

# **Rider Comparison Packet**

**Conference Committee on House Bill 1**

## **2016-17 General Appropriations Bill**

**Article II - Health and Human Services**

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**539 Aging and Disability Services, Department of**  
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- 30. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Aging and Disability Services (DADS) was the subject of review by the Sunset Advisory Commission.
- a. Funds appropriated above are contingent on such action continuing DADS by the Eighty-fourth Legislature.
  - b. In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

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- 30. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Aging and Disability Services was the subject of review by the Sunset Advisory Commission and a report pertaining to the Department of Aging and Disability Services was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue the Department of Aging and Disability Services for up to 12 years, if such a law is passed before the sunset date for the Department of Aging and Disability Services.
- 1) Funds appropriated above are contingent on such action continuing the Department of Aging and Disability Services by the Eighty-fourth Legislature.
  - 2) In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.
- 31. Informational Listing: Expansion of Community-based Services.** Appropriations made above in this Act related to expansion of community-based services include:
- a. Appropriations for the Promoting Independence Initiative include \$18,745,882 in General Revenue Funds (\$49,642,254 in All Funds) for the following additional waiver slots:
    - (1) 250 Home and Community-based Services (HCS) slots for persons moving out of large and medium Intermediate Care Facilities for Individuals with Intellectual Disabilities;
    - (2) 216 HCS slots for children aging out of foster care;
    - (3) 200 HCS slots to prevent institutionalization/crisis;
    - (4) 60 HCS slots for persons moving out of State Hospitals; and
    - (5) 12 HCS slots for children moving out of Department of Family and Protective Services general residential operations.
  - b. Appropriations for the purpose of reducing interest lists include \$54,951,693 in General

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Revenue Funds (\$130,047,832 in All Funds) for the following additional waiver slots:

- (1) 104 Medically Dependent Children's Program slots;
- (2) 564 Community Living and Support Services slots;
- (3) 2,134 HCS slots; and
- (4) 50 Deaf-Blind Multiple Disabilities slots.

- c. Appropriations for the purpose of complying with federal Preadmission Screening and Resident Review requirements include \$31,768,814 in General Revenue Funds (\$91,076,673 in All Funds) for the following additional waiver slots:

- (1) 700 HCS slots for persons with intellectual and developmental disabilities (IDD) moving from nursing facilities; and
- (2) 600 HCS slots for persons with IDD diverted from nursing facility admission.

- d. All waiver slots identified in subsections (a), (b), and (c) are end-of-year targets for fiscal year 2017. Appropriations assume equal rollout throughout the 2016-17 biennium except for subsection (b)(3) where appropriations assume enrollment of 711 persons by the end of fiscal year 2016 with the remainder enrolled in fiscal year 2017. The Department of Aging and Disability Services (DADS) shall take any action necessary to ensure that persons are enrolled in waiver services as intended by appropriations and shall provide a plan for achieving this goal. The plan shall be submitted by September 1, 2015 and progress reports related to achieving enrollment goals shall be submitted on March 1, 2016; September 1, 2016; and March 1, 2017. Each progress report shall identify the number of persons enrolled in each type of slot and for each purpose identified in subsections (a), (b), and (c); planned enrollment for the remainder of the 2016-17 biennium; any issues with enrollment identified by the agency; and how the agency plans to address those issues to achieve the targets by the end of fiscal year 2017. The plan and subsequent progress reports shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

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| <p><b>33. Nursing Home Program Provisions.</b></p> <p>a. <b>Tending Home Income Eligibility Cap.</b> It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).</p> <p>b. <b>Nursing Home Bed Capacity Planning.</b> It is the intent of the Legislature that the department shall control the number of Medicaid beds, and decertify unused Medicaid</p> | <p><b>32. Reimbursement for Sprinkler Systems in Home and Community-based Services.</b> Out of General Revenue Funds appropriated above in strategy A.9.1, Capital Repairs and Renovations, for fiscal year 2016, the Department of Aging and Disability Services (Department) may expend up to \$1,475,000 for the biennium, plus any associated federal matching funds, solely to reimburse providers for up to 50 percent of the cost of installation of a fire suppression (sprinkler) system in an eligible four-bed home serving individuals enrolled in the Home and Community-based Services waiver. The total cost of sprinkler system reimbursement may not exceed \$10,000 per home. The Department may only reimburse providers who provide the Department with installation documentation, including documentation of the cost to the provider for the installation, and the Department must confirm installation. The Department may reimburse homes for sprinkler systems installed after September 1, 2012, for so long as funds are available, and may choose to establish a deadline by which claims must be submitted. Any funds remaining on August 31, 2016 may be expended for the same purpose in fiscal year 2017.</p> <p><b>33. Life Safety Repairs at SSLCs.</b> Out of General Revenue Funds appropriated above in strategy A.9.1, Capital Repairs and Renovations, \$9,555,157 shall be used to make repairs related to Life Safety Code compliance at State Supported Living Centers (SSLCs) and \$8,444,843 shall be used to fund additional SSLC renovations as prioritized by the agency. Renovations and repairs at the Austin SSLC shall be solely for the purpose of Life Safety Code compliance.</p> |
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beds, and reallocate some or all of the decertified Medicaid beds, taking into account a facility's occupancy rate.

- 36. Fees for Community Services at State Supported Living Centers (SSLCs).** The Department of Aging and Disability Services (DADS) is authorized to expend agency-generated collections from Revenue Object Code 3767, collected pursuant to the provision of medical, behavioral, and other SSLC services to community members who meet certain eligibility requirements, and which are included in the amounts above as \$242,500 (estimated) in General Revenue Funds in fiscal year 2016 and \$242,500 (estimated) in General Revenue Funds in fiscal year 2017 for the provision of those services to community members. In the event actual collections are less than these amounts, General Revenue Funds are not construed to make up the difference. In the event actual collections are greater than these amounts, DADS is authorized to expend the funds.

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

|   |          |
|---|----------|
| Early Childhood Intervention Advisory Council | \$22,000 |
| Elected Committee of Managers                 | \$16,000 |
| Board for Evaluation of Interpreters          | \$ 4,500 |
| Rehabilitation Council of Texas               | \$58,350 |

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

**5. Notification of Federal Funds Distribution.**

- a. **Redirection of General Revenue Funds.** The Department of Assistive and Rehabilitative Services (DARS) shall notify the Legislative Budget Board and the Governor by letter of its intent to redirect General Revenue Funds to obtain additional federal funds for the Vocational Rehabilitation program. The notification shall include the original purpose and item of appropriation for which the General Revenue Funds were appropriated, the effect on measures and/or full-time-equivalent positions for all affected strategies and the effect on future maintenance of effort requirements. The notification shall be made at least 30 days prior to requesting additional federal funding for the Vocational Rehabilitation program. Furthermore, it is the intent of the Legislature that no federal funds be drawn and expended by utilizing as matching funds any General Revenue Funds appropriated for the subsequent state fiscal year.
- b. **Budgeting of Additional Federal Dollars.** DARS shall notify the Legislative Budget Board and the Governor by letter at least 14 days prior to the budgeting of more than \$228,792,809 in fiscal year 2016 and \$230,285,752 in fiscal year 2017 in federal

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

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| Early Childhood Intervention Advisory Council | \$22,000 |
| Board for Evaluation of Interpreters          | \$ 4,500 |

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

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Vocational Rehabilitation funds (CFDA 84.126) included in the "Method of Financing" above. Amounts noted above include any amounts expended in fiscal year 2016 or 2017 that were carried forward from the previous year's allotments.

**6. Other Reporting Requirements.**

- a. **Federal Reports.** The Department of Assistive and Rehabilitative Services (DARS) shall submit the following information to the Legislative Budget Board (LBB) and the Governor no later than the date the respective report is submitted to the federal government:
- (1) Notification of proposed State Plan amendments or waivers for Vocational Rehabilitation (CFDA 84.126), and Early Childhood Intervention Services [Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) and Specialized Skills Training (Medicaid)] and any other federal grant requiring a state plan. State Plan amendments and waiver submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.
  - (2) A copy of each report or petition submitted to the federal government relating to Vocational Rehabilitation (CFDA 84.126), and Early Childhood Intervention Services [Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) and Specialized Skills Training (Medicaid)].
  - (3) Any other federal reports requested by the LBB or the Governor.
- b. **Federal Issues.** DARS shall notify the LBB and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1 million in federal revenue assumed in the Appropriations Act.

**5. Other Reporting Requirements.**

- a. **Federal Reports.** The Department of Assistive and Rehabilitative Services (DARS) shall submit the following information to the Legislative Budget Board (LBB) and the Governor no later than the date the respective report is submitted to the federal government:
- (1) Notification of proposed State Plan amendments or waivers for Early Childhood Intervention Services [Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) and Specialized Skills Training (Medicaid)] and any other federal grant requiring a state plan. State Plan amendments and waiver submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.
  - (2) A copy of each report or petition submitted to the federal government relating to Early Childhood Intervention Services [Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) and Specialized Skills Training (Medicaid)].
  - (3) Any other federal reports requested by the LBB or the Governor.
- b. **Federal Issues.** DARS shall notify the LBB and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1 million in federal revenue assumed in the Appropriations Act.

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- c. **Monthly Financial Reports.** DARS shall submit the following information to the LBB and the Governor on a monthly basis:
- (1) budgeted, expended, and projected funds, by strategy and method of finance;
  - (2) revenues, expenditures, and balances for earned federal funds as of the last day of the prior month;
  - (3) narrative explanations of significant budget adjustments, ongoing issues, and other items as appropriate; and
  - (4) any other information requested by the LBB or the Governor.

The monthly reports shall be prepared in a format specified by the LBB and the Governor.

- 7. Maintenance of Effort (MOE) and Matching Funds Reporting Requirement.** The Department of Assistive and Rehabilitative Services shall report quarterly to the Legislative Budget Board and the Governor on state funds used for match and maintenance of effort (MOE) for federal Vocational Rehabilitation (CFDA 84.126) funds and state funds used for MOE for federal Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) funds. Each report shall detail funds for the current fiscal year and at least the two previous fiscal years. The reports shall specify:
- a. State funds within and outside the department's budget used for match and MOE. This includes an estimate of expenditures at the Health and Human Services Commission for services provided to Medicaid-eligible children in the Early Childhood Intervention program.
  - b. Federal Funds within and outside the department's budget matched by state funds identified in the previous section.

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- c. **Monthly Financial Reports.** DARS shall submit the following information to the LBB and the Governor on a monthly basis:
- (1) budgeted, expended, and projected funds, by strategy and method of finance;
  - (2) revenues, expenditures, and balances for earned federal funds as of the last day of the prior month;
  - (3) narrative explanations of significant budget adjustments, ongoing issues, and other items as appropriate; and
  - (4) any other information requested by the LBB or the Governor.

