

SENATE FINANCE COMMITTEE

ARTICLE II

ADOPTED RIDERS

03/24/2015

Senate Sponsor: _____

Department of Aging and Disability Services (DADS) Riders

Prepared by Department of Aging and Disability Services

Overview: This would reinstate Rider 34, currently recommended for deletion, authorizing individuals with an intellectual or developmental disability (IDD) under the age of 22 to transition from a nursing facility into a 1915(c) waiver program.

Justification: Rider 34, originally passed as Rider 41, allows individuals under 22 with IDD to transition from a nursing home into the Home and Community-based Services (HCS) waiver. Previously, children in nursing facilities were only allowed to leave the facility if they were returning home to their family, which is not an option for many. As of August 2014, the number of children in nursing facilities has decreased by more than 70 percent since 2002.

While the Promoting Independence Plan does provide for the diversion of nursing facility residents into the HCS waiver program, it does not have the force of law. The inclusion of the rider gives DADS clear authority to carry out the Legislature's intent.

House Bill 1, Page II-20

34. Services under a 1915(c) Waiver.

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

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

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

Senate Sponsor: _____

Department of Aging and Disability Services (DADS) Riders

Prepared by Department of Aging and Disability Services

Overview: This would reinstate Rider 35, currently recommended for deletion, authorizing individuals with IDD under the age of 22 to transition from an intermediate care facility for individuals with intellectual disability or related condition (ICF/IID) into a 1915(c) waiver program other than HCS.

Justification: Reinstating this rider reflects the intent of the Legislature to give flexibility to transition individuals with IDD from an intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) to another 1915(c) waiver program.

House Bill 1, Page II-20

35. Services under HCS Waiver Program.

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

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

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

By: _____

Department of Aging and Disability Services
Proposed Rider
Fees for Community Services at SSLCs

Prepared by LBB Staff, 03/04/2015

Overview

State supported living centers (SSLCs) have the authority to collect fees from providing medical, behavioral, and other SSLC services to people in the community who meet certain eligibility requirements. Previous budget bills have prohibited the agency from increasing the SSLC strategy budget, including as a result of these fee revenues.

Required Action

1. On page II-19 of the Department of Aging and Disability Services bill pattern, add the following rider:

_____. **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.

Senate Sponsor: _____

**Department of Family and Protective Services (DFPS) Riders
Prepared by Department of Family and Protective Services**

Senate Bill 2, Page II-47

~~25. Cost Containment Strategies for DFPS Funded Daycare Services.~~

~~Out of funds appropriated above to the Department of Family and Protective Services in strategy B.1.3, TWC Contracted Day Care, the agency shall collect available income and family size data on clients that receive foster and relative daycare services during the initial authorization process and every subsequent 12 months to assess the feasibility of certain cost containment strategies. The agency shall identify and implement appropriate cost containment strategies for state-funded daycare services. Strategies that the agency may employ include but are not limited to the following options: (1) creating client priority groups, (2) instituting waiting lists based on client priority, (3) implementing an income-based sliding fee scale for daycare services on a case-by-case basis, and (4) setting time limits on the receipt of services or cost-sharing exemptions.~~

Purpose:

DFPS requests deletion of this rider. Although the reporting requirement has been removed the agency would still be required to collect the family size and income data. The collection of this data is administratively burdensome to the caseworker as it is a manual process. Additionally there is no system to compile this collected data.

Finally CPS has identified and implemented various cost containment policies.

