

HOUSE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON  
ARTICLE II



Adoped to

Article XI

**Rider Day Riders**

March 15, 2017

By Burkett

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

**Required Action**

On page II-18 of Department of Family and Protective Services' bill pattern, modify the following existing rider:

32. Texas Home Visiting Program and Nurse Family Partnership Program. Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C.1.5, Home Visiting Program, is:

a. \$16,007,117 in Federal Funds in fiscal year 2018 and \$16,007,117 in Federal Funds in fiscal year 2019 for the Texas Home Visiting Program and \$5,000,000 in General Revenue Funds in fiscal year 2018 and \$5,000,000 in General Revenue Funds in fiscal year 2019 for the Texas Home Visiting Program direct services; and

b. \$5,320,669 ~~\$320,669~~ in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2018, and \$5,320,669 ~~\$320,669~~ in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2019 for the Nurse Family Partnership Program.

By Dukes

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

**Overview**

The following action modifies an existing rider by adding \$20 million in General Revenue for the expansion of the Texas Home Visiting Program and for the Nurse Family Partnership Program to serve an additional 2,500 highest need children ages 0-6 and their families across the state in the 2018-2019 biennium. These are Texas families who are at 50% or less of the federal poverty level and have high risk indicating factors. Some of the most expensive social problems impacting the state; including, child abuse and neglect, school failure, poverty, unemployment and crime, are rooted in early childhood. Quality, voluntary home visiting reduces costly problems, including low-weight births, emergency room visits, and children in the social welfare, mental health, and juvenile corrections systems, which create considerable cost savings for taxpayers. They have been proven to decrease: months on Medicaid, months on welfare/ nutrition assistance, premature deliveries, and child abuse and neglect. Home visiting programs have been shown to produce favorable return on investments, ranging from \$1.18 to \$14.65, depending on the program and targeted population.

**Required Action**

On page II-18 of Department of Family and Protective Services' bill pattern, modify the following existing rider:

32. Texas Home Visiting Program and Nurse Family Partnership Program. Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C.1.5, Home Visiting Program, is:

a. \$16,007,117 in Federal Funds in fiscal year 2018 and \$16,007,117 in Federal Funds in fiscal year 2019 for the Texas Home Visiting Program and \$5,000,000 in General Revenue Funds in fiscal year 2018 and \$5,000,000 in General Revenue Funds in fiscal year 2019 for the Texas Home Visiting Program direct services; and

b. \$5,320,669 ~~\$320,669~~ in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2018, and \$5,320,669 ~~\$320,669~~ in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2019 for the Nurse Family Partnership Program.

Roberts

On page II-18 of Department of Family and Protective Services' bill pattern, modify the following existing rider:

32. Texas Home Visiting Program and Nurse Family Partnership Program. Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C.1.5, Home Visiting Program, is:

a. \$16,007,117 in Federal Funds in fiscal year 2018 and \$16,007,117 in Federal Funds in fiscal year 2019 for the Texas Home Visiting Program and \$5,000,000 in General Revenue Funds in fiscal year 2018 and \$5,000,000 in General Revenue Funds in fiscal year 2019 for the Texas Home Visiting Program direct services; and

b. \$5,320,669 \$320,669 in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2018, and \$5,320,669 \$320,669 in General Revenue Funds and \$12,265,549 in Federal Funds in fiscal year 2019 for the Nurse Family Partnership Program.

By Burkett

***Department of Family and Protective Services***  
**Contingency for HB 1549**

**Required Action**

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

\_\_\_\_\_. **Contingency for HB 1549.** Contingent on enactment of HB 1549, or similar legislation relating to the provision of services by the Department of Family and Protective Services, including child protective services and prevention and early intervention services, by the Eighty-fifth Legislature, Regular Session, the Department of Family and Protective Services is appropriated \$25,000,000 for the 2018-19 biennium from General Revenue.

**Overview**

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

**Required Action**

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

\_\_\_ **Average Daily Employee Caseloads.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall develop a plan for achieving the prescribed daily average caseload targets listed below for specific workers and for reducing call wait times and call abandonments for the abuse, neglect, and exploitation hotline managed by Statewide Intake. Where DFPS contracts with a Single Source Continuum Contractor (SSCC) to provide a full continuum of foster care services, DFPS shall ensure that the plan address how the SSCC will achieve the prescribed daily average caseloads targets listed below as well. DFPS shall submit this plan no later than December 1, 2018 to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor.

<u>Position</u>	<u>Target</u>
CPS Investigators:	an average of 15 cases
CPS Family-Based Safety Services Caseworkers:	an average of 10 cases
CPS Conservatorship Caseworkers:	an average of 20 cases
CPS Foster and Adopt Caseworkers:	an average of 20 cases
Child-Care Licensing Inspectors for day care:	an average of 64 child-care facilities or registered family homes
Child-Care Licensing Investigators for day care:	an average of 17 cases
APS In Home Specialists:	an average of 22 cases

<u>Initiative</u>	<u>Hotline Target:</u>
Average Hold Time for Calls to the Hotline:	Five Minutes or Less
Call Abandonment Rate for each fiscal year	25% or Less

**Overview**

Herrero

Add a new rider that would increase General Revenue appropriations to the Department of State Health Services contingent upon passage of House Bill 283, relating to the creation of an open burn pit registry for certain service members and veterans. Also increase the FTE cap contingent on passage of HB 283.

**Required Action**

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

\_\_\_\_\_. **Contingency for HB 283.** Contingent upon enactment of HB 283, SB 158 or similar legislation relating to the creation of an open burn pit registry for certain service members and veterans at the Department of State Health Services (DSHS) by the Eighty-fifth Legislature, Regular Session, \$2,110,863 in General Revenue in fiscal year 2018 and \$564,060 in General Revenue in fiscal year 2019 is appropriated to Strategy A.1.3, Health Registries at DSHS to implement the provisions of the legislation. In addition, the number of Full Time Equivalents (FTEs) for DSHS is increased by 4.0 FTEs in each year of the 2018-19 biennium.

## **RIDER REQUEST**

**Member Name:** Representative Oscar Longoria

**Affected Agency:** Department of State Health Services

**Purpose:** Air ambulance services provide lifesaving emergency transportation of the most critical patients directly from automobile, workplace, and maritime accident scenes to trauma centers. Air ambulances also provide a vital resource for disaster response and mass casualty incidents statewide. With the single exception of the multi-use Travis County STAR Flight, all other air ambulance providers in Texas are private, and receive no government subsidy, nor are they eligible for the HHSC Ambulance Supplemental Payment Program (ASPP) designed to augment payments for Medicaid and unfunded care. Unlike the hospitals in Texas to which air ambulance providers deliver patients, air ambulance providers are not eligible to receive funding to offset the cost of services to high numbers of indigent patients, nor are they eligible for receiving funding for uncompensated trauma care from the Trauma Fund under Section 773.006 of the Health and Safety Code. Both Medicare and the Texas Medicaid program reimburse air ambulance services providers far below the costs of providing the service. In addition, providers are paid nothing to transport the indigent patients not enrolled in Medicaid. Air ambulances respond to scenes when called by the first responders at the scene or when instructed by a hospital to transport an emergent care patient. These companies do not “self-dispatch” and have no knowledge of the patients’ ability to pay when delivering them to the hospital that might save their lives.

**Amount Requested (if applicable):** \$29m/biennium

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

**Rider Language:** Augmenting Medicaid Air Ambulance Reimbursement Rates to Address the Growing Delta with Costs of Providing Services to Patients.

**Contingency:** This rider is contingent on the passage of HB 935 or similar legislation. The legislation seeks to re-purpose an existing revenue source for supplemental funding of emergency air ambulance services statewide. This legislation would move 16.5% of the State Traffic Fine to the Emergency Medical Air Transportation Account and direct the Executive Commissioner/Commissioner to maximize federal matching funds and apply the resulting account balance to supplemental payments and rate adjustments for Medicaid air ambulance services.

