

Article II

New/Amended Riders

Final Conference Committee Decisions

Per the Final Directives to the LBB Staff for the Appropriations Bill during Production, adopted by the Senate Bill 1 conference committee on May 17, 2013, this docket has been edited to make adjustments to items in order to conform them to final committee decisions.

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Adopted 05/13/13

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By: _____

**Department of Aging and Disability Services
Proposed Rider
State Supported Living Center Long-Term Plan**

Revised by LBB Staff, 04/29/2013

Overview

From the agency's proposal: DADS operates 12 facilities statewide, all of which are several decades old and continually in need of costly repairs and maintenance. In addition, as the population of individuals served in these facilities changes a long term plan for these facilities is needed to ensure the best use of state resources into the coming years. Additionally, DADS will coordinate its efforts with DSHS to ensure a consistent approach to facility and service planning.

Required Action

On page II-XX of the bill pattern for the Department of Aging and Disability Services, add the following new rider:

- ____. **State Supported Living System Long-Term Plan.** Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a ten-year plan for the provision of services to persons residing in State Supported Living Centers (SSLCs). This plan shall consider SSLC system operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity and demand needs of the state, and associated costs. The plan must consider current state funded SSLC capacity for individuals requiring services, serving individuals in the most integrated setting appropriate to their needs, consideration of individuals' and/or their legally authorized representatives' preferences, opportunities for individuals to receive services close to their geographic preference, and efficient use of state resources. The plan must consider monitoring and oversight of the quality of services, effective transition of individuals into community settings, and compliance with state and federal regulations.

DADS shall coordinate with the Department of State Health Services in the development and implementation of the plan, in order to ensure consideration of cross agency issues impacting SSLCs and state hospitals. To authorize the implementation of improvements to the state supported living center system related to the plan, DADS shall submit a written request to the Legislative Budget Board and the Governor. The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal 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. DADS shall submit the plan to the Office of the Governor and the Legislative Budget Board not later than December 1, 2014. DADS shall implement improvements to the SSLC system during the interim as appropriate with notification to the Governor and the Legislative Budget Board at least 30 days prior to implementation.

Department of Aging and Disability Services
Rider Revision
Limitations: Medicaid Transfer Authority

Prepared by LBB Staff, 05/02/2013

Overview

This revised rider would include limitations on transfers to and from new strategy A.2.4, Habilitation Services.

Required Action

On page II-9 of the bill pattern for the Department of Aging and Disability Services, amend the following rider:

9. Limitation: Medicaid Transfer Authority.

Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Aging and Disability Services (DADS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.

a. Limitations on Transfers.

- (1) **Waivers.** Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.3.1. Community-based Alternatives (CBA)
- A.3.2. Home and Community-based Services (HCS)
- A.3.3. Community Living Assistance and Support Services (CLASS)
- A.3.4. Deaf-Blind Multiple Disabilities (DBMD)
- A.3.5. Medically Dependent Children Program (MDCP)
- A.3.6. Texas Home Living Waiver
- A.6.4. Promoting Independence Services

- (2) **Community Entitlement.** Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.2.1. Primary Home Care
- A.2.2. Community Attendant Services (formerly Frail Elderly)
- A.2.3. Day Activity and Health Services (DAHS)
- A.2.4. Habilitation Services

- (3) **Program of All-inclusive Care for the Elderly (PACE).** Transfers may not be made from Strategy A.5.1. without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- (4) **Nursing Facility and Related Care.** Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.6.1. Nursing Facility Payments
- A.6.2. Medicare Skilled Nursing Facility
- A.6.3. Hospice

- (5) **Intellectual Disability Services.** Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.7.1. Intermediate Care Facilities - Individuals with Intellectual Disabilities (ICF/IID)
- A.8.1. State Supported Living Centers

- b. **Notification Regarding Transfers that Do not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

- c. **Requests for Transfers that Require Approval.** To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

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

- d. **Transfers into Items of Appropriation.** Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in

section (a) for each appropriation item. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision.

- e. **Cost Pools.** Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.
- f. **Cash Management.** Notwithstanding the above limitations, DADS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.

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

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

Department of Aging and Disability Services
Proposed Contingency Rider
Contingency for Nursing Facility Rate Increases

Prepared by LBB Staff, 5/15/2013

Overview

Prepare a rider which appropriates funds to the Department of Aging and Disability Services for nursing facility rate increases contingent upon passage of a bill that carves nursing facility services into managed care.

Required Action

On page II-XX of the bill pattern for the Department of Aging and Disability Services, amend the following previously adopted rider:

- xx. **Contingency for Nursing Facility Rate Increases.** Contingent on passage of legislation (including but not limited to Senate Bill 7) by the Eighty-Third Legislature, Regular Session, that carves nursing facility services into the Medicaid managed care service delivery model, in addition to amounts above, the Department of Aging and Disability Services is appropriated \$23,446,624 in General Revenue Funds and \$33,380,028 in Federal Funds in fiscal year 2014 and ~~\$48,489,660~~72,734,490 in General Revenue Funds and ~~\$67,118,318~~100,677,477 in Federal Funds in fiscal year 2015 in Strategy A.6.1, Nursing Facility Payments, and \$1,662,179 in General Revenue Funds and \$2,366,416 in Federal Funds in fiscal year 2014 and ~~\$3,442,286~~5,163,429 in General Revenue Funds and ~~\$4,764,791~~7,147,187 in Federal Funds in fiscal year 2015 in Strategy A.6.3, Hospice, to provide for a 2 percent rate increase to nursing facilities in fiscal year 2014 and an additional ~~24~~ percent rate increase to nursing facilities in fiscal year 2015. Percentage increases in both fiscal years are intended to be calculated based on the rates in effect on August 31, 2013.

Department of Assistive and Rehabilitative Services, Article II
Proposed Rider Amendment
Appropriation of Donations: Blindness Education Screening and Treatment

Prepared by LBB Staff, April 29, 2013

Overview

Amend the rider to limit the UB authority from fiscal year 2013 to fiscal year 2014 to \$40,000.

Required Action

On page II-29 of the Department of Assistive and Rehabilitative Services bill pattern, amend the following rider:

- 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 2014 and \$400,743 in fiscal year 2015 for the Blindness Education, Screening, and Treatment (BEST) Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year 2014 and fiscal year 2015, in amounts not to exceed \$801,486 as provided by §521.421 (j) or §521.422 (b), Transportation Code, are appropriated to the Department of Assistive and Rehabilitative Services (DARS) for purposes related to the BEST Program. Any revenue collected in the BEST Program above the amount appropriated each fiscal year is hereby appropriated to DARS for the same purpose. Any unexpended and unobligated balances remaining in an amount not to exceed \$40,000 as of August 31, 2013 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2013, and any unexpended balances remaining as of August 31, 2014 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2014. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

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

Prepared by LBB Staff, 5/5/13

Overview

The rider would make 2014-15 General Revenue Fund appropriations for Early Childhood Intervention services administered by the Department of Assistive and Rehabilitative Services contingent on the department modifying rules to require that families with an adjusted gross income greater than 400 percent of the federal poverty level pay 100 percent of the cost of Early Childhood Intervention services, with a monthly cap of five percent of the family's monthly adjusted gross income.

Required Action

In Article II of the General Appropriations Bill, in the bill pattern for the Department of Assistive and Rehabilitative Services, add the following new rider:

_____ Early Childhood Intervention Family Cost Share. General Revenue Funds totaling \$60,571,333, appropriated above in Strategy A.1.1, Early Childhood Intervention Services, are contingent upon the Department of Assistive and Rehabilitative Services modifying department rules to require that the monthly family cost share amount paid for Early Childhood Intervention services subject to family cost-share provisions by families with an adjusted gross income greater than 400 percent of the federal poverty level is equal to 100 percent of the cost of services, but does not exceed five percent of the family's adjusted gross monthly income. If before implementing any changes to family cost share amounts for Early Childhood Intervention services, the department determines that a waiver or authorization from a federal agency is necessary for implementation, the department shall request the waiver or authorization and may delay implementing changes until the waiver or authorization is granted. If changes to family cost-share provisions are not approved by a federal agency, the department shall receive the entire General Revenue Fund appropriation of \$60,571,333 for the 2014-15 biennium for Early Childhood Intervention services.

By: _____

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

Prepared by LBB Staff, April 29, 2013

Overview

In developing a comprehensive child abuse and neglect prevention program plan, the rider directs DFPS to ensure that the vendors and/or programs receiving child abuse and neglect prevention funds from DFPS are located throughout the state.

Required Action

Amend rider 31 on page II-44, Senate of the Department of Family and Protective Services bill pattern as follow:

- 31. At-Risk Prevention Programs and Services.** From the amounts appropriated above in Strategy 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 \$3,050,000 for one or more competitively procured established statewide networks of community-based prevention programs that provide evidence-based programs delivered by trained full-time staff, and address conditions resulting in negative outcomes for children and youth. Any vendor selected to deliver these services must provide dollar-for-dollar matching funds. All other funding appropriated in Strategy C.1.5, Other At-Risk Prevention Programs, shall be used for child abuse and neglect prevention programs in accordance with a comprehensive plan developed by the department. This plan shall include the following:
- a. only programs that are evidence-based or incorporate promising practices;
 - b. community-based; ~~statewide coverage~~ programs located throughout the state;
 - c. performance measures that gauge program effectiveness;
 - d. focuses on children ages 0 - 17; and
 - e. public-private collaboration 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.

By: _____

Department of Family and Protective Services

Rider Amendment

Contingency for House Bill 915

Prepared by LBB Staff, April 29, 2013

Overview

Contingent upon passage of HB915 or similar legislation relating to the administration and monitoring of certain medications provided to foster children, DFPS FTE cap would increase by 11.2 FTEs in fiscal year 2014 and 13.3 FTEs in fiscal year 2015.

Required Action

Amend rider 32 on page II-44, House of the Department of Family and Protective Services bill pattern as follow:

32. **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. The "Number of Full-Time Equivalent (FTE)" in the agency's bill pattern is increased by 11.2 FTEs in fiscal year 2014 and 13.3 FTEs in fiscal year 2015.