The monthly reports shall be prepared in a format specified by the LBB and the Governor.

- 6. Maintenance of Effort (MOE) Reporting Requirement.** The Department of Assistive and Rehabilitative Services shall report quarterly to the Legislative Budget Board and the Governor on state funds used for MOE for federal Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) funds. The report shall detail funds for the current fiscal year and at least the two previous fiscal years. The report shall specify state funds within and outside the department's budget used for MOE. This includes an estimate of expenditures at the Health and Human Services Commission for services provided to Medicaid-eligible children in the Early Childhood Intervention program.

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



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

- 17. Appropriation of Donations: Blindness Education Screening and Treatment.** Included in the amounts above in Strategy B.1.2, Blindness Education, is \$420,000 in fiscal year 2016 and \$420,000 in fiscal year 2017 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 2016 and fiscal year 2017, in amounts not to exceed \$840,000 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 as of August 31, 2015 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2015, and any unexpended balances remaining as of August 31, 2016 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2016. 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.
- 18. Appropriation: GR-Dedicated Business Enterprise Program Trust Fund Account No. 5043.** Amounts above in Strategy B.1.5, Business Enterprises of Texas Trust Fund, are appropriated to the Department of Assistive and Rehabilitative Services (DARS) for the purpose of establishing and maintaining a retirement and benefits plan for blind or visually impaired vendors as defined in the federal Randolph-Sheppard Act (20 USC, §107). Any amounts in addition to the amount identified in Strategy B.1.5, Business Enterprises of Texas Trust Fund, necessary to make retirement and benefits payments in conformity with the Randolph-Sheppard Act (20 USC, §107) and Human Resource Code, §94.016, are hereby

- 16. Appropriation of Donations: Blindness Education Screening and Treatment.** Included in the amounts above in Strategy B.1.2, Blindness Education, is \$420,000 in fiscal year 2016 and \$420,000 in fiscal year 2017 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 2016 and fiscal year 2017, in amounts not to exceed \$840,000 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 \$60,000 as of August 31, 2015 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2015, and any unexpended balances remaining as of August 31, 2016 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2016. 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.

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appropriated to DARS. None of the funds appropriated in Strategy B.1.5, Business Enterprises of Texas Trust Fund, or through this rider may be transferred to any other strategy. DARS shall report quarterly on deposits into and expenditures out of the GR-Dedicated Business Enterprise Program Trust Fund Account No. 5043, including identification of the purpose for the expenditure, to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts.

In addition, DARS shall submit a written report annually to the Legislative Budget Board and Governor on the management of the BET Trust Fund. DARS shall report deposits to the fund, the recommendations of the fund manager regarding investments, performance of investments, and an actuarial analysis of projected disbursements.

**19. Appropriation: Subrogation Receipts.** Included in amounts appropriated above in Strategy B.3.1, Vocational Rehabilitation - General, and Strategy B.3.4, Comprehensive Rehabilitation, are subrogation collections received during the 2016-17 biennium. Appropriations included in Strategy B.3.1 above are from subrogation receipt collections from vocational rehabilitation cases. Appropriations included in Strategy B.3.4 above are from subrogation receipt collections from comprehensive rehabilitation cases. Subrogation receipts collected above the amounts appropriated in each strategy in each year are hereby appropriated to the agency for client services in the program from which the subrogation collections were generated (estimated to be \$0).

**22. Performance Reporting for the Business Enterprises of Texas Program.** The Department of Assistive and Rehabilitative Services shall report by October 1st of each year of the biennium, the following information to the Legislative Budget Board and the Governor:

a. The results of the survey distributed to state host agencies on satisfaction of operational conditions such as pricing requirements, hours of operations, menu items, and product lines; and

**17. Appropriation: Subrogation Receipts.** Included in amounts appropriated above in Strategy B.3.3, Comprehensive Rehabilitation, are subrogation collections received during the 2016-17 biennium from comprehensive rehabilitation cases. Subrogation receipts collected above the amounts appropriated in each year are hereby appropriated to the agency for client services in the Comprehensive Rehabilitation program (estimated to be \$0).

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- b. The total cost incurred by each state host agency for the operation of Business Enterprises of Texas cafeterias, snack bars, and convenience stores. Reported costs should include the value of the space used, maintenance costs, utility costs, janitorial costs and the method of finance for each cost. An outline of the methodology that was used to determine the final estimate should also be included in the report.

The report shall be prepared in a format specified by the Legislative Budget Board and the Governor.

**22. Autism Program Provisions.**

- a. Out of funds appropriated above for the 2016-17 biennium to the Department of Assistive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program, expenditures for comprehensive Applied Behavioral Analysis (ABA) treatment services shall be only for children enrolled in the comprehensive program as of August 31, 2015. Expenditures for children who enroll on or after September 1, 2015 shall be limited to focused ABA treatment services.
- b. Notwithstanding any other transfer provision in this Act, none of the funds appropriated above to DARS shall be transferred to Strategy A.3.1, Autism Program.
- c. Out of funds appropriated above in Strategy A.3.1, Autism Program, DARS shall continue to provide support to the Texas Council on Autism and Pervasive Developmental Disorders and the Texas Autism Research and Resource Center during the 2016-17 biennium.

**23. Texas Workforce Commission Partnership.** Amounts appropriated above for the 2016-17 biennium to the Department of Assistive and Rehabilitative Services (DARS) in Goal B,

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Persons with Disabilities, include \$16,583,471 in fiscal year 2016 and \$16,507,471 in fiscal year 2017 in Interagency Contracts (Other Funds) from the Texas Workforce Commission (TWC).

23.

**Blind Endowment Trust Fund Reporting.** Out of funds appropriated above, the Department of Assistive and Rehabilitative Services (DARS) shall submit an annual report by October 1 of each fiscal year to the Legislative Budget Board and the Governor that identifies donations to the Blind Endowment Fund No. 493 (Other Funds). The report shall include the intended purpose of each donation if specified by the donor, actual expenditures and uses, and remaining balances. The report shall be prepared in a format specified by the Legislative Budget Board and the Governor.
24.

**Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Assistive and Rehabilitative Services (DARS) was the subject of review by the Sunset Advisory Commission.

a.

Funds appropriated above are contingent on such action continuing DARS by the Eighty-fourth Legislature.

b.

In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.
26.

**Unexpended Balances within the Biennium: ECI Respite Services.** Any unexpended and unobligated balances remaining as of August 31, 2016 from appropriations made to the

20.

**Blind Endowment Trust Fund Reporting.** Out of funds appropriated above, the Department of Assistive and Rehabilitative Services and the Texas Workforce Commission shall submit a joint annual report by October 1 of each fiscal year to the Legislative Budget Board and the Governor that identifies donations to the Blind Endowment Fund No. 493 (Other Funds). The report shall include the intended purpose of each donation if specified by the donor, actual expenditures and uses, and remaining balances. The report shall be prepared in a format specified by the Legislative Budget Board and the Governor.
21.

**Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Assistive and Rehabilitative Services (DARS) was the subject of review by the Sunset Advisory Commission and a report pertaining to DARS was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue DARS for up to 12 years, if such a law is passed before the sunset date for DARS.

1)

Funds appropriated above are contingent on such action continuing DARS by the Eighty-fourth Legislature.

2)

In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

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Department of Assistive and Rehabilitative Services (DARS) in Strategy A.1.2, ECI Respite Services, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

- 27. Unexpended Balances within the Biennium: Autism Program.** Any unexpended and unobligated balances remaining as of August 31, 2016 from appropriations made to the Department of Assistive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.
- 28. Job Training Pilot Program.** Out of funds appropriated above to the Department of Assistive and Rehabilitative Services (DARS) in Strategy B.3.1, Vocational Rehabilitation - General, the agency shall allocate \$100,000 in General Revenue Funds in each year of the 2016-17 biennium to implement a job training pilot program in Harris County. In cooperation with providers who offer minimum-wage job training to persons with intellectual and developmental disabilities in Harris County, DARS shall establish a pilot program to be implemented by providers in the county for the purpose of encouraging individuals with intellectual and developmental disabilities to receive job training skills and establish self-sufficiency. The expenditure of funds for the pilot program by DARS is contingent upon funding from the provider in an amount equal to the DARS expenditure.

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- 31. Exempt Salary for the Commissioner of the Department of Family and Protective Services.** Notwithstanding Article IX, Section 3.04, the annual compensation for the individual occupying the position of Commissioner of the Department of Family and Protective Services on September 1, 2015 shall be \$230,523. 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.
- 33. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Family and Protective Services (DFPS) was the subject of review by the Sunset Advisory Commission.
- a. Funds appropriated above are contingent on such action continuing DFPS by the Eighty-fourth Legislature.
  - b. In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

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- 31. Exempt Salary for the Commissioner of the Department of Family and Protective Services.** Notwithstanding Article IX, Section 3.04, the annual compensation for the individual occupying the position of Commissioner of the Department of Family and Protective Services on September 1, 2015 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.
- 33. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of Family and Protective Services (DFPS) was the subject of review by the Sunset Advisory Commission and a report pertaining to DFPS was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue DFPS for up to 12 years, if such a law is passed before the sunset date for DFPS.
- 1) Funds appropriated above are contingent on such action continuing DFPS by the Eighty-fourth Legislature.
  - 2) In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.
- 34. Contingency for Behavioral Health Funds.** Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related behavioral health funds for the Department of Family and Protective Services in strategies B.1.7, Substance Abuse Purchased Services and B.1.8, Other CPS Purchased Services in fiscal year 2017, as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

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- 34. High Cost Housing and Retention Salary Supplement.** The Department of Family and Protective Services is hereby authorized to pay a salary supplement, not to exceed \$1,200 per month, to each investigative, family based safety services, and conservatorship caseworker and supervisor whose headquarters are located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the Commission. This salary supplement shall be in addition to the maximum salary rate authorized for that position elsewhere in this Act. In the event that an employee so assigned works on a less than full-time basis, the maximum salary supplement shall be set on a basis proportionate to the number of hours worked.
- 35. Youth Specialist Activities.** Out of funds appropriated above in strategy B.1.6, PAL Purchased Services, the Department of Family and Protective Services (DFPS) shall allocate \$100,000 in General Revenue Funds in fiscal year 2016 and \$100,000 in General Revenue Funds in fiscal year 2017 for regional youth leadership specialist and youth specialist activities, including:
- a. assisting DFPS with the development of services, policies, and procedures for foster youth;
  - b. the creation and coordination of leadership opportunities for foster youth;
  - c. assisting foster youth in understanding the foster children's bill of rights developed under Section 263.008, Family Code;
  - d. coordinating and facilitating the operation of the regional youth leadership councils;
  - e. facilitation of the operation of the state youth leadership council;
  - f. training for regional youth specialists and the youth specialist at the state office;

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and travel to the regional youth leadership council and state youth leadership council; and

- g. travel to the regional youth leadership council and state youth leadership council.