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



### **RIDER REQUEST**

**Member Name:** Richard Raymond

**Affected Agency:** DSHS

**Purpose:** To gain Laboratory Response Network (LRN) Certification for an existing laboratory

**Amount Requested (if applicable):** \$700,000

**Method of Finance (if applicable):** GR

**Rider Language:** Out of funds appropriated above in Strategy \_\_\_\_, the Department shall make available \$700,000 to the City of Laredo for the purposes of assisting the existing biosafety laboratory level III (BSL III) in attaining Laboratory Response Network (LRN) certification.

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

Roberts

Amount Requested (if applicable): \$3 million

Method of Finance (if applicable):

Rider Language: Out of funds appropriated above, the Department shall enter into an agreement or agreements with a county or counties to use genetically engineered mosquito technology for the control and eradication of Zika, Dengue, Yellow Fever, and Chikungunya vectors.

Beginning in the fiscal year beginning September 1, 2017, DSHS shall submit a quarterly report to the Legislative Budget Board outlining program implementation and performance, due 30 days after the close of each fiscal quarter. If DSHS does not implement the program, the Legislative Budget Board may direct the Comptroller of Public Accounts to reduce the agency's authority in Strategy E.1.1, Central Administration, by the amount the Legislative Budget Board estimates DSHS would need to operate the program.

By: J.D. Sheffield

**Required Action**

On page \_\_\_\_ of the Department of State Health Services bill pattern, increase General Revenue funding for Strategy B.2.1, EMS and Trauma Care Systems by \$6,000,000 in each fiscal year of the 2018-19 biennium.

On page \_\_\_\_ of the Department of State Health Services bill pattern, add the following rider:

- \_\_\_\_. **Trauma Service Area Regional Advisory Councils.** Included in the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems is \$6,000,000 in General Revenue in each fiscal year of the 2018-19 biennium to provide supplemental funds for trauma and emergency health care programs operated by the Trauma Service Area Regional Advisory Councils. Of this amount, the Department of State Health Services shall distribute \$3,300,000 each fiscal year equally between the twenty-two Trauma Service Area Regional Advisory Councils. The remaining \$2,700,000 each fiscal year shall be distributed to the twenty-two Trauma Service Regional Advisory Councils based on the relative geographic size and population of each trauma service area.

## **RIDER REQUEST**

**Member Name:** Rep. Eddie Lucio III

**Affected Agency:** Department of State Health Services

**Purpose:** Scrap Tires are an ongoing environmental issue along the US Mexico Border. In the Rio Grande Valley there are an estimated 300,000 known and identified tires, however many others exist that have not been identified. Estimates range from 300,000 to over 2 million tires. Past efforts to combat Scrap Tires piles have occurred through EPA Border 2012 program that analyzed the issue and scope of the problem. Scrap Tire piles create a variety of environmental and health related risks including mosquito-borne diseases such as Dengue, Chikunguya, West Nile, and Zika. On December 2016, the Centers for Disease Control issued a Zika traveled related warning for pregnant women traveling to Brownsville. The City Of Brownsville registered 5 confirmed cases of the Zika Virus with another case recently discovered in the McAllen area. Temperatures throughout the year especially during the summer months make the entire Rio Grande Valley susceptible to mosquito borne diseases and now the presence of the Zika Virus in Brownsville makes the elimination of any mosquito breeding ground top priority for local and state public health officials. Given these public health issues and the known effects of scrap tires, the intent of this request is to develop a program to clean up scrap tire piles that could be replicated throughout the entire border region from Brownsville to El Paso in future years.

**Amount Requested (if applicable):** \$4,000,000

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

**Rider Language:** Out of funds appropriated above in strategy A.2.3, include in the amount of \$2,000,000 in FY 2018 and \$2,000,000 in FY 2019 for the purposes of the tire disposal program to prevent the spread of disease.

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

### **RIDER REQUEST**

**Member Name:** Representative Oscar Longoria

**Affected Agency:** Health and Human Services Commission

**Purpose:** Streamline the administrative requirements imposed on health care providers that re required to use Electronic Visit Verification (EVV).

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:** \_\_\_\_\_. **Electronic Visit Verification Administrative Simplification.** Out of funds appropriated above in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall, not later than September 1, 2018, implement the following measures to streamline the administrative requirements imposed on health care providers that are required to use Electronic Visit Verification (EVV):

- a. Limit the data elements collected through EVV to only those required under the 21st Century Cures Act (H.R. 34). [42 USC 1396b]
- b. Ensure that all services outlined under 42 USC 1396b are subject to EVV requirements, including consumer directed services;
- c. Utilize cell phone and GPS technologies for EVV compliance, as appropriate and cost effective;
- d. Eliminate program requirements that increase the cost of managing and placing small alternative devices (SADs) for EVV compliance such as requiring use of the a EVV vendor-issued zip tie;
- e. Align visit maintenance timelines with claims payment timelines;
- f. Educate clients that all providers are required to comply with EVV, and hold clients accountable for failure to comply with EVV requirements;

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- g. Standardize compliance requirements across
- h. managed care plans and fee-for-service; and
- i. Seek other methods to reduce the regulatory burdens of EVV on both health care providers and managed care organizations.

HHSC shall submit a report on implementation of items a.– g., and any additional efficiencies implemented in compliance with item h., to the Legislative Budget Board and the Office of the Governor by December 1, 2018.

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Munoz

\_\_\_\_. **Electronic Visit Verification Administrative Simplification.** Out of funds appropriated above in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall, not later than September 1, 2018, implement the following measures to streamline the administrative requirements imposed on health care providers that are required to use Electronic Visit Verification (EVV):

- a. Limit the data elements collected through EVV to only those required under the 21st Century Cures Act (H.R. 34). [42 USC 1396b]
- b. Ensure that all services outlined under [42 USC 1396b] are subject to EVV requirements, including consumer directed services;
- c. Utilize cell phone and GPS technologies for EVV compliance, as appropriate and cost effective;
- d. Eliminate program requirements that increase the cost of managing and placing small alternative devices (SADs) for EVV compliance such as requiring use of the EVV vendor-issued zip tie and to permit providers to locally manage SAD's.
- e. Align visit maintenance timelines with claims payment timelines;
- f. Educate clients that all providers are required to comply with EVV, and hold clients accountable for failure to comply with EVV requirements;
- g. Standardize compliance requirements across managed care plans and fee-for-service; and
- h. Seek other methods to reduce the regulatory burdens of EVV on both health care providers and managed care organizations.

HHSC shall submit a report on implementation of items a. – g., and any additional efficiencies implemented in compliance with item h., to the Legislative Budget Board and the Office of the Governor by December 1, 2018.

By Simmons

***Health and Human Services Commission***  
**Alternatives to Abortion**

**Overview**

The Alternatives to Abortion program is a statewide program that exists to enhance and increase resources that promote childbirth to women facing unplanned pregnancies. Services include mentoring, classes, materials assistance, referrals to community and medical resources and adoption education. The statewide network of participating providers offer a full suite of services including pregnancy support centers, adoption assistance and maternity homes.

Last session, the legislature heeded the pro-life call and funded this program. This rider increases total appropriations for the Alternatives to Abortion program from \$18.3 million to \$35 million.

**Required Action**

On page II-125 of the Health and Human Services bill pattern, add a rider:

. **Alternatives to Abortion.** In addition to amounts appropriated above in Strategy D.1.2. Alternatives to Abortion, \$16,700,000 in General Revenue is appropriated for the 2018-19 biennium for the purposes of funding alternatives to abortion programs. Any unexpended balances remaining as of August 31, 2018 are hereby appropriated to fiscal year 2019 for the same purpose.