House Sponsor: Rep Sarah Davis

Department of State Health Services Riders
Revised

Prepared by Department of State Health Services

House Bill 1, Page II-62

5. Transfers of Appropriation - State Owned Hospitals.

The Department of State Health Services (DSHS) shall transfer from non-Medicaid state appropriated funds the following amounts to the Health and Human Services Commission for the Disproportionate Share Hospital Reimbursement Program:

2014-2016

State Mental Health Hospitals ~~\$215,096,138~~ 158,038,231

Texas Center for Infectious Disease ~~\$5,862,342~~ 5,862,342

~~\$229,829,054~~ 220,958,480 ~~163,900,573~~

2015-2017

State Mental Health Hospitals ~~\$215,096,138~~ 158,038,231

Texas Center for Infectious Disease ~~\$5,862,342~~ 5,862,342

~~\$229,829,054~~ 220,958,480 ~~163,900,573~~

The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Health and Human Services Commission. The Legislative Budget Board is authorized to ~~is authorized to~~ may adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals including mental health community hospitals. DSHS shall monitor Medicaid utilization rates at these state-owned hospitals to ensure their qualification for the Disproportionate Share Hospital Reimbursement Program.

Purpose:

Updated fiscal years.

Amounts need to be changed based on recent earnings being much lower than prior years.

Department of State Health Services, Art. II

New Rider

Safe and Supportive Schools

Prepared by LBB Staff, 3/23/2015

Overview

On page II-87 of the bill pattern for the Department of State Health Services (DSHS) Bill Pattern add the following new rider that directs DSHS to work with the Texas Education Agency to provide guidance to schools to create safe and supportive school climates.

Required Action

On page II-87 of the Department of State Health Services bill pattern, add the following rider:

- _____. **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.

**Department of State Health Services
Proposed Rider
Mental Health Peer Support Reentry Pilot**

Prepared by LBB Staff, 3/23/2015

Overview

Add a new rider that requires the Department of State Health Services to allocate funding to implement a mental health peer support re-entry program.

Required Action

On page II-87 of the Department of State Health Services bill pattern, add the following rider:

XX. 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.

**Department of State Health Services
Proposed Rider
503B Outsourcing Facilities**

Prepared by LBB Staff, 3/22/2015

Overview

Add a new rider that requires the Department of State Health Services to implement regulation of Section 503B of the Federal Food Drug and Cosmetic Act, related to Outsourcing Facilities.

Required Action

On page II-87 of the Department of State Health Services bill pattern, add the following rider:

XX. Regulation of Outsourcing Facilities. In addition to the amounts appropriated above, the Department of State Health Services is appropriated 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.

Department of State Health Services
Revised Rider
Cardiovascular Disease and Stroke Projects
Prepared by LBB Staff, 3/23/15

Overview

Amend the rider below that allows the Department of State Health Services (DSHS) to expend \$5.0 million in General Revenue over the biennium for the purpose of funding various cardiovascular disease and stroke projects, and requires DSHS to submit an annual report.

Required Action

On page II-82 of the Department of State Health Services bill pattern, amend the following rider:

73. ~~Texas Council on Cardiovascular Disease and Stroke.~~ 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. 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 \$500,000 of these funds over the biennium for the Stroke/STEMI (ST Segment Elevation Myocardial Infarction) Data Collection for data collection activities.~~
- (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, 2016 of each fiscal year.

Department of State Health Services, Art. II

New Rider

Chronic Disease Prevention Allocation and Report

Prepared by LBB Staff, 03/23/2015

Overview

Add the following rider to the Department of State Health Services Bill Pattern to allocate General Revenue funding, to the extent possible given any federal matching requirements, in Strategy A.3.1, Chronic Disease Prevention, based on data the agency receives through the Texas Healthcare Learning Collaborative portal to strategically fund chronic disease prevention programs in areas with the greatest need.

Required Action

On page II-87 of the Department of State Health Services bill pattern, add the following rider:

_____. **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.

**Department of State Health Services
Deleted Rider
Mental Health Program Allocation**

Prepared by LBB Staff, 3/23/15

Overview

Delete the rider below, Mental Health Program Allocation.