**Senate**

- 35. Prevention Outcomes.** Included in the amount appropriated above in Goal C, Prevention Programs, is \$121,702,665 in All Funds for the 2016-17 biennium. Not later than December 1, 2016, the Department of Family and Protective Services shall report on the effectiveness of the prevention programs. Specifically, DFPS shall report the number of families served for each prevention program, how the additional appropriations provided in the 2016-17 biennium, which is a \$40,997,789 increase from the 2014-15 biennium, are being expended, and whether:

- 1) Parents abuse or neglect their children during or up to 3 years after receiving services;
- 2) Youth are referred to juvenile courts during or after services;
- 3) Protective factors in parenting have increased (based on a validated pre and post survey);
- 4) The length of time in foster care has been reduced;
- 5) The programs focused on children ages three and under helped to reduce the number of child fatalities;
- 6) The parents receiving the services had any prior CPS involvement; and
- 7) Any other outcome measures DFPS determines are appropriate based on the Strategic Plan for PEI required in SB 206, Eighty-fourth Legislature, Regular Session, or similar legislation.

The report shall be provided to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.



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| <p><b>37. Parental Child Safety Placement Caseworkers.</b> Included in the amounts appropriated above in strategy B.1.1, CPS Direct Delivery Staff, is \$4,000,000 in General Revenue Funds and \$356,974 in Federal Funds in fiscal year 2016 and \$7,000,000 in General Revenue Funds and \$669,434 in Federal Funds in fiscal year 2017 for 50.2 parental child safety placement (PCSP) caseworkers in fiscal year 2016 and 104.5 PCSP caseworkers in fiscal year 2017. The Department of Family and Protective Services (DFPS) shall also:</p> <ul style="list-style-type: none"><li>a. develop guidelines for caseworkers for parental child safety placements;</li><li>b. develop a tracking system for these placements; and</li><li>c. report to the Legislative Budget Board (LBB) by December 1, 2016 on whether improved outcomes were achieved by these placements.</li></ul> | <p><b>36. Contingency for Senate Bill 1496.</b> Appropriations above in strategy E.1.1, Child Care Regulation include \$3,253,208 in General Revenue Funds and \$4,512,508 in All Funds and 15 FTEs in fiscal year 2016 and \$3,253,208 in General Revenue Funds and \$4,512,509 in All Funds and 64.5 FTEs in fiscal year 2017, contingent upon passage and enactment of Senate Bill 1496, or similar legislation relating to background checks conducted by the Department of Family and Protective Services (DFPS), by the Eighty-fourth Legislature, Regular Session.</p> <p><b>40. Parental Child Safety Placements.</b> Included in the amounts appropriated above in strategy B.1.1, CPS Direct Delivery Staff, is \$550,000 in General Revenue Funds in fiscal year 2016 and \$550,000 in General Revenue Funds in fiscal year 2017 to allow for the development and phase-in of direct service delivery staff dedicated to parental child safety placements.</p> |
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Funding for fiscal year 2017 for PCSP caseworkers is contingent upon the findings of the report and thus requires prior written approval of the Legislative Budget Board before fiscal year 2017 funding identified above may be expended.

The report to the Legislative Budget Board should include information on the number of children diverted from foster care as a result of a PCSP, the number of children that are able to remain in their home communities due to a PCSP, the ability of family members or other designated caregivers to provide for the children, length of time in the PCSP, and the number of case closures due to a PCSP.

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37.

**Abusive Head Trauma Prevention.** Out of funds appropriated above in Strategy C.1.5, Other At-Risk Prevention Programs, up to \$1,019,730 in General Revenue Funds and \$1,020,116 in All Funds in fiscal year 2016 and \$1,019,731 in General Revenue Funds and \$1,020,116 in All Funds in fiscal year 2017 may be allocated to prevent abusive head trauma and other child abuse and neglect related fatalities for hospital-based and prenatal provider parent education focused on infant crying. The Department shall evaluate the effectiveness of the program and provide a report to the legislature no later than September 1, 2017.
38.

**Contingency for Senate Bill 125.** Appropriations above in Strategy B.1.2, CPS Program Support, includes \$300,000 in General Revenue Funds and 4.1 FTEs in fiscal year 2016 and \$300,000 in General Revenue Funds and 4.1 FTEs in fiscal year 2017, contingent upon passage and enactment of Senate Bill 125, or similar legislation relating to certain assessments for children in the conservatorship of the Department of Family and Protective Services (DFPS), by the Eighty-fourth Legislature, Regular Session.
38.

**CASA Family Finding Collaboration.** Out of funds appropriated above in strategy B.1.2, CPS Program Support, the Department of Family and Protective Services (DFPS) shall allocate \$226,800 in General Revenue Funds in fiscal year 2016 and \$321,800 in General Revenue Funds in fiscal year 2017 for a contract with a statewide organization for volunteer advocate programs authorized under Texas Family Code, Section 264.604. Funding shall be used for personnel, developing curriculum, training and other necessary costs to support family finding efforts in order to increase permanency options and other beneficial outcomes for children and youth in state custody.  
  
DFPS shall enter into a memorandum of understanding with volunteer advocates programs to specify the respective roles of volunteer advocates programs and local CPS offices.
41.

**CASA Family Finding Collaboration.** Out of funds appropriated above in Strategy B.1.2, CPS Program Support, the Department of Family and Protective Services (DFPS) shall allocate \$113,400 in General Revenue Funds and \$160,900 in All Funds in fiscal year 2016 and \$113,400 in General Revenue Funds and \$160,900 in All Funds in fiscal year 2017 for a contract with a statewide organization for volunteer advocate programs authorized under Texas Family Code, Section 264.604. Funding shall be used for personnel, developing curriculum, training and other necessary costs to support family finding efforts in order to increase permanency options and other beneficial outcomes for children and youth in state custody.  
  
DFPS shall enter into a memorandum of understanding with volunteer advocates programs to specify the respective roles of volunteer advocates programs and local CPS offices. DFPS shall develop a method to evaluate the success of this effort in improving child outcomes.

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Not later than August 31, 2016, DFPS shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services on the success of these CASA family finding services on improving child permanency outcomes.

**Senate**

Not later than August 31, 2016, DFPS shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services on the success of these CASA family finding services on improving child permanency outcomes.

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**18. Prohibition on Abortions.**

- a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect costs (including overhead, rent, phones and utilities) of abortion procedures provided by contractors of the department.
- b. It is also the intent of the legislature that no funds appropriated under Strategy B.1.3, Family Planning Services, shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.
- c. The department shall include in its financial audit a review of the use of appropriated funds to ensure compliance with this section.

**19. Family Planning.** Of funds appropriated under Strategy B.1.3, Family Planning Services, no state funds may be used to dispense prescription drugs to minors without parental consent.

None of the funds appropriated above may be used to implement human sexuality instruction or family planning instruction, or to provide instructional materials for use in human sexuality instruction or family planning instruction, if the instruction or the instructional materials are provided or prepared by an individual or entity that performs elective abortions or an affiliate of an individual or entity that performs elective abortions.

**40. Estimated Appropriations: Perpetual Care Account.** In the event of an incident involving the release of or abandonment of radioactive material and/or contaminated facilities in Texas under the jurisdiction of the Texas Department of State Health Services (DSHS) or the abandonment of mammography films by a facility registered by the DSHS and after receiving the written approval of the Legislative Budget Board and the Governor and DSHS notifying the Comptroller of Public Accounts, DSHS is hereby appropriated any revenues from the DSHS licensees, including the proceeds of securities and interest earned, deposited to the credit of the

**38. Estimated Appropriations: Perpetual Care Account.** In the event of an incident involving the release of or abandonment of radioactive material and/or contaminated facilities in Texas under the jurisdiction of the Texas Department of State Health Services (DSHS) or the abandonment of mammography films by a facility registered by the DSHS and after receiving the written approval of the Legislative Budget Board and the Governor and DSHS notifying the Comptroller of Public Accounts, DSHS is hereby appropriated any revenues from the DSHS licensees, including the proceeds of securities and interest earned, deposited to the credit of the

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Perpetual Care Account pursuant to Health and Safety Code §401.305 (b) and §401.301 (d) during the biennium beginning September 1, 2015 (estimated to be \$1,160,000). Amounts that exceed \$250,000 are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor within 30 days and a report on transfers of all amounts should be submitted to the Legislative Budget Board annually. Upon approval or notification, DSHS shall coordinate with the Comptroller of Public Accounts. Any additional unexpended balance on hand in the account as of August 31, 2015 is appropriated to the agency for the fiscal year beginning September 1, 2015 for the same purpose, subject to the department notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

The funds shall be used in Strategy D.1.3, Radiation Control, to mitigate radioactive contamination or abandoned radioactive sources resulting from activities of a DSHS licensee or unlicensed entity or a mammography registrant as provided in the Health and Safety Code, §401.305 (c) - (d), and pursuant to a memorandum of understanding with the Texas Commission on Environmental Quality relating to the regulations for the control of radiation as applicable.

- 51. Family Planning Affiliate Requirements.** An entity otherwise eligible to receive funds distributed under Strategy B.1.3, Family Planning Services, (the "family-planning affiliate") will not be disqualified from receipt of such funds because of its affiliation with an entity that performs elective abortions (the "abortion-services affiliate") provided that such affiliation satisfies the following requirements:
- a. **Legal separation.** The family-planning and abortion-services affiliates must be legally separate corporations, with separate articles of incorporation and separate bylaws. State or local governmental entities that are family-planning and abortion-services affiliates must be legally separate organizations and must have separate governing structures.

**Senate**

Perpetual Care Account pursuant to Health and Safety Code §401.305 (b) and §401.301 (d) during the biennium beginning September 1, 2015 (estimated to be \$1,160,000). Amounts that exceed \$100,000 are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor within 30 days and a report on transfers of all amounts should be submitted to the Legislative Budget Board annually. Upon approval or notification, DSHS shall coordinate with the Comptroller of Public Accounts. Any additional unexpended balance on hand in the account as of August 31, 2015 is appropriated to the agency for the fiscal year beginning September 1, 2015 for the same purpose, subject to the department notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

The funds shall be used in Strategy D.1.3, Radiation Control, to mitigate radioactive contamination or abandoned radioactive sources resulting from activities of a DSHS licensee or unlicensed entity or a mammography registrant as provided in the Health and Safety Code, §401.305 (c) - (d), and pursuant to a memorandum of understanding with the Texas Commission on Environmental Quality relating to the regulations for the control of radiation as applicable.