**Overview**

Simmons

Appropriate an additional \$5 million in General Revenue and \$18.4 million in Federal Funds in fiscal year 2019 to the Health and Human Services Commission for the purposes of funding intensive behavior intervention for clients with Autism Spectrum Disorder (ASD).

**Required Action**

On page II-50 of the Health and Human Services Commission bill pattern, in Strategy A.1.2, Disability-Related Eligibility Group, increase General Revenue by \$3,649,946 and Federal Funds by \$10,671,358 in fiscal year 2019. In Strategy A.1.5, Children Eligibility Group, increase General Revenue by \$1,383,704 and Federal Funds by \$7,757,620 in fiscal year 2019.

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

\_\_\_\_\_. **Intensive Behavior Intervention.** Out of funds appropriated above in Strategies A.1.2, Disability-Related Eligibility Group and A.1.5, Children Eligibility Group, the Health and Human Services Commission shall allocate \$14,333,650 in General Revenue and \$18,428,978 in Federal Funds in fiscal year 2019 for the purposes of funding intensive behavior intervention for clients with Autism Spectrum Disorder..

## **RIDER REQUEST**

**Member Name:** Rep. Greg Bonnen

**Affected Agency:** HHSC

**Purpose:** This action would restore the rate reductions proposed in the filed version of HB 1 in Strategy A.3.1., Home and Community-based Services and Strategy A.3.4., Texas Home Living. The funds will ensure that persons with intellectual and developmental disabilities who rely on these services can continue living in the community family and peers, instead of more expensive institutional settings. The funds will further ensure that provider agencies of these services are not forced to cut current wages for the direct service workers, leading to increased turnover and putting a vulnerable population at risk.

**Amount Requested (if applicable):** \$24,100,000 (GR)  
\$39,900,000 (Federal Funds)

\*amounts based on savings reported by HHSC.

**Method of Finance (if applicable):** General Revenue 0001 (Unrestricted)

**Rider Language:**

\_\_\_\_. **Community First Choice (CFC) Services through the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Waiver Services:** In addition to amounts appropriated above in Strategy A.3.1, Home and Community-based Services and in Strategy A.3.4., Texas Home Living, the Health and Human Services Commission (HHSC) is appropriated \$\_\_\_\_\_ in General Revenue Funds in fiscal year 2018 and \$\_\_\_\_\_ in General Revenue funds in fiscal year 2019 to draw down a federal match of \$\_\_\_\_\_ in fiscal year 2018 and \$\_\_\_\_\_ in fiscal year 2019 to provide restoration of the rates for the HCS and TxHmL Community First Choice service rates.

## RIDER REQUEST

**Member Name:** Rep. Greg Bonnen

**Affected Agency:** HHSC

**Purpose:** This action would restore 2.2% in rate reductions proposed in the filed version of HB 1. The 2.2% reduction for FY 18 and FY 19 results in a rate of \$17.73, down from \$22.41 in the current biennium and \$30.46 in 2010. These successive reductions compound the CFC TxHmL/HCS programs' loss, and are potentially unsustainable.

<b>Amount Requested (if applicable):</b>	\$9,391,461	(GR)
	\$12,489,855	(Federal Funds)

**Method of Finance (if applicable):** General Revenue & Federal Matching Funds

**Rider Language:**

\_\_\_\_. **Home and Community-based Services Supervised Living/Residential Support Services Rates.** In addition to amounts appropriated above in Strategy A.3.1, Home and Community-based Services, the Health and Human Services Commission (HHSC) is appropriated \$4,724,176 in General Revenue Funds in fiscal year 2018 and \$4,667,285 in General Revenue funds in fiscal year 2019 to draw down a federal match of \$6,216,482 in fiscal year 2018 and \$6,273,373 in fiscal year 2019 to provide a rate restoration of 2.2 percent to the HCS rates for supervised living/residential support services.

**Overview**

Wu

Prepare a rider appropriating \$5.0 in each fiscal year of the 2018-19 biennium for the In-Home Family Support (IHFS) Program.

**Required Action**

1) Increase General Revenue Funds in Strategy F.1.2, Non-Medicaid Services, by \$4,989,907 in fiscal year 2018 and \$4,989,907 in fiscal year 2019.

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

\_\_\_\_\_. **In-Home Family Support Program.** Included in the amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, is \$4,989,907 in General Revenue in each fiscal year of the 2018-19 biennium to ensure continuity of service for the In-Home Family Support (IHFS) Program provided in the 2016-17 biennium and to maintain the average number of individuals receiving IHFS services each month at 5,482.

### **Overview**

The proposed rider would add General Revenue funding to increase the Full-time Equivalent (FTE) cap at the Health and Human Services by 3.0 FTEs to serve in the Office of the Ombudsman to increase services the office provides to the Foster Care program the Department of Family and Protective Services.

### **Required Action**

- 1) Increase the FTE cap by 3.0 FTEs in fiscal 2018 and 3.0 FTEs in fiscal year 2019.
- 2) Increase General Revenue Funds in Strategy L.1.1, HHS System Support, by \$250,000 in fiscal year 2018 and \$250,000 in fiscal year 2019.
- 3) On page II-XX of the bill pattern for the Health and Human Services Commission, add the following rider:

\_\_\_\_\_. **Office of the Ombudsman.** Included in the amounts appropriated above in Strategy L.1.1, HHS System Support, is \$250,000 in General Revenue and 3.0 FTEs in each fiscal year of the 2018-19 biennium for the agency's Office of the Ombudsman to perform duties related to the Foster Care program at the Department of Family and Protective Services including, but not limited to, outreach activities, information requests, and policy and procedure complaints.

Sheffield

**TEXAS SHOULD INCREASE MEDICAID PAYMENTS TO PHYSICIANS TREATING 0-6 YEAR OLD POPULATION TO IMPROVE ACCESS TO CARE FOR FRAGILE POPULATION and REDUCE MEDICAID EXPENDITURES**

**RIDER**

The Medicaid program is the primary source of health care funding for low-income individuals, providing health insurance for nearly 4,400,000 low-income Texans, of which over 3,300,000 are children 0-21 years old. Nearly Fifty percent (**50%**) of Texas' children are enrolled in Medicaid.<sup>1</sup>

- Low Medicaid payment rates place an unfair burden on Medicaid providers, resulting in the restriction of low-income Texans access to care. According to the Medicaid and CHIP Payment and Access Commission (MACPAC) the rate of physician participation in Medicaid has historically been considered an indicator of access to care.<sup>2</sup>

**A Meaningful increase to the Medicaid payment rates for physicians treating children from birth through age 6 will ultimately save the State money by facilitating access for child patients to the appropriate specialty and subspecialty physician, when the baby/child needs to see their physician. This will reduce unnecessary and expensive visits to the emergency room and/or return admission to the NICU or hospital. By helping the babies and children get the proper physician care when they need it, the likelihood of the child growing up healthy increases dramatically, and saves the State money.**

- When access is improved for this patient population, the state will receive a better return on the Medicaid dollars it is spending for care. For instance, it is often difficult to find physicians willing to accept Medicaid enrolled neonatal intensive care patients upon their discharge from the neonatal intensive care unit (NICU).
  - This creates a situation where patients are required to remain in the NICU for extra days until a willing treating physician can be located. If the Medicaid payment rates were increased, physician participation would be greater and we would reduce unnecessary costs created by the delays.
- Increasing access to care for this population will reduce unnecessary trips to the emergency room and/or readmissions, which will reduce Medicaid costs.

**Physicians are willing to tie increased payments to quality performance measures as a way to facilitate the cost savings associated with this endeavor.**

Many pediatricians and pediatric sub-specialists see a much larger share of Medicaid patient than providers of adult medicine. Low Medicaid payment rates create a challenge for recruiting physicians to our state – especially rural areas of Texas.