Required Action

On page II-84 of the Department of State Health Services bill pattern, delete the following rider:

- ~~77. **Mental Health Program Allocation.** Out of funds appropriated above, the Department of State Health Services (DSHS) is directed to use \$18,400,000 in General Revenue over the biennium for the purpose of expanding or improving statewide community mental health services. It is the intent of the legislature that DSHS allocates a portion of the funds to achieve equity on a per capita basis among the local mental health authorities and NorthSTAR.~~

Sponsor: _____

Health and Human Services Commission Riders
Proposed Rider Revision
Prepared by Texas Health and Human Services Commission

Overview: This modification would ensure that agency funds and resources are being used efficiently.

Justification of Changes: *HHSC has modernized our systems to enable clients to submit applications in an efficient manner through an online website. This change will help ensure that state resources are dedicated for their intended purpose.*

Senate Bill 2, Page II-112

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

Sponsor: _____

Health and Human Services Commission Riders
Proposed Rider Revision
Prepared by Texas Health and Human Services Commission

Overview: Rider requires that the Center for Elimination of Disproportionality and Disparities advise HHS agencies on implementing cultural competency training and developing partnerships with community groups and other agencies. The CEDD is directed to help agencies develop and deliver culturally competent services to children and families.

Justification of Changes: *The current version of Rider 64 directs the Center for Elimination of Disproportionality and Disparities and the Interagency Council for Disproportionality and Disparities to submit a report to the Legislature by December 2016. However, the Interagency Council is no longer in existence. A statewide coalition of agency representatives and community leaders has been formed to replace the Council and advise the Executive Commissioner on disproportionality and disparities issues.*

House Bill 1, Page II-113

64. The Center for Elimination of Disproportionality and Disparities Center.

Out of funds appropriated above in Strategy A.2.1, Consolidated System Support, it is the intent of the Legislature that the Center for Elimination of Disproportionality and Disparities (CEDD) shall advise each health and human services agency within Texas Health and Human Services, education, juvenile justice, child welfare, and mental health agency on the implementation of cultural competency training and develop partnerships with community groups and agencies to support the delivery of culturally competency services to children and families. The CEDD shall only contract with entities that have been screened, reviewed, and approved by the executive commissioner of the Health and Human Services Commission. The CEDD and the HHS Statewide Coalition on ~~and the Interagency Council for Addressing Disproportionality and Disparities~~ shall also develop and recommend to the executive commissioner policies and programs for addressing disproportionality and disparities within Texas Health and Human Services agencies, and support collaborative efforts in ~~the~~ education, juvenile justice, child welfare, health and mental health systems to and implement and evaluate equitable those policies and practices statewide. The CEDD and Texas Health and Human Services agencies ~~the Interagency Council for Addressing Disproportionality~~ shall report on the status of these efforts implementation of the policies to the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature by December 1, 2016.

Sponsor: _____

Health and Human Services Commission Riders
Proposed Rider Revision
Prepared by Texas Health and Human Services Commission

Overview: This modification would clarify the timeframe for submission of the report.

Justification of Changes: *As written, the report would be submitted prior to finalizing the contract amounts and NAIP component of the PMPM. Contracts are signed 45 days prior to effective date of contract and payments. Proposals are approved prior to this timeframe.*

House Bill 1, Page II-113

Rider 66. Network Access Improvement Program Report. The Health and Human Services Commission (HHSC) shall submit a report each time a new round of Network Access Improvement Program (NAIP) proposals are approved, which includes a list of participating public health related institutions (HRI) and managed care organization (MCO) partnerships, the anticipated amount paid to each MCO by HHSC and the anticipated amount paid to each HRI by an MCO, and a summary of each partnership (including program methodology, targeted goals and performance metrics, and the payment structure). Each report shall be submitted to the Governor and the Legislative Budget Board 45 days prior to contract effective date ~~within 30 days of approving proposals.~~



By: Kolkhorst



Health and Human Services Commission
Proposed Rider
Cochlear Implants and Other Assistance for the Hearing Impaired.
Prepared by LBB Staff, 03/16/15

Overview

Add a new rider requiring the Health and Human Services Commission to review Medicaid reimbursement rates for cochlear implants and other assistance for the hearing impaired at least once a biennium.