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- b. **Easily distinguishable names.** The family-planning and abortion-services affiliates must have easily distinguishable names.
- c. **Separate boards of directors and governing bodies.** The family-planning and abortion-services affiliates must have separate boards of directors or governing bodies which meet separately and maintain separate records.
- d. **No direct or indirect subsidy.** The family-planning affiliate may not transfer any funds distributed under Strategy B.1.3, Family Planning Services, to its abortion-services affiliate. The affiliated entities must apportion fair value for any shared expenses or costs (including overhead, rent, phones, equipment, and utilities) in accordance with generally accepted accounting principles.
- e. **Detailed employee timekeeping.** Any person employed part-time by the family-planning affiliate or part-time by the abortion-service affiliate must maintain detailed time records clearly reflecting the work performed for each affiliate.
- f. **Clear signage.** If the family-planning and abortion-services affiliates are located at the same physical location, the existence and separate nature of the affiliate relationship must be clearly reflected by appropriate signage in areas accessible to the public.
- g. **Separate books.** The family-planning and abortion-services affiliates must each maintain records adequate to show compliance with these requirements.

**Annual audit of family planning services providers.** At least once every two years, the Executive Commissioner of the Health and Human Services Commission or his agent shall conduct an audit of each family planning affiliate to determine if the affiliate and the Department of State Health Services have complied with this requirement. The Executive Commissioner of the Health and Human Services Commission shall make the audits available to the Governor, the Lieutenant Governor, the Speaker of the Texas House of Representatives, and the members of the State Legislature.

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No later than June 30 of each year, the Executive Commissioner of the Health and Human Services Commission shall submit a report to the Chairman of the Senate Finance Committee and to the Chairman of the House Appropriations Committee regarding the audits filed or conducted pursuant to this section, including the number and findings of such audits, the adequacy of the documentation submitted, and any recommendations to revise the verification process.

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

Funds appropriated in Strategy A.3.3, Abstinence Education, must be used to implement sexual education programs that must comply with each of the A-H components of the abstinence education program under Section 510(b)(2), Social Security Act (42 U.S.C. Section 710(b)).

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

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

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- 64. Home and Community-Based Services.** Included in funds appropriated above, the Department of State Health Services is appropriated General Revenue in the amount of \$32,017,406 in the 2016-17 biennium in Strategy B.2.1, Mental Health Services for Adults. Funds shall be utilized to:
- a. develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department; and
  - b. seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission.

**Senate**

- 61. Home and Community-Based Services.**
- a. Included in funds appropriated above, the Department of State Health Services is appropriated General Revenue in the amount of \$32,017,406 in the 2016-17 biennium in Strategy B.2.1, Mental Health Services for Adults. Funds shall be utilized to:
    - 1. develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department; and
    - 2. seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission.
  - b. The Department of State Health Services shall also implement an expansion of the 1915(i) waiver program to divert populations from jails and emergency rooms into community treatment programs. Prior to implementation, the Department of State Health Services shall submit a report on the projected program, with information including:
    - 1. an estimate of the total population to be served;
    - 2. projected costs, including average monthly cost per recipient; and
    - 3. potential cost-sharing opportunities with local entities that benefit from lower jail and emergency room admissions.

The Department of State Health Services shall submit the report to the Governor's Office and the Legislative Budget Board by December 1, 2015.



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**65. Family Planning Service.** Department of State Health Services shall allocate funds appropriated above in Strategy B.1.3, Family Planning Services using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide comprehensive primary and preventative care as a part of their family planning services; and thirdly, non-public entities that provide family planning services but do not provide comprehensive primary and preventative care. The department shall in compliance with federal law ensure the distribution and allocation methodology for funds in Strategy B.1.3 does not severely limit or eliminate access to services to any region.

Out of funds appropriated above in Strategy B.1.3, Family Planning Services, up to \$1,000,000 per year may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine.

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

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

Not later than December 1 of each fiscal year, the department shall submit to the Legislature and the Governor's Office a detailed report describing the activities of the program in the preceding year, including, at a minimum: a description of how the program is operated; the

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

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.

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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.

**67. Primary Health Care Services for Women - Unexpended Balance Authority.** Out of funds appropriated above in Strategy B.1.4, Community Primary Health Care Services, the Department of State Health Services shall allocate \$60,000,000 in General Revenue in fiscal year 2016 and \$60,000,000 in General Revenue in fiscal year 2017 for the purpose of providing primary health care services to women. It is the intent of the legislature that the services include but are not limited to the following: preventative health screenings such as breast and cervical cancer screenings, diabetes, cholesterol, hypertension, and STD-HIV screenings; family planning services including contraception; perinatal services; and dental services. Any unexpended balances remaining on August 31, 2016 in Strategy B.1.4, Community Primary Health Care Services, are appropriated to the agency for the fiscal year beginning September 1, 2016 for the same purposes.

**71. Contingency for Behavioral Health Funds.** Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related behavioral health funds for the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, Strategy B.2.3, Community Mental Health Crisis Services, Strategy B.2.4, NorthSTAR Behavioral Health Waiver, Strategy B.2.5, Substance Abuse Prevention, Intervention and Treatment, Strategy C.1.2, Rio Grande State Outpatient Clinic, Strategy C.1.3, Mental Health State Hospitals, Strategy C.2.1, Mental Health Community Hospitals, and Strategy F.1.2, Repair and Renovation: Mental Health Facilities in fiscal year 2017, as identified in Art. IX, Sec 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

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- 72. Cardiovascular Disease and Stroke Projects.** Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services may expend \$6,500,000 in General Revenue Funds over the 2016-17 biennium for the purpose of funding cardiovascular disease and stroke projects. Out of these funds, DSHS shall allocate \$4,500,000 of those funds over the biennium to the University of Texas System for the administration of the statewide stroke clinical research network, Stroke System of Care Coordination (Lone Star Stroke), and \$2,000,000 of these funds over the biennium for the Stroke/SEMI (St-Segment Elevation Myocardial Infarction) Data Collection for data collection activities.
- 73. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of State Health Services (DSHS) was the subject of review by the Sunset Advisory Commission.
- a. Funds appropriated above are contingent on such action continuing DSHS by the Eighty-fourth Legislature.
  - b. In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

- 67. Cardiovascular Disease and Stroke Projects.**
- a. Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services may expend \$5,000,000 in General Revenue Funds over the 2016-17 biennium for the purpose of funding cardiovascular disease and stroke projects.
  - b. DSHS shall submit a report annually to the Governor's Office and the Legislative Budget Board that includes detail on which entities receive funding, and for what purposes; in addition, an estimate of the total population to be served and client outcome measures shall be provided. The report is due no later than December 1 of each fiscal year.
- 68. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of State Health Services was the subject of review by the Sunset Advisory Commission and a report pertaining to the Department of State Health Services was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue the Department of State Health Services for up to 12 years, if such a law is passed before the sunset date for the Department of State Health Services.
- 1) Funds appropriated above are contingent on such action continuing the Department of State Health Services by the Eighty-fourth Legislature.
  - 2) In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

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75.

**Jail-Based Competency Restoration Pilot Program.** Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall allocate \$1,743,000 in each fiscal year of the 2016-17 biennium in General Revenue to implement a jail-based restoration of competency pilot program established under Article 46B.090 of the Code of Criminal Procedure.
73.

**Contingency for Senate Bill 538.** Contingent on passage and enactment of Senate Bill 538, or similar legislation relating to the control of infectious diseases, by the Eighty-fourth Legislature, Regular Session, included in the amounts appropriated above in strategy A.1.1, Public Health Preparedness and Coordinated Services, is \$2,500,000 for fiscal year 2016 and \$2,500,000 for fiscal year 2017 from General Revenue Funds to implement the provisions of the legislation.
74.

**Unexpended Balances: Credit Card and Electronic Services Related Fees.** Included in amounts appropriated above in Strategy A.1.2, Health Data and Analysis, are any unexpended and unobligated balances remaining as of August 31, 2015 (estimated to be \$4,708,206) in Object Code 3879, Credit Card and Electronic Services Related Fees, in General Revenue-Dedicated Account 0019, Vital Statistics Account, as provided in Article IX, §8.10 of this Act, relating to appropriation of credit, charge, or debit card service fees, for the biennium beginning September 1, 2015 for the TxEver Project.
70.

**Jail-Based Competency Restoration Pilot Program.** Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall allocate \$1,743,000 in each fiscal year of the 2016-17 biennium in General Revenue to be used only for the purpose of conducting a jail-based restoration of competency pilot program established under Article 46B.090 of the Code of Criminal Procedure, as a continuation of the pilot program started by the 83rd Legislature.  
  
The Department of State Health Services shall submit interim quarterly progress reports to the Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor no later than 15 business days after the end of each fiscal quarter.

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76.

**Mental Health Program Allocation.** Out of funds appropriated above, the Department of State Health Services (DSHS) is directed to use \$30,000,000 in General Revenue over the biennium for the purpose of expanding or improving statewide community mental health services. DSHS shall expend \$22,800,000 from Strategy B.2.1, Mental Health Services for Adults, and \$7,200,000 from Strategy B.2.2, Mental Health Services for Children for the purpose of achieving equity on a per capita basis among the local mental health authorities and NorthSTAR.
75.

**Funding for Suicide Prevention.** Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall expend \$1,250,000 over the biennium for the following purposes: develop a coordinated, collaborative approach to suicide prevention for middle-aged adults and seniors and develop a collaborative approach to suicide prevention for individuals with substance abuse disorder.
76.

**NorthSTAR Funding.** Appropriations made above in this Act in Strategy B.2.4, NorthSTAR Behavioral Health Waiver, for fiscal year 2017 assume the discontinuation of the program on December 31, 2016.
77.

**Contingency for Mental Health Forensic Director.** Contingent upon passage and enactment of SB1507, or similar legislation relating to the appointment of a forensic medical director responsible for statewide coordination and oversight of forensic mental health services provided by the Department of State Health Services, by the Eighty-fourth Legislature, Regular Session, out of funds appropriated above, the Department of State Health Services shall expend \$115,526 in fiscal year 2016 and \$106,579 in fiscal year 2017 from General Revenue Funds, and allocate 1.0 FTE per fiscal year, out of Strategy C.1.3, Mental Health State Hospitals, only for the purpose of creating of a Forensic Director I position in the Division for Mental Health and Substance Abuse Services. The position shall report directly to the DSHS Commissioner. The Forensic Director shall be responsible for overseeing forensic evaluation services,

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inpatient and transitional services, community forensic monitoring, and forensic research and training.