- Pediatricians and neonatologists estimate that Medicaid patients account for between 50% to 90% of their patient population.
- Children make up 74% of total Texas Medicaid/CHIP enrollment.
- In Texas, 54% of the births are financed by Medicaid<sup>3</sup>

**Physicians are seeking a 10% Medicaid payment raise for treatment of the 0-6 year old population. It is estimated that the cost to the Texas General Revenue for a 10% increase of the Medicaid payment rate for physicians treating patients in the 0-6 age range is \$57 million for the biennium.**

<sup>1</sup> CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: February 2014 - October 2016 (preliminary), as of December 30, 2016, available at <http://kff.org/other/state-indicator/total-medicaid-and-chip-child-enrollment/>

<sup>2</sup> Report to Congress on Medicaid and CHIP, MACPAC, June 2013.

<sup>3</sup> Data collected in 2016, reported for 2014. Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017, The Henry J. Kaiser Family Foundation, October 2016.

## **RIDER REQUEST**

**Member Name:** Muñoz, Jr.

**Affected Agency:** Health and Human Services Commission

**Purpose:** To appropriate additional funding of \$1M a year to be part of Article XI.

**Amount Requested (if applicable):** Click here to enter text.

**Method of Finance (if applicable):** Click here to enter text.

**Rider Language:**

**In HB 1, Article XI** an additional amount shall be added to the \$1,000,000 each year of the biennium of the Texas Health and Human Services Commission's bill pattern, **Rider 88** to read as follows.

88. Umbilical Cord Blood Bank Funding. Included in appropriations above in Strategy D.1.10, Additional Specialty Care, is \$1,000,000 in General Revenue Funds in fiscal year 2018 and \$1,000,000 in General Revenue Funds in fiscal year 2019 for the purpose of entering into a contract with a public cord blood bank in Texas for gathering umbilical cord blood from live births and retaining the blood at an unrelated cord blood bank for the primary purpose of making umbilical cord blood available for transplantation purpose. The contracting blood bank must be accredited by the American Association of Blood Banks and the International Organization for Standardization.

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

### **Overview**

Increase General Revenue appropriations by \$10.7 million for the 2018-19 biennium to the Health and Human Services Commission (HHSC), and direct HHSC to allocate those funds to the University of Texas Harris County Psychiatric Center for the purposes of funding a competency restoration unit.

### **Required Action**

1) On page II-52 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals by \$5,335,768 in General Revenue in each fiscal year of the 2018-19 biennium.

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

\_\_\_\_\_. **UT Health Harris County Psychiatric Center Competency Restoration Unit.** Out of funds appropriated above in Strategy G.2.2, Mental Health Community Hospitals, the Health and Human Services Commission shall allocate \$5,335,768 in General Revenue in each fiscal year of the 2018-19 biennium for the purpose of funding 21 additional competency restoration beds and increased outpatient competency restoration capacity at the University of Texas Harris County Psychiatric Center.



**Health and Human Services Commission**  
**Proposed Rider**  
**University of Texas Harris County Psychiatric Center**

Prepared by LBB Staff, 03/08/2017

**Overview**

Appropriate an additional \$2.3 million in General Revenue in each fiscal year of the 2018-19 biennium to the Health and Human Services Commission, and direct HHSC to allocate funding to the University of Texas Harris County Psychiatric Center for the purposes of funding inpatient psychiatric capacity.

**Required Action**

On page II-52 of the Health and Human Services Commission bill pattern, in Strategy G.2.2, Mental Health Community Hospitals, increase General Revenue by \$2,304,222 in each fiscal year of the 2018-19 biennium.

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

. **University of Texas Harris County Psychiatric Center.** Out of funds appropriated above in Strategy G.2.2, Mental Health Community Hospitals, the Health and Human Services Commission shall allocate \$2,304,022 in General Revenue in each fiscal year of the 2018-19 biennium for the purposes of funding acute care, competency restoration, and extended stay beds.

**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**University of Texas Harris County Psychiatric Center Swing Unit**

Prepared by LBB Staff, 03/09/17

**Overview**

Increase General Revenue appropriations by \$8.2 million for the 2018-19 biennium to the Health and Human Services Commission (HHSC), and direct HHSC to allocate those funds to the University of Texas Harris County Psychiatric Center for the purposes of funding additional inpatient beds.

**Required Action**

1) On page II-52 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals by \$4,099,545 in General Revenue in fiscal year 2018 and \$4,099,545 in General Revenue in fiscal year 2019.

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

\_\_\_\_\_. **UT Health Harris County Psychiatric Center Swing Unit.** Out of funds appropriated above in Strategy G.2.2, Mental Health Community Hospitals, the Health and Human Services Commission shall allocate \$4,099,545 in General Revenue in each fiscal year of the 2018-19 biennium for the purpose of funding 21 additional beds at The University of Texas Harris County Psychiatric Center.

**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Amend Rider to Appropriate Quality Assurance Fees**

Prepared by LBB Staff, 3/9/16

**Overview**

Amend current rider 110, Appropriation: Quality Assurance Fees, to appropriate revenue in excess of the amounts identified in the Biennial Revenue Estimate to the Health and Human Services Commission to increase rates for small and medium ICF-IDD facilities.

**Required Action**

On page II-98 of the Health and Human Services Commission bill pattern, add the following rider:

110. **Appropriation: Quality Assurance Fees.** Informational Item. Appropriations from General Revenue Dedicated - Quality Assurance Account No. 5080 in this Act total \$75,000,000 in each fiscal year in Strategy A.2.7, Intermediate Care Facilities-IID, for intellectual disability services. Estimated amounts of \$42,895 in fiscal year 2018 and \$42,895 in fiscal year 2019 are appropriated elsewhere in this Act for employee benefits of employees of community-based intermediate care facilities for individuals with intellectual disabilities also known as bond homes, that are operated by the Health and Human Services Commission (HHSC). Pursuant to Article IX, Sec. 6.08, Benefits Paid Proportional by Fund, benefits for bond home employees reflect the proportion by fund type as used for salaries.

- a. Appropriation Limitation. HHSC is appropriated revenue generated in General Revenue Dedicated - Quality Assurance Account No. 5080 in excess of the amounts identified in the Comptroller of Public Account's Biennial Revenue Estimate. The excess revenue in General Revenue Dedicated – Quality Assurance Account No. 5080 appropriated to HHSC to provide funding for small and medium sized community Intermediate Care Facilities for Individuals with and Intellectual Disability (ICF-IID).

The appropriation of revenue generated in General Revenue Dedicated - Quality Assurance Account No. 5080 in excess of the amounts identified in the Comptroller of Public Account's Biennial Revenue Estimate is contingent upon a written notification from HHSC to the Legislative Budget Board and Governor.

## **RIDER REQUEST**

**Member Name:** Schaefer

**Affected Agency:** HHSC

**Purpose:**

The following action would require HHSC to allocate new resources to create an IT interface with the Department of Public Safety to share Driver's License or State-Issued ID photographs with HHSC and to provide funds necessary to add a photo on current LoneStar Cards, administered by HHSC. This action is made contingent on the passage of HB148 or similar legislation that grants statutory authorization for HHSC to access photographs and identifying data from DPS.

**Amount Requested (if applicable):**

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

**Rider Language:**

Out of funds appropriated in Strategy I. Goal: PGM ELG DETERMINATION & ENROLLMENT, and to the extent practicable as determined by the Executive Commissioner, the Health and Human Services Commission shall expend funds necessary to place a photograph on the LoneStar Card and to create an information technology interface to access photographs and other identifying information from the Department of Public Safety for persons seeking to apply for the Supplemental Nutrition Assistance Program, as requested and established by HB148 or similar legislation.