Required Action

On page II-117 of the Health and Human Services Commission bill pattern, add the following rider:

_____. **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.

Rider Request

Member Name:

Affected Agency: Health and Human Services Commission

Amount requested (if applicable): Cost Neutral

Method of Finance (if applicable): Available funds

Purpose: Excellence in Mental Health

Rider Language: 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.

Background

On March 31, 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302), which includes a demonstration program (Section 223) based on the Excellence in Mental Health Act. The Excellence Act seeks to increase access to community mental health and substance use treatment services and improve Medicaid payment methodologies for these services. This legislation:

- **Creates criteria for Certified Community Behavioral Health Clinics** as entities designed to serve people with serious mental illness and substance use disorders—providing intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, prevention, treatment and wellness services.
- **Provides \$25 million to states as planning grants** to develop applications for participation in the 2-year pilot. Only states that receive a planning grant will be eligible to apply for participation in the pilot.
- **Stipulates that up to eight (8) states will be selected to participate** in the 2-year pilot program. The match rate for Certified Community Behavioral Health Clinic services is the Enhanced FMAP/CHIP rate (FFY16 Texas FMAP 57.13%; Enhanced FMAP 69.99%)
- **Requires participating states to develop a Prospective Payment System** for reimbursing Certified Behavioral Health Clinics for required services.

Participation in the planning grant and pilot would position Texas to influence future direction for behavioral health system payment reform. The planning grant would provide Texas the opportunity to engage in the application process with other states and prepare for potential involvement in a pilot.

Increased Accountability The Certified Community Behavioral Health Clinics must have capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to measures that capture the following: (1) consumer demographics; (2) staffing; (3) use of services (i.e., encounter data); (4) access to services; (5) care coordination; (6) other processes of care; (7) consumer outcomes; and (8) screening and prevention.

Late Spring/Early Summer 2015: Release of certification criteria, request for application to participate in 2-year pilot and guidance for establishing a prospective payment system.

X. 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.

- The goal of this rider is to improve transparency regarding the amount of federal and state 1115 transformation waiver dollars being spent in communities to improve health care delivery and quality for low income patients. Currently, HHSC does not post on its website exact 1115 waiver payments made to providers for uncompensated care or delivery system reform incentive payments (DSRIP) projects. This information is only available upon request. Community leaders should be able to obtain this information from the HHSC website within 45 days of providers receiving a payment.

By: _____

**Health and Human Services Commission
Proposed Rider
Medicaid Managed Care Organization Network Adequacy Action Report**

Prepared by LBB Staff: 3/19/2015

Required Action

On page II-115 of the bill pattern for the Health and Human Services Commission Bill Pattern add the following new rider:

XX. Medicaid Managed Care Organization Network Adequacy Action Report. Out of funds appropriated above, the Health and Human Services Commission shall report to the Legislature and the public no later than September 1, 2016 containing the number of final disciplinary orders or corrective action plans imposed by the Commission over the last five years based upon violations of the Commission's Medicaid managed care program network adequacy requirements under 1 Tex. Admin. Code § 353.411. For each final disciplinary order or corrective action plan imposed by the Commission based upon a violation of the Commission's Medicaid managed care program network adequacy requirements or accessibility of services standards provisions, the report shall include: the name of the managed care organization, date of the disciplinary order or corrective action plan, disciplinary or corrective action taken, and ground for the violation.

By: _____

**Health and Human Services Commission
Proposed Rider
Assessment of Single Case Agreements**

Prepared by LBB Staff: 3/19/2015

Required Action

On page II-115 of the bill pattern for the Health and Human Services Commission Bill Pattern add the following new rider:

XX. Assessment of Single Case Agreements. Out of funds appropriated above, the Health and Human Services Commission shall report to the Legislature and the public no later than September 1, 2016 containing the number of single case agreements between any Medicaid or CHIP managed care organization and a provider over the last five years. For each single case agreement entered between a Medicaid or CHIP managed care organization and a provider over the last five years, the report shall include: the name of the managed care organization, the type of provider, the effective date of the agreement, the term of the agreement, and the services provided under the agreement.