By: _____

Department of Family and Protective Services

Rider Amendment

Title IVE Waiver Prepared by LBB Staff, April 29, 2013

Overview

The rider would require the Department of Family and Protective Services to request prior written approval before transferring funds out of the foster care program for the purpose of implementing a Title IVE waiver project.

Required Action

Amend rider 37 on page II-45, House of the Department of Family and Protective Services bill pattern as follow:

37. **Title IVE Waiver.** The Department of Family and Protective Services may transfer funds out of strategy B.1.11, Foster Care Payments, for the purpose of implementing a Title IVE waiver project as long as the waiver project is authorized under the 2011 federal Child and Family Services Improvement and Innovation Act. Pursuant to rider 6, Foster Care Rates, the department may not transfer funds out of Strategy B.1.11, Foster Care Payments authorized by this section, without the prior written approval of the Legislative Budget Board and the Governor. The written request shall include:
- a. information on whether an attestation that the transfer of funds from B.1.11. Foster Care Payments, will ~~not~~ create a need for supplemental funding or a transfer from another agency; and
 - b. a detailed plan explaining how the funds will be spent, allocated, or encumbered and whether the plan will be General Revenue cost neutral.

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

The transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

By: _____

Department of Family and Protective Services

Proposed Rider

Contingency for Senate Bill 427

Prepared by LBB Staff, May 6, 2013

Overview

Contingent upon passage of SB427 or similar legislation relating to the regulation of certain child-care facilities and administrators of those facilities, \$217,674 in General Revenue Funds and \$241,381 in All Funds for the biennium is appropriated to DFPS to implement the provisions of the bill. DFPS FTE cap is also increased by 1.0 FTE in fiscal year 2014 and 1.0 FTE in fiscal year 2015.

Required Action

On page II-46, Senate and II-45, House of the Department of Family and Protective Services bill pattern add the following rider:

- **Contingency for Senate Bill 427.** Contingent on passage of Senate Bill 427, or similar legislation relating to the regulation of certain child-care facilities and administrators of those facilities, by the 83rd Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$146,359 in General Revenue Funds and \$163,199 in All Funds in fiscal year 2014 and \$71,315 in General Revenue Funds and \$78,182 in All Funds in fiscal year 2015 to implement the provisions of the legislation. The “Number of Full-Time Equivalents (FTE)” in the agency’s bill pattern is increased by 1.0 FTE in fiscal year 2014 and 1.0 FTE in fiscal year 2015.

By: _____

Department of Family and Protective Services
Proposed Rider
Rate Increases for Foster Care Providers
Prepared by LBB Staff, May 13, 2013

Overview

The rider would appropriate \$35,000,000 in General Revenue Funds for the 2014-15 biennium to DFPS for rate increases for foster care providers.

Required Action

On page II-46, Senate and II-45, House of the Department of Family and Protective Services bill pattern add the following rider:

____. **Rate Increases for Foster Care Providers.** Included in the amounts appropriated above in strategy B.1.11, Foster Care Payments, is \$30,500,000 in General Revenue Funds for the 2014-15 biennium in order for the Department of Family and Protective Services (DFPS) to develop and implement targeted rate increases for certain foster care providers and \$4,500,000 in General Revenue Funds for the 2014-15 biennium for add-on rates that will be developed during fiscal year 2014 and implemented effective September 1, 2014. In determining which of the existing provider rates to increase, DFPS shall consider the ability of the provider to:

1. Increase capacity;
2. Increase access in geographically underserved areas; and
3. any other criteria deemed appropriate.

Add-on rates should:

- 1) Incentivize certain quality improvements for children in foster care; and
- 2) Prioritize CPAs with higher rates of placement of sibling groups of 3 or more;

DFPS should review and monitor performance of contractors receiving add-on rates by looking at measures such as acceptance of referrals, time in placement, discharge into a less restrictive setting, maintenance of all siblings in the same foster home, and child well-being.

The department may not implement rate increases and/or add-ons as outlined above without the prior written approval of the Legislative Budget Board. The written request shall include the agency's plan for addressing capacity issues and improved outcomes and indicate the targeted allocation for the rate increases.

Department of State Health Services, Article II

Proposed Rider

Mental Health Appropriations and the 1115 Medicaid Transformation Waiver

Prepared by LBB Staff, 5/16/2013

Overview

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

Required Action

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

79. **Mental Health Appropriations and the 1115 Medicaid Transformation Waiver.** 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 Crisis Services, the Department of State Health Services by contract shall require that \$183,223,978 in General Revenue funds provided to the department in this biennium be used to the extent possible to draw down additional federal funds through the 1115 transformation waiver or other federal matching opportunities, ~~and the funds must be used for mental health services as specified by the department in its performance contracts.~~ Nothing in this section shall relieve a Local Mental Health Authority from an obligation to provide mental health services under the terms of a performance contract with the department or to reduce the amount of such obligation specified in the contract. The department shall report to the Legislative Budget Board and the Governor by December 1, 2014 on efforts to leverage these funds.

By: _____

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

Prepared by LBB Staff, 04/30/2013

Overview

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 its facilities and needs to develop a long-term, cost-effective approach to providing state funded inpatient psychiatric services. The plan would be developed by the department and would include public input. The department may also contract for certain expertise to support aspects of the plan, which would be due to the Governor and Legislative Budget Board in December 2014.

Required Action

On page II-75 of the bill pattern for the Department of State Health Services, amend the following new rider:

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

By: _____

Department of State Health Services, Article II
Mental Health Children: Prevention and Early Identification Services
Prepared by LBB Staff, 05/07/2013

Overview

Amend a rider directing the Department of State Health Services to distribute funds appropriated to provide prevention and early identification services through an RFP that demonstrates that funds will be allocated to serve the greatest needs of the region.

Required Action

On page II-75 of the Department of State Health Services bill pattern, amend the following rider:

84. **Mental Health Children: Prevention and Early Identification Services.** Out of funds appropriated above, the Department of State Health Services shall distribute any funds appropriated for the purpose of providing prevention and early identification services in B.2.2 Mental Health Services for Children by a request for proposals for entities to educate school staff and/or community members in an evidenced-based curriculum focused on awareness of risk factors that lead to emotional disturbance or severe mental illness and available intervention options. The request for proposals should demonstrate that the funds will be allocated:
- a. to train individuals in a broad-based manner across the region that maximizes the number of children having direct contact with the trained individuals;
 - b. in accordance with the greatest needs in the region as identified by the local mental health authority; and
 - c. in a manner that complements existing resources and does not duplicate established training efforts.

By: _____

**Department of State Health Services
Proposed Funding and Rider
Mental Health Program Allocation**

Prepared by LBB Staff, 04/30/2013

Overview

Amend a rider related to the Department of State Health Services mental health program allocation to the local mental health authorities and NorthSTAR to state that NorthSTAR shall be allocated at a minimum \$6,000,000 over the biennium.

Required Action

On page II-75 of the Department of State Health Services bill pattern, amend the following rider:

85. **Mental Health Program Allocation.** Out of funds appropriated above, the Department of State Health Services (DSHS) is directed to use ~~\$37,000,000~~ 43,000,000 in General Revenue over the biennium for the purpose of expanding or improving statewide community mental health services. It is the intent of the Legislature that DSHS allocate these funds equitably to the local mental health authorities (LMHA) and NorthSTAR considering the per capita spending of each organization, among other funding parameters. Out of the funds above, DSHS shall allocate to NorthSTAR an amount not less than \$6,000,000 in General Revenue over the biennium to increase the per person funding available to adult and child enrollees and increase mental health related services provided to clients through the program.

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

Prepared by LBB Staff, 5/4/2013

Overview

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

Required Action

1. On page II-76 of the bill pattern for the Department of State Health Services, add the following new rider:

_____. **Healthy Community Collaboratives.** It is the intent of the Legislature that out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate up to \$25,000,000 in General Revenue over the biennium in Strategy B.2.3, Community Mental Health Crisis Services to fund grants to serve persons experiencing homelessness and mental illness in a maximum of the five most populous urban municipalities located in counties with a population over one million that:

1. Promote collaboration based on locally identified priorities;
2. Leverage funding in an amount at least equal to the grant awarded;
3. Identify definable outcome measures that may include but are not limited to addressing homelessness, criminal recidivism, emergency room utilization, substance abuse, employment rates, and local economic benefit.

Funds appropriated in Strategy, B.2.3, Community Mental Health Crisis Services for Health Community Collaboratives should evidence significant coordination and collaboration between local mental health authorities, municipalities, and other community stakeholders. It is the intent of the Legislature that the collaborative be self-sustaining after seven years. Grants may be awarded to new and existing collaboratives and special consideration shall be given to new collaboratives.

If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then DSHS shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.

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.

By: _____

Department of State Health Services
Contingency Rider for Family Planning Services
Prepared by LBB Staff, 5/6/2013

Overview

The following rider would make \$32 million in General Revenue funds at the Department of State Health Services contingent upon the agency not receiving certain Federal Funds. The General Revenue funds are directed to not be used to pay providers who would be ineligible to participate in the Texas women's Health Program at the Health and Human Services Commission. Additionally, unexpended balance authority is provided, and the agency is directed to return these General Revenue funds to the Medicaid program, should the Federal Funds be received.

Required Action

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

93. Contingency for Family Planning Services. (a) Out of funds appropriated above in Strategy B.1.3, Family Planning Services, \$16,057,982 out of the general revenue fund for fiscal year 2014 and \$16,057,982 out of the general revenue fund for fiscal year 2015 are contingent on the Department of State Health Services not receiving federal funds under Title X of the Public Health Service Act to provide family planning services. ~~The Department of State Health Services shall use this funding to reimburse the same providers for this program as were utilized in fiscal year 2013.~~ None of the funds appropriated above to the Family Planning Program shall be used to pay providers who would be ineligible to participate in the Texas Women's Health Program at the Health and Human Services Commission

(b) If the department receives federal funds under Title X of the Public Health Service Act to provide family planning services subsequent to receiving general revenue funds described by this rider, the department shall transfer an amount of general revenue equal to that of the federal funds received to Strategy B.1.3, Pregnant Women, of the Health and Human Services Commission.

