prepared by Department of Family and Protective Services

House Bill 1, Page II-47

Limitation on Appropriations for Non-Recurring Adoption Subsidy Payments

Protective Services may not spend more than these amounts without the prior written approval of the \$6,859,614 in fiscal year 2014, and \$7,305,150 in fiscal year 2015. The Department of Family and Legislative Budget Board and the Governor. Assistance Payments, are the following amounts for non-recurring adoption subsidy payments: Included in the amounts appropriated above in Strategy B.1.12, Adoption Subsidy and Permanency Care

the Governor that includes the following information: To request approval, the department shall submit a written request to the Legislative Budget Board and

- address the need without exceeding the amounts appropriated above; a detailed explanation of the need for additional funding and the steps that have been taken to
- financing and FTEs for each strategy by fiscal year; the name of the strategy or stratogies affected by the increase in expenditures and the method of
- included in this Act for both the affected strategy or strategies; and the impact of the expenditure on performance levels and, where relevant, a comparison to targets
- d.—the impact of the expenditure on the capital budget.

a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board-Additional information requested by the Legislative Budget Board or the Governor should be provided in

Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Board concludes its review of the request and forwards its review to the Chair of the House issue a written approval within 30 business days of the date on which the staff of the Legislative Budget The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor

provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied. The-Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board

Purpose:

regulations make the payments under federal regulations. DFPS believes this rider conflicts with federal consummated and the cost of the non-recurring payments exceed the limit, DFPS must still program, all eligible costs must be paid. Under this rider limitation, if adoptions continue to be by the state, (2) monthly subsidy payments, and (3) Medicaid coverage. In an entitlement is one of the three required services of the Adoption Assistance program – (1) non-recurring payment of legal and other costs associated with the adoption, up to a maximum amount set adoptions of special needs children from foster care. Non-recurring adoption subsidy payments The Adoption Assistance program is a federal Title IV-E entitlement program for the support of

•	House Sponsor:

New

Prepared by Department of Family and Protective Services

House Bill 1, Page II-47

Cost Containment Strategies for DFPS Funded Daycare Services

the authorization and reauthorization process to assess the feasibility of certain cost containment available income and family size data on clients that receive foster and relative daycare services during Foster Day Care, B.1.4. Relative Day Care, and B.1.5. Protective Day Care, the agency shall collect Out of funds appropriated above to the Department of Family and Protective Services in strategies B.1.3.

setting time limits on the receipt of services or cost-sharing exemption. implementing an income-based sliding fee scale for daycare services on a case by case basis, and (4) daycare services. Strategies that the agency could employ include but are not limited to the following The agency shall identify and implement appropriate cost containment strategies for state funded options: (1) creating client priority groups, (2) instituting waiting lists based on client priority, (3)

Board by September 1, 2014. not implemented. The agency shall report the report to the Governor's Office and the Legislative Budget and (4) which cost containment strategies were not implemented and an explanation of why they were evaluation of the impact that selected strategies had on costs and the availability of daycare services, the agency researched; (2) which cost containment strategies the agency implemented, (3) an Legislative Budget Board that contains the following information: (1) which cost containment strategies The Department of Family and Protective Services shall submit a report to the Governor's Office and the

Purpose:

crisis. Cost-containment strategies would likely undermine those outcomes. reunify families, place children with relatives whenever possible, and to preserve families in State-funded daycare services are important to recruit and retain qualified foster families, to

expensive alternative of emergency shelters and group homes. and with their siblings. It also may mean that more children have to be placed into the more to improve outcomes for foster children by placing them close to their home community due to financial concerns. Fewer foster family homes negatively impact the agency's ability If foster parents who work full-time had to cover the cost of daycare due to any of the strategies suggested for cost-containment, it is likely to result in fewer foster family homes

•	House Sponsor:
	-

Prepared by Department of Family and Protective Services

House Bill 1, Page II-47

#29. Cost Containment Strategies for DFPS Funded Daycare Services

- the only alternative is paid foster care. kinship caregivers require the financial assistance provided by paid daycare in order to be able to care for their relative children. When relatives are not able to provide a placement, If relative caregivers who work full-time had to cover the cost of daycare due to any of the strategies suggested for cost-containment, it is likely to result in more children in paid foster care which is far more costly than daycare services and less desirable for children. Many
- findings. plans to avoid having the child removed. Any cost-containment strategy would be counter-(FBSS) cases to ensure their safety while their families focus on complying with their service Protective daycare is provided mainly for children in open Family Based Safety Services productive to this service since families in FBSS cases are involved due to abuse or neglect
- strategies. IMPACT would have to be modified to document, track, and report appropriate authorization for daycare services, which is done electronically through IMPACT elements of the implemented cost-containment strategy, and tie those elements to the would also be a fiscal impact for automation changes for any of the cost-containment foster care placement types, and more children remaining in foster care longer. There Overall, there would likely be an increased cost to the state due to more children being placed in paid foster care rather than relative placements, more children in more expensive

House Sponsor:	

Prepared by Department of Family and Protective Services

House Bill 1, New Rider

. College Degree Pay

above the current base salary for employees with targeted college degrees determined by elementary or secondary education, sociology, human services and child development. the Department to be relevant to their positions. The targeted degrees include but are not The Department of Family and Protective Services may pay 3.4 percent to 6.8 percent limited to: social work, counseling, early childhood education, psychology, criminal justice,

Purpose:

staff that currently possess, or obtain during employment, a specified college degree. DFPS currently This rider would provide an additional tool to the department to recruit and retain critical direct delivery pay for other college degrees as well as pay caseworkers in other programs. Additionally, this rider degree in Social Work for newly hired CPS caseworkers. This rider would expand the agency's ability to pays an additional 3.4 percent for a Bachelor's degree in Social Work and 6.8 percent for a Master's exceptional item #2 - Improve Staff Retention. additional pay. The additional dollars necessary to fund this additional pay are requested as part of would provide a mechanism to pay current staff holding such degrees who have not received the

House Sponsor:	

Prepared by Department of Family and Protective Services

House Bill 1, New Rider

. On-Call Pay

and actual hours worked during on-call status. For employees subject to the Fair Labor holidays. This credit shall be in addition to actual hours worked during normal duty hours week, and two hours of base pay worked for each day of on-call during a weekend and on credit for one hour of base pay worked for each day of on-call during the normal work extent permitted by law, may pay compensation for on-call time at the following rates: It is expressly provided that the Department of Family and Protective Services, to the during the week for purposes of the FLSA only to the extend required by federal law. Standards Act (FLSA), an hour of on-call service shall be considered to be an hour worked

Purpose:

This rider would provide an additional tool to the department to recruit and retain critical direct delivery Retention. necessary to fund this additional pay are requested as part of exceptional item #2 - Improve Staff staff who are required to be on-call. It is similar to a TXDOT and TFC rider. The additional dollars

	House Sponsor:
Department of Family and Protective Services Riders	House Sponsor:

Prepared by Department of Family and Protective Services

New

House Bill 1, New Rider

. High Risk Pay

the following positions effective September 1, 2013: The Department of Family and Protective Services may pay additional compensation for

- Child Protective Services Investigative caseworker and human service technician
- Child Protective Services Conservatorship caseworker and human service technician
- service technician Child Protective Services Family Based Safety Services caseworker and human
- Child Protective Services I See You caseworker and human service technician
- Adult Protective Services In-Home caseworker
- Adult Protective Services MH and ID Investigations caseworker
- Residential Child Care Licensing Investigative caseworker
- Day Care Licensing Investigative caseworker

employee's monthly compensation proportional to the hours worked during the month. the first day of the month in which an employee is no longer assigned to one of the The additional compensation is in the amount of \$50 per month to be included in the positions included in this rider. An employee is no longer eligible to receive this additional compensation beginning with

Purpose:

additional funding for implementation of this rider. staff in positions that have a high risk of burnout due to factors causing stress. DFPS is not requesting This rider would provide an additional tool to the department to recruit and retain critical direct delivery

mouse sponsor:	

Prepared by Department of Family and Protective Services

House Bill 1, New Rider

. Locality Pay

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

Purpose:

implementation of this rider. agency's recruitment and retention efforts. DFPS is not requesting additional funding for DFPS greater flexibility in determining the rate of pay for specified employees in order to strengthen the staff whose official headquarters is designated in a county to receive locality pay. This rider would allow This rider would provide an additional tool to the department to recruit and retain critical direct delivery

Department of Family and Protective Services **Proposed New Rider** Title IVE Waiver

Prepared by LBB Staff, March 11, 2013

effectiveness of expediting the time for children to exist foster care implementing a Title IVE waiver project and to report quarterly on the department's written approval before transferring funds out of the foster care program for the purpose of Overview
The rider would require the Department of Family and Protective Services to request prior

following rider: Required Action
On page II-48 of the Department of Family and Protective Services bill pattern, add the

directed to request written approval from the Legislative Budget Board and the Governor and Protective Services may apply for a Title IV-E waiver that is authorized under the 2011 information: prior to the submission of an application. The written request shall include the following federal Child and Family Services Improvement and Innovation Act. The department is Title IVE Waiver. It is the intent of the Legislature that the Department of Family

- (1) a detailed plan explaining how the funds will be spent, allocated, or encumbered;
- (2) if a transfer of funds is necessary, the name of the originating and receiving strategies and the amounts of the transfer;
- (3) whether the plan will be General Revenue cost neutral.