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

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for House Bill 1600**

Prepared by LBB Staff, 03/09/17

**Overview**

Prepare a rider which appropriates \$\_\_\_\_\_ in General Revenue and \$\_\_\_\_\_ in Federal Funds in fiscal year 2018 and \$\_\_\_\_\_ in General Revenue and \$\_\_\_\_\_ in Federal Funds in fiscal year 2019 for the purposes of implementing the provisions of House Bill 1600, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_. **Contingency for House Bill 1600.** Contingent on enactment of House Bill 1600, or similar legislation relating to certain mental health screenings under the Texas Health Steps program, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission is appropriated \$\_\_\_\_\_ in General Revenue and \$\_\_\_\_\_ in Federal Funds in fiscal year 2018 and \$\_\_\_\_\_ in General Revenue and \$\_\_\_\_\_ in Federal Funds in fiscal year 2019 in Strategy A.1.5, Children, to implement the provisions of the legislation.

## **RIDER REQUEST**

**Member Name:** Rep. Greg Bonnen

**Affected Agency:** HHSC

**Purpose:** The following action would require HHSC to allocate up to \$1.5 million in already appropriated funds, per fiscal year, for the purpose of assisting rural telemedicine efforts in the pediatric field. The action is made contingent on the passage of HB 1697 or similar legislation that grants statutory authorization for a rural pediatric tele-health grant program.

**Amount Requested (if applicable):** 0

**Method of Finance (if applicable):** N/A

**Rider Language:**

\_\_\_\_. **Pediatric Tele-Connectivity Resource Program for Rural Texas.** Out of funds appropriated above in Strategy B.1.5. CHILDREN, and to the extent practicable as determined by the Executive Commissioner, the Health and Human Services Commission shall expend up to \$1.5 million in All Funds in fiscal year 2018 and up to \$1.5 million in All Funds in fiscal year 2019 for the purpose of expanding access to pediatric specialists by establishing a Pediatric Tele-Connectivity Resource Program in rural Texas that allows rural hospitals to connect via telemedicine to a pediatric specialty providers, as established by HB 1697 or similar legislation.

**By: Price**

**Health and Human Services Commission, Article II  
Proposed Rider  
Contingency Rider for House Bill 1697**

**Overview:**

The pediatric health electronic access program for rural Texas will virtually connect non-urban healthcare facilities with neonatal and pediatric emergency medicine specialists typically confined to urban population centers. The program will provide grants to rural hospitals to purchase telemedicine equipment, upgrade information technology infrastructure and contract with pediatric specialty providers for 24/7 coverage of neonatal intensive care unit and/or pediatric emergency department services.

**Required Actions:**

**Contingency for House Bill 1697.** Out of funds appropriated above in Strategy B.1.5: CHILDREN, on page \_\_\_\_\_, the Health and Human Services Commission shall expend \$1,500,000 in All Funds in fiscal year 2018 and \$1,500,000 in All Funds in fiscal year 2019 for the purpose of expanding access to pediatric specialists by establishing a Pediatric Tele-Connectivity Resource Program in rural Texas that allows rural hospitals to connect via telemedicine to a pediatric specialty provider, as established by HB 1697 or similar legislation.

**Overview**

Klick

Appropriate \$40 million in fiscal year 2018 and \$60 million in fiscal year 2019 for the purposes of implementing the provisions of House Bill 2454, contingent upon its enactment.

**Required Action**

Contingent on enactment of HB 2454, on page II-XX of the bill pattern for the Health and Human Services Commission, in Strategy A.2.4, Nursing Facility Payments, increase General Revenue by \$40,000,000 in fiscal year 2018 and \$60,000,000 in fiscal year 2019.

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

. **Contingency for HB 2454.** Contingent on enactment of HB 2454, or similar legislation relating to the provision of a nursing facility quality-based payment incentives program and a program to increase direct care staff and wages under Medicaid, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission (HHSC) is appropriated \$40,000,000 in General Revenue in fiscal year 2018 and \$60,000,000 in General Revenue in fiscal year 2019 in Strategy A.2.4, Nursing Facility Payments, to implement the provisions of the legislation.



By: González of El Paso

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for House Bill 3146**

Prepared by LBB Staff, 3/7/17

**Overview**

Prepare a rider which appropriates \$250,000 in General Revenue and \$250,000 in Federal Funds in fiscal year 2018 and \$250,000 in General Revenue and \$250,000 in Federal Funds in fiscal year 2019 for the purposes of implementing the provisions of House Bill 3146, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_. **Contingency for House Bill 3146.** Contingent on enactment of House Bill 3146, or similar legislation relating to a pilot program for providing services to certain children under the Medicaid medical transportation program, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission is appropriated \$250,000 in General Revenue and \$250,000 in Federal Funds in fiscal year 2018 and \$250,000 in General Revenue and \$250,000 in Federal Funds in fiscal year 2019 in Strategy A.1.8, Medical Transportation, to implement the provisions of the legislation.

**Overview**

Rodriguez, Justin

Appropriate \$5.0 million in each fiscal year of the 2018-19 biennium for the purposes of implementing the provisions of House Bill 3592 contingent upon its enactment.

**Required Action**

Contingent on enactment of HB 3592, on page II-XX of the bill pattern for the Health and Human Services Commission, in Strategy D.2.3, Community Mental Health Crisis Services, increase General Revenue by \$5,000,000 in each fiscal year of the 2018-19 biennium.

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

. **Contingency for HB 3592** . Contingent on enactment of HB 3592, or similar legislation relating to the creation of a mental health jail diversion and crisis stabilization program, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission (HHSC) is appropriated \$5,000,000 in General Revenue in each fiscal year of the 2018-19 biennium to implement the provisions of the legislation.

By: J.D. Sheffield

\_\_\_ ICF Determination of Intellectual Disability and Intellectual Disability/Related-Condition (IDRC) Assessments: The Health and Human Services Commission shall maximize funding appropriated above to A.2.7. Intermediate Care Facilities by implementing procedures that permit an ICF/IID provider to submit to the commission an existing verifiable determination of disability and the IDRC assessment required for service enrollment.

Sheffield

Rider \_\_\_\_\_. Out of funds appropriated under this Article for Medicaid waiver programs, the Health and Human Services Commission may provide services to persons who are functionally and medically eligible for a Medicaid waiver program(s), and otherwise would meet the medical necessity criteria for a hospital level of services, including people who need ventilator assistance, in the most cost effective and less restrictive setting possible.

Shaheen

**Rider Language:**

*a. Out of funds appropriated above, the Health and Human Services Commission shall direct funding to continue ongoing substance abuse treatment to at least the same number of individuals in Collin County identified by HHSC in 2017 as receiving opioid treatment services under the previous NorthSTAR program. Funding in the amount of at least \$715,000 per year shall be provided to the Local Behavioral Health Authority for Collin County.*

*b. If the Health and Human Services Commission is awarded the 21<sup>st</sup> Century Cures grant or other grants with funds specifically allocated for opioid treatment, the funds may come from that grant. If grants are not awarded, funds will come from Health and Human Services General Revenue allocation.*

By: Sheffield, J.D.

XX. **Vendor Drug Program Reforms.** Out of funds appropriated above to the Health and Human Services Commission, the agency shall seek to reduce administrative burden and costs on providers by making the changes to the Vendor Drug Program as described below.