**77. Breast and Cervical Cancer Services Program.**

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

- 72. Breast and Cervical Cancer Services Program.** The Department of State Health Services shall allocate funds appropriated above in Strategy B.1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program using a methodology that prioritizes distribution and reallocation to first award public entities that provide breast and cervical cancer screenings, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide breast and cervical cancer screenings as part of comprehensive primary and preventative care; and thirdly, non-public entities that provide breast and cervical cancer screenings but do not provide comprehensive primary and preventative care. In compliance with federal law, the department shall ensure the distribution and allocation methodology for funds in Strategy B.1.2, Women and Children's Health Services appropriated for the Breast and Cervical Cancer Services Program does not severely limit or eliminate access to services to any region.

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78.

**Mental Health Peer Support Re-entry Pilot.** Out of funds appropriated above, the Department of State Health Services (DSHS) through a Memorandum of Understanding shall allocate up to \$1,250,000 in General Revenue for the 2016-17 biennium from strategy B.2.1, Mental Health Services for Adults, to implement a mental health peer support re-entry program. DSHS in partnership with Local Mental Health Authorities and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. The purpose of this program is to reduce recidivism and to maintain a continuity of care for individuals with a mental illness who are incarcerated in local jails. It is the intent of the Legislature that select Local Mental Health Authorities have an established peer support program.
78.

**Prohibition on Use of Appropriations for the Private Operation of a State Hospital.** No funds appropriated above shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.
80.

**Mental Health Peer Support Re-entry Pilot.**

a.

Out of funds appropriated above, the Department of State Health Services (DSHS) through a Memorandum of Understanding shall allocate up to \$1,000,000 in General Revenue for the 2016-17 biennium from strategy B.2.1, Mental Health Services for Adults, to implement a mental health peer support re-entry program. DSHS in partnership with Local Mental Health Authorities and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

b.

Prior to implementation, DSHS shall submit a report to the Governor's Office and the Legislative Budget Board by December 1, 2015 on the projected program that includes an estimate of the total population to be served and client outcome measures. A status report on these factors shall be provided by December 1, 2016.
79.

**Safe and Supportive Schools.** Out of funds appropriated above, the Department of State Health Services (DSHS) in partnership with the Texas Education Agency (TEA) shall identify, disseminate, and provide guidance to schools on model protocols and practices in the development and implementation of school action plans to create safe and supportive school climates. DSHS and TEA shall make these resources available on their websites no later than December 1, 2015.

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- 79. University of Texas Harris County Psychiatric Center Long-term Bed Pilot.** Out of funds appropriated above in strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,200,000 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to fund civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing long-term treatment not to exceed 90 days.
- 80. Contingency for Ebola Funds.**
- a. Out of appropriations above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, \$10,000,000 in General Revenue in each fiscal year is contingent on the Department of State Health Services (DSHS) not receiving additional federal funds for ebola prevention, planning, or treatment under the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness Program (PHEP).
  - b. If DSHS receives federal funds related to ebola prevention, planning, or treatment, under the HPP and PHEP programs, DSHS shall transfer an amount of General Revenue equal to that of the federal funds received to Strategy A.1.1, Public Health Preparedness and Coordinated Services, Strategy A.3.1, Chronic Disease Prevention, and Strategy A.3.2, Reduce Use of Tobacco Products, to be spent on pediatric asthma management, adult potentially preventable hospitalizations, diabetes prevention and control, expanded tobacco prevention services, and funding for the Texas Emergency Medical Task Force.

- 81. Regulation of Outsourcing Facilities.** Out of funds appropriated above, the Department of State Health Services shall allocate 1 FTE and \$136,135 in General Revenue funds each fiscal year to be used only for the following purpose: follow applicable law and implement regulation of Section 503B of the Federal Food Drug and Cosmetic Act regarding Outsourcing Facilities.



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**82. Chronic Disease Prevention Allocation and Report.**

- (a) Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services (DSHS) shall use data from the Texas Healthcare Learning Collaborative (THLC) to determine the geographic areas with highest need for specific chronic disease prevention programs and shall allocate General Revenue Funds accordingly, while maximizing federal funding.
- (b) DSHS shall submit a baseline report to the Governor's Office and the Legislative Budget Board by November 1, 2015, which includes the planned allocation from subsection (a), baseline measurements, and projected program outcomes. DSHS shall submit a status report, due no later than December 31, 2016, detailing the geographic distribution of funds and the impact on program outcomes.

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**31. Family Planning.** Of funds appropriated for Medicaid Family Planning, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for emancipated 16- and 17-year old parents. None of the funds appropriated above may be used to implement human sexuality instruction or family planning instruction, or to provide instructional materials for use in human sexuality instruction or family planning instruction, if the instruction or instructional materials are provided or prepared by an individual or entity that performs elective abortions or an affiliate of an individual or entity that performs elective abortions.

**37. Payments to Rural Hospital Providers.** In order to ensure that access to inpatient, emergency and outpatient services remain in rural parts of Texas, 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 reimburse inpatient and outpatient services in rural hospitals, which are defined as 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).

- a. 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.
- b. 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.
- c. It is the intent of the Legislature that for patients enrolled in managed care including but not limited to health maintenance organizations (HMO), inpatient and outpatient 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.

**31. Family Planning.** Of funds appropriated for Medicaid Family Planning, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for emancipated 16- and 17-year old parents.

**37. Payments to Rural Hospital Providers.** 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 rural hospitals, which are defined as 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).

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- 42. Texas Women's Health Program: Savings and Performance Reporting.** It is the intent of the Legislature that the Health and Human Services Commission submit a bi-annual report to the Legislative Budget Board and the Governor that includes the following information:
- a. enrollment levels of targeted low-income women and service utilization by geographic region, delivery system, and age;
  - b. savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
  - c. descriptions of all outreach activities undertaken for the reporting period;
  - d. the total number of providers enrolled in the Texas Women's Health Program network, not to include duplications of providers or ancillary providers; and
  - e. the average and median numbers of program clients per provider.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to calendar year 2011, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

- 51. Improve Efficiencies in Benefit Applications.** Out of funds appropriated above, in order to improve efficiencies, the Health and Human Services Commission shall promote online submissions of applications for benefits administered by the agency. HHSC shall develop standards and technical requirements to allow organizations to electronically submit applications.

- 42. Texas Women's Health Program: Savings and Performance Reporting.** It is the intent of the Legislature that the Health and Human Services Commission submit a bi-annual report to the Legislative Budget Board and the Governor that includes the following information:
- a. enrollment levels of targeted low-income women and service utilization by geographic region, delivery system, and age;
  - b. savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
  - c. descriptions of all outreach activities undertaken for the reporting period; and
  - d. the total number of providers enrolled in the Texas Women's Health Program network.
- It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to calendar year 2011, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

- 52. Improve Efficiencies in Benefit Applications.** Out of funds appropriated above, in order to improve efficiencies, the Health and Human Services Commission shall promote online submissions of applications for benefits administered by the agency. HHSC shall develop standards and technical requirements to allow organizations to electronically submit applications. It is the intent of the Legislature that HHSC only expend funds or utilize agency resources to partner with entities whose role in submitting benefit applications has been

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statutorily established, or with entities that provide in-person assistance using the agency's website for clients.

**51. Medicaid Funding Reduction and Cost Containment.**

- a. Included in appropriations above in Goal B, Medicaid, is a reduction of \$186,500,000 in General Revenue Funds and \$249,349,498 in Federal Funds in fiscal year 2016 and \$186,500,000 in General Revenue Funds and \$247,220,930 in Federal Funds in fiscal year 2017, a biennial total of \$373,000,000 in General Revenue Funds and \$496,570,428 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) Continue strengthening and expanding prior authorization and utilization reviews,
  - (2) Incentivize appropriate neonatal intensive care unit utilization and coding,
  - (3) Fully implement dually eligible Medicare/Medicaid integrated care model and long-term services and supports quality payment initiative,
  - (4) Reform reimbursement methodology, policies, and utilization for acute care therapy services,
  - (5) Maximize co-payments in Medicaid programs,
  - (6) Increase fraud, waste, and abuse prevention and detection,

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- (7) Explore changes to premium structure for managed care organizations and contracting tools to reduce costs and increase efficiency,
  - (8) Renegotiate more efficient contracts,
  - (9) 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,
  - (10) Implement fee-for-service payment changes and managed care premium adjustments that incentivize the most appropriate and effective use of services,
  - (11) Improve birth outcomes, including improving access to information and payment reform,
  - (12) Increase efficiencies in the vendor drug program,
  - (13) Increase third party recoupments,
  - (14) Create a pilot program on motor vehicle subrogation, and
  - (15) Implement additional initiatives identified by HHSC.
- 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, 2015 to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts.

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- 58. Payments to Health Centers for the Texas Women's Health Program.** It is the intent of the Legislature that the Health and Human Services Commission shall, to the extent allowable by federal law, reimburse Federally Qualified Health Centers for family planning services under the Texas Health and Human Services Commission, Strategy D.2.3, Texas Women's Health Program, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.
- 68. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Health and Human Services Commission (HHSC) was the subject of review by the Sunset Advisory Commission.
- a. Funds appropriated above are contingent on such action continuing HHSC by the Eighty-fourth Legislature.
  - b. In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.
- 70. Enterprise Data Warehouse.** Out of funds appropriated above in Strategy A.2.1, Consolidated System Support, the amount of \$10,560,728 in General Revenue and any associated matching Federal Funds for the biennium may only be expended to develop/implement an enterprise data warehouse and enterprise data governance. Prior to expending any funds for the enterprise data warehouse and the enterprise data governance, the agency must receive prior written approval from the Legislative Budget Board. To request to expend funds, HHSC shall submit a written request to the Legislative Budget Board which shall include a detailed plan for the project, a proposed schedule of expenditures, and

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- 59. Payments to Health Centers for the Texas Women's Health Program.** It is the intent of the Legislature that the Health and Human Services Commission shall, to the extent allowable by federal law, reimburse Federally Qualified Health Centers for family planning services under the Texas Health and Human Services Commission, Strategy D.2.3, Women's Health Services, funding for the Texas Women's Health Program, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.
- 70. Sunset Contingency.** Pursuant to Government Code Chapter 325, the Health and Human Services Commission was the subject of review by the Sunset Advisory Commission and a report pertaining to the Health and Human Services Commission was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue the Health and Human Services Commission for up to 12 years, if such a law is passed before the sunset date for the Health and Human Services Commission.
- a. Funds appropriated above are contingent on such action continuing the Health and Human Services Commission by the Eighty-fourth Legislature.
  - b. In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.
- 74. Enterprise Data Warehouse.** Out of funds appropriated in Article XI to the Health and Human Services Commission, the amount of \$10,560,728 in General Revenue and any associated matching Federal Funds for the biennium may only be expended to develop/implement an enterprise data warehouse and enterprise data governance. Prior to expending any funds for the enterprise data warehouse and the enterprise data governance, the agency must receive prior written approval from the Legislative Budget Board. To request to expend funds, HHSC shall submit a written request to the Legislative Budget Board which shall include a detailed plan for the project, a proposed schedule of expenditures, and

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information on the specific data sets being worked with and how the new data will be combined and coordinated with the long-term plan for other data sets. The new data may include but is not limited to the following: immunizations, vital statistic certificates; and mental health and substance abuse information. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days.