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

the Governor issue written approvals within 30 calendar days of receipt of the request The request shall be considered to be disapproved unless the Legislative Budget Board and

Department of Family and Protective Services At-Risk Prevention Programs and Services **Rider Amendment**

Prepared by LBB Staff, March 8, 2013

programs in accordance with a plan developed by the Department of Family and Protective directs all other funding in the strategy to be used for child abuse and neglect prevention Services. would increase the funding earmarked for the Statewide Youth Services Network and

as follow: Required Action

Amend rider 31 on page II-48 of the Department of Family and Protective Services bill pattern

\$3,050,000\$4,500,000 for one or more competitively procured established statewide networks of C.1.5, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate for the state fiscal biennium beginning September 1, 2013, not less than trained full-time staff, and address conditions resulting in negative outcomes for children and community-based prevention programs that provide evidence-based programs delivered by following: (1) only programs that are evidence-based or incorporate promising practices, (2) community-based programs located throughout the state, (3) performance measures that gauge program effectiveness, (4) a focus on children ages 0 - 17, and (5) public-private collaboration accordance with a comprehensive plan developed by the Department. This plan shall include the that enhances state resources to reach more children, youth and families. The Department is required to seek public input during the development of the plan. At-Risk Prevention Programs, shall be used for child abuse and neglect prevention programs in provide dollar-for-dollar matching funds. All other funding appropriated in Strategy C.1.5, Other youth. Any vendor selected to deliver these services for funding through this strategy must At-Risk Prevention Programs and Services. From the amounts appropriated above in Strategy

Department of State Health Services, Article II Proposed Funding and Rider Local Mental Health Authorities Allocation Prepared by LBB Staff, 03/11/2013

Health Authorities from Strategies B.2.1 Mental Health Services for Adults and B.2.2 Mental Health Services for Children utilizing a certain methodology. Overview

To require the Department of State Health Services to distribute funds to the Local Mental

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

allocation methodology that reduces the disparity in per capita allocations among Services for Adults, and B.2.2, the purpose of expanding or improving services in Strategies B.2.1, Mental Health the Department of State Health Services shall distribute any funds appropriated for Local Mental Health Authorities Allocation. It is the intent of the Legislature that Local Mental Health Authorities. Mental Health Services for Children, by applying an

Department of State Health Services, Art. II Proposed Rider State Hospital System Long-Term Plan

Prepared by LBB Staff, 02/26/2013

)verview

of the plan, which would be due to the Governor and Legislative Budget Board in December include public input. The department may also contract for certain expertise to support aspects From the agency's proposal: Considering the aging infrastructure, current design and needs in the state hospital system, the Department of Health Services requests direction in looking across inpatient psychiatric services. The plan would be developed by the department and would its facilities and needs to develop a long-term, cost-effective approach to providing state funded

Required Action

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

provision of psychiatric inpatient hospitalization to persons served by the department. to their homes, and efficient use of state resources. DSHS is required to seek public access to patient care in the least restrictive setting as clinically appropriate, best needs across various regions of the state, and associated costs. The plan must consider Department of State Health Services (DSHS) shall develop a ten-year plan for the State Hospital System Long-Term Plan. disapproval within 30 business days of the date on which the staff of the Legislative technical expertise to assist in the development of the plan. DSHS shall submit the plan to the Office of the Governor and the Legislative Budget Board not later than input during development of the plan, and is authorized to contract for necessary practices in psychiatric inpatient care, opportunities for patients to receive care closer current state funded hospital capacity for individuals requiring hospitalization, timely infrastructure needs of the existing facilities, future infrastructure needs, capacity Committee, Speaker of the House, and Lieutenant Governor. Chair of the House Appropriations Committee, Chair of the Senate Finance Budget Board concludes its review of the proposal and forwards its review to the approved unless the Legislative Budget Board or the Governor issues a written Legislative Budget Board and the Governor. The request shall be considered to be December 1, 2014. To authorize the implementation of improvements to the state hospital system related to the plan, DSHS shall submit a written request to the This plan will consider state hospital system operational needs, including Out of funds appropriated above, the

Department of State Health Services NorthSTAR Behavioral Health Waiver **Proposed Funding and Rider**

Prepared by LBB Staff, 3/11/2013

Overview

funding and increase mental health related services in NorthSTAR. amount of \$6,000,000 in General Revenue Funds over the biennium to increase the per-person Provide a rider to direct the Department of State Health Services to use increased funding in the

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

Strategy B.2.4, NorthSTAR Behavioral Health Waiver, the Department of State Health Services shall utilize \$6,000,000 in General Revenue funds over the biennium for the purpose of increasing NorthSTAR program mental health services. It is the intent of the Legislature that these funds be used to increase the per person funding available to adult and child enrollees and increase mental health related services NorthSTAR Behavioral Health Waiver. Out of funds appropriated above in provided to clients through the program.

Department of State Health Services, Healthy Community Proposed Funding and Rider Collaborative Article II

Prepared by LBB Staff, 03/11/2013

address mental illness, substance abuse, homelessness, and other contributing factors necessary entitled Healthy Community Collaborative to encourage communities to leverage public collaboration between entities providing a full spectrum of services to those persons with mental to restore the whole person. private resources in order to collaborate, coordinate, and align service providers in an effort to health issues, substance abuse issues, or to the homeless population, to create a grant program Prepare a contingency rider for SB or HB or similar legislation relating to the

- Required Action
 1. On page II-50 community collaborative projects. On page II-50 of the Department of State Health Services bill pattern, increase General Revenue funds in strategy B.2.3, Community Mental Health Crisis Services, by \$12,500,000 in fiscal year 2014 and \$12,500,000 in fiscal year 2015 for the purpose of funding
- 2 following new rider: On page II-81 of the bill pattern for the Department of State Health Services, add the

Healthy Community Collaborative. full spectrum of services to those persons with mental health issues, substance abuse guidelines: Crisis Services to be distributed through a grant program based on the following General Revenue over the biennium in Strategy B.2.3, Community Mental Health Department of State Health Services (DSHS) shall allocate up to \$25,000,000 in issues, or to the homeless population, out of funds appropriated above, the or similar legislation relating to the collaboration between entities providing a Contingent on the passage of SB or HB

- entity shall receive more than \$7,000,000 for any one collaborative There must be a 1:1 private match in order to be an eligible grantee, and no
- their program will address based on the needs of their individual community: Applicants must choose at least three of the below outcome measures that
- Persons served by the entity will find permanent housing as a result of services provided;
- Ò in the percentage of jail beds that are available as a result of program There will be a decrease in the local recidivism rate and/or an increase
- ç There will be a decrease in the average number of ER contacts by persons served by this entity;
- ά Persons served by the entity will complete an alcohol or substance
- O Persons served by the entity will find regular employment at or above 125% of federal poverty income guidelines;
- amount of money back to the entity in an effort to move towards being community that create a specified number of jobs and send a specified The entity will help start social and micro-businesses in their
- w redistributed in future grants. State funds recouped through this mechanism will return to this program to be achieve their outcome measures, as determined by third party verification. DSHS shall develop claw-back provisions for entities who do not successfully

Any unexpended balances of these funds from fiscal year 2014 are appropriated to DSHS for the same purposes in fiscal year 2015. DSHS shall use funds for these purposes to the extent allowed by state law. DSHS shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2014.