(c) Any unencumbered and unexpended balances appropriated to the Department of State Health Services described by this rider for fiscal year 2014 are appropriated to the department in fiscal year 2015 for the same purpose.

By: _____

Department of State Health Services
Proposed Funding and Rider
Community Mental Health Services Wait List Funding

Prepared by LBB Staff, 05/07/2013

Overview

Amend Rider 93, Community Mental Health Services Wait List Funding, to reflect the wait list funding.

Required Action

On page II-77 of the Department of State Health Services bill pattern, amend the following rider:

93. **Community Mental Health Services Wait List Funding.** Out of funds appropriated above in Strategies B.2.1, Mental Health Services for Adults, and B.2.2, Mental Health Services for Children, the Department of State Health Services is directed to use ~~\$57,200,000~~ 48,198,728 in General Revenue funds over the biennium for the purposes of eliminating the waiting list for services. It is the intent of the Legislature that any of these funds that cannot be used for this purpose shall be allocated among Local Mental Health Authorities with below average per capita funding levels to increase equity in funding allocations.

By: _____

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

Prepared by LBB Staff, 4/30/2013

Overview

Amend a rider directing the Department of State Health Services to allocate \$2,000,000 in General Revenue in each fiscal year to be used for the Mental Health Program for Veterans. The rider directs the agency on program requirements and requires the agency to provide an annual report.

Required Action

On page II-75 of the Department of State Health Services bill pattern, amend the following rider:

86. **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~~\$2,000,000 in each fiscal year in General Revenue for the purpose of expanding the Mental Health Program for Veterans above the fiscal year 2012-2013 allocation of \$3,000,000 per year for a total allocation of \$5 million for each fiscal year of the 2014-15 biennium.

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

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

By: _____

**Department of State Health Services
Proposed Funding and Rider
End Stage Renal Disease Prevention Program**

Prepared by LBB Staff, 5/4/2013

Overview

Amend rider 71, End Stage Renal Disease Prevention Program, to increase the funding of the program by \$150,000 each fiscal year.

Required Action

1. On page II-48 of the Department of State Health Services bill pattern, increase General Revenue funds in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, by \$150,000 in fiscal year 2014 and \$150,000 in fiscal year 2015 to increase funding for the End Stage Renal Disease Prevention Program.
2. On page II-72 of the Department of State Health Services bill pattern, amend the following rider:
 71. **End Stage Renal Disease Prevention Program.** Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, the Department of State Health Services shall allocate ~~\$100,000~~ \$250,000 in General Revenue for fiscal year 2014 and ~~\$100,000~~ \$250,000 in General Revenue for fiscal year 2015 to ~~reduce~~ improve the health outcomes and reduce the economic burdens of chronic kidney disease end-stage renal disease through the End Stage Renal Disease Prevention Program model, Love Your Kidneys. The program shall work in collaboration with the Texas Renal Coalition and the State Chronic Kidney Disease Task Force to educate the medical community and at-risk patients on the importance of early diagnosis and treatment of chronic kidney disease to prevent premature death from cardiovascular disease and other co-morbid conditions, and to delay progression to kidney failure necessitating expensive renal replacement therapy by dialysis or transplantation.

By: _____

Department of State Health Services
Proposed Rider
Contingency for SB 1475

Prepared by LBB Staff, 5/4/2013

Overview

Amend Rider 74, Alternatives to Inpatient Services for Forensic Cases, by striking the existing text and adding text to appropriate \$1,307,250 for fiscal year 2014 and \$1,743,000 in fiscal year 2015 from General Revenue for the purposes of implementing the provisions of SB 1475, contingent upon its passage.

Required Action

On page II-73 of the bill pattern for the Department of State Health Services, amend Rider 74 by striking the existing text and replacing it with the following:

74. **Contingency for SB 1475.** Contingent on passage of SB 1475, or similar legislation relating to jail-based restoration of competency pilot program, by the Eighty-third Legislature, Regular Session, the Department of State Health Services, in addition to other funds, is appropriated \$1,307,250 for fiscal year 2014 and \$1,743,000 in fiscal year 2015 from General Revenue to strategy B.2.3, Community Mental Health Crisis Services, to implement the provisions of the legislation.

By: _____

Department of State Health Services
Proposed Rider
Collection of Emergency Room Data

Prepared by LBB Staff, 5/4/2013

Overview

Prepare a rider requiring the Department of State Health Services to collect emergency room data to measure and report potentially preventable emergency room visits, and report this information annually to the Governor, the Legislative Budget Board, and the Chairs of the Committees in each House with jurisdiction over public health issues.

Required Action

On page II-76 of the Department of State Health Services bill pattern, add the following rider:

- **Collection of Emergency Room Data.** Out of funds appropriated in Strategy A.1.2, Health Registries, Information, and Vital Records, the Department of State of Health Services shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. The Department shall use the data to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. The Department shall submit the results of their findings to the Legislative Budget Board, Governor, and Chairs of the Committees in each House with jurisdiction over public health issues on an annual basis, beginning December 31, 2014.

By: _____

Department of State Health Services
Proposed Funding and Rider
Study and Report on Birthing Centers

Prepared by LBB Staff, 5/4/2013

Overview

Prepare a rider directing the Department of State Health Services to compile data from birthing centers, as defined by Section 244.002, Health and Safety Code, and provide analysis and a report of the aggregate data on an annual basis to the Governor and the Legislature.

Required Action

On page II-76 of the Department of State Health Services bill pattern, add the following rider:

Study and Report on Birthing Centers.

- a. Not later than June 30 of each year of the 2014-2015 biennium, out of funds appropriated above, the Department of State Health Services shall collect from each birthing center, as defined by Section 244.002, Health and Safety Code, that is licensed in this state the following information:
- (1) the number of women who gave birth at the birthing center;
 - (2) the number of live births at the birthing center;
 - (3) the number of births of stillborn infants at the birthing center;
 - (4) the number of women transferred by the birthing center to another facility for birth or postpartum complications;
 - (5) the number of infants transferred by the birthing center to another facility for complications;
 - (6) the number of women with multiple gestations who received treatment at the birthing center;
 - (7) the number of vaginal breech deliveries at the birthing center;
 - (8) the number of births at the birthing center by women who have had a previous uterine surgery, including a cesarean delivery;
 - (9) the gestational age of infants at delivery at the birthing center;
 - (10) the number of infants with an APGAR score of less than three at five minutes after delivery at the birthing center;
 - (11) the number of women and infants admitted to a hospital not later than the 72nd hour after delivery at the birthing center; and
 - (12) the number of women and infants who visited an emergency room not later than the 72nd hour after delivery at the birthing center.
- b. Not later than August 31 of each year of the 2014-2015 biennium, out of funds appropriated above, the Department of State Health Services shall study the operations of each birthing center described by Subsection (a) of this rider and submit a report in a format to be determined by the Legislative Budget Board that includes analysis and aggregate data to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature.

By: _____

Department of State Health Services, Art. II
Proposed Rider
Harris County Jail Diversion Pilot Program

Prepared by LBB Staff, 5/6/2013

Overview

Prepare a rider which appropriates \$5,000,000 per year from General Revenue for the purpose of implementing a mental health jail diversion pilot program located in Harris County Jail Diversion Pilot Program.

Required Action

On page II-76 of the bill pattern for the Department of State Health Services, add the following new rider:

- _____. **Harris County Jail Diversion Pilot Program.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$5,000,000 for fiscal year 2014 and \$5,000,000 for fiscal year 2015 from strategy B.2.3, Community Mental Health Crisis Services, to implement a mental health jail diversion pilot program in Harris County. In cooperation with the county judge in Harris County, DSHS shall establish a pilot program in Harris County to be implemented by the county judge for the purpose of reducing recidivism and the frequency of arrest and incarceration among persons with mental illness in that county. The Harris County Commissioners Court shall contribute funding to the pilot program in an amount that is equivalent to the funds provided by the state for the pilot program.

By: _____

Department of State Health Services
Proposed Rider
Family Planning Pharmaceutical Pricing
Prepared by LBB Staff, 5/6/2013

Overview

The following rider directs the agency to work to find improved drug pricing for family planning providers given the loss of 340B pricing due to the loss of Title X funding.

Required Action

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

__. **Family Planning Pharmaceutical Pricing.** It is the intent of the legislature that the Department of State Health Services shall attempt to locate improved pharmaceutical pricing or reduced pharmaceutical costs to address the loss of federal 340B drug pricing for family planning providers for services provided through funding in Strategy B.1.3, Family Planning.

By: _____

Department of State Health Services, Art. II
Proposed Funding and Rider
Texas Council on Cardiovascular Disease & Stroke
Prepared by LBB Staff, 3/10/2013

Overview

The rider would allocate appropriations to the Department of State Health Services in Strategy A.3.1, Chronic Disease Prevention, in the amounts of \$2,500,000 in fiscal year 2014 and \$2,500,000 in fiscal year 2015 in General Revenue for the purpose of funding the Texas Council on Cardiovascular Disease and Stroke.

Required Action

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

_____. **Texas Council on Cardiovascular Disease and Stroke.** Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services may expend \$2,500,000 in General Revenue Funds in fiscal year 2014 and \$2,500,000 in General Revenue Funds in fiscal year 2015 for the purpose of funding the Texas Council on Cardiovascular Disease and Stroke. The Texas Council on Cardiovascular Disease and Stroke shall allocate \$4,500,000 of those funds over the biennium to the Stroke System of Care Coordination (Lone Star Stroke) and \$500,000 of these funds over the biennium to the Stroke/STEMI (ST Segment Elevation Myocardial Infarction) Data Collection.