- a. **Integrated Electronic Portal.** HHSC shall establish a single, integrated, electronic portal for prescribers to verify whether a prescription drug is a covered benefit, whether the drug is preferred or non-preferred, and whether the drug is subject to any additional clinical edits or utilization reviews. If the drug or drug class is subject to additional edits or reviews, the portal must display the edits or reviews and link to the appropriate clinical algorithm.
- b. **Override of Prescription Drug Requirements.** HHSC shall establish a clear and convenient process for a prescribing health professional to request electronically, in writing, or by phone an override of a prior authorization requirement or a clinical edit for a prescription drug under the Medicaid program. HHSC shall ensure that the agency or, as appropriate, the Medicaid managed care organization or the MCO's pharmacy benefit manager:
  - (1) grants an override request if the health professional can demonstrate the override is in the patient's best interest based on either clinical or medical evidence or the patient's experience with the prescribed drug; and
  - (2) responds to the request within 48 hours of receiving the request or, in the case of an emergency, within 24 hours of receiving the request.
- c. **Review of Clinical Edits.** HHSC shall require the Drug Utilization Review Board to review all clinical edits on prescription drugs under the Medicaid program to ensure that the edit is in patients' best interest and has a clinical justification, and recommend to HHSC to retain, amend, or delete each clinical edit. HHSC may not allow a clinical edit to be imposed unless:
  - (1) the edit is currently required to be imposed by the agency; or
  - (2) the edit has been reviewed by the Drug Utilization Review Board and the agency has adopted the clinical edit in accordance with the board's review of the clinical edit.

After the agency has adopted a clinical edit in accordance with the board's review of the clinical edit, the agency shall require that the edit be imposed uniformly across the Medicaid program, including by Medicaid managed care organizations, and that the clinical justification, and that the clinical justification for the edit be published on HHSC's Vendor Drug Program website.

- d. **Study on Preferred Generic Prescription Drugs.** The agency shall perform a study examining the feasibility of and the fiscal impact associated with establishing the generic equivalent of a prescription drug as the preferred drug on a preferred drug list. Not later than March 1, 2018, the agency shall complete its study and, if the study determines it is cost-effective, shall establish the generic equivalent of a prescription drug as the preferred drug on a preferred drug list. Not later than September 1, 2018, HHSC shall provide the agency's study, a progress report of the implementation of the changes described in this section, and legislative recommendations to the standing committees of the senate and of the house of representatives with primary jurisdiction over appropriations and over state health services.

### **RIDER REQUEST**

**Member Name:** Rep. Greg Bonnen

**Affected Agency:** HHSC

**Purpose:** This action would require the commission to facilitate integrated information technology systems practices among managed care organizations; focusing on reducing administrative burdens to prior authorizations, claims disputes, and payments. This model is supportive and complimentary of SB1150, enacted by the 83<sup>rd</sup> Legislature of the State of Texas, specifically relating to prompt payment and reimbursement of providers, prompt and accurate claim adjudication, clarity of provider network standards, prompt credentialing, efficiency in tracking preauthorization requests and establishment of an electronic process / Internet portal to submit claims, authorizations, appeals, reconsiderations, clinical data, electronic remittance advice and explanation of benefits.

**Amount Requested (if applicable):** \$0

**Method of Finance (if applicable):** N/A

**Rider Language:**

**\_\_\_\_. Improving Provider Information Management.**

Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission (HHSC) shall support managed care organizations implementation of innovative online technology solutions that generate substantial program savings. These solutions will reduce provider administrative burdens by simplifying prior authorizations, claim adjudications, and payment methods. Where permissible, HHSC may consider one time use of experience rebates to support initial implementation.



By: Price

**Health and Human Services Commission  
Proposed Rider  
Statewide Behavioral Health Workforce Shortage Coordinator  
Office of Mental Health Coordination**

**Overview:**

Rider language addressing statewide behavioral health workforce shortage through a coordinator position.

**Required Actions:**

XX. Statewide Behavioral Health Workforce Shortage Coordinator

a. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall allocate one full time equivalent (FTE) to oversee statewide behavioral health workforce shortage coordination. The FTE shall be at the executive level and shall report directly to the HHSC Commissioner or their designee of their choosing. The FTE shall rely on expertise from executives and other stakeholders internal or external to the HHSC system in coordinating a statewide strategic approach to addressing the behavioral health workforce shortage in Texas. The FTE shall coordinate with other state agencies, local governments and national experts to ensure a strategic statewide approach to addressing the behavioral health workforce shortage. The state agencies shall include, but are not limited to the University of Texas Systems, Department of State Health Services (DSHS), Department of Family and Protective Services (DFPS), Texas Veteran's Commission (TVC), Texas Workforce Commission, and other health and human services agencies as appropriate. To the extent feasible and applicable to the development of the strategic approach addressing behavioral health workforce shortages in Texas, the FTE shall coordinate with representatives from national entities such as the Substance Abuse and Mental Health Services Administration (SAMSHA) and other identified national experts. This position will explore reciprocity standards with licensing boards for behavioral health professionals with intent to remove barriers and to incentivize professionals in good standing to practice in the state of Texas. Such professionals include but are not limited to Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT) and Licensed Psychologists.

### **RIDER REQUEST**

**Member Name:** Representative Oscar Longoria

**Affected Agency:** Health and Human Services Commission

**Purpose:**

- HHSC has not calculated the medical education add-on since September 1, 2013. This rider requires HHSC to update each teaching hospitals' medical education add-on in order to accurately reflect the current number of residency slots at each hospital, thus allowing for a more fair and equitable distribution system.
- Graduate Medical Education (GME) is the supervised training of medical school graduates so they can gain clinical and practical experience as residents in a specific field of medicine before becoming licensed doctors. GME training occurs mostly in hospitals that operate accredited residency programs. Hospitals that have residents in these approved GME programs receive an additional payment to reflect the higher patient care cost of teaching hospitals relative to non-teaching hospitals.
- The calculation regarding this additional payment is known as the indirect medical education (IME) adjustment factor. This factor is calculated by the CMS for new teaching hospitals for the purpose of obtaining Medicare GME payments. This same IME factor is then used by the Texas Health and Human Services Commission (HHSC) to determine the Medicaid IME payment that is included in the rates for teaching hospitals.

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

**Amount Requested (if applicable):** N/A

**Method of Finance (if applicable):** N/A

**Rider Language:**

Add the following section to Article II:

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

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 calculate the medical education add-on for hospital rates each fiscal year, beginning on September 1, 2017, using the most recent indirect medical education (IME) adjustment factor finalized by the Center for Medicare and Medicaid Services (CMS).

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

## **RIDER REQUEST**

**Member Name:** State Rep. Jessica Farrar

**Affected Agency:** Health and Human Services

**Purpose:** To study the effectiveness of post-partum intervention or incentivization programs utilized by health care programs in Texas. Examples of these programs include: monetary assistance in the form of gift cards provided to women who return to hospitals or other healthcare facilities for their neonatal appointments or screenings; tangible goods such as diapers, childcare books, wipes, physical fitness clothing, or blankets provided to women who return to hospitals or other healthcare facilities for their neonatal appointments or screenings; services in the form of child care or parenting classes; and any other form of post-partum intervention or incentivization program. As an example, Harris County's STAR Medical plan provides many of these value-added services through their "Extra Help for Pregnant Women" and "Health and Wellness Services" program.

**Amount Requested (if applicable):** n/a

**Method of Finance (if applicable):** n/a

**Rider Language:**

Out of the funds appropriated to the Health and Human Services Commission, the agency is directed to study the effectiveness of post-partum intervention or incentivization programs utilized by health care programs in Texas.

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

By: J.D. Sheffield

**Health and Human Services Commission:**  
Restore Texas Lifespan Respite Care Program

**Required Action**

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

**\_\_\_\_ Texas Lifespan Respite Care Program**

Out of funds appropriated above in \_\_\_\_ Strategy: \_\_\_\_\_, Health and Human Services Commission, the Commission shall allocate \$1,000,000 in general revenue for the 2018-2019 biennium to continue the Texas Lifespan Respite program. The Commission shall continue to operate the program as it was configured in the previous biennium.

**Overview**

Davis, Sarah

Direct the Health and Human Services Commission to allocate up to \$2.0 million in appropriations for Strategy D.1.1, Women’s Health Program, for the purpose of implementing hypertension control activities in the Healthy Texas Women program.