Department of State Health Services, Art II. Proposed Funding and Rider The University of Texas Harris County Psychiatric Center

Prepared by LBB Staff, 3/5/2013

in Strategy C.2.1, Mental Health Community Hospitals, by \$1,200,000 in fiscal year 2014 and \$1,200,000 in fiscal year 2015 in General Revenue for the purpose of funding 6 civil beds at the treatment not to exceed 90 days. Overview

The motion and rider would increase appropriations to the Department of State Health Services University of Texas Harris County Psychiatric Center to be used for persons needing longer-term

- Required Action
 1. On page II-51 Revenue funds in Strategy C.2.1, Mental Health Community Hospitals, by \$1,200,000 in fiscal year 2014 and \$1,200,000 in fiscal year 2015 for the purpose of funding 6 additional civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing longer-term treatment not to exceed 90 days. On page II-51 of the Department of State Health Services bill pattern, increase General
- 5 rider: On page II-81 of the Department of State Health Services bill pattern, add the following

The University of Texas Harris County Psychiatric Center. Out of funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services may expend \$1,200,000 in General Revenue treatment not to exceed 90 days. Funds in fiscal year 2014 and \$1,200,000 in General Revenue Funds in fiscal year Harris County Psychiatric Center to be used for persons needing longer-term 2015 for the purpose of funding 6 additional civil beds at the University of Texas

Department of State Health Services, Mental Health Program for Veterans **Proposed Rider** Article II

Prepared by LBB Staff, 3/11/2013

rider directs the agency on program requirements and requires the agency to provide an annual General Revenue in each fiscal year to be used for the Mental Health Program for Veterans. Overview
Prepare a rider directing the Department of State Health Services to allocate \$4,000,000 in The

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

the Mental Health Program for Veterans. Mental Health Program for Veterans. Included in the amounts appropriated above to the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, is \$4,000,000 in each fiscal year in General Revenue for the purpose of

peers; recruiting, retaining and screening community-based therapists; suicide list of approved training for peers; technical assistance for volunteer coordinators and access to licensed mental health professionals for volunteer coordinators and peers, a Program funds may be used for, but are not limited to: peer-to-peer counseling prevention training for volunteer coordinators and peers; and coordinating services carry out the provisions of this rider. with or provide grants to regional and local organizations and other outside entities to with jail diversion programs, such as Veteran Courts. The Department may contract

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

Department of State Health Services, Article II Proposed Funding and Rider Primary Health Care Program

Prepared by LBB Staff, 03/11/2013

Health Program at the Health and Human Services Commission. Program not contract with providers that would not qualify as providers in the Texas Women's Overview
Prepare a rider that requires that the Department of State Health Services Primary Health Care

Required Action

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

Health Care Program shall not contract with providers that would be ineligible to participate in the Texas Women's Health Program at the Health and Human Services Commission. Primary Health Care Program. The Department of State Health Services Primary

Department of State Health Services,

Primary Health Care Program Proposed Funding and Rider Article II

Prepared by LBB Staff, 03/11/2013

approved birth control. Overview

To ensure that all providers in the Primary Health Care Program are providing patients with FDA

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

Strategy B.1.4, Community Primary Care Services, to a provider under the Primary Health Care Program who refused to provide FDA-approved birth control to patients Primary Health Care Program. The Department of State Health Services shall ensure that funds appropriated under Strategy B.1.4, Community Primary Care Services, shall only go to those providers that provide patients with U.S. Food and Drug Administration approved birth control. No funds shall be appropriated under such medication. who have either requested such medication or have expressed an interest in receiving The Department of State Health Services shall

Sponsor:	

Department of State Health Services Riders

New

Prepared by Department of State Health Services

House Bill 1, NEW Rider

NEW. Mental Health Outcomes and Accountability

Out of funds appropriated above in Goal B-Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crises Services, the Department of State Health Services shall withhold ten percent (10%) of the general revenue quarterly allocation from each Local Mental Health Authority (LMHA) for use as a performance based incentive payment. The payment of the 2013. and redistributed as an incentive payment according to a methodology developed by the department. Initial outcome targets shall be set by the department not later than September 1 department. have been withheld for failure to achieve outcome targets will be used for technical assistance funds withheld shall be contingent upon the achievement of outcome targets set by the Performance shall be assessed and payments made on a 6-month interval. Funds that

Purpose:

The legislature may invest substantial funding in mental health services for the upcoming mental health services. biennium. An incentive based payment system will help to drive outcomes in state-funded

Spansor:	

Department of State Health Services Riders

New

Prepared by Department of State Health Services

House Bill 1, NEW Rider

NEW. Mental Health Matching Funds

down additional federal funds through the 1115 transformation waiver or other federal matching opportunities. These funds must be used for mental health services as determined by the department. The department shall report to the Legislative Budget Board and the Governor Out of funds appropriated above in Goal B-Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crises Services, the Department of State Health Services shall require that any by December 1, 2014 on efforts to leverage these funds. new funds provided to the department in this biennium be used to the extent possible to draw

Purpose:

The 1115 Medicaid Transformation Waiver presents an opportunity to leverage state and local funds to bring additional federal dollars to Texas for Health Services. additional federal funding; thereby, expanding services well beyond what the state funding invested by the Texas Legislature in the upcoming biennium could be used to draw down could achieve alone. The funds that may be

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Department of State Health Services Riders

New

Prepared by Department of State Health Services

House Bill 1, NEW Rider

NEW. 1915(c) Youth Empowerment Services waiver expansion

The Health and Human Services Commission (HHSC), in conjunction with the Department of State Health Services (DSHS), shall expand the 1915(c) Youth Empowerment Services (YES) waiver statewide. Expansion into new service areas is contingent upon approval by the Centers for Medicare and Medicaid services (CMS).

RIDER REQUEST

Member Name: John Zerwas

Affected Agency: Health and Human Services

Purpose: Include asthma and chronic obstructive pulmonary disease (COPD) within the existing pilot project for medication therapy management (MTM). Rider would not preclude any other disease states from also being included.

Amount Requested (if applicable): XX

Method of Finance (if applicable): XX

risk Medicaid clients, including those receiving treatment for asthma and COPD, and submit a report to the Governor and the Legislative Budget Board by December 1, 2014. management pilot program in reducing adverse drug events and related medical costs for highcommission shall use existing resources to determine the effectiveness of the medication therapy Health and Human Services Commission in strategy B.2.2, Medicaid Prescription Drugs, the Rider Language: Medication Therapy Management. Out of funds appropriated above to the

Health and Human Services Commission Ambulance Transportation Services Funding Proposed Funding and Rider

Prepared by LBB Staff, 3/6/2013

Overview

To explore all possible funding mechanisms for ambulance transportation services.

Required Action
On page II-112 of the Health and Human Services Commission bill pattern, add the following rider:

inclusive of funding mechanisms used in other state, of opportunities to leverage local funds expended for emergency transport services for the purpose of enhancing ambulance transport payments. The Commission shall submit the results of their Ambulance Transportation Services Funding. It is the intent of the Legislature that out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission conducts a thorough analysis, no later than December 1, 2013. findings with potential funding mechanism options to the Legislative Budget Board

RIDER REQUEST

Member Name: John Zerwas

Affected Agency: Health and Human Services

into manage care and preserving the statewide Preferred Drug List. delaying the sunset related to the prescription drug carve benefit carved Purpose: The following action adds a new rider that inserts language

Amount Requested (if applicable): XX

Method of Finance (if applicable): XX

Rider Language:

On page II-105 of Health and Human Services bill pattern, add the following new rider:

Legislature that capitated managed care organizations in STAR, STARHealth, STAR+PLUS and CHIP exclusively employ the vendor drug program formulary and adhere to the applicable HHSC preferred drug list including the prior authorization and program procedures during fiscal year 2014 and 2015. Prescription Drug Carve In to Managed Care Organizations. It is the intent of the

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Health and Human Services Commission Proposed Funding and Rider Children's Hospital Payments

Drafted by LBB Staff, 3/7/2013

Overview
The rider establishes the intent of the Legislature for HHSC to implement an APR-DRG prospective payment system for inpatient services at children's hospitals that accounts for cost increases.

rider: Required Action
On page II-112 of the Health and Human Services Commission bill pattern, add the following

Inpatient Payments to Children's Hospitals. It is the intent of the Legislature that out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall implement an APR-DRG prospective payment system for inpatient services provided by a children's hospital to patients served in the Medicaid fee-for-service program, effective September 1, 2013. It is the intent of the Legislature that the Health and Human Services Commission shall update the rates for 2014 and 2015 using an appropriate measure of medical cost increases.