By Hinojosa

HHSC
Report on the Vendor Drug Program

Overview

The following action adds a new rider that directs HHSC to report on new models of care for cost effectiveness, increased competition, and improved health outcomes.

Required Action

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

____. **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.

By: Hinojosa

**Health and Human Services
Texas Medicaid and Texas Diabetes Council**

Overview

Type 2 and gestational diabetes can be delayed or prevented in people at risk of developing diabetes. Once diagnosed, diabetes can be effectively self-managed to keep patients out of emergency rooms. In 2014, HHSC released "Reporting on Gestational Diabetes in Medicaid," documenting that only between 40 to 50 percent of women participating in the Medicaid or CHIP Perinatal program in Texas were screened for gestational diabetes during SFY 2012.

Managed care organizations (MCOs) currently under contract with Texas Medicaid are required to provide disease management and education services for patients diagnosed with diabetes. However, initial surveys of Medicaid MCOs indicate that fewer than half of the contracted MCOs automatically enroll patients in DSME programs. DSME teaches patients how to maintain close-to-normal A1c/blood sugar, which has been demonstrated to reduce eye disease by 76 percent, reduce kidney disease by 50 percent, and reduce heart disease by 40 percent.

This rider would require HHSC and TDC to work with Medicaid managed care plans to identify ways to achieve cost savings in Texas Medicaid by developing and implementing solutions to improve diabetes screening rates and increase access to DSME for Medicaid patients with diabetes.

Required Action

Under the Health and Human Services Commission bill pattern, beginning on page II-87, add the following rider:

_____. **Texas Medicaid and Texas Diabetes Council.** Out of funds appropriated above, and as the state Medicaid operating agency, the Health and Human Services Commission (HHSC) should identify efficiencies across agencies to integrate systems of care and work jointly with the Texas Diabetes Council (TDC) to: 1) improve screening rates for Medicaid patients at risk for diabetes; and 2) increase enrollment in diabetes self-management education (DSME) programs for those Medicaid patients diagnosed with diabetes. The results, including limitations, improvements made, and recommendations on these two issues, will be included in a report by HHSC in consultation with TDC. The report is due to the Legislature and Governor by August 31, 2016.

Health and Human Services Commission

New Rider

Cost Containment Annual Summit

Prepared by LBB Staff, 03/22/15

Overview

Add a new rider to the Health and Human Services Commission (HHSC) bill pattern requiring HHSC to host an annual cost containment summit.

Required Action

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

- ____. **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.

By: _____

Health and Human Services Commission
Proposed Rider
Health Insurance for Providers of Long-term Services and Supports

Prepared by LBB Staff, 3/23/2015

Overview

The new rider would direct the Health and Human Services Commission to identify any savings that could be achieved by providing health insurance to employees of providers of long-term services and supports and their dependents and to provide a plan for how those savings could be used to provide health insurance benefits.

Required Actions:

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

_____. **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.

Senate Sponsor: _____

Article II Special Provisions

Prepared by Department of Family and Protective Services

Senate Bill 2, Page II-123

Sec. 3. Services to Employees.

The Department of State Health Services, Department of Family and Protective Services and Department of Aging and Disability Services may expend funds for the provision of first aid or other minor medical attention for employees injured in the course and scope of their employment and for the repair and/or replacement of employees' items of personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed equipment. Expenditures for such equipment may not exceed \$500 per employee per incident.

Purpose:

As written, DADS and DSHS may pay for first aid or minor medical attention, or repairs and replacement of employees' personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed. Expenditures may not exceed \$500 per employee per incident. Inclusion of DFPS would authorize compensating an employee up to \$500.00 for replacement or repair of certain personal items that are destroyed or damaged in the course of their work.