HHSC shall submit quarterly reports to the Legislative Budget Board and the Governor beginning on December 1, 2015, reflecting actual expenditures and accomplishments to date. The reports shall also reflect an estimate of planned expenditures and accomplishments for the remainder of the 2016-17 biennium.

- 71. Information on Funding Provided for Primary Care Services.** Amounts appropriated above in Goal B, Medicaid include \$460.0 million in General Revenue Funds and \$1,096.0 million in All Funds to provide increases to reimbursement rates for primary care providers and/or services that were eligible for reimbursement at the Medicare level on December 31, 2014.

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information on the specific data sets being worked with and how the new data will be combined and coordinated with the long-term plan for other data sets. The new data may include but is not limited to the following: immunizations, vital statistic certificates, and mental health and substance abuse information. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days.

HHSC shall submit quarterly reports to the Legislative Budget Board and the Governor beginning on December 1, 2015, reflecting actual expenditures and accomplishments to date. The reports shall also reflect an estimate of planned expenditures and accomplishments for the remainder of the 2016-17 biennium.

- 71. Contingency for Child Advocacy Center and Court Appointed Special Advocate Grants.** Contingent on the enactment of legislation by the Eighty-fourth Legislature, designating the Health and Human Services Commission to enter into administrative contracts between the state and the Court Appointed Special Advocates and the Children's Advocacy Centers pursuant to Family Code, §264.603 and Family Code, §264.409, amounts in Strategy D.2.4, Child Advocacy Programs are appropriated as identified in this rider for each year of the 2016-17 biennium.

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|   |               |               |
|---|---------------|---------------|
| Funds appropriated above in Strategy D.2.4, Child Advocacy Programs, shall be spent as follows:   |               |               |
| Programs:   |               |               |
|   |               | FY 2016       |
|   | FY 2017       |               |
| (A) Court Appointed Special Advocates   | \$ 13,013,000 | \$ 12,936,000 |
| (B) Children's Advocacy Centers   | 13,349,003    | 13,349,003    |
| Total   | \$ 26,362,003 | \$ 26,285,003 |
| Method of Financing:  |               |               |
| General Revenue   | \$ 16,108,160 | \$ 16,031,160 |
| General Revenue - Dedicated   |               |               |
| Compensation to Victims of Crime Fund No. 0469  | \$ 10,229,843 | \$ 10,229,843 |
| License Plate Trust Fund Account No. 0802   | \$ 24,000     | \$ 24,000     |
| Total, Method of Financing  | \$ 26,362,003 | \$ 26,285,003 |
| Notwithstanding Article IX, Section 14.01, Appropriations Transfers, Rider 12, Transfers: Authorities and Limitations, and Article II Special Provisions Section 10 of this Act, the Health and Human Services Commission may not transfer amounts appropriated in Strategy D.2.4, Child Advocacy Programs, to any other strategy nor use those appropriations for any other purpose. |               |               |
| It is the intent of the Legislature that amounts appropriated above in Strategy D.2.4, Child Advocacy Programs, to the Health and Human Services Commission provide funding   |               |               |



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identified by this rider to Child Advocacy Centers and Court Appointed Special Advocates to ensure a continuity of services without disruption.

Within 100 days after the close of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy D.2.4, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from Compensation to Victims of Crime Fund No. 0469, and oversight activities conducted relating to the child advocacy programs. The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

Should legislation described by this rider fail to pass or be enacted, amounts in Strategy D.2.4, Child Advocacy Programs, identified in this rider are appropriated to the Office of the Attorney General for the same purposes, in amounts and by methods of finance as identified by this rider.

- 72. Contingency Appropriation of CASA License Plate Receipts.** Contingent on the enactment of legislation by the Eighty-fourth Legislature, designating the Health and Human Services Commission to receive revenue from the sale of Volunteer Advocate license plates, included in amounts appropriated above in Strategy D.2.4, Child Advocacy Programs, is all license plate revenue collected on or after September 1, 2015 (estimated to be \$24,000 each fiscal year of the 2016-17 biennium), as provided by the Transportation Code Section 504.611 and deposited to the credit of the License Plate Trust Fund Account No. 0802.

Any unexpended balances remaining as of August 31, 2016, in the appropriation made herein are appropriated for the fiscal year beginning September 1, 2016.

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- 72. 1115 Medicaid Transformation Waiver Distribution Public Reporting.** Out of the funds appropriated above, the Health and Human Services shall report to the Legislature and the public the recipients of all funds distributed by the commission for uncompensated care (UC) and delivery system reform incentive payments (DSRIP) under the 1115 Medicaid Transformation Waiver. The commission shall, within 30 days of distributing any funds or otherwise making payments under the 1115 Medicaid Transformation Waiver, publicly report: (1) the recipients of funds for UC and DSRIP, (2) the amount distributed to each recipient, (3) the amount of IGT dollars provided by each transferring entity within the region; and (4) the date such payments were made.
- 73. Palliative Care Program.** Out of funds appropriated above, the Commissioner shall allocate \$142,182 in fiscal year 2016 and \$135,309 in fiscal year 2017 in General Revenue to establish the Palliative Care Interdisciplinary Advisory Council and a statewide palliative care consumer and healthcare professional information and education program. The Council shall be made up of health care professionals with experience in palliative care delivery in an inpatient, outpatient or community setting or expertise in interdisciplinary palliative care. The Commission shall consult with the Advisory Council on the implementation of the information and education program.

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

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- 82. 1115 Medicaid Transformation Waiver Distribution Public Reporting.** Out of the funds appropriated above, the Health and Human Services shall report to the Legislature and the public the recipients of all funds distributed by the commission for uncompensated care (UC) and delivery system reform incentive payments (DSRIP) under the 1115 Medicaid Transformation Waiver. The commission shall, within 45 days of distributing any funds or otherwise making payments under the 1115 Medicaid Transformation Waiver, publicly report: (1) the recipients of funds for UC and DSRIP, (2) the amount distributed to each recipient, (3) the amount of IGT dollars provided by each transferring entity within the region, and (4) the date such payments were made.
- 73. Contingency for Behavioral Health Funds.** Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related behavioral health funds for the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, Strategy C.1.1, CHIP, and Strategy D.2.4, Child Advocacy Programs, in fiscal year 2017, as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned

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expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

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

- 75.**

**Contingency for SB 1475.** Contingent on passage and enactment of SB 1475, or similar legislation relating to establishing an enhanced Medicaid managed care consumer support system, by the Eighty-fourth Legislature, Regular Session, the Health and Human Services Commission shall, out of funds appropriated above in Strategy B.3.1, Medicaid Contracts and Administration, allocate \$2,000,000 in All Funds, including \$1,000,000 in General Revenue Funds, and 6.5 FTEs over the 2016-17 biennium to implement the provisions of the legislation.
- 76.**

**Primary Health Care Program.** No funds appropriated above may be expended by the Health and Human Services Commission's Expanded Primary Health Care Program in Strategy D.2.3, Women's Health Services, to contract with providers that would be ineligible to participate in the Texas Women's Health Program.
- 77.**

**Expanded Primary Health Care Services for Women - Unexpended Balance Authority.** Out of funds appropriated above in Strategy D.2.3, Women's Health Services, the Health and Human Services Commission shall allocate \$50,000,000 in General Revenue in fiscal year 2016 and \$50,000,000 in General Revenue in fiscal year 2017 for the purpose of providing

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primary health care services to women. It is the intent of the legislature that the services include but are not limited to the following: preventative health screenings such as breast and cervical cancer screenings, diabetes, cholesterol, hypertension, and STD-HIV screenings; family planning services including contraception; perinatal services; and dental services. Any unexpended balances remaining on August 31, 2016 in the Expanded Primary Health Care program in Strategy D.2.3, Women's Health Services, are appropriated to the agency for the fiscal year beginning September 1, 2016 for the same purposes.

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

**78. Women's Health Programs.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy D.2.3, Women's Health Services, for the 2016-17 biennium is \$50,000,000 from General Revenue Funds to increase access to women's health and family planning services. No funds identified in this section may be expended without the prior written approval of the Legislative Budget Board and the Governor. To request approval to expend funding, the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. The request shall include the amount of funding to be expended by agency, strategy, and fiscal year; how the funds will be expended; and the expected number of additional persons to be served with the additional funding. Any unexpended balances from fiscal year 2016 are appropriated for the same purpose in fiscal year 2017; expenditure of these balances is subject to the approval requirements identified in this rider.

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**78. Claims Administrator Costs.**

- a. Out of funds appropriated above in Strategy B.3.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall spend the amount necessary, not to exceed \$44,600,157 in general revenue appropriations or \$189,228,307 in appropriations from all funds, during the state fiscal biennium ending August 31, 2017, to fund claims administrator costs, including costs necessary to ensure:
  - (1) the implementation of an electronic visit and verification system;
  - (2) compliance with federal law requirements related to provider reenrollment;
  - (3) the employment of additional skilled professionals necessary to evaluate prior authorization requests;
  - (4) the implementation of management programs to ensure key metrics are met; and
  - (5) the payment of increased lease costs.
- b. Disbursement of funds under this rider is contingent upon the Health and Human Services Commission initiating an applicable statutorily required procurement process, including any competitive bidding process that may be required, in order to fulfill the goals of the rider.

**79. Contingency for Medicaid Waiver Expiration.** In the event the Health and Human Services Commission does not obtain an extension or renewal of the uncompensated care pool provisions of the Texas Health Care Transformation and Quality Improvement Program Waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315), it is the intent of the legislature that the Health and Human Services Commission shall develop a transition plan to distribute funds allocated above or otherwise make payments using funds allocated above to offset the costs of uncompensated care with the goals of: (1) carving out

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hospital payments from Medicaid capitation rates paid to Medicaid managed care organizations, (2) reimbursing hospital inpatient and outpatient rates under existing Medicaid fee-for-service schedules and rates, and (3) making appropriate modifications to other hospital payments provided under the Texas Health Care Transformation and Quality Improvement Program Waiver. It is the intent of the legislature that the Health and Human Services Commission report the transition plan to the governor and the Legislative Budget Board and adopt rules necessary for implementing the transition plan, implementing the hospital carve out described above, restoring federal supplemental payments to hospitals, and maintaining the pay-for-performance and quality incentives of the current managed care delivery system.

79.