Overview
The rider prioritizes and specifies guidelines for Medicaid supplemental payments made by the Health and Human Services Commission.

rider: Required Action
On page II— of the Health and Human Services Commission's bill pattern, add the following

group. Medicaid Supplemental Payment Prioritization. It is the intent of the Legislature that the Health and Human Services Commission prioritize Medicaid supplemental payments in a manner that maintains the full funding of the Disproportionate Share Hospital program and that equitably allocates uncompensated care payments for public hospital and private hospital groups based on the ratio of uncompensated care provided by each

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Health and Human Services Commission Revised Rider

Prepared by the Health and Human Services Commission

51. Medicaid Funding Reduction and Cost Containment

- ភ Subsection (c) of this rider. Chapter 531, Government Code, pursuant to the notification requirements included in years and to allocate these reductions among health and human services agencies as listed in \$248,356,592\$177,956,859 in Federal Funds in fiscal year 2014 and \$174,450,000\$125,000,000 in General Revenue Funds and \$242,894,497\$174,043,062 in Federal Funds in fiscal year 2015, a biennial total of \$348,900,000\$250,000,000 in General Revenue Funds and \$491,251,090\$351,999,921 in Federal Funds. The Health and Human Services Commission (HHSC) is authorized to transfer these reductions between fisca Included in appropriations above in Goal B, Medicaid, Strategy B.1.5, Children, is reduction of \$174,450,000\$125,000,000 in General Revenue Funds and
- Ġ subsection (c) which may include any or all of the following initiatives: This reduction shall be achieved through the implementation of the plan described under
- Ξ and in managed care premiums, Implement payment reform and quality based payment adjustments in fee-for-service
- \mathfrak{S} Improve birth outcomes, including reducing recurrent preterm births.
- $\overline{\omega}$ equalizing Medicaid delivery rates, Reform payment incentives for labor and delivery for physicians and hospitals
- \mathfrak{E} payment system and that maximizes bundling of outpatient services Transition outpatient Medicaid payments to a fee schedule that is a prospective
- (S Expand efforts to develop more appropriate emergency department hospital rates for non-emergency related visits,
- (6) Maximize co-payments in all Medicaid programs,
- 3 dialysis patients to the Medical Transportation Program, most appropriate transportation model, including the transfer of transportation for Increase efficiency and reduce fraud in Medicaid transportation service through the
- 8 electronic visit verification in Medicaid fee-for-service and managed care Implement statewide monitoring of community care and home health through
- (9) Renegotiate more efficient contracts,
- $\widehat{\mathbb{S}}$ Reduce all Medicaid rates above Medicare rates to the Medicare rate, except for home health Medicaid rates for pediatric services that have no equivalent Medicare service,
- Ξ Develop a more appropriate fee schedule for therapy services that includes an accurate and appropriate evaluation of the service delivery model,
- (12) Strengthen prior authorization requirements,
- (13)Strengthen and expand utilization and prior authorization reviews,
- Incentivize appropriate neonatal intensive care unit utilization and coding,
- Improve care coordination for children with disabilities through a capitated managed care program,
- (16) Increase fraud, waste, and abuse prevention and detection,

Sponsor:	

Health and Human Services Commission Revised Rider Prepared by the Health and Human Services Commission

(17) Expand initiatives to pay more appropriately for outlier payments,

- (17+8)3) Develop a dynamic premium development process for managed care organizations that has an ongoing methodology for reducing inappropriate utilization, improving outcomes, reducing unnecessary spending, and increasing efficiency,
- (et<u>81</u>) children's hospitals, Equalize inpatient hospital reimbursement for services provided to adults at
- (1920)adjustments that incentivize the most appropriate and effective use of services, Implement fee-for-service payment changes and managed care premium
- Commission. Implement additional initiatives identified by the Health and Human Services
- ဂ HHSC shall develop a plan to allocate the reductions required by Subsection (a) of this rider by taking actions such as those suggested under Subsection (b) of this rider to the budgets of the health and human services agencies as listed in Chapter 531, Government Code. The plan shall include reduction amounts by strategy and fiscal year and shall be submitted in writing before December 1, 2013 to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts.

RIDER REQUEST

Member Name: John Zerwas

Affected Agency: Health and Human Services

develop gestational diabetes compared to 1.9% who had pre-existing diabetes Purpose: DSHS estimates that 11.5 percent of pregnant women in Texas

before the pregnancy.

the pregnancy, compared to much greater expenses related to an unmonitored and untreated patient with gestational diabetes who is at greater risk for premature birth and an infant who then gestational diabetes are approximately \$1,065 for glucose monitoring supplies for the duration of Estimates from one local hospital district indicate that out of pocket expenses for a woman with may require treatment for several weeks in a neonatal intensive care unit.

Amount Requested (if applicable): X

Method of Finance (if applicable): X

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

X. Reporting on Gestational Diabetes in Medicaid. Out of funds appropriated above, and as the state Medicaid operating agency, the Health and Human Services Commission shall develop a report to identify the impact of gestational diabetes on the Medicaid population. The report shall and patient outcome measures. In consultation with the Texas Diabetes Council, the published report shall recommend strategies to reduce the impact of the condition and to improve outcomes include an analysis of cost implications, the number of pregnant women screened and diagnosed, for this population. The report is due to the Legislature and Governor by August 31, 2014.

Health and Human Services Commission Proposed Funding and Rider Rural Hospital SDA

Prepared by LBB Staff, 3/1/2013

rural hospitals than the outpatient reimbursement proposals currently under consideration. threshold for what is considered rural. And it directs HHSC to utilize a different methodology for statewide standard dollar amount based on historical cost (TEFRA). It increases the population Overview

The rider directs HHSC to rebase rural hospital rates using a methodology based on rural rider will likely have a cost to the bill.

Required Action

- On page II-99 of the Health and Human Services Commission bill pattern, delete rider 38, Payments to Hospital Providers.
- On page II-112 of the Health and Human Services Commission bill pattern, add the following rider:

Texas, it is the intent of the Legislature that when HHSC does implement a proposed change in outpatient reimbursement, HHSC shall promulgate a separate or modified system must meet the following criteria: 1) located in a county with 60,000 or fewer Payments to Rural Hospitals. It is the intent of the Legislature that out of funds payment level for the above defined providers, in order to maintain access to care in In order to ensure access to emergency and outpatient services remain in rural parts of based payment rates as calculated based on its most recently submitted cost reports. limited to health maintenance organizations (HMO) inpatient services, hospitals that reimbursement system for Fee-for-Service (FFS) or managed care, including but not for similar services for the biennium. It is the intent of the Legislature that until the Health and Human Services Commission (HHSC) implements a new outpatient meeting the above criteria shall be reimbursed based on the Medicaid reimbursement health maintenance organizations (HMO), inpatient services provided at hospitals Medicare-designated Rural Referral Center (RRC) or Sole Community Hospital (SCH), that is not located in a metropolitan statistical area (MSA) as defined by the persons according to the U.S. Census, based on the 2010 decennial census, 2) a developing the rate methodology. Hospitals included in this prospective payment services, including regional differences, wage index, trauma, and obstetrics when September 1, 2013. The commission may consider high cost hospital functions and rural statewide standard dollar amount (SDA) and a historical cost SDA by appropriated above in Goal B, Medicaid, the Health and Human Services meet the definition included in this provision shall be reimbursed at the historical Hospital (CAH). For patients enrolled in managed care including but not limited to U.S. Office of Management and Budget, or 3) a Medicare-designated Critical Access Commission (HHSC) shall rebase rural hospital rates using a methodology based on a

Health and Human Services Commission Proposed Funding and Rider Texas Medicaid and Texas Diabetes Council

Prepared by LBB Staff, 3/6/2013

Overview
To improve coordination among the program, policy and rate setting staff at HHSC and the Texas Diabetes Council clinical medical and policy experts on decisions impacting Medicaid patients with diabetes. Support initiatives in cost containment and paying for outcomes.

rider: Required Action
On page II-112 of the Health and Human Services Commission bill pattern, add the following

Texas Medicaid and Texas Diabetes Council. It is the intent of the Legislature that out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Texas Medicaid Program and the Health and Human Services Commission implementing any new program, rate, or initiative that could impact Medicaid patients diagnosed with diabetes or their access to care. consider any advisory information from the Texas Diabetes Council before

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Health and Human Services Commission **Proposed Rider Amendment**

Rider 44. Texas Women's Health Program: Savings and Performance Reporting

Prepared by LBB Staff, 3/8/2013

Overview

rider: Required Action
On page II-101 of the Health and Human Services Commission bill pattern, amend the following

- 44. following information: Texas Women's Health Program: Savings and Performance Reporting. It is the intent of the Legislature that the Health and Human Services Commission submit an a bi-annual report to the Legislative Budget Board and the Governor that includes the
- ā utilization by geographic region, delivery system, and age enrollment levels of targeted low-income women, including and service
- Ö 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; and
- Ġ. the total number of providers enrolled in the Texas Women's Health Program

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 10 percent relative to calendar year 2011, the agency shall, within existing resource, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