**Required Action**

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

\_\_\_\_\_. **Hypertension Control Activities in the Healthy Texas Women Program.** Out of funds appropriated above in Strategy D.1.1, Women’s Health Program, the Health and Human Services Commission (HHSC) shall allocate up to \$2,000,000 in General Revenue over the 2018-19 biennium for the purposes of implementing hypertension control activities in the Healthy Texas Women program. The activities shall include, but not be limited to, increasing patient and provider education, tracking client hypertension control rates, assisting providers to implement effective hypertension diagnosis and treatment guidelines, and supporting medication adherence and client self-monitoring activities. HHSC is also directed to pursue any federal or grant funding related to the activities listed above. HHSC shall develop the above-listed activities in consultation with the Women’s Health Advisory Committee. HHSC shall submit a report to the Legislature on program activities and associated cost savings no later than November 1, 2018.

**Overview**

Wu

Prepare a rider directing the Health and Human Services Commission to allocate funding to the In-Home Family Support (IHFS) Program from appropriations.

**Required Action**

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

\_\_\_\_\_. **In-Home Family Support Program.** Out of funds appropriated above in Strategy F.1.2, Non-Medicaid Services, the Health and Human Services Commission shall ensure continuity of service for the In-Home Family Support (IHFS) Program provided in the 2016-17 biennium and maintain the average number of individuals receiving IHFS services each month at 5,482.

**Overview**

Rose

Direct the Health and Human Services Commission to allocate \$8,400,000 in General Revenue per fiscal year to the North Texas Behavioral Health Authority (NTBHA) for the purpose of ensuring no waiting list for services at NTBHA in the 2018-19 biennium.

**Required Action**

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

. **North Texas Behavioral Health Authority Mental Health Services.** Out of funds appropriated above as identified in Rider 54, Increased Access to Community Mental Health Services, in Strategy D.2.1, Community Mental Health Services for Adults, for the purposes of eliminating the waiting list for adult community mental health service, the Health and Human Services Commission shall allocate \$8,400,000 in General Revenue in each fiscal year of the 2018-19 biennium to maintain adequate funding levels to ensure services to all individuals eligible to receive community mental health services through the North Texas Behavioral Health Authority.



## RIDER REQUEST

**Member Name:** Garnet Coleman

**Affected Agency:** Health and Human Services Commission

**Purpose:** To amend current HHSC rider 49 to Fund Community Collaboratives in Texas.

**Amount Requested (if applicable):** Click here to enter text.

**Method of Finance (if applicable):** Click here to enter text.

**Rider Language: 49. Healthy Community Collaboratives.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall allocate up to \$25,000,000 in General Revenue over the biennium in Strategy B.2., Community Mental Health Crisis Svcs to fund Healthy Community Collaboratives grants pursuant to Government Code, §539.001-.008.

Out of the \$25,000,000 in General Revenue over the biennium in Strategy B.2., Community Mental Health Crisis Svcs mentioned above up to \$10,000,000 shall be used to fund Rural Regional Community Collaboratives.

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

Any unexpended balances remaining as of August 31, 2018 are appropriated to HHSC for the same purposes in the fiscal year beginning September 1, 2018. HHSC shall use funds for these purposes to the extent allowed by state law. HHSC shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2018. ~~(Former DSHS Rider 64)~~

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

**RIDER REQUEST**

**Member Name:** Richard Raymond

**Affected Agency:** HHSC

**Purpose:** Promote healthy food choices in the supplemental nutrition assistance program and provide nutrition and wellness education to reduce obesity along the Texas/Mexico border.

**Amount Requested (if applicable):** \$250,000

**Method of Finance (if applicable):** Federal

**Rider Language:** Out of funds appropriated above in Strategy \_\_\_\_, the Department shall develop and implement an enhanced nutrition and wellness education program for those applying for benefits under the Supplemental Nutrition Assistance Program who reside in counties along the Texas/Mexico border.

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

Please use this template as a guide when preparing riders, and submit to the Committee letter sized, one sided, collated (not stapled) page numbered copies.

By Giddings\_\_\_\_\_

***Health and Human Services Commission***  
**Telephonic Signature Pilot**

**Overview**

Prepare a rider that directs the Health and Human Services Commission to implement a pilot with Texas food banks to test the use of telephonic signature when providing application assistance through YourTexasBenefits.com.

**Required Action**

On page II-122 of the bill pattern for the Health and Human Services Commission (Strategy I.1.1, Integrated Eligibility & Enrollment), add the following new rider:

\_\_\_\_\_. **Telephonic signature pilot.** Out of funds appropriated above, the Health and Human Services Commission shall implement a pilot to allow food banks to electronically submit applications for Supplemental Nutrition Assistance Program benefits when providing assistance via the telephone using the agency's website for clients.

## Background and Purpose

Since 2006, HHSC has contracted with Texas food banks to provide application assistance to clients seeking state services, including SNAP. This partnership enables food banks to assist vulnerable populations in accessing state services, connect HHSC clients to nutrition education, job training and other services to increase self-sufficiency, and improve efficiency in the eligibility determination process.

Since HHSC's implementation of a web-based process for the online submission of applications, Texas food banks have shifted from the use of paper-based applications to providing assistance to clients via the HHSC website. Several of the largest food banks in Texas have invested in call centers located in their facilities to enhance their capacity to provide application assistance. Telephone-based assistance is particularly helpful in reaching low-income seniors who struggle to complete the application process online independently. SNAP is a critical benefit for seniors facing hunger; without this nutrition assistance many seniors are forced to choose between the cost of medicine and food. This exacerbates health problems and increases state health care costs.

Although federal regulations permit states to accept a "telephonic signature" when electronically submitting an application on behalf of a client, HHSC rules currently do not allow for Texas food banks to do so. This greatly limits the ability of food banks to help seniors via their call centers, reduces efficiency in application process, and undermines HHSC's goal of converting to a largely paperless system.

This rider would direct HHSC to pilot a telephonic signature program with Texas food banks. It is anticipated that the implementation of telephonic signature will help food banks reach more people, maximize targeted efforts to reach vulnerable seniors, expedite the application process, and increase online application submission. This approach aligns with HHSC's goal of managing the demand for its services by leveraging new technology and business process modernization to promote a self-service culture among clients. SNAP telephonic signature has already been implemented successfully in various formats in several states within the past few years.

Roberts

Proposed Rider Language:

2) Amend Rider 177-- Texas Integrated Eligibility Redesign System (TIERS). Included in the amounts appropriated above in Strategy 1.3.2, TIERS Capital Projects, is \$53,538,062 in All Funds (\$14,380,037 in General Revenue) in fiscal year 2018 and \$61,0101 ,290 in All Funds (\$16,592,431 in General Revenue) in fiscal year 2019 for capital enhancements and maintenance of TIERS, including improvements in collection and maintenance of current and accurate contact information and health risk assessments for individuals receiving benefits.

Roberts

Amend HB 1 (General Appropriations Act) in Article II of the bill as follows:

- (1) Add the following appropriately numbered provision under the appropriations to the Health and Human Services Commission:

In addition to other amounts appropriated by this Act, transfer \$17.3 of general revenue in FY 2018 and \$17.3 in FY 2019 to Strategy G.2.2, Mental Health Community Hospital, for the purpose of increasing maximum security forensic bed capacity . It is the legislative intent that this funding will provide a minimum of hundred (100) maximum security forensic beds at the Montgomery County Mental Health Treatment Facility to alleviate the forensic psychiatric bed wait list.

### **RIDER REQUEST**

**Member Name:** Muñoz, Jr.

**Affected Agency:** Health and Human Services Commission

**Purpose:** To prevent the loss of necessary health care services to the most vulnerable population.

**Amount Requested (if applicable):** Click here to enter text.

**Method of Finance (if applicable):** Click here to enter text.

**Rider Language:** Before the implementation of cost containment, the Health and Human Services Commissioner and Assistant Commissioner need to verify that any cost containment measure does not affect the access of services.