Senate Sponsor: _____

Article II Special Provisions

Modification

Prepared by Department of Aging and Disability Services

Overview: This modification would authorize DADS to apply funds received through civil monetary damages and penalties to the protection of health and property of nursing facility residents.

Justification of Changes: *As written, the rider removes the General Revenue match for DADS. By removing the agency entirely from the rider, DADS is not authorized to have civil monetary damages and penalties collected by the agency appropriated to the agency. The recommended modifications would allow DADS to apply collected civil monetary damages and penalties to protecting the health and safety of nursing facility residents.*

House Bill 1, II-136

Sec. 37. Appropriation of Receipts: Civil Monetary Damages and Penalties. Included in the amounts appropriated above for the ~~2014-15~~2016-17 biennium are the following:

~~a. \$2,660,000 in General Revenue Match for Medicaid for the Department of Aging and Disability Services;~~

~~ba.~~ \$1,414,870 in General Revenue Match for Medicaid for the Health and Human Services Commission; and

~~eb.~~ \$780,000 in General Revenue for the Department of State Health Services.

c. \$0 in General Revenue Match for Medicaid for the Department of Aging and Disability Services (DADS).

These amounts are contingent upon the collection of civil monetary damages and penalties under Human Resources Code §§32.021 and 32.039, and Health and Safety Code §431.0585. Any amounts collected above these amounts by the respective agency are hereby appropriated to the respective agency in amounts equal to the costs of the investigation and collection proceedings conducted under those sections, and any amounts collected as reimbursement for claims paid by the agency. For DADS, any amount collected above this amount is to be applied to the protection of health and property of residents in nursing facilities in accordance with 42 U.S. Code §1396r(h)(2)(a)(ii) and Human Resources Code §32.021(g) subject to the approval of the Centers for Medicare and Medicaid Services.

By: _____

Special Provisions
Proposed Rider
Informational rider on costs of Preadmission Screening and Resident Review (PASRR)

Prepared by LBB Staff, 3/17/2015

Overview

The new rider for Special Provisions would require the Department of Aging and Disability Services and the Department of State Health Services to report a ten year history on the costs of complying with the federal Preadmission Screening and Resident Review requirements.

Required Actions:

1. On page II-147 of Special Provisions, add the following rider:

_____. **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.

Special Provisions
New Rider
Access to Highly Effective Methods of Contraception
Prepared by LBB Staff, 3/23/2015

Overview

Prepare a rider for the Special Provisions of Article II which requires the Health and Human Services Commissions and the Department of State Health Services to use existing appropriations to implement program policies to increase access to long acting contraceptives.

Required Action

On page II-149 of the bill pattern for the Special Provisions for Article II add a new rider:

XX. 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.

By: Uresti

Article II Special Provisions
Proposed Rider
Postpartum Depression Screening and Treatment Report
Prepared by Legislative Budget Board Staff, 3/20/2015

Overview

Add a new rider that directs the Department of State Health Services and the Health and Human Services Commission to submit a report on increasing the utilization of screening and treatment for postpartum depression.

Required Action

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

Sec. __. 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.

By Sen. Kirk Watson

**Article II, Health and Human Service
Recruitment and Retention Strategies for Community Attendants**

Overview

The proposal would direct the Health and Human Services Commission to develop recruitment and retention strategies for the projected shortage of community attendants.

Required Action

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

____. **Recruitment and Retention Strategies.** Out of funds appropriated above, HHSC shall develop recruitment and retention strategies for community attendants to address the projected shortage of attendants.

By: _____

Article II Special Provisions
New Rider
Breast and Cervical Cancer Program Services
Prepared by LBB Staff, 3/23/15

Overview

Add a new rider the Special Provisions related to the Breast and Cervical Cancer Program, specifying the agency to transfer funds if needed if the federal funds are insufficient.

Required Action

On page II-147 of the Article II Special Provisions, add the new following rider:

- ____. **Breast and Cervical Cancer Program Services.** In the event that federal funds are less than appropriated to the Breast and Cervical Cancer Program at the Department of State Health Services, 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.