Health and Human Services Commission Proposed Funding and Rider Texas Women's Health Program Report

Prepared by LBB Staff, 3/6/2013

Overview

Texas Women's Health Program in the form of an annual report Add a rider to direct HHSC to assess the capacity and service capabilities of the providers in the

rider: On page II-112 of the Health and Human Services Commission bill pattern, add the following

Commission, as the agency responsible for administering the Texas Women's Health Program (TWHP) shall develop and submit a report each year to the Texas capabilities of the direct providers on its list. The report must contain, at a minimum, Strategy D.2.3, Texas Women's Health Program, the Health and Human Services the following criteria: Legislature and the Legislative Budget Board assessing the true capacity and service Texas Women's Health Program Report. Out of funds appropriated above in

- 9 The exact number of patients each direct provider has the capcity to serve annually under the TWHP;
- 9 A formulaic analysis of how the provider and/or the department assessed the number of patients;
- c under the TWHP The number of patients each direct provider served in the previous fiscal year
- ٩ The number of physicians for each direct provider that perform services under the
- provide under the TWHP; and A description of the services that each direct provider has the capability to
- J to provide under the TWHP. A description of the services that each direct provider does not have the capability

RIDER REQUEST

Member Name: Farrar

Affected Agency: Health and Human Services Commission

providing patients with FDA approved birth control. Purpose: To ensure that all providers in the Texas Women's Health Program are

Amount Requested (if applicable): N/A

Method of Finance (if applicable): N/A

Services Commission in Article II to read as follows: Rider Language: Add a rider to the budget pattern for the Health and Human

appropriated under Strategy D.2.3., Texas Women's Health Program to a provider with U.S. Food and Drug Administration approved birth control. No funds shall be Commission shall ensure that funds appropriated under Strategy D.2.3, Texas expressed an interested in receiving such medication. birth control to patients who have either requested such medication or have under the Texas Women's Health Program who refuses to provide FDA-approved Women's Health Program, shall only go to those providers that provide patients Texas Women's Health Program. The Health and Human Services

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

Article II, Health and Human Services Commission **Umbilical Cord Blood Bank Funding Rider** Proposed Rider

Prepared by LBB Staff, Feb. 18, 2013

Overview

The rider will provide clarification on funding amounts included in appropriations to the Health and Human Services Commission for umbilical cord blood bank funding.

Required Action

rider: On page II-112 of the Health and Human Services Commission bill pattern, add the following

Umbilical Cord Blood Bank Funding. Included in appropriations above in Strategy A.1.1, Enterprise Oversight and Policy, is \$1,000,000 in General Revenue Funds in fiscal year 2014 and \$1,000,000 in General Revenue Funds in fiscal year 2015 for the transplantation purpose. The contracting blood bank must be accredited by the cord blood bank for the primary purpose of making umbilical cord blood available for gathering from live births umbilical cord blood and retaining the blood at an unrelated purpose of entering into a contract with a public cord blood bank in Texas for Standardization. American Association of Blood Banks and the International Organization for

Health and Human Services Commission Proposed Funding and Rider Diabetic Supplies and the Preferred Drug List

Prepared by LBB Staff, 3/11/2013

consider product quality as a primary factor when developing the diabetic supply PDL. Overview

The rider directs HHSC to include diabetic supplies on the preferred drug list (PDL) and

rider: Required Action
On page II-112 of the Health and Human Services Commission bill pattern, add the following

preferred drug list (PDL). The commission must consider the quality and efficacy of diabetic supplies prior to placing on the PDL. The commission shall explore other Diabetic Supplies and the Medicaid Preferred Drug List. It is the intent of the Legislature that out of fund appropriated above in Goal B, Medicaid, the Health and opportunities to include on the PDL any other non-drug products that may be listed Human Services Commission shall pursue including diabetic supplies on the non-drug products listed on the formulary. identify savings associated with supplemental rebates available to the State for those on the Texas Medicaid formulary. The Health and Human Services Commission shall

ponsor:

Health and Human Services Commission Riders Proposed Rider Revision

Prepared by Texas Health and Human Services Commission

listed to \$63, 200 annually. Overview: This rider limits the amount of travel reimbursement to the 10 advisory committees

the same amount of cap for the 2014-15 biennium. advisory committee members to \$85,000. The cap of \$63,200 has been in place since the 2010-11 biennium when the rider listed 7 committees. The rider now lists 10 advisory committees for Justification for Changes: Rider is revised to increase the cap on travel reimbursement to

House Bill 1, Page II-87

4. Reimbursement of Advisory Committee Members.

Advisory Committee, Physician Payment Advisory Committee, Drug Use Review Board to the following advisory committees: Hospital Payment Advisory Committee, Medical Care members, out of funds appropriated above -not to exceed <u>\$85,000</u> \$63,200 per year, is limited Design Committee, Guardianship Advisory Board, Children's Policy Council, and Volunteer Pharmaceutical and Therapeutics Committee, Public Assistance Health Benefits Review and Pursuant to Government Code § 2110.004, reimbursement of expenses for advisory committee Advocate Program Advisory Committee, and the Task Force on Health Information Technology.

Sponsor:	

that were excluded from the Medicare Part D benefit. The Affordable Care Act requires Overview: This rider authorizes the Medicaid program to cover certain drugs to dual eligibles additional changes to the rider.

option to cover these 2 classes of drugs. Under the Medicare Improvements for Patients and benzodiazepines to dually eligible, Medicaid and Medicare Part D clients. It is at the state's Justification for Changes: Rider is revised to correct the types of drugs provided to Medicare health disorder" and benzodiazepines beginning January 1, 2013. Part D will cover barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental Providers Act of 2008 (MIPPA) and as defined in 42 CFR 423.100, Part D drug, Part D clients. Beginning January 1, 2013, Texas Medicaid no longer provides barbiturates and (2)(ii), Medicare

House Bill 1, Page II-98

35. Continued Medicaid Coverage for Clients Unable to Access Medicare Part D Benefit and for Certain Excluded Medicare Part D Drug Categories.

Medicaid coverage for dual eligible clients who are unable to access their Medicare Part D drug Prescription Drugs, the Health and Human Services Commission shall continue to provide It is the intent of the Legislature that from funds appropriated above in Strategy B.2.2, Medicaid from Part D drug plans that are determined to be responsible for the dual eligible clients' drug benefit. The Health and Human Services Commission shall recoup funds for these expenditures B.2.2, Medicaid Prescription Drug the Health and Human Services Commission shall-continue to costs. It is also the intent of the Legislature that from funds appropriated above in Strategy Medicare Part D program, under Section 1935(d)(2) of the Social Security Act, for full dual provide Medicaid coverage for certain categories of drugs not covered under the federal drugs that continue to be eligible for federal Medicaid matching funds and that are currently eligible clients. This coverage is limited to only those categories of excluded Medicare Part D medications, smoking cessation medications and vitamins barbiturates, and benzodiazepines). covered under the Medicaid Prescription Drugs (e.g., certain prescribed over-the-counter

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auditing of reported data. requirements for reporting uncompensated care. Overview: This rider directs HHSC to not pay hospitals if there is non-compliance in HHSC's The rider also requires a biennial report and

Justification of Changes: This rider is revised to delete tasks already implemented

House Bill 1, Page II-98 to II-99

36. Hospital Uncompensated Care

determination of the actual cost of uncompensated care in Texas is produced. In pursuing this uncompensated care. These adjustments are to be made in such a way that a reliable adjustments that account for payments to hospitals that are intended to reimburse care) by Texas hospitals is consistent for all hospitals and subjected to a standard set of reporting of uncompensated care (defined to include bad debt, charity care and unreimbursed complied with the commission's reporting requirements. The commission shall ensure that the hospital if the Health and Human Services Commission determines that the hospital has not No funds appropriated under this Article for medical assistance payments may be paid to objective, the commission, in coordination with the Attorney General, and with advice from representatives from the hospital industry, will:

- review the current instruments for reporting uncompensated care by Texas hospitals to ensure that accounting for uncompensated care as well as its reporting is consistent
- integrity of each instrument's Overview; there is consistency in reporting among these instruments while maintaining the Statement of Community Benefits, Annual Hospital Survey, and DSH Survey, so that coordinate the different instruments for reporting uncompensated care in Texas, e.g.,
- identify the sources of funding to hospitals that are intended to offset uncompensated
- uncompensated care in such a manner that a reliable determination of the actual cost to a hospital for uncompensated care can be made; and develop a standard set of adjustments that apply the funding sources to reported
- identify a standard ratio of cost to charges (RCC) to standardize the conversion of reported charges to costs.

of the cost of uncompensated hospital care. The commission shall conduct an appropriate number of audits to assure the accurate reporting

Governor and Legislative Budget Board no later than December 1, 2014. The commission may the impact of patient specific and lump sum funding as offsets to uncompensated costs, to the The commission shall submit a biennial report on uncompensated care costs, which considers report by hospital type

•	Sponsor:	•

future biennia, and consider which funds might be redirected to provide direct health coverage. streams that reimburse uncompensated care, assess the need for those funding streams in The commission shall also review the impact of health care reform efforts on the funding

Sponsor:

Amended by Legislative Budget Board

3/4/2013

this reimbursement and adds add-on payments for children's hospitals. Overview: Rider is revised to add intent that state owned teaching hospitals be excluded from

excluded from this reimbursement (not to remove these hospitals off of TEFRA) and adds add-on Justification of Changes: Rider is revised to add intent that state owned teaching hospitals be payments for all hospitals, not just rural hospitals.