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

Klick

**Rider Language:**

**. Review of access to services; capitation for certain health plans providing services to dual eligible clients**

To ensure adequate access to services, HHSC shall review the capitated amount paid for Medicaid services to health plans that serve dual eligible members outside of HHSC's duals demonstration project. If after the review, and subject to the availability of funds appropriated above to the Health and Human Services Commission in Goal B Medicaid, the Commission determines a rate adjustment is necessary, HHSC may adjust the capitation amount paid to health plans providing services to dual eligible members outside of the demonstration project.



By: J.D. Sheffield

**Appropriations Bill Rider**  
**Federally Qualified Health Center (FQHC) Reimbursement in Managed Care**

In Senate Bill 1, on page II-67 of the Texas Health and Human Services Commission's bill pattern, amend Rider 18 to read as follows:

In House Bill 1, on page II-68 of the Texas Health and Human Services Commission's bill pattern, amend Rider 18 to read as follows:

**a) Medical & Behavioral Health Services**

*In developing the at-risk premium rates for Medicaid and CHIP managed care organizations (MCOs) the Health and Human Services Commission (the "Commission") shall require each MCO to negotiate contracts with Federally Qualified Health Centers (FQHCs) under which the MCO will pay the FQHC at a rate that is no less than the Medicaid fee-for-service rate or the rate paid by the MCO for the same or similar services provided by non-FQHC providers, whichever is higher (the "Market Rate"). In addition, the MCO shall pay the difference between the Market Rate and the FQHC Prospective Payment System (PPS) rate (the "Adjudicated Wrap"), if the PPS rate is higher.*

*By the end of each month in which an FQHC claim is paid, the MCO shall bill the Commission for the amount of Adjudicated Wrap paid by the MCO for all Medicaid and CHIP services for which the MCO is contracted.*

*The Commission shall provide for the payment of the amount of Adjudicated Wrap to each MCO no later than the 15<sup>th</sup> day of each month following the month in which the Adjudicated Wrap claims were paid.*

**b) Dental**

*In developing the at-risk premium rates for Dental Medicaid and CHIP managed care organizations (MCOs) the Health and Human Services Commission (the "Commission") shall require each MCO to negotiate contracts with Federally Qualified Health Centers (FQHCs) under which the MCO will pay the FQHC at a rate that is no less than the rate paid by the MCO for the same or similar services provided by non-FQHC providers (the "Market Rate"). In addition, the MCO shall pay the difference between the Market Rate and the FQHC Prospective Payment System (PPS) rate (the "Adjudicated Wrap"), if the PPS rate is higher.*

*By the end of each month in which an FQHC claim is paid, the MCO shall bill the Commission for the amount of Adjudicated Wrap paid by the MCO for all Medicaid and CHIP services for which the MCO is contracted.*

*The Commission shall provide for the payment of the amount of Adjudicated Wrap to each MCO no later than the 15<sup>th</sup> day of each month following the month in which the Adjudicated Wrap claims were paid.*

**c) General**

*In addition, the Commission shall include five (5) additional provisions in its contract with the MCOs related to FQHC payment:*

- 1) If an MCO does not contract with an FQHC, but the FQHC provides services after-hours or in a school-based clinic to a Medicaid or CHIP beneficiary that is assigned to the MCO (that is, out-of-network), the MCOs shall pay the FQHC at its full PPS rate*
- 2) The Commission shall annually reconcile all MCO payments provided to each FQHC to ensure that the FQHCs have been paid the full amount due under their PPS rate.*
- 3) The MCO shall pay each FQHC retroactively to the date it filed a complete credentialing application for a particular FQHC provider with the MCO. The FQHC shall be notified in writing within 10 days if an application is not complete.*
- 4) In any report to the Commission that provides information necessary for the Commission to bill manufacturers for rebates in accordance with section 1927(b)(1)(A) of the Social Security Act, the MCO shall exclude covered outpatient drugs, as defined in section 1927(k)(2) of the Social Security Act ("covered outpatient drugs"), that are subject to discounts under the 340B drug pricing program. The MCO shall implement procedures that allow FQHCs and/or their agents to identify covered outpatient drugs dispensed to Medicaid beneficiary. In addition, the MCO shall pay the FQHC for such outpatient drugs at the same rate as it does to any other pharmacy.*
- 5) Notwithstanding the foregoing, MCOs and FQHCs may negotiate Pay for Quality incentives outside of these payment requirements. Incentives shall not be counted against the amount due under the PPS rate.*

By: Price

**Health and Human Services Commission  
Proposed Rider  
Statewide Suicide Prevention Coordinator  
Office of Mental Health Coordination**

**Overview:**

Rider creates a statewide suicide prevention coordinator within the Office of Mental Health Coordination, HHSC. No cost to HB 1.

**Required Actions:**

XX. Statewide Suicide Prevention Coordinator

a. The Health and Human Services Commission (HHSC) shall allocate one full time equivalent (FTE) to oversee statewide suicide prevention coordination. The FTE shall be at no less than management level and shall report directly to the HHSC Commissioner or a designee of their choosing. The FTE shall rely on expertise from executives and other stakeholders internal or external to the HHSC system in coordinating a statewide strategic approach to suicide prevention in Texas. The FTE shall coordinate with other state agencies, local governments and national experts to ensure a strategic statewide approach to addressing suicide prevention. The state agencies shall include, but are not limited to the University of Texas Systems, Department of State Health Services (DSHS), Department of Family and Protective Services (DFPS), Texas Veteran's Commission (TVC), Texas Workforce Commission, and other health and human services agencies as appropriate. To the extent feasible and applicable to the development of the strategic approach addressing suicide prevention in Texas, the FTE shall coordinate with representatives from national entities such as the Substance Abuse and Mental Health Services Administration (SAMSHA) and other identified national experts. This position will work directly with or supervise any positions created in response to Health and Safety Code, Section 533.040(c).

Roberts

HEALTH AND HUMAN SERVICES COMMISSION

Add the following section to Article II:

**Sec. \_\_\_\_ . Third Party Liability Recovery from Other Health Insurance**

The Health and Human Services Commission shall enhance their efforts to identify and recover third party liability from other health insurance payers for claims submitted to Medicaid and CHIP managed care organizations and HHSC fee-for-service. Furthermore, it is the intent of the Legislature that these services be performed by an independent contractor procured in accordance with a competitive procurement process.

**Overview**

Walle

Direct the Health and Human Services Commission to improve management and care of medically fragile children when contracting with managed care organizations.

**Required Action**

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

- \_\_\_\_. **Medically Fragile Children.** It is the intent of the legislature that the Health and Human Services Commission in its contracts with the managed care organizations address the unique needs of the medically fragile children population. Specifically, that they:
- a) allow for fragile children to easily move between plans and service delivery areas,
  - b) develop procedures that address the unique needs of this population, and
  - c) develop procedures that address the network adequacy for this vulnerable population.

By: J.D. Sheffield

**\_\_Interest List Notification:** The Health and Human Services Commission shall ensure that the local intellectual disability authorities that receive funds from appropriations allocated above to the Health and Human Services Commission implements procedures to:

- (1) assure that the information supplied to a consumer or client of a health and human services program pursuant to Section 531.042, Government Code (regarding all care and support options appropriate for and available to the person) includes up-to-date information concerning all such options, including the availability of services from an intermediate care facility; and
- (2) notify each person on a 1915(c) interest list at least once every twelve months of the availability of services that are appropriate for the person and do not have a waiting list, including services from an intermediate care facility, to determine the individual's interest in:
  - a. remaining on the interest list; and
  - b. other services for which there may not be an interest list including intermediate care facilities.

No later than December 1 of each year, HHSC shall report to the legislature the number of individuals who were notified pursuant to this section and who elected to receive other services.