**Funding for Additional Services Provided to Individuals with Intellectual and Developmental Disabilities.** Appropriations above in Goal B, Medicaid, include \$19,798,671 in General Revenue Funds (\$46,114,579 in All Funds) for the 2016-17 biennium to provide respite care and non-medical transportation to individuals with intellectual and developmental disabilities enrolled in the STAR+PLUS program.
80.

**Cochlear Implants and Other Assistance for the Hearing Impaired.** Out of funds appropriated above, the Health and Human Services Commission shall review Medicaid reimbursement rates for cochlear implants and other assistance for the hearing impaired at a minimum of once a biennium in order to ensure reasonable access to services for the hearing impaired.

80.

**Report to Legislature on Certain Payments under Medicaid and Child Health Plan Programs.** It is the intent of the legislature that, not later than December 1, 2015, the Health and Human Services Commission prepare and submit a report to the legislature on the benefits and disadvantages to this state of increasing Medicaid or child health plan program capitation payments to managed care organizations using money appropriated under Goal B, Medicaid, or Goal C, Children's Health Insurance Program Services, for purposes of accounting for the

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health insurance providers fee imposed under Section 9010 of the federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152), and the associated effects of that fee on federal income taxes.

- 82.   Therapy Services.** Out of funds appropriated above, the Health and Human Services Commission shall reform reimbursement methodology to be in line with industry standards, policies, and utilization for acute care therapy services to achieve savings in the Medicaid program, using findings including, but not limited to, the findings of the 2015 report by the commission entitled "Review of Texas Medicaid Acute Care Therapy Programs." The commission shall consider stakeholder input and access to care in reforming the reimbursement methodology.

**83.**   The Texas Health and Human Services Commission shall report, no later than September 1, 2015 and October 15, 2016, all specific and projected program expenditures for Star+Plus to the Lieutenant Governor, Speaker of the House, Legislative Budget Board members, Texas Health and Human Services Committee members, and the Texas Human Services Committee members. The expenditures will include FY2016 budgetary expenditures and estimated expenditures for each program in Star+Plus and projected expenditures for FY 2017.

**81.   Excellence in Mental Health.** Out of funds appropriated above, the Health and Human Services Commission shall develop and submit an application to Centers for Medicare and Medicaid Services for an Excellence in Mental Health planning grant as authorized in the Protecting Access to Medicare Act (H.R. 4302). It is the intent of the Legislature that applying for the grant and participation in a pilot will be cost neutral to the state and that the principles of the grant are consistent with Commission's value based payment strategies.

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- 85. Report on the Vendor Drug Program.** Out of funds appropriated above to the Health and Human Services Commission, the agency shall evaluate new delivery models for cost-effectiveness, increased competition, and improved health outcomes. The Commission shall report findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by August 31, 2016 and include in the report efforts undertaken to make the current models more effective.
- 87. Cost Containment Annual Summit.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall host an annual summit for the Legislature and the employees of the health and human services agencies. The summit shall focus on agency operations, best practices, and cost containment proposals and results. The goal of the summit is to gain efficiencies and cost savings across the health and human services agencies.
- 88. Health Insurance for Employees of Providers of Long-term Services and Supports.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission (HHSC) shall evaluate whether any savings could be achieved by reimbursing providers of long-term services and supports for health insurance for their employees and dependents. HHSC shall report to the Legislative Budget Board and the Governor on the amount of savings expected and provide a plan for how those savings could be used to provide health insurance benefits to employees of long-term services and supports providers and their dependents. The report and plan shall be provided to the Legislative Budget Board and the Governor by October 1, 2015. Implementation of the plan shall be subject to the prior written approval of the Legislative Budget Board and the Governor.
- 89. Prohibition on Abortions - Family Planning.**
- a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect



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costs (including overhead, rent, phones and utilities) of abortion procedures provided by contractors of the commission.

- b. It is also the intent of the Legislature that no funds appropriated under Strategy D.2.3, Women's Health Services for the Family Planning Program, shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.
- c. The commission shall include in its financial audit a review of the use of appropriated funds to ensure compliance with this section.

**90. Family Planning - Women's Health Services.** Of funds appropriated under Strategy D.2.3, Women's Health Services for the Family Planning Program, no state funds may be used to dispense prescription drugs to minors without parental consent.

**91. Family Planning Affiliate Requirements.** An entity otherwise eligible to receive funds distributed under Strategy D.2.3, Women's Health Services for the Family Planning Program, (the "family-planning affiliate") will not be disqualified from receipt of such funds because of its affiliation with an entity that performs elective abortions (the "abortion-services affiliate") provided that such affiliation satisfies the following requirements:

- a. **Legal separation.** The family-planning and abortion-services affiliates must be legally separate corporations, with separate articles of incorporation and separate bylaws. State or local governmental entities that are family-planning and abortion-services affiliates must be legally separate organizations and must have separate governing structures.
- b. **Easily distinguishable names.** The family-planning and abortion-services affiliates must have easily distinguishable names.

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- c. **Separate boards of directors and governing bodies.** The family-planning and abortion-services affiliates must have separate boards of directors or governing bodies which meet separately and maintain separate records.
- d. **No direct or indirect subsidy.** The family-planning affiliate may not transfer any funds distributed under Strategy D.2.3, Women's Health Services for the Family Planning Program, to its abortion-services affiliate. The affiliated entities must apportion fair value for any shared expenses or costs (including overhead, rent, phones, equipment, and utilities) in accordance with generally accepted accounting principles.
- e. **Detailed employee timekeeping.** Any person employed part-time by the family-planning affiliate or part-time by the abortion-service affiliate must maintain detailed time records clearly reflecting the work performed for each affiliate.
- f. **Clear signage.** If the family-planning and abortion-services affiliates are located at the same physical location, the existence and separate nature of the affiliate relationship must be clearly reflected by appropriate signage in areas accessible to the public.
- g. **Separate books.** The family-planning and abortion-services affiliates must each maintain records adequate to show compliance with these requirements.

**Annual audit of family planning services providers.** At least once every two years, the Executive Commissioner of the Health and Human Services Commission or his agent shall conduct an audit of each family planning affiliate to determine if the affiliate and the Family Planning Program have complied with this requirement. The Executive Commissioner of the Health and Human Services Commission shall make the audits available to the Governor, the Lieutenant Governor, the Speaker of the Texas House of Representatives, and the members of the State Legislature.

No later than June 30 of each year, the Executive Commissioner of the Health and Human

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Services Commission shall submit a report to the Chairman of the Senate Finance Committee and to the Chairman of the House Appropriations Committee regarding the audits filed or conducted pursuant to this section, including the number and findings of such audits, the adequacy of the documentation submitted, and any recommendations to revise the verification process.

**92. Family Planning Service.** The Health and Human Services Commission shall allocate funds appropriated above in Strategy D.2.3, Women's Health Services for the Family Planning Program using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide comprehensive primary and preventative care as a part of their family planning services; and thirdly, non-public entities that provide family planning services but do not provide comprehensive primary and preventative care. The department shall in compliance with federal law ensure the distribution and allocation methodology for funds in Strategy D.2.3, Women's Health Services for the Family Planning Program does not severely limit or eliminate access to services to any region.

Out of funds appropriated above in Strategy D.2.3, Women's Health Services for the Family Planning Program, up to \$1,000,000 per year may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine.

**93. Recruitment and Retention Strategies.** Out of funds appropriated above, the Health and Human Services Commission shall develop recruitment and retention strategies for community attendants to address the projected shortage of attendants.

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**Sec. 40. Transfer Authority Related to the Texas Home Living Waiver.** Notwithstanding the limitations on transfer authority in Special Provisions Relating to All Health and Human Services Agencies, Section 10 and Article IX, Section 14.01 and contingent on the transition of Medicaid program benefits for persons enrolled in the Texas Home Living Waiver to the STAR+PLUS program, or other capitated managed care program, the Executive Commissioner of the Health and Human Services Commission (HHSC) may transfer General Revenue Funds and Federal Funds appropriated to the Department of Aging and Disability Services (DADS) in fiscal year 2017 in Strategy A.3.5, Texas Home Living Waiver to HHSC, Strategy B.1.1, Aged and Medicare-Related and Strategy B.1.2, Disability-Related. Transfer is limited to amounts necessary to provide services previously available from the Texas Home Living Waiver through a capitated managed care program. Should HHSC decide to continue operation of the Texas Home Living Waiver for purposes of providing services not available under managed care, amounts sufficient to provide those services should be retained in DADS Strategy A.3.5, Texas Home Living Waiver. 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 days prior to transferring funds.

**Sec. 44. 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

**Sec. 45. Program of All-inclusive Care for the Elderly (PACE).**

- a. **Expansion of PACE Sites.** The Department of Aging and Disability Services (DADS) may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly

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(PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2016.

- b. **Additional Participants at Existing PACE Sites.** DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 195 additional participants at the existing PACE sites in Amarillo, Lubbock, and El Paso.
- c. **Funding for Additional Sites and Participants.** Notwithstanding Department of Aging and Disability Services, Rider 7; Special Provisions Relating to All Health and Human Services Agencies, Section 10; and Article IX, Section 14.01, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$2,572,634 in General Revenue Funds in fiscal year 2016 and \$7,322,211 in General Revenue Funds in fiscal year 2017. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.
- d. **Additional Funding for PACE program.** Should transfer authority provided in subsection (c) be insufficient to serve the increase in participants described by subsection (a) and/or (b), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the

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(PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2016.

- b. **Funding for Additional Sites and Participants.** Notwithstanding Department of Aging and Disability Services, Rider 7; Special Provisions Relating to All Health and Human Services Agencies, Section 10; and Article IX, Section 14.01, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$1,805,922 in General Revenue Funds in fiscal year 2016 and \$5,114,660 in General Revenue Funds in fiscal year 2017. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.
- d. **Additional Funding for PACE program.** Should transfer authority provided in subsection (b) be insufficient to serve the increase in participants described by subsection (a), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting

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date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

of the 30 business days.