Senate Bill 1, Page II-99

37. Hospital Reimbursement.

under this Article for the payment of inpatient hospital fees and charges under the medical assistance program may be expended, except under a prospective payment methodology for all Contingent upon federal approval, and to the extent allowed by law, no funds appropriated that employs sound cost reimbursement principles and: Medicaid inpatient claims, excluding state owned teaching hospital Medicaid inpatient claims,

- enhances the Health and Human Services Commission's ability to be a prudent purchaser of health care;
- Ö care services to the state's Medicaid population; reflects costs that are allowable, reasonable and medically necessary to deliver health
- Ö treating patients with the same diagnoses; reduces the variability in the Medicaid reimbursement rates paid to hospitals for
- ö promotes and rewards increased efficiency in the operation of hospitals;
- ē patients through pay-for-performance principles; emphasizes and rewards quality of outcomes and improves the treatment of Medicaid
- ∸ recognizes, through add-on payments or other methods, the unique needs of individual rural hospitals, including rural hospitals; and
- ďσ reformulates the Disproportionate Share Hospital (DSH) supplemental payment reduces the existence of the inpatient Medicaid shortfall that prevents the State from methodology to increase its focus on paying hospitals for uncompensated care and achieving this objective

1	Sponsor:
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Health and Human Services Commission Riders Proposed Rider Revision

Prepared by Texas Health and Human Services Commission

Amended by Legislative Budget Board

3/4/2013

supporting TOPDD provision was enacted by the 76th Legislature in the legacy agency of the Texas Department of Overview: This rider limits the funding support of the Texas Office for the Prevention of Mental Health and Mental Retardation. HHSC is now responsible for administratively Developmental Disabilities (TOPDD) for salaries, benefits, travel and other support. This

appropriations to allow TOPPD to maintain its current operating level in addition to any grant funding the entity can obtain. **Justification of Changes:** The dollar limitation has not kept pace with salary and travel as part of the method of finance This change would increase the support provided to TOPDD within HHSC's existing Employee benefits are also deleted as they are not appropriated

Senate Bill 1, Page II-106

54. Office for the Prevention of Developmental Disabilities

shall be expended as they are received as a first source, and General Revenue shall be used as a for the Office for Prevention of Developmental Disabilities received through the authority Policy, the Health and Human Services Commission shall expend an amount not to exceed Out of General Revenue Funds appropriated above in Strategy A.1.1, Enterprise Oversight and limit. and may be expended by the Office. authority provided by Article IX Sec. 8.01, Acceptance of Gifts of Money, are not subject to this second source to support the office. However, grants and donations received through the provided by Article IX Sec. 8.01, Acceptance of Gifts of Money, are not subject to this limit and order to-support the Office for Prevention of Developmental Disabilities. Grants and donations \$200,000 \$111,805 each fiscal year for salaries, benefits, travel expenses, and other costs in

Sponsor:

Health and Human Services Commission Riders Proposed Rider Revision

Prepared by Texas Health and Human Services Commission

payments by December 1. Overview: Rider requires an annual report and an independent audit of supplemental

should be sufficient to allow the inclusion of any audit findings. cannot be completed in time to meet the other reporting requirements. The revised timeframe Justification of Changes: With a reporting date of December, the required independent audits

House Bill 1, Page II-106

55. Supplemental Payments.

completed and distributed annually on March December 1 to the Governor, the Lieutenant insured individuals, and contractual agreements, and a report with findings should be including a review of regional affiliations, uncompensated care claims for both uninsured and associated with the supplemental payment program. An independent audit of the program, calculates supplemental payments, data be collected to provide transparency regarding claims It is the intent of the Legislature that when the Health and Human Services Commission Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.

Special Provisions Relating to All Health and Human Services Agencies

Proposed Funding and Rider Workgroup on Nursing Facility Residents' Applied Income

Prepared by LBB Staff, 3/6/2013

Overview

Required Action
On page II-140 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, add the following rider:

Workgroup on Nursing Facility Residents' Applied Income. Out of funds appropriated elsewhere in this Act to the Health and Human Services Commission, Legislature that the members of the workgroup shall include, but are not limited to, representation from the Office of the Attorney General's Division of Medicaid Fraud Health and Human Services Commission shall appoint a workgroup on nursing Strategy A.1.1, Enterprise Oversight & Policy, the Executive Commissioner of the intended legal purposes. The workgroup shall report the results of its finding and recommendations to the chairs of the Senate Health and Human Services Committee and the House Human Services Committee by September 30, 2014. facility resident's applied income by January 31, 2014. It is the intention of the effectively manage applied income payments to ensure those funds are used for their facility residents' applied income and to develop- a set of recommendations to more purpose of the workgroup is to study the extent of misapplication of Medicaid nursing Texas Silver Haired Legislature, and the Texas Senior Advocacy Coalition. The Services Division of Long Term Regulatory, the Texas Health Care Association, the Control and/or Consumer Protection, the Department of Aging and Disability ₽.

Sponsor:	

Article II Special Provisions Proposed Rider Revision

Prepared by Texas Health and Human Services Commission

mental health and intellectual disability program responsibilities of the Department of State Overview: This rider describes the authorized uses and classifications of appropriated funds for Health Services and the Department of Aging and Disability Services,

Justification of Changes: DADS contracts with the local authorities. DADS. The revisions remove "DADS" local authorities" and adds "IDD" local authorities. They are not a part of

House Bill 1, Page II-123-126

General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services.

and intellectual disability program responsibilities of the Department of State Health Services governance relating to appropriate use, classification and expenditure of funds and the Department of Aging and Disability Services, the following subsections provide For the purposes of this section and appropriation authority for the Medicaid mental health

- revenue appropriations for the state's share of Medicaid payments for the following for Medicaid shall be used to report general revenue expenditures and request general Medicaid mental health and intellectual disability services: General Revenue Match for Medicaid. ABEST Method of Financing Code 758 – GR Match
- Community-based Intermediate Care Facilities for the individuals with intellectual between private providers and the Department of Aging and Disability Services; disabilities (ICF/IID) that are privately operated through contractual arrangements
- \mathfrak{D} of Aging and Disability Services; disabilities (ICF/IID), also known as Bond Homes, that are operated by the Department Community-based Intermediate Care Facilities for individuals with intellectual
- ω Home and Community-based Services (HCS) authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and the Department of Aging and Disability Services;
- <u>4</u> Texas Home Living services authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and the Department of Aging and Disability Services;
- ග (Mental health services provided through contracts with Behavioral Health Organizations as a component of the NorthSTAR Project;
- Rehabilitation Services as approved in the State Medicaid Plan which are provided by Mental Health Authorities and IDD-DADS Local Authorities;
- 3 Targeted Case Management Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD-DADS Local Authorities;
- 8 (108) Service Coordination Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD-DADS Local Authorities; and
- <u>@</u> Salaries and operating costs related to direct program administration and indirect administration of the departments.