Revised House Rider

38. Payments to Rural Hospital Providers. It is the intent of the Legislature that out of funds appropriated above in Goal B. Medicaid, the Health and Human Services Commission (HHSC) shall rebase rural hospital rates as follows:

- a. These provisions shall apply to hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census, and Medicare-designated Rural Referral Centers (RRC), Sole Community Hospitals (SCH), and Critical Access Hospitals (CAH).
- b. Inpatient:
 1. Hospitals defined above shall be reimbursed based on a facility-specific prospective full cost standard dollar amount (SDA) based on their historical costs limited by a floor and a ceiling. The ceiling should be equal to approximately two standard deviations above the average full-cost SDA for providers with more than 50 claims; the floor should be equal to approximately 1.5 standard deviations below that same average.
 2. In calculating the facility specific prospective full cost SDA, the rates will be trended forward by the CMS Market Basket inflation factor to adjust for inflation.
 3. It is the intent of the Legislature that for patients enrolled in managed care including but not limited to health maintenance organizations (HMO), inpatient services provided at hospitals meeting the above criteria shall be reimbursed based on the above considerations and rates, in order to maintain access to care.
- c. Outpatient: In order to ensure that access to emergency and outpatient services remain in rural parts of Texas, it is the intent of the Legislature that when HHSC changes its outpatient reimbursement methodology to an Enhanced Ambulatory Patient Groups or similar methodology, HHSC shall promulgate a separate or modified payment level for the above defined providers.
- d. The Commission may consider a phase down schedule for a hospital which met the definition of "rural hospital" in the preceding biennium, but does not meet the definition provided in paragraph a. above.

Health and Human Services Commission

Proposed Revised Rider – 5/15/2013

51. Medicaid Funding Reduction and Cost Containment

- a. Included in appropriations above in Goal B, Medicaid, Strategy B.1.5, Children, is a reduction of \$200,000,000 in General Revenue Funds and \$284,730,974 in Federal Funds in fiscal year 2014 and \$200,000,000 in General Revenue Funds and \$276,871,722 in Federal Funds in fiscal year 2015, a biennial total of \$400,000,000 in General Revenue Funds and \$561,602,696 in Federal Funds. The Health and Human Services Commission (HHSC) is authorized to transfer these reductions between fiscal years and to allocate these reductions among health and human services agencies as listed in Chapter 531, Government Code, pursuant to the notification requirements included in Subsection (c) of this rider.
- b. This reduction shall be achieved through the implementation of the plan described under subsection (c) which may include any or all of the following initiatives:
- (1) Implement payment reform and quality based payment adjustments in fee-for-service and in managed care premiums,
 - (2) Improve birth outcomes, including improving access to information and payment reform,
 - (3) Increase efficiencies in the vendor drug program,
 - (4) Continue to adjust outpatient Medicaid payments to a fee schedule that is a prospective payment system and that maximizes bundling of outpatient services, including hospital imaging rates,
 - (5) Expand efforts to develop more appropriate emergency department hospital rates for non-emergency related visits,
 - (6) Maximize co-payments in all Medicaid programs,
 - (7) Increase efficiency and reduce fraud in Medicaid transportation service through the most appropriate transportation model, including the transfer of transportation for dialysis patients to the Medical Transportation Program and non-emergency ambulance services,
 - (8) Implement statewide monitoring of community care and home health through electronic visit verification in Medicaid fee-for-service and managed care,
 - (9) Renegotiate more efficient contracts,
 - (10) Phase down Medicaid rates which are above Medicare rates, with separate consideration for an accurate and appropriate evaluation of the service delivery model when developing the rate for ~~home health~~ Medicaid rates for pediatric therapy services that have no equivalent Medicare service,
 - (11) Develop a more appropriate fee schedule for therapy services, requiring providers to submit the National Provider Identification (NPI) on each claim,
 - (12) Strengthen prior authorization requirements,
 - (13) Strengthen and expand utilization and prior authorization reviews,
 - (14) Incentivize appropriate neonatal intensive care unit utilization and coding,
 - (15) Improve care coordination through a capitated managed care program for remaining fee-for-service populations,

Health and Human Services Commission

Proposed Revised Rider – 5/15/2013

- (16) Increase fraud, waste, and abuse prevention and detection,
 - (17) Expand initiatives to pay more appropriately for outlier payments,
 - (18) 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,
 - (19) Adjust inpatient hospital reimbursement for labor and delivery services provided to adults at children's hospitals,
 - (20) Implement fee-for-service payment changes and managed care premium adjustments that incentivize the most appropriate and effective use of services,
 - (21) Implement dually eligible Medicare/Medicaid integrated care model and long term services and supports quality payment initiative,
 - (22) Reestablish hospital thirty day spell of illness limitation in STAR+Plus,
 - (23) Align Texas Home Living with Home and Community-based Services (HCS) rates,
 - (24) Enforce appropriate payment practices for non-physician services, and
 - (25) Implement additional initiatives identified by the Health and Human Services Commission.
- c. 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.

By: _____

Health and Human Services Commission
Proposed Funding and Rider
Quality-Based Payment and Delivery Reforms in the Medicaid and Children's Health
Insurance Programs Revision

Prepared by LBB Staff, 4/30/2013

Overview

Amend Senate Rider 53 to ensure that HHSC incorporate a cost-neutral new rate model for small house facilities.

Required Action

On page II-97 of the Health and Human Services Commission bill pattern, amend the following rider:

53. **Quality-Based Payment and Delivery Reforms in the Medicaid and Children's Health Insurance Programs.** Out of funds appropriated to the Health and Human Services Commission (HHSC) in Goal B, Medicaid, and Goal C, Children's Health Insurance Program, HHSC may implement the following quality-based reforms in the Medicaid and CHIP programs:
- a. develop quality-based outcome and process measures that promote the provision of efficient, quality health care and that can be used to implement quality-based payments for acute and long-term care services across delivery models and payment systems;
 - b. implement quality-based payment systems for compensating a health care provider or facility participating in the Medicaid and CHIP programs;
 - c. implement quality-based payment initiatives to reduce potentially preventable readmissions and potentially preventable complications; and
 - d. implement a bundled payment initiative in the Medicaid program, including a shared savings component for providers that meet quality-based outcomes. The executive commissioner may select high-cost and/or high-volume services to bundle and may consider the experiences of other payers and other state of Texas programs that purchase healthcare services in making the selection.
 - e. Under the Health and Human Services Commission's authority in 1 T.A.C. Sec. 355.307(c), the Commission may implement a Special Reimbursement Class for long term care commonly referred to as "small house facilities." Such a class may include a rate reimbursement model that is cost neutral and that adequately addresses the cost differences that exist in a nursing facility constructed and operated as a small house facility, as well as the potential for off-setting cost savings through decreased utilization of higher cost institutional and ancillary services. The payment increment may be based upon a provider incentive payment rate.

Required Reporting: The commission shall provide annual reports to the Governor's Office of Budget, Planning, and Policy and Legislative Budget Board on December 1, 2013 and December 1, 2014 that include (1) the quality-based outcome and process measures developed; (2) the progress of the implementation of quality-based payment systems and other related initiatives; (3) outcome and process measures by health service region; and (4) cost-effectiveness of quality-based payment systems and other related initiatives.

By: _____

Health and Human Services Commission
Proposed Rider Amendment
IT projects contingency funding

Prepared by LBB Staff, 4/30/2013

Overview

This rider provides clarification regarding authority and funding for certain requested IT projects. The rider will also provide a mechanism for HHSC to request additional funding for these IT projects up to \$20.0 million in GR for the 2014-15 biennium.

Required Action

On page II-100 of the Health and Human Services Commission bill pattern, add the following rider:

_____ **Information Technology Funding.** Included in appropriations above to the Health and Human Services Commission is ~~\$22.0 million~~ 12,219,106 in General Revenue Funds and \$27,551,705 in All Funds in fiscal year 2014 and \$3,180,894 in General Revenue Funds and \$8,857,939 in All Funds in fiscal year 2015 and authority for ~~15.12.0~~ 17.14.0 FTEs in fiscal year 2014 and 17.14.0 FTEs in fiscal year 2015 for the purposes of implementing information security improvements and application provisioning enhancements, ~~improving security infrastructure for regional health and human services client delivery facilities~~, upgrading the Winters Data Center facilities, upgrading to the international Classification of Diseases (ICD-10) system, securing mobile infrastructure and enterprise communications, ~~completing the enterprise data warehouse Medicaid initiative~~, remediating hardware for HHSAS financial system, and retiring the CARE system across enterprise agencies. The agency may transfer funding and FTEs, not to exceed the amounts noted above, to the appropriate health and human services agency for implementation of these projects.

Contingent on the agency requiring additional funding for these projects, the executive commissioner may request approval from the Legislative Budget Board and the Governor to transfer up to \$20,000,000 in General Revenue Funds from Goal B, Medicaid to the respective agency and strategy requiring funds to complete the above stated projects.

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

- (1) a detailed explanation of the purpose(s) of the transfer.
- (2) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

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 proposal to expend the funds 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.

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 Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

By: _____

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

Prepared by LBB Staff, 4/30/2013

Overview

To explore all possible funding mechanisms for ambulance transportation services.

Required Action

On page II-100 of the Health and Human Services Commission bill pattern, add the following rider:

67. **Ambulance Transportation Services Funding.** It is the intent of the Legislature that out of funds appropriated above in Strategy A.1.1B.3.1, Medicaid Contracts and Administration Enterprise Oversight and Policy, the Health and Human Services Commission conducts a thorough analysis, 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 findings with potential funding mechanism options to the Legislative Budget Board no later than December 1, 2014~~2013~~.

By: _____

The Health and Human Services Commission
Proposed Funding
For Home Health Services in the Medicaid Program

Prepared by LBB Staff, 3/3/2013

Overview

Authorizes HHSC to apply for approval of a State Plan Amendment pursuant to Section 1945 of the Social Security Act to authorize Medicaid reimbursement for patient-centered care rendered by health teams to chronically homeless individuals and to direct funding to the program, contingent on the SPA approval by CMS.

Required Action

On page II-110 of the Health and Human Services Commission bill pattern, add the following rider:

Health Homes Health Teams State Plan Amendment.