**Sec. 46. Coordination of Interagency Nursing Facility Resident Complaint Data and Information.**

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

- a. The Office of the Long Term Care Ombudsman shall be the state entity designated to collect, monitor, and analyze data related to all Medicaid managed care nursing facility resident complaint data regardless of the payer of services, and shall include in their annual report information and data that identifies Medicaid managed care organizations' performance at the facility level that is related to nursing facility resident complaints, including, but not limited to: (1) the source and location of the complaint, (2) the nature of complaint, (3) the disposition of complaint, (4) the length of time required to resolve the complaint, and (5) any other information and data that the Long Term Care Ombudsman identifies as relevant.
- b. Out of the funds appropriated elsewhere in the Act, the Department of Aging and Disability Services and the Health and Human Services Commission shall establish an interagency workgroup to facilitate the exchange of data and any other related information about Medicaid managed care nursing facility resident complaint data and to determine standard definitions for the data to be shared.
- c. Out of the funds appropriated to the Health and Human Services Commission (HHSC), in Goal A, Strategy A.1.2, Integrated Eligibility and Enrollment:
  - 1. HHSC shall collect information and data related to Medicaid managed care nursing facility resident complaint data from Medicaid managed care organizations including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the

- a. The Office of the Long Term Care Ombudsman shall be the state entity designated to collect, monitor, and analyze data related to all nursing facility resident complaints regardless of the payer of services, and shall include in their annual report information and data that identifies Medicaid managed care organizations' performance at the facility level that is related to nursing facility resident complaints, including, but not limited to: (1) the source and location of the complaint, (2) the nature of complaint, (3) the disposition of complaint, (4) the complaint resolution length, and (5) any other information and data that the Long Term Care Ombudsman identifies as relevant.
- b. Out of the funds appropriated elsewhere in the Act, the Department of Aging and Disability Services and the Health and Human Services Commission shall establish an interagency workgroup to facilitate the exchange of data and any other related information about Medicaid managed care nursing facility resident complaint data and to determine standard definitions for the data to be shared.
- c. Out of the funds appropriated to the Health and Human Services Commission (HHSC), in Goal A, Strategy A.1.2, Integrated Eligibility and Enrollment:
  - 1. HHSC shall collect information and data related to consumer complaints from Medicaid managed care organizations including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the nature or category of complaint and/or appeal, (3)

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nature or category of complaint and/or appeal, (3) the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information the HHSC Office of the Ombudsman, in consultation with the Department of Aging and Disability Services Long Term Care Ombudsman, identifies as relevant.

2. HHSC shall quarterly provide the above information to the Department of Aging and Disability Services Office of the Long Term Care Ombudsman in a format the Long Term Care Ombudsman specifies.
3. The HHSC Office of the Ombudsman shall annually report the above Medicaid managed care nursing facility resident complaint information, including analysis of complaint data trends, and comparison of performance between managed care organizations and across time, to the executive commissioner of HHSC and the Health and Human Services Council.
4. HHSC's Office of the Ombudsman shall prepare information that identifies a Medicaid managed care organization's (MCO) performance related to Medicaid managed care nursing facility resident complaints including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the nature or category of complaint and/or appeal, (3) the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information identified as relevant to a MCO beneficiary. The information shall be prepared in a consumer-friendly, printed format that allows beneficiaries to compare Medicaid managed care nursing facility resident complaint resolution performance by MCO, services provided, geographic location, and across time. The printed information shall be distributed to all respective beneficiaries of health and human service programs provided by a MCO. The information shall be distributed to beneficiaries via postal mail annually during enrollment or other predetermined mailing period.

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the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information the HHSC Office of the Ombudsman, in consultation with the Department of Aging and Disability Services Long Term Care Ombudsman, identifies as relevant.

2. HHSC shall quarterly provide the above information to the Department of Aging and Disability Services Office of the Long Term Care Ombudsman in a format the Long Term Care Ombudsman specifies.
3. The HHSC Office of the Ombudsman shall annually report the above managed care consumer complaint information, including analysis of complaint data trends, and comparison of performance between managed care organizations and across time, to the executive commissioner of HHSC and the Health and Human Services Council.
4. HHSC's Office of the Ombudsman shall prepare information that identifies a Medicaid managed care organization's (MCO) performance related to consumer complaints including, but not limited to: (1) the source and location of the complaint and/or appeal, (2) the nature or category of complaint and/or appeal, (3) the disposition of complaint and/or appeal, (4) the complaint and/or appeal resolution length and entity that resolved complaint and/or appeal, (5) type of service or procedure-related to complaint and/or appeal, and other information identified as relevant to a MCO beneficiary. The information shall be prepared in a consumer-friendly, printed format that allows beneficiaries to compare managed care organizations' consumer complaint performance by MCO, services provided, geographic location, and across time. The printed information shall be distributed to all respective beneficiaries of health and human service programs provided by a MCO. The information shall be distributed to beneficiaries via postal mail annually during enrollment or other predetermined mailing period.

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**Sec. 47. Access to Highly Effective Methods of Contraception.** Out of funds appropriated to the Health and Human Services Commission, HHSC, in collaboration with participating health care providers, shall expeditiously implement program policies to increase the utilization of long acting contraceptives by 10 percent annually. The commission shall develop provider education and training to promote utilization of the most effective forms of contraception, including vasectomy but excluding abortifacients or any other drug or device that terminates a pregnancy. Additionally, the Department of State Health Services, in collaboration with participating health care providers, shall implement program policies, as well as education and training, to promote their usage. HHSC shall ensure providers are reimbursed the cost of acquiring such devices.

**Sec. 48. Information on Funding Provided for Attendant Wages.** Appropriations made elsewhere in this Act for the 2016-17 biennium provide \$30.0 million in General Revenue Funds for an increase in the base wage of personal attendants to \$7.97 per hour in fiscal years 2016 and 2017, and include an additional \$30.0 million in General Revenue Funds for rate enhancement across community-based programs. These amounts include funding for both the Department of Aging and Disability Services and the Health and Human Services Commission.

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**Sec. 54. Access to Highly Effective Methods of Contraception.** Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission (HHSC) and the Department of State Health Services shall expeditiously implement program policies to increase access to long acting contraceptives. The commission shall develop provider education and training to increase access to the most effective forms of contraception, including vasectomy but excluding abortifacients or any other drug or device that terminates a pregnancy.

**Sec. 48. Information on Funding Provided for Attendant Wages.** Appropriations made elsewhere in this Act for the 2016-17 biennium provide \$38,053,358 in General Revenue Funds (\$88,893,285 in All Funds) for an increase in the base wage of personal attendants to \$8.00 per hour in fiscal years 2016 and 2017. These amounts include \$9,612,492 in General Revenue Funds (\$20,619,049 in All Funds) for the Department of Aging and Disability Services and \$28,440,866 in General Revenue Funds (\$68,274,236 in All Funds) for the Health and Human Services Commission.

**Sec. 49. Targeted Wage Increases for Registered Nurses and Licensed Vocational Nurses.** Out of funds appropriated above, the Department of Aging and Disability Services and the Department of State Health Services shall allocate \$4,404,300 in General Revenue Funds and \$6,607,057 in All Funds in the 2016-17 biennium for the purpose of providing wage increases for registered nurses and licensed vocational nurses in localities with the highest turnover rates.

**Sec. 50. Enterprise Staff Retention Report.** Out of funds appropriated above, the Health and Human Services Commission, in collaboration with the Department of Aging and Disability Services and the Department of State Health Services, shall provide a report on retention rates across these agencies.



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The report should include data on fill rates, turnover, the effectiveness of increased wages and salaries on retention, and outcomes quantifying the impact of the targeted wage and salaries increases, equity adjustments, career ladder tracks, and recruitment bonuses.

The commission shall submit the report not later than December 1, 2016, to the Legislative Budget Board, the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

**Sec. 51. Informational: Women's Health Services Funding.** Included in the appropriations for Article II are the following funding amounts specifically for women's health services and family planning by strategy, which comprise a total of \$284,562,042 in All Funds, which includes \$262,108,736 in General Revenue Funds:

- a. Health and Human Services Commission, Strategy D.2.3, Women's Health Services, Texas Women's Health Program: \$69,310,379 in All Funds (all General Revenue Funds);
- b. Health and Human Services Commission, Strategy D.2.3, Women's Health Services, Expanded Primary Health Care: \$100,000,000 in All Funds (all General Revenue Funds);
- c. Health and Human Services Commission, Strategy D.2.3, Women's Health Services, Family Planning: \$41,559,813 in All Funds, including \$37,798,357 in General Revenue Funds;
- d. Health and Human Services Commission, Strategy D.2.3, Women's Health Services, HHSC Rider 78, Women's Health Programs: \$50,000,000 in All Funds (all General Revenue Funds); and
- e. Department of State Health Services, Strategy B.1.2, Women and Children's Health Services (breast and cervical cancer screening program): \$23,691,850 in All Funds, including \$5,000,000 in General Revenue Funds.

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**Sec. 52. Locality Pay.** Out of funds appropriated above, the health and human services agencies listed in Chapter 531, Government Code are hereby authorized to pay a salary supplement, not to exceed \$1,200 per month, to each employee whose duty station is located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the agency. This salary supplement shall be in addition to the maximum salary rate authorized for that position elsewhere in this Act. In the event that an employee so assigned works on a less than full-time basis, the maximum salary supplement shall be set on a basis proportionate to the number of hours worked.

**Sec. 53. Cost of Preadmission Screening and Resident Review (PASRR).** The Department of Aging and Disability Services and the Department of State Health Services shall provide a joint report by December 1, 2016 to the Legislative Budget Board and the Governor on the costs of complying with Preadmission Screening and Resident Review federal requirements. The report shall provide a ten-year funding history, starting with expenditures in fiscal year 2010, and projecting expenditures in future years. Detail on the method of finance shall be included.

**Sec. 55. Postpartum Depression Screening and Treatment Report.** Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission (HHSC), in coordination with the Department of State Health Services, shall submit a report on screening and treatment of postpartum depression. The report shall include recommendations to increase utilization of the screening and treatment within the Medicaid program, to increase the treatment of postpartum depression provided by the local mental health authorities, and to increase continuity of care.

Not later than October 1, 2016, HHSC shall submit the report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

**Sec. 56. Breast and Cervical Cancer Program Services.** In the event that federal funds are less than

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appropriated to the Breast and Cervical Cancer Program at the Department of State Health Services (DSHS), it is the intent of the legislature that the Executive Commissioner transfer necessary funds to DSHS Strategy B.1.2, Women and Children's Health Services, for the Breast and Cervical Cancer Program, pursuant to the notification and approval requirements contained in other provisions, prior to suspending services.

**Sec. 57. Health Insurance Providers Fee.** Included in amounts appropriated elsewhere in this Act is \$243,048,189 in General Revenue Funds (\$591,879,006 in All Funds) to reimburse managed care organizations for payment of the Health Insurance Providers Fee pursuant to Section 9010 of the Affordable Care Act and associated federal income tax. Contingent upon a judgment of the Supreme Court of the United States declaring Section 9010 unconstitutional, enactment of federal law repealing Section 9010, or judgment of the Supreme Court of the United States or enactment of federal law amending Section 9010 to make reimbursement of the fee optional for states, the Health and Human Services Commission and Department of State Health Services shall cease any reimbursements to managed care organizations for payment of the fee and tax. Any amounts identified in this section that remain unexpended shall lapse to the treasury at the end of the fiscal year.