Sponsor:	

Article II Special Provisions Proposed Rider Revision Prepared by Texas Health and Human Services Commission

- Ġ General Revenue Certified as Match for Medicaid. The Department of State Health Services code 8032 - General Revenue Certified Match for Medicaid to identify general revenue and the Department of Aging and Disability Services shall use ABEST Method of Financing funds requested and reported as expended for the purpose of drawing federal funds and to disability services and administrative expenditures for the following services: document that State funds have been spent for Medicaid mental health and intellectual
- (1) Intermediate care facilities for the individuals with intellectual Disabilities that are operated by the State and known as "state supported living centers",
- 2 Services delivered in state hospitals operated by the Department of State Health Services including inpatient services for clients under the age of 21 and services that qualify under the federally approved institutions for Mental Diseases (IMD) option for
- (3) Medicaid Administrative Claims as approved in the State Medicaid Plan which are based clients over the age of 65; and on certain activities of Mental Health Authorities and IDD-DADS local Authorities.
- Ç Reporting requirements related to General Revenue Reporting requirements related to Services. The Department of State Health Services and the Department of Aging and General Revenue Matching Funds for Medicaid Mental Health and Intellectual Disability Disability Services shall report monthly to the Legislative Budget Board, Comptroller of matching purposes by the method of financing codes identified above and the amounts of Public Accounts and Governor on the expenditures of General Revenue for Medicaid federal departments for services provided by Mental Health Authorities and IDD-DADS Local local, non-profit expenditures certified as state match for Medicaid federal funds by the

. . . .

- Ö Medicaid Federal Funds. The Department of State Health Services and the Department of
- administration and agency indirect administration. Automated Budgeting and Evaluation appropriations for federal Medicald matching funds for client services, program Aging and Disability Services shall report their expenditures and request legislative System of Texas (ABEST) Method of Financing Code (MOF) 555 and Medicaid CFDA 93.778
- Ü shall be used for the following: Appropriation authority and accounting for Federal Funds for Medicaid Mental Health be used to fund Medicaid-eligible services. In the event that these revenues should be used as a first source, and general revenue which was not used as matching funds shall not and Intellectual Disability Services. Amounts defined as Medicaid Federal Funds shall be intellectual disability services for the Department of State Health Services and the greater than the amounts included above in Federal Funds for mental health and authorized to expend these federal funds made available, subject to the following Department of Aging and Disability Services, the departments are hereby appropriated and
- (1) Amounts made available shall be expended prior to utilization of any general revenue made available for the same purpose;

Sponsor:

Article II Special Provisions Proposed Rider Revision Prepared by Texas Health and Human Services Commission

- (2) In the event general revenue has been expended prior to the receipt of Medicaid revenue. This process shall be completed on a monthly basis in order to not have an Federal Funds, the departments shall reimburse general revenue upon receipt of the excess balance of Medicaid Federal Funds; and
- The departments shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on the amounts of Medicaid Federal Funds drawn and expended.
- <u>.</u> through an approved rate structure for services provided. Specifically, the departments do Responsibility for proportionate share of indirect costs and benefits. Nothing in this provided by other agencies, including: not have appropriation authority for Medicaid federal funds claimed on behalf of services equally to direct recoveries of benefits and indirect costs and to amounts recovered provision shall exempt the departments from provisions of Article IX of this Act which apply
- (1) Health and retirement services for active and retired Department of State Health Services and Department of Aging and Disability Services employees paid by the Employee Retirement System;
- Social Security payments, salary increases authorized in General Provisions, and Benefit Disability Services employees paid by the Comptroller of Public Accounts; Replacement Pay for Department of State Health Services and Department of Aging and
- ω Debt service amounts paid on behalf of the Department of State Health Services and Department of Aging and Disability Services by the Texas Public Finance Authority; and
- (4) Indirect cost allocation plans negotiated with CMS for the purposes of the State-wide Cost Allocation Plan (SWCAP).
- ůσ Exclusive Appropriation Authority. The preceding subsections of this provision shall be the none of these receipts shall be appropriated by a provision of Article IX of this Act intellectual disability services Federal Fund receipts from the above identified sources, and exclusive appropriation authority for Medicaid mental health and mental retardation

Sponsor:	

Article II Special Provisions Proposed Rider Revision Prepared by the Health and Human Services Commission and

Amended by the Legislative Budget Board

March 3, 2013

Overview: This rider would provide authority and requirements in reviewing leased space needs when vacating office space.

language to strengthen the State's position when terminating leases. Justification of Changes: The Texas Facilities Commission had recommended more definitive

Senate Bill 1, Page II-135

Sec. 42. HHS Office Consolidation and Co-location.

No funds appropriated under this Act may be expended for Health and Human Services agencies where the determination has been made that the leased space is no longer needed for office or building space leased by the Texas Facilities Commission (TFC) on behalf of these locations, 2) a change in service delivery model, or 3) consolidations of office or building space due to: 1) a change in client demographics resulting in the ability to relocate staff to other Commission or health and human services agencies listed in Chapter 531, Government Code, a lease, HHSC will: to achieve cost or operational efficiencies. Prior to vacating any space and asking TFC to cancel

- ā Conduct an evaluation of the space to be vacated and document the factors that substantiate the decision to vacate the space. This evaluation may include client condition, Texas Accessibility Standards, and safety. demographics, employee usage and travel status, facility costs, facility location, facility
- Ö and the anticipated savings to be realized from consolidation and efficiencies. the Legislative Budget Board and the Governor's office of the intent to terminate a lease the date of the lease cancellation. At the same time, HHSC shall provide notification to Provide written notification to the Texas Facility Commission at least 270 days prior to
- Ö The executive Commissioner is authorized contingent upon approval from the business process improvements and office modernization projects that promote more Revenue Funds or Other Funds reported under section (b) for the purposes of improving efficient use of space, state staff and resources. Legislative Budget Board and the Governor to utilize any of the freed-up General
- <u>o</u>. Budget Board and the Governor. At the same time, the agency shall provide a copy of business process improvements, HHSC shall submit a written request to the Legislative To request approval to utilize the freed-up funding for office modernization and the request to the Comptroller of Public Accounts. The request shall include the following information:

- realized; (1) a detailed explanation of the project to be undertaken and the efficiencies to be
- method of financing for each strategy by fiscal year; (2) the names of the originating and receiving strategies and agencies and the
- included in this Act for both the originating and the receiving strategies; and (3) an estimate of performance levels and, where relevant, a comparison to targets
- (4) the capital budget impact.
- 'n the funds and forwards its review to the Chair of the House Appropriations Committee, the staff of the Legislative Budget Board concludes its review of the proposal to expend the Governor issues a written disapproval within 15 business days of the date on which The request shall be considered to be approved unless the Legislative Budget Board or Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.
- $\dot{\neg}$ The Comptroller of Public Accounts shall not allow the transfer of funds authorized by the above subsection if the Legislative Budget Board provides notification to the satisfied. <u>Comptroller of Public Accounts that the requirements of this provision have not been</u>

locate local offices in an attempt to reduce the need for office space in local and regional offices. It is the intent of the Legislature that the executive commissioner may consolidate or further costatus, facility costs, facility location, facility condition, Texas Accessibility Standards space needs of each HHS agency. Before consolidation of any offices, the commissioner shall evaluate the current and future This evaluation may also include employee usage and travel

Sponsor:

Article II Special Provisions Proposed Rider Revision Prepared by Texas Health and Human Services Commission

would have been paid for to receive services in a nursing facility or ICF-IID. limits listed represent the percentage of the reimbursement rate for that same individual that Overview: This rider sets the individual cost limits for certain Medicaid waiver programs.

a nursing facility or ICF-IID. The revisions to percentages would comply with Maintenance o reimbursement rate for that same individual that would have been paid for to receive services in Justification of Changes: The waiver programs listed are reimbursed at a percentage of the Effort requirements in the Affordable Care Act.

House Bill 1, Page II-135

Sec. 43. Waiver Program Cost Limits.

- ö Individual Cost Limits for Waiver Programs. It is the intent of the Legislature that the Services and set the individual cost limit for each waiver program as follows: comply with the cost-effectiveness requirements of the Centers for Medicare and Medicaid Department of Aging and Disability Services and Health and Human Services Commission
- Community-Based Alternatives Program: 200 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing
- $\widehat{\mathcal{N}}$ would have been paid for that same individual to receive services in a nursing facility; Medically Dependent Children Program: 50 percent of the reimbursement rate that
- ω estimated annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII; Community Living Assistance and Support Services Program: 200 202 percent of the
- $\widehat{\mathfrak{L}}$ annualized per capita cost of providing services in an ICF/IID to an individual qualifying Deaf-Blind with Multiple Disabilities Program: 200 202 percent of the estimated for an ICF/IID Level of Care VIII;
- Home and Community-based Services Program: 200 202 percent of the reimbursement or 200 percent of the estimated annualized per capita cost for ICF/IID services, rate that would have been paid for that same individual to receive services in an ICF/IID whichever is greater; and
- <u></u> STAR+PLUS Community-Based Alternatives: 200 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

b. Use of General Revenue Funds for Services.