- a. It is the intent of the Legislature that out of funds appropriated above in Strategy B.3.1, Medicaid Contracts and Administration, the Health and Human Services Commission may apply for approval of a State Plan Amendment pursuant to Section 1945 of the Social Security Act to authorize Medicaid reimbursement for patient-centered care rendered by health teams to chronically homeless individuals who are eligible for Medicaid under the state's existing Medicaid plan. Contingent on approval of a State Plan Amendment proposed in this provision by the Centers for Medicare and Medicaid Services, the Health and Human Services Commission may allocate funding from appropriations above in Strategy B.1.2, Disability-related, to provide such services, contingent upon prior written approval from the Legislative Budget Board and the Governor.
- b. To request approval to expend the funds for these purposes, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
 - (1) A copy of the approval from CMS of the State Plan Amendment;
 - (2) The estimated number of health teams to provide the services;
 - (3) The estimated fiscal impact by year and method of finance for the services and providers in the Medicaid program and any projected savings from the provision of these services; and
 - (4) An estimate of performance levels and, where relevant, a comparison to targets included in this Act.
- e. The request shall be considered to be disapproved unless the Legislative Budget Board or the Governor issues a written disapproval within 45 calendar~~15 business~~ days of the date on which ~~the staff of the Legislative Budget Board~~ receives the request, ~~concludes its review of the proposal to expend the funds 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.~~

By: _____

Health and Human Services Commission
Proposed Rider Amendment
Texas Home Visiting Program and Nurse Family Partnership Program

Prepared by LBB Staff, 4/30/2013

Overview

Informational rider on funding for the Texas Home Visiting Program and the Nurse Family Partnership Program included in appropriations to HHSC.

Required Action

On page II-101 of the HHSC bill pattern, amend the following rider:

69. **Texas Home Visiting Program and Nurse Family Partnership Program.** ~~Notwithstanding Special Provisions Section 45, Money Follows the Person Demonstration, out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, \$2,681,099 in General Revenue Funds in fiscal year 2014 and \$5,229,445 in General Revenue Funds in fiscal year 2015, the Office of Early Childhood Coordination at the Health and Human Services Commission shall oversee the process of awarding grants, monitoring sites, and implementing an efficacy evaluation of the Texas Home Visiting Program, ensuring that at least 75 percent of Texas Home Visiting Programs are evidence-based programs and that up to 25 percent of the funds are invested in promising programs such as AVANCE. Included in appropriations above to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, is \$2,681,099 in General Revenue Funds and \$10,483,330 in Federal Funds in fiscal year 2014 and \$5,229,445 in General Revenue Funds and \$10,483,330 in Federal Funds in fiscal year 2015 for the Texas Home Visiting Program and \$5,624,999 in General Revenue Funds and \$3,250,000 in TANF Federal Funds in each fiscal year for the Nurse Family Partnership Program.~~

Revised House Rider

72. 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 consider ~~any~~ advisory information from the Texas Diabetes Council ~~before~~ when implementing ~~any~~ a new program, ~~rate,~~ or initiative that could impact Medicaid patients diagnosed with diabetes or their access to care.

The Health and Human Services Commission
Proposed Rider Amendment
CRCG Grants and Service Delivery

Prepared by LBB Staff, 4/30/2013

Overview

Amends rider to account for Conference Committee funding decisions and assumes HHSC will utilize existing resources to for CRCG support and service delivery.

Required Action

On page II-102 of the Health and Human Services Commission bill pattern, add the following rider:

78. Interagency Grant and Resource Coordination to Improve Service Delivery to Children and Families.

- a. ~~In addition to other amounts~~ Out of funds appropriated above to the Health and Human Services Commission, by this article, the amount of \$300,000 in General Revenue \$150,000 is appropriated and included above to the Health and Human Services Commission for the state fiscal biennium ending August 31, 2015, may be used to fund 1.0 FTE for Community Resource Coordination Groups and to facilitate cross-agency grant and resource coordination aimed at improving service delivery to and outcomes for children and families.
- b. ~~The amount of General Revenue Funds appropriated to the Department of Family and Protective Services, Texas Education Agency, Department of State Health Services, Department of Aging and Disability Services, and Texas Juvenile Justice Department have been reduced by \$30,000 each for the state fiscal biennium ending August 31, 2015.~~
- c. ~~The Texas Juvenile Justice Department shall determine the manner of accomplishing the reduction required by this section for the department. The Texas Education Agency shall determine the manner of accomplishing the reduction required by this section for the agency. The executive commissioner of the Health and Human Services Commission shall determine the manner of accomplishing the reduction required by this section for the Department of Family and Protective Services, Department of State Health Services, and Department of Aging and Disability Services.~~

By: _____

**Health and Human Services Commission
Proposed Funding and Rider
Contingency for STAR+PLUS Utilization Review Revision**

Prepared by LBB Staff, 04/29/2013

Required Action

On page II-100 of the bill pattern for the Health and Human Services Commission, amend the following rider:

66. **Contingency for STAR+PLUS Utilization Review.** Contingent on enactment of SB 348, or similar legislation relating to the implementation of a utilization review process for STAR+PLUS managed care organizations, by the Eighty-third Legislature, Regular Session, out of funds appropriated above in Goal B, Medicaid, Strategy B.1.2, Disability-Related, \$394,697 in fiscal year 2014 and \$367,044 in fiscal year 2015 in General Revenue Funds is transferred and appropriated to Strategy B.3.1, Medicaid Contracts and Administration ~~G.1.1, Office of Inspector General~~. The number of "Full-Time Equivalents (FTE)" is increased by 9.0 FTEs in fiscal year 2014 and 9.0 FTEs in fiscal year 2015.

Sponsor: _____

Health and Human Services Commission
Proposed Rider
Primary Care Access Funding for HRIs

Prepared by LBB Staff, 5/2/2013

Overview

The rider allows the Health and human Services Commission to enter into agreements with the state's Health Related Institutions (primarily, state medical schools and health science centers) and state-contracted Medicaid and Children's Health Insurance Program managed care organizations to improve Medicaid recipients' access to care through the use of provider incentive payments. A participating Health Related Institution may serve as the primary care provider for Medicaid and CHIP clients and receive a per-member per-month payment for providing primary care services and be eligible for incentive payments for achieving specified quality outcomes, implementing specific wellness strategies, and reducing need for more expensive acute care services.

Required Action

In page II-xx in the Health and Human Services Commission bill pattern, add the following new rider:

- ___ . **Primary Care Access Funding for Health Related Institutions.** The Health and Human Services Commission may spend appropriated receipts comprising interagency transfers from or interagency agreements with Health Related Institutions (HRIs) and the Higher Education Coordinating Board and matching Federal Funds to fund per-member per-month payments to HRIs and to establish primary care incentive payments to HRIs for the provision of primary care services the Medicaid and CHIP clients. Participation of the entities in subsection (c) is voluntary.
- a. **Medicaid.** The Health and Human Services Commission may fund the per-member, per-month payments and primary care incentive payments described in this section with Appropriated Receipts – Match for Medicaid and matching Medicaid Federal Funds out of Strategy B.2.1, Non-Full Benefit Payments.
- b. **CHIP.** The Health and Human Services Commission may fund the per-member, per-month payments and primary care incentive payments described in this section with matching Children's Health Insurance Program (CHIP) Federal Funds out of Strategy C.1.1, Children's Health Insurance Program (CHIP).
- c. **Eligible HRIs.** The following entities are eligible for the per-member, per-month payments and primary care incentive payments described in this section:
- (1) Baylor College of Medicine;
 - (2) Public Health Related Institutions; and
 - (3) A family practice, primary care, or other residency program that receives funds appropriated to the Higher Education Coordinating Board under Article III of this Act.

By: _____

Health and Human Services Commission
Proposed Funding and Rider
HHSC and HRIs

Prepared by LBB Staff, 5/2/2013

Overview

Authorizes HHSC to maximize federal funding for Health Related Institutions.

Required Action

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

_____. **Federal Funding for Health Related Institutions.** It is the intent of the Legislature that the Health and Human Services Commission maximize federal funding for Health Related Institutions should they transfer 2014-15 appropriations to the commission for such purposes.

By: _____

Health and Human Services Commission
Proposed Rider
Transformation Waiver Funding from Institutions of Higher Education

Prepared by LBB Staff, 5/2/2013

Overview

Authorizes HHSC to receive IGT from institutions of higher education for the purpose of matching with federal funds under the Healthcare Transformation and Quality Improvement Program waiver.

Required Action

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

- _____. **Receipt of Transfers for Participation in the Healthcare Transformation and Quality Improvement Program.** The Health and Human Services Commission may receive in Strategy B.2.6, Transformation Payments, intergovernmental transfers of funds from institutions of higher education as the non-federal share of uncompensated care or delivery system reform incentive payments under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.

By: _____

Health and Human Services Commission
Proposed Funding and Rider
Statewide Mental Health Service Coordination

Prepared by LBB Staff, 5/4/2013

Overview

Prepare a rider to direct HHSC to allocate 1 FTE to coordinate with state agencies and other levels of government to ensure a strategic statewide approach to mental health.

Required Action

On page II-102 of the Health and Human Services bill pattern, add the following rider:

- _____ . **Statewide Mental Health Service Coordination.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall allocate one full time equivalent (FTE) to oversee statewide mental health coordination. The FTE shall be at the executive level and shall report directly to the Executive Commissioner of HHSC. The FTE shall rely on the mental health expertise of the Commissioner of the Department of State Health Services in coordinating the statewide strategic approach to mental health. The FTE shall consult and coordinate with other state agencies and local governments to ensure a strategic statewide approach to mental health. The state agencies shall include but are not limited to, the Texas Education Agency, the Office of the Attorney General, Texas Department of Criminal Justice, Texas Juvenile Justice Department, Adjutant General's Department, Office of Court Administration, Texas Department of Housing and Community Affairs, Department of Public Safety, Commission on Jail Standards, Texas Workforce Commission and other health and human services agencies as appropriate. Additionally, the FTE shall coordinate with representatives from local entities and non-profit entities that receive public funding for mental health services.

By: _____

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

Prepared by LBB Staff, 5/2/2013

Overview

The rider would authorize HHSC to increase rates to children's hospitals in order to make up for lost DSH revenue.

Required Action

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

- _____. **Children's Hospital DSH.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) may adjust rates for Medicaid outpatient hospital, outpatient surgical and emergency department services and to make payments for Medicaid allowable costs for pediatric graduate medical education to mitigate Medicaid reimbursement shortfalls at children's hospitals that are not reimbursed through the Disproportionate Share Hospital (DSH) Program due to policy interpretation by the federal Centers for Medicare and Medicaid Services (CMS) on the calculation of the Medicaid shortfall. Rate adjustments to mitigate the related loss of DSH payments are subject to the prior written approval required under Special Provisions Relating to All Health and Human Services Agencies, Section 44, Rate Limitations and Reporting Requirements.

By: _____

Health and Human Services Commission
Proposed Rider
Report on Sepsis in Medicaid

Prepared by LBB Staff, 5/7/2013

Overview

The rider directs HHSC to study the health outcomes and fiscal impact of sepsis and septicemia on the Medicaid program.

Required Action

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

- _____. **Study and Report on Sepsis Infections in Medicaid.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall study and submit a report to the legislature of the health outcomes and fiscal impact of sepsis and septicemia on the Medicaid program. The report shall also investigate the use of evidence based protocols such as early goal directed therapy by health care facilities in Texas and the success and prevalence of such protocols in reducing the incidence, mortality, and related costs in the Medicaid program. The report shall include recommendations from the commission for the implementation of a plan to improve the health of Texans and decrease costs in Medicaid by decreasing the impact of sepsis and septicemia. The commission shall submit the report by September 1, 2014.

Sponsor: _____

Article II Special Provisions

Prepared by the Department of Aging and Disability Services and the Texas Health and Human Services Commission

DRAFT 4/25/2013

Senate Bill 1, Page II-120 (SP)

Section 43 Waiver Program Cost Limits

- a. **Individual Cost Limits for Waiver Programs.** It is the intent of the Legislature that the Department of Aging and Disability Services and Health and Human Services Commission comply with the cost-effectiveness requirements of the Centers for Medicare and Medicaid Services and set the individual cost limit for each waiver program as follows:

(1) Community-Based Alternatives Program: ~~202-200~~ percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility on or before August 31, 2010;

(2) Medically Dependent Children Program: 50 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility on August 31, 2010;

(3) Community Living Assistance and Support Services Program: ~~202~~ percent of the estimated annualized per capita cost of providing services in an IID to an individual qualifying for an ICF/IID Level of Care VIII; The fixed amount of 114,736.07 based on historical annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;

(4) Deaf-Blind with Multiple Disabilities Program: ~~202~~ percent of the estimated annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII; The fixed amount of 114,736.07 based on historical annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;

(5) Home and Community-based Services Program: ~~202-200~~ percent of the reimbursement rate that would have been paid for that same individual to receive services in an ICF/IID on August 31, 2010; and

(6) STAR+PLUS Community-Based Alternatives: 202 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:

(i) the cost of such services exceeds the individual cost limit specified in a 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:

(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:

(i) 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 commission are authorized to use general revenue funds to continue to provide services to a person who was receiving medical assistance waiver program services on September 1, 2005, at a cost that exceeded the individual cost limit specified in the medical assistance waiver program, if:

(i) 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 writing to the Legislative Budget Board and Governor on October 1 of each year of 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 fiscal year.

Special Provisions Relating to All Health and Human Services Agencies

Proposed Funding and Rider

Contingent Appropriation of Medicaid-related Fraud Receipts

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.

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

By: _____

Article II Special Provisions
Program of All-inclusive Care for the Elderly Revision

Revised by LBB Staff, 04/30/2013

Required Action

On page II-124 of Article II, Special Provisions, amend the following rider:

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

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

b. **Additional Participants at Existing PACE Sites.** DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 96 additional participants at existing PACE sites in Amarillo, Lubbock, and El Paso.

c. **Funding for Additional Sites and Participants.** Notwithstanding other provisions of this Act, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$369,839 in General Revenue Funds in fiscal year 2014 and \$3,419,426 in General Revenue Funds in fiscal year 2015. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.

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

By: _____

Article II Special Provisions
Fiscal Impact Analysis of Health and Medical Insurance for Eligible Employees of
Contracted Long-term Care Medicaid Providers Revision

Revised by LBB Staff, 04/30/2013

Required Action

On page II-125 of Article II, Special Provisions, add the following rider:

Sec. 52. Fiscal Impact Analysis of Health and Medical Insurance for Eligible Employees of Contracted Long-Term Care Medicaid Providers. It is the intent of the Legislature that out of funds available, the Health and Human Services Commission in coordination with the Legislative Budget Board shall determine the impact of the employer mandate in the Affordable Care Act on Medicaid long-term care providers through consideration of the following:

- a. Current number of contracted long-term care Medicaid providers with 50 or more full-time equivalent employees;
- b. Estimated percentage of employees that would qualify for the Medicaid exchange;
- c. Estimated percentage of employees by wage rate who would enroll in a plan offered by their employer;
- d. Estimated cost of providing health insurance per employee; and
- e. Current number of employees and employee health insurance costs on current cost reports, requiring this information to be included on future cost reports.

It is the intent of the Legislature that the Health and Human Services Commission shall report these findings to the Governor and Legislative Budget Board no later than November 1, ~~2014~~2013, and HHSC shall take this impact into consideration when setting rates should additional funds become available through funds provided or additional state or federal Medicaid funds that become available.

By: _____

Article II Special Provisions
Proposed Rider
Community First Choice Program Reporting

Prepared by LBB Staff, 03/07/13

Overview

The rider would establish a monthly reporting requirement on the monthly expenditures for attendant care and habilitation services at the Health and Human Services Commission and Department of Aging and Disability Services that are eligible to earn the enhanced federal match under the Community First Choice program.

Required Action

On page II-138 of the Special Provisions Relating to all Health and Human Services Agencies, add the following rider:

- _____ . **Community First Choice Program Reporting.** The Health and Human Services Commission and the Department of Aging and Disability Services shall submit to the Legislative Budget Board and the Governor the monthly expenditures for attendant care and habilitation services that are eligible for enhanced federal match under the Community First Choice program, by strategy. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board.
- a. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.
 - b. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Health and Human Services Commission and Department of Aging and Disability Services if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Health and Human Services Commission and Department of Aging and Disability Services are not in compliance with this provision.

Article II Special Provisions
Money Follows the Person Demonstration Rider Revision

Prepared by LBB Staff, 05/01/2013

Sec. 45. Money Follows the Person Demonstration.

~~a. Reporting.~~ The Health and Human Services Commission and the Department of Aging and Disability Services shall submit to the Legislative Budget Board and the Governor the monthly number of clients enrolled in each 1915(c) long-term-care waiver or receiving STAR+Plus CBA services who are eligible for enhanced federal match under the Money Follows the Person demonstration and the monthly expenditures eligible for the enhanced federal match. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board.

- (1) Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.
- (2) The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Department of Aging and Disability Services if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Department of Aging and Disability Services is not in compliance with this provision.

~~b. Limitations on Use of Available General Revenue Funds.~~ The Health and Human Services Commission and the Department of Aging and Disability Services are authorized to expend the General Revenue Funds thereby made available under the Money Follows the Person demonstration due to the enhanced federal match only upon prior written notification from HHSC or DADS to the Legislative Budget Board and Governor at least 30 days prior to the expenditure of the funds. The written notification should include the following information:

- ~~(1) a detailed explanation for the purpose(s) of the use of available General Revenue Fund and whether the expenditure(s) will be one-time or ongoing;~~
- ~~(2) the amount available by strategy;~~
- ~~(3) the strategy(ies) in which the funds will be expended and the associated amounts;~~
- ~~(4) an estimate of performance levels and, where relevant, a comparison to targets included in this Act;~~
- ~~(5) the capital budget and/or full-time equivalent impact; and,~~
- ~~(6) other reports, supporting documentation, and explanations as the LBB may request.~~

~~The Comptroller of Public Accounts shall not allow the expenditure of General Revenue Funds made available if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.~~

Article II, Special Provisions
Prepared by Texas Health and Human Services Commission

Revised by LBB Staff, 04/29/2013

New Rider

Transfer Authority Related to STAR+PLUS Managed Care Expansion. From funds appropriated elsewhere in this act, the Executive Commissioner is authorized to transfer staff, general revenue and federal funds in fiscal year 2014 and fiscal year 2015 in the Department of Aging and Disability Services (DADS) in Strategy A.1.1, Intake, Access and Eligibility, Strategy A.2.1, Primary Home Care, Strategy A.2.3, Day Activity and Health Services, Strategy A.3.1, Community-Based Alternatives, and Strategy A.6.4, Promoting Independence Services to the Health and Human Services Commission (HHSC), Strategy B.1.1 Aged and Medicare-Related in amounts necessary to expand the STAR+PLUS managed care model for the provision of Medicaid services to all areas of the state. HHSC shall notify the Legislative Budget Board and Governor's Office of the actual transfer amounts and estimated impact on performance measures at least ~~thirty~~thirtyfive days prior to transferring funds.

Purpose:

With the statewide expansion of STAR+PLUS, DADS will experience a significant reduction in the Primary Home Care (PHC) and Day Activity and Health Services (DAHS) caseloads and elimination of the Community Based Alternatives (CBA) program. After the expansion, individuals previously receiving services under one of these DADS programs and, who are not specifically excluded from participation in managed care, will begin receiving services through HHSC's STAR+PLUS program. Transfer authority is requested to align funding with the agency and program serving these individuals. In addition, authority to transfer staff is also requested.