- (1) Out of funds appropriated for the waiver programs identified above, and subject to the terms of subsection (c) below, the department and commission are authorized to use general revenue funds to pay for services if:
- the cost of such services exceeds the individual cost limit specified in medical assistance waiver program listed above;
- (ii) federal financial participation is not available to pay for such services; and
- (iii) department or commission determines that:

Sponsor:	

Article II Special Provisions Proposed Rider Revision

Prepared by Texas Health and Human Services Commission

- (a) the person's health and safety cannot be protected by the services provided within the individual cost limit established for the program; and
- (b) there is no other available living arrangement in which the person's health and safety can be protected at that time, as evidenced by:
- \subseteq an assessment conducted by clinical staff of the department or commission; and
- (ii) supporting documentation, including the person's medical and service records.
- (2) Out of funds appropriated under this Article for the waiver programs identified above, and subject to the terms of subsection (c) below, the department and services to a person who was receiving medical assistance waiver program services commission are authorized to use general revenue funds to continue to provide the medical assistance waiver program, if: on September 1, 2005, at a cost that exceeded the individual cost limit specified in
- federal financial participation is not available to pay for such services; and
- (ii) of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.
- (3) Authority provided in (b) above is contingent upon the agency submitting a report in the biennium. The report shall include the number of clients by program which exceeds cost limits and the unmatched General Revenue associated with each by writing to the Legislative Budget Board and Governor on October 1 of each year of

Article II, Special Provisions Proposed Rider Amendment Rate Limitations and Reporting Requirements

Prepared by LBB Staff, 3/02/13

Overview

The proposed amendment would provide the Health and Human Services Commission (HHSC) an additional seven days to report to the Legislative Budget Board, the Governor, and the State Auditor on the estimated amounts by which a change in a managed care rate would exceed appropriations.

Required Action

Services Agencies, amend the following rider: On page II-136 of the bill pattern for the Special Provisions Related to All Health And Human

Sec. 44. Rate Limitations and Reporting Requirements. Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this

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

Notification of Change to Managed Care Rates.

- Ξ No later than 45 calendar days prior to implementation of a change to premium rates for managed care organizations (MCO) contracting with HHSC, the Executive Commissioner of the HHSC shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:
- E a schedule showing the original and revised rate, which should include information on the rate basis for the MCO reimbursements to providers;
- E a schedule and description of the rate-setting process for all rates listed for subsection (1); and
- (iii) an estimate of the fiscal impact, by agency and by fiscal year, including the amount of General Revenue Funds, TANF Federal Funds, and All Funds for each rate change listed for subsection (1); and
- \mathfrak{G} Within seven days of the submission requirements listed above in subsections (i) through (iii), the Executive Commissioner of the HHSC shall submit a schedule identifying an estimate of the amount of General Revenue Funds, TANF Federal Funds, and All Funds by which expenditures at such rate levels would exceed
- Ò Quarterly Notification. On a quarterly basis, HHSC shall provide notice of changed rates
- Ξ new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates;
- \mathfrak{S} revised rates occurring as a result of a biennial calendar fee review;

- $\overline{\omega}$ any rate change estimated to have an annual fiscal impact of less than \$500,000 in General Revenue-related Funds or TANF Federal Funds; and
- **£** Any rate change for which approval is obtained under section (c).

9

Limitation on Rates that Exceed Appropriated Funding. With the exception of those rates specified in subsections (1) - (3) of section (b), Quarterly Notification, no agency listed in Chapter 531, Government Code, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies without the prior written approval of the Legislative Budget Board and the Governor.

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

- Ξ a list of each new rate and/or the existing rate and the proposed changed rate;
- 2 an estimate of the fiscal impacts of the new rate and/or rate change, by agency and by fiscal year; and
- \mathfrak{G} the amount of General Revenue Funds, TANF Federal Funds, and All Funds, by fiscal year, by which each rate would exceed appropriated funding for each fiscal

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

- 0 be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board Additional information requested by the Legislative Budget Board or the Governor should
- Ģ sections (a) through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is The Office of the State Auditor may review the fiscal impact information provided under implemented by the Health and Human Services Commission or operating agency
- ٠. increased rate if the Legislative Budget Board provides notification to the Comptroller of The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or Public Accounts that the requirements of this provision have not been satisfied

Special Provisions Relating to All Health and Human Services Agencies

Contingent Appropriation of Medicaid-related Fraud Receipts **Proposed Funding and Rider**

Prepared by LBB Staff, 3/8/2013

Overview
This rider would appropriate to the appropriate Medicaid agency, funds recovered by the Office of the Attorney General (OAG) related to Medicaid fraud and abuse after that office has retained offsets for legal fees and other expenses. The amount appropriated is contingent upon revenues received as judgments and settlements that exceed the biennial revenue estimate of \$124.6 million GR for the 2014-15 biennium

Required Action
On page II-XX of the Special Provisions Related to All Health And Human Services Agencies bill pattern, add the following rider:

Contingent Revenue, Appropriation of Cost

- ы collection of Medicaid fraud-related settlements, judgments or recoveries under the \$25,000,000 in General Revenue Funds in fiscal year 2015 to Strategy B.1.5, Children Chapter 36, not to exceed \$25,000,000 in General Revenue Funds in fiscal year 2014 and collections above the BRE that are recovered under the Human Resources Code, biennium, the Health and Human Services Commission is appropriated the amount of in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for the 2014-15 Revenue Code 3714, Judgments and Settlements, in excess of \$124,606,000 contained Human Resources Code, Chapter 36 submitted by the Office of the Attorney General in in support of a judgment or settlement relating to Medicaid fraud, abuse, or waste investigative, legal, personnel, technology, consulting, and expert witness costs incurred <u>for the purpose of reimbursing the agency for the general revenue portion of</u> Contingent upon the Comptroller of Public Accounts receiving funds and certifying
- Ö another Medicaid strategy at an appropriate HHS agency pursuant to Special Provisions Medicaid strategy pursuant to HHSC Rider 12, Transfers: Authority and Limitations, or to <u>Authority</u> Relating to All Health and Human Services Agencies, Section 10, Limitations on Transfer The Commission may transfer any portion of this appropriation to the appropriate
- ဂ္ဂ Notwithstanding any other provision of this Act, the remainder of such recoveries under such recoveries exceed \$25 million in General Revenue Funds in fiscal year 2014 or \$25 the Human Resources Code, Chapter 36 that are deposited to the Comptroller of Public million in General Revenue Funds in fiscal year 2015 anticipated in section (a), and that listed in Article II of this Act for the provision of Medicaid services. To the extent that Accounts shall be credited to the appropriate Medicaid strategies to the HHS agency amount is appropriated to the Health and Human Services Commission under this

Sponsor:	

Article II Special Provisions

New

Prepared by Texas Health and Human Services Commission

funds (Account 5111) and expend in the Medicaid program. This was a rider in Article IX General Provisions in the 2012-13 biennium and was deleted in the bill as introduced. Overview: This rider would provide authority to continue an agreement to transfer trauma

maximize trauma funds in the Medicaid program provided by the Department of State Health Justification of Change: Continuation of this rider provides legislative intent to utilize and Services.

New Rider

Use of Trauma Fund Receipts.

designated facilities, the Department of State Health Services (DSHS) and the Health and In an effort to maximize the availability of federal funds under the Title XIX Medical Assistance Program for the purpose of providing reimbursement for uncompensated trauma care at otherwise would have been provided for uncompensated trauma care to designated facilities. to the extent that the use of these funds in this manner would not reduce reimbursements that purpose. This interagency contract would allow for the transfer of the Account No. 5111 funds transfer of funds from Account No. 5111, Trauma Facility and EMS, from DSHS to HHSC for this Human Services Commission (HHSC) may enter into an interagency contract to allow for the

Art. II, Special Provisions

Texas Women's Health Program Contingency **Proposed Funding and Rider**

Prepared by LBB Staff, 03/11/2013

Overview
During the House Appropriations Committee hearing on March 5th, 2013, the committee adopted a new rider to be placed in the special provisions of Article II. The amended rider changes the recipient of the transfer from the Department of State Health Services Family Planning Program, to the Department of State Health Services Primary Health Care Program in the event the program is ended for this reason.

Required Action
On page II-138 of the Art. II Special Provisions, amend the following section:

strategy at the termination of the program shall be transferred by HHSC to the whatever unexpended or unobligated General Revenue Funds remaining in the human services agency listed under Chapter 531, Government Code, to cease operations of the program funded in Strategy D.2.3, Texas Women's Health Services, Health and Human Services Commission (HHSC) or other authorized health and Texas Women's Health Program Contingency. Contingent upon a decision by the services women's-health services. Community Primary Care Services, for the purpose of providing family planning Department of State Health Services, strategy B.1.3, Family Planning Services B.1.4.