By: _____

Article II Special Provisions
Proposed Funding and Rider
Balancing Incentive Program and Money Follows the Person Program

Prepared by LBB Staff, 04/30/2013

Overview

This rider would direct General Revenue freed-up due to federal funds earned in excess of \$219,631,272 for fiscal years 2014-15 under the Balancing Incentive Program and Money Follows the Person Program to specific priorities and provide for an approval mechanism for the health and human services agencies to spend the funds.

Required Action

On page II-XX of Article II, Special Provisions, add the following rider:

____. Appropriation of Additional Funds Available under the Balancing Incentive and Money Follows the Person Programs.

- a. In the event the enhanced federal matching funds earned under the Balancing Incentive Program and Money Follows the Person demonstration program exceed \$219,631,272 for fiscal years 2014-15, the General Revenue Funds thereby made available at the health and human services agencies listed in Chapter 531, Government Code, are directed to the following purposes, in priority order, subject to the approval provisions contained in (b):
 - (1) Increase access to community-based long-term services and supports,
 - (2) Increase wages in community-based long-term services and supports, and,
 - (3) Any other projects to improve the effectiveness and quality of, and access to community-based long-term services and supports.
- b. To request authorization to expend available General Revenue Funds on the purposes identified in (a), an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information, by fiscal year:
 - (1) a detailed explanation of the proposed use(s) of the available General Revenue Funds and whether the expenditure(s) will be one-time or ongoing;
 - (2) the amount available by strategy and agency;
 - (3) the strategy(ies) and agencies in which the funds will be expended and the associated amounts, including any matching federal funds, and a transfer authority request between health and human services agencies if applicable as authorized in (c);
 - (4) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and
 - (5) the capital budget and/or full-time equivalent impact.

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

The request shall be considered to be approved unless the Legislative Budget Board or the

Governor issue a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds 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.

- c. Notwithstanding the general transfer provisions of this Act, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of General Revenue Funds made available due to enhanced federal matching funds under the Balancing Incentive Program and Money Follows the Person exceeding \$219,631,272 in fiscal years 2014-15 within and between health and human services agencies for the purposes identified in (a), subject to the requirements in (b).
- d. The Comptroller of Public Accounts shall not allow the expenditure of General Revenue Funds made available if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

Article II, Special Provisions
Prepared by Texas Health and Human Services Commission

Revised by LBB Staff, 04/29/2013

New Rider

Transfer Authority Related to Attendant and Habilitation Services for IDD Population.
Notwithstanding other provisions in this Act, fFrom funds appropriated elsewhere in this act for Fiscal Year 2015, the Executive Commissioner is hereby authorized to transfer funds in the Department of Aging and Disability Services Strategy A.2.4 Habilitation Services for ~~IDD Population~~ to the Health and Human Services Commission, Strategies B.1.1 Aged and Medicare-Related and B.1.2 Disability Related, for the purpose of providing personal attendant services, habilitative services and emergency response services to individuals with intellectual and developmental disabilities in the STAR+PLUS program. At least ~~thirty~~ thirty-five days prior to transferring funds, HHSC shall notify the Legislative Budget Board and Governor's Office of the transfer amounts and impact on performance measures.

Purpose:

All funding related to the Community First Choice program is appropriated to the Department on Aging and Disability Services (A.2.4 Habilitation Services for IDD Population). Clients in the HHSC STAR+PLUS program with intellectual and developmental delays will also be provided attendant and habilitative services through this initiative. In order to align appropriations with services provided to clients in the community, transfers from DADS to HHSC will be necessary in fiscal year 2015.

Article II Special Provisions

Proposed Rider

Transfers to the Department of Assistive and Rehabilitative Services

Prepared by LBB Staff, 05/02/2013

Overview

The rider would require that the Department of Assistive and Rehabilitative Services meet criteria established by the executive commissioner before funds appropriated to HHSC for DARS programs could be transferred to DARS.

Required Action

On page II-xx of the Senate bill pattern for Article II, Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

Transfers to the Department of Assistive and Rehabilitative Services.

Notwithstanding limitations on transfer provisions elsewhere in this Act, out of funds appropriated to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, General Revenue Funds in the amount of \$1,615,951 per fiscal year may be transferred to the Department of Assistive and Rehabilitative Services (DARS) with the following restrictions:

- a. Autism Program. A transfer to DARS Strategy A.3.1, Autism Program, of \$1,187,800 per fiscal year shall be authorized by the executive commissioner only upon determination that DARS has developed a plan to increase the number of children receiving autism services. In development of the plan, DARS shall consider the following criteria:
 - (1) Evidence-based treatment modalities;
 - (2) The average number of treatment service hours necessary to make a measurable impact on behavior and the most appropriate duration of time to ensure progress is maintained;
 - (3) Which age range of children benefits most from treatment;
 - (4) Which provider qualifications are most appropriate for the delivery of treatment services;
 - (5) Best practices for including parental and caregiver training and involvement in treatment services;
 - (6) Best practices for inclusion of treatment services in an educational setting;
 - (7) State and federal laws related to insurance coverage of treatment services for autism; and
 - (8) Funding options for treatment services that include maximizing non-State payer sources such as public and private insurance and family participation.
- b. Deaf and Hard of Hearing Services. Upon a determination by the executive commissioner that DARS has met all requirements relating to processes and procedures identified by the executive commissioner, funds shall be transferred to the following DARS strategies in the amounts indicated:
 - (1) \$105,000 per fiscal year in Strategy B.2.1, Contract Services - Deaf, to serve 750 additional consumers; and
 - (2) \$323,151 per fiscal year in Strategy B.2.2, Educ., Training, Certification – Deaf, to serve 1,175 additional consumers.

Article II Special Provisions
Proposed Rider
Funding Transfer for Comprehensive Rehabilitation Services

Prepared by LBB Staff, 05/02/2013

Overview

The rider would require that the Department of Assistive and Rehabilitative Services report to the executive commissioner on projected expenditures for comprehensive rehabilitation services before funding to reduce the program's waiting list is transferred from HHSC to DARS.

Required Action

On page II-xx of the Senate bill pattern for Article II, Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

_____ . Funding Transfer for Comprehensive Rehabilitation Services (CRS).
Notwithstanding limitations on transfer provisions elsewhere in this Act, out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.1, Enterprise Oversight and Policy, \$2,950,000 per fiscal year in General Revenue Funds may be transferred to the Department of Assistive and Rehabilitative Services (DARS) to reduce the waiting list for the Comprehensive Rehabilitation Program .The funds shall be transferred to DARS Strategy B.3.4, Comprehensive Rehabilitation, to serve an additional 103 consumers per fiscal year from the waiting list only upon a determination by the executive commissioner that expenditures for existing CRS clients are within appropriated funding levels, and that DARS has met all requirements relating to processes and procedures identified by the executive commissioner.

By: _____

Article II Special Provisions
Proposed Contingency Rider
Contingency for Funding for Habilitation Services

Prepared by LBB Staff, 05/04/2013

Overview

Prepare a contingency rider that reduces appropriations at the Department of Aging and Disability Services (DADS) and increases General Revenue appropriations and reduces appropriations of federal funds at the Health and Human Services Commission (HHSC), provided for the purpose of providing attendant and habilitation services to individuals with intellectual and developmental disabilities (Community First Choice program), if Senate Bill 7 does not pass.

Required Action

On page II-XX of Article II, Special Provisions, add the following new rider:

_____. **Contingency for Attendant and Habilitation Services.**

- a. Included in appropriations above at Department of Aging and Disability Services (DADS) is \$99,935,393 in General Revenue Funds and \$270,678,923 in federal funds (\$370,614,316 in All Funds) in fiscal year 2015 for the purpose of providing attendant and habilitation services to individuals with intellectual and developmental disabilities (Community First Choice program). The appropriation also assumes a reduction of \$64,612,979 in General Revenue Funds and an increase of \$65,414,318 in federal funds at the Health and Human Services Commission (HHSC) in fiscal year 2015 as a result of the enhanced federal matching funds available under the Community First Choice program and its impact on existing services provided at HHSC.
- b. The appropriations and reductions in subsection (a) are contingent on the enactment of Senate Bill 7, or similar legislation that redesigns the long-term care service delivery system, by the Eighty-third Legislature, Regular Session. If Senate Bill 7, or similar legislation, is not enacted:

(1) the appropriations made in strategies above at DADS are reduced by \$99,935,393 in General Revenue Funds and \$270,678,923 in federal funds (\$370,614,316 in All Funds) in fiscal year 2015; and,

(2) the General Revenue appropriations at HHSC are increased by \$64,612,979 and federal funds are reduced by \$65,414,318 (net reduction of \$801,339 in All Funds) in fiscal year 2015.

By: _____

Article II Special Provisions
Proposed Rider and Motion
Informational Rider for Promoting Independence Initiative.

Prepared by LBB Staff, 05/02/2013

Overview

The new rider for Article II, Special Provisions provides an informational summary of slots funded under the Promoting Independence Initiative and reductions to the interest lists at the Department of Aging and Disability Services (DADS) and Health and Human Services Commission, and replaces a rider in the DADS bill pattern that provided information on Promoting Independence slots only.

Required Actions:

1. On page II-X of Article II, Special Provisions, add the following rider:

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

- a. Appropriations for the Promoting Independence Initiative at the Department of Aging and Disability Services (DADS):
 - (1) \$6,660,573 in General Revenue (\$25,759,607 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;
 - (2) \$4,900,139 in General Revenue (\$12,315,328 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 192 slots for children aging out of foster care;
 - (3) \$7,668,729 in General Revenue (\$19,273,705 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 300 slots to prevent institutionalization/crisis;
 - (4) \$628,769 in General Revenue (\$1,580,195 in All Funds) to Strategy A.3.1, Community-based Alternatives to add 100 slots to prevent institutionalization/crisis;
 - (5) \$4,818,952 in General Revenue (\$19,401,091 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,
 - (6) \$641,190 in General Revenue (\$1,611,366 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.

- b. Appropriations for the purpose of reducing the interest lists at DADS and the Health and Human Services Commission (HHSC):
 - (1) \$721,918 in General Revenue (\$1,838,813 in All Funds) to DADS Strategy A.3.1, Community-based Alternatives to add 242 slots;
 - (2) \$19,193,818 in General Revenue (\$48,260,879 in All Funds) to DADS Strategy A.3.2, Home and Community-based Services to add 1,129 slots;
 - (3) \$9,813,261 in General Revenue (\$24,674,250 in All Funds) to DADS Strategy A.3.3, Community Living Assistance and Support Services to add 564 slots;
 - (4) \$1,905,515 in General Revenue (\$4,791,183 in All Funds) to DADS Strategy A.3.4, Deaf-Blind Multiple Disabilities to add 92 slots;
 - (5) \$785,861 in General Revenue (\$1,975,952 in All Funds) to DADS Strategy A.3.5, Medically Dependent Children Program to add 112 slots;
 - (6) \$11,619,063 in General Revenue (\$29,214,762 in All Funds) to DADS Strategy A.3.6, Texas Home Living to add 2,766 slots;
 - (7) \$4,838,402 in General Revenue (\$11,987,653 in All Funds) to HHSC Strategies B.1.1, Aged and Medicare-Related and B.1.2, Disability Related to add 452 STAR+PLUS slots; and,
 - (8) \$7,727,899 in General Revenue (\$18,504,182 in All Funds) to HHSC Strategies B.1.1, Aged and Medicare-Related and B.1.2, Disability Related for acute care costs for persons served in DADS waivers as identified in (1) – (6).

2. On page II-18 of the Department of Aging and Disability Services' bill pattern, strike the following rider:

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

- ~~a. \$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;~~
- ~~b. \$4,494,998 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;~~
- ~~c. \$8,051,823 in General Revenue (\$20,302,224 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 300 slots to prevent institutionalization/crisis;~~
- ~~d. \$661,468 in General Revenue (\$1,667,816 in All Funds) to Strategy A.3.1, Community-based Alternatives to add 100 slots to prevent institutionalization/crisis;~~
- ~~e. \$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,~~
- ~~f. \$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.~~

By: _____

Article II, Special Provisions
Proposed Rider
Funding Provided for Direct Care Workers and Attendant Wages

Prepared by LBB Staff, 05/11/2013

Overview

Informational rider summarizing appropriations provided for salary increases for direct care workers and increases in attendant wages.

Required Action

On page II-XX of the Article II, Special Provisions, add the following rider:

_____. **Information on Funding Provided for Direct Care Workers and Attendant Wages.**

Appropriations made elsewhere in this Act for the 2014-15 biennium for certain pay increases include:

- a. State-operated Facilities: Appropriations provide for a 10 percent pay increase for certain direct care workers.
 - (1) Appropriations at the Department of Aging and Disability Services include \$13,751,152 in General Revenue Funds (\$32,721,362 in All Funds) for the FY 2014-15 biennium for salary increases for direct service professionals at state supported living centers.
 - (2) Appropriations at the Department of State Health Services include \$14,790,336 in General Revenue Funds (\$14,790,336 in All Funds) for the FY 2014-15 biennium salary increases for psychiatric nursing assistants at state hospitals.
- b. Community-based Programs: Appropriations provide for an increase in the base wage of personal attendants to \$7.50 per hour in fiscal year 2014 and \$7.86 per hour in fiscal year 2015, and include an additional \$20.0 million in General Revenue Funds for rate enhancement across community-based programs.
 - (1) Appropriations at the Department of Aging and Disability Services include \$40,866,318 in General Revenue Funds (\$110,475,492 in All Funds) for the FY 2014-15 biennium for this purpose.
 - (2) Appropriations at the Health and Human Services Commission include \$47,886,539 in General Revenue Funds (\$125,006,572 in All Funds) for the FY 2014-15 biennium for this purpose.

Department of Family and Protective Services

**Proposed Rider
Salary for Exempt Position**

Prepared by LBB Staff, 5/14/13

Overview

Provide limitations for the salary for the Commissioner of the Department of Family and Protective Services.

Required Action

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

____. Exempt Salary for the Commissioner of Department of Family and Protective Services. The annual compensation for the individual occupying the position of Commissioner of the Department of Family and Protective Services on September 1, 2013 shall be \$210,000. Notwithstanding the rate listed in the Department's "Schedule of Exempt Positions," the annual salary for any other individual subsequently occupying that exempt position may not exceed \$168,000.

Department of State Health Services
Proposed Rider
Salary for Exempt Position

Prepared by LBB Staff, 5/14/13

Overview

Provide limitations for the salary for the Commissioner of the Department of State Health

Required Action

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

____. **Exempt Salary for the Commissioner of Department of State Health Services.** The annual compensation for the individual occupying the position of Commissioner of the Department of State Health Services on September 1, 2013 shall be \$210,000. Notwithstanding the rate listed in the Department's "Schedule of Exempt Positions," the annual salary for any other individual subsequently occupying that exempt position may not exceed \$183,750.

Health and Human Services Commission
Proposed Funding and Rider
Transitional Medicaid DSH and Related Payments

Prepared by LBB Staff, 5/15/2013

Overview

Required Action

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

70. ~~Medicaid Supplemental Payment Prioritization~~ **Transitional Medicaid DSH and Related Payments.** Out of funds appropriated above to the Health and Human Services Commission in Goal B, Medicaid, the Health and Human Services Commission may expend up to \$160,000,000 in General Revenue Funds in fiscal year 2014 and \$140,000,000 in General Revenue Funds in fiscal year 2015 to stabilize and improve Medicaid hospital payments, including providing a portion of the non-federal share of Medicaid Disproportionate Share Hospital (DSH) payments and/or rate adjustments to recognize improvements in quality of patient care, the most appropriate use of care, and patient outcomes. Expenditure of General Revenue Funds under this provision is contingent upon:
- a. Measurable progress by the commission towards a plan to stabilize and improve the system for providing hospital payments for Medicaid services and for uncompensated care in fiscal year 2014. No funds may be expended in fiscal year 2015 under this provision before the plan is finalized. The plan should address:
- (1) The appropriate balance and a proportional allocation of supplemental hospitals payments, including DSH and Uncompensated Care (UC) payments, among large public, small public, and non-public providers taking into consideration the provision of care to Medicaid and low income patients and the ongoing availability of DSH funding support (IGT) provided by large public hospitals;
 - (2) The Medicaid shortfall that occurs due to state Medicaid rates paid to hospitals and the impact of such rates on hospitals that provide a disproportionate share of Medicaid and uncompensated care;
 - (3) Mechanisms through which Medicaid payments are made through managed care organizations;
 - (4) Recommended statutory changes and any other legislative direction needed to fully implement the plan;
 - (5) An assessment of the extent to which supplemental payments are needed to cover Medicaid and uninsured/uncompensated care costs;
 - (6) A plan to transition from supplemental payments to rates that recognize improvements in quality of patient care, the most appropriate use of care, and patient outcomes; and
 - (7) Steps to ensure General Revenue Funds appropriated to the Health and Human Services Commission will no longer be used as the non-federal share of DSH supplemental payments by the end of fiscal year 2015.

b. Approval of a request from the commission to expend the funds by the Legislative Budget Board and the Governor. The request shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 45 calendar days of the date on which the Legislative Budget Board receives the request.

(1) For fiscal year 2014, the request shall demonstrate progress toward the plan under section (a), and include how hospital reimbursement rates may be impacted by subsection a(6), the proposed state appropriations to be expended by fiscal year for supplemental payments and rate enhancements respectively, estimated IGT expected to be transferred to the commission in each fiscal year for the purpose of drawing down the available DSH allotment, and allocation to the major categories of hospitals.

(2) For fiscal year 2015, the request shall include the final plan under section (a) in addition to all other information under section b(1).

~~It is the intent of the Legislature that the Health and Human Services Commission prioritizes 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~~

The Center for Elimination of Disproportionality and Disparities Center. Out of funds appropriated above in strategy A.2.1, Consolidated System Support, it is the intent of the Legislature that the Center for Elimination of Disproportionality and Disparities (CEDD) shall advise each health and human services, education, juvenile justice, child welfare, and mental health agency on the implementation of cultural competency training and develop partnerships with community groups and agencies to support the delivery of culturally competent services to children and families. The CEDD shall only contract with entities that have been screened, reviewed, and approved by the executive commissioner of the Health and Human Services Commission. The CEDD and the Interagency Council for Addressing Disproportionality shall also develop and recommend to the executive commissioner policies for addressing disproportionality and disparities in the education, juvenile justice, child welfare, health and mental health systems, and implement those policies statewide. The CEDD and the Interagency Council for Addressing Disproportionality shall report on the status of the implementation of the policies to the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature by December 1, 2014.

Special Provisions Relating to All Health and Human Services Agencies
Proposed Rider
Unexpended Balance Authority for Medicaid

Prepared by LBB Staff, 5/15/2013.

Overview

Create a new rider that appropriates unexpended balances between biennia to the Department of Aging and Disability Services and the Health and Human Services Commission.

Required Action

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

xx. **Medicaid Unexpended Balances between Biennia.**

- a. Unexpended balances as of August 31, 2013 in General Revenue appropriations made to the Department of Aging and Disability Services (estimated to be \$36,244,385) in HB10, Eighty-Third Legislature, Regular Session, are appropriated and included elsewhere in this Act to the Department of Aging and Disability Services for the purpose of funding the Medicaid program for the biennium beginning September 1, 2013.

- b. Unexpended balances as of August 31, 2013 in General Revenue appropriations made to the Health and Human Services Commission (estimated to be \$218,312,329) in HB10, Eighty-Third Legislature, Regular Session, are appropriated and included elsewhere in this Act to the Health and Human Services Commission for the purpose of funding the Medicaid program for the biennium beginning September 1, 2013.

- c. In the event that either unexpended balance is less than the amount listed herein, the respective agency must provide an explanation of the variance to the Legislative Budget Board and the Office of the Governor. The department and the commission must report the amount of the unexpended balance, and any required explanation of variance, to the Legislative Budget Board and the Governor by October 1, 2013.