

# **Issue Docket**

**Conference Committee on House Bill 1**

**2024-25 General Appropriations Bill**

**Article II - Health and Human Services**

**530 DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
<b>Program Support</b>	II-1	II-1		
1. Sustain Clinical Coordinator Team		Adopt as Amended: House FTEs (21.0/21.0)		House and Senate differ on funding provided to sustain the clinical coordinator team: <ul style="list-style-type: none"> <li>• House: \$3,263,030 in All Funds (\$2,992,676 in General Revenue and \$270,354 in Federal Funds) and 21.0/21.0 FTEs</li> <li>• Senate: \$1,631,515 in All Funds (\$1,496,338 in General Revenue and \$135,177 in Federal Funds) and 11.0/11.0 FTEs</li> </ul>
2. Support Statewide Intake Services				House and Senate differ on funding provided for statewide intake services including training, quality improvement and oversight: <ul style="list-style-type: none"> <li>• House: \$4,375,690 in All Funds (\$4,298,732 in General Revenue and \$76,958 in Federal Funds) and 26.0/26.0 FTEs</li> <li>• Senate: \$2,187,845 in All Funds (\$2,149,366 in General Revenue and \$38,480 in Federal Funds) and 13.0/13.0 FTEs</li> </ul>
3. Program Support for Child Protective Investigations				House and Senate differ on funding provided for child protective investigations support staff including master investigators, program administrators and leadership support staff: <ul style="list-style-type: none"> <li>• House: \$6,586,510 in All Funds (\$6,025,222 in General Revenue and \$561,288 in Federal Funds) and 38.0/38.0 FTEs</li> <li>• Senate: \$2,195,503 in All Funds (\$2,008,407 in General Revenue and \$187,096 in Federal Funds) and 10.0/10.0 FTEs</li> </ul>
4. Adult Protective Services (APS) Investigation Support				House and Senate differ on funding provided to APS investigation support to align funding with prior biennia and for client services: <ul style="list-style-type: none"> <li>• House: \$2,552,562 in All Funds (\$2,538,902 in General Revenue and \$13,660 in Federal Funds)</li> </ul>
5. APS Elderly Financial Exploitation	Adopt as Amended: \$2,358,476 in GR			House and Senate differ on funding provided to continue the Elderly Financial Exploitation team: <ul style="list-style-type: none"> <li>• House: \$5,825,719 in All Funds (\$5,676,122 in General Revenue \$149,597 in Federal Funds) and 27.0/27.0 FTEs</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
6. Community-based Care (CBC) Transition Project Coordination Team				House and Senate differ on the funding provided to establish the CBC transition coordination team at DFPS: • House: \$1,251,787 in All Funds (\$1,159,233 in General Revenue and \$92,554 in Federal Funds) and 5.0/5.0 FTEs
7. Transition to Private Child Placing Agencies	Adopt as Amended: \$129,803 AF (\$334,272 GR) and -12/-24.0 FTEs			House and Senate differ on the funding provided to transition the foster and adoption division from DFPS to private child placing agencies: • House: \$5,236,101 in All Funds (\$5,990,909 in General Revenue and decrease of \$754,808 in Federal Funds) and -78.1/-47.0 FTEs
8. Administrative Leadership Staffing Needs				House provides \$3,519,275 in All Funds (\$3,260,647 in General Revenue and \$258,628 in Federal Funds) and 9.0/9.0 FTEs to support, retain and recruit for administrative functions.
<b>Behavioral Health</b>				
1. Intensive Psychiatric Stabilization Program	Adopt as Amended: Reduction at HHSC by Equal Amount			House and Senate differ on funding provided to the intensive psychiatric stabilization program: • House: \$21,133,570 in All Funds (\$21,061,742 in General Revenue and \$71,828 in Federal Funds) • Senate: Out of existing funding at HHSC See HHSC Rider 40, page II-60 and Art IX Sec 10.07, page IX-60.
<b>Salaries</b>				
1. Meet Agency Goals Through Competitive Salaries for Indirect Administration Staff				House and Senate differ on the funding provided for to adjust salaries for indirect administration staff to the statewide average reported by the State Auditor's Office and targeted salary increases for legal, data and IT staff: • House: \$21,133,581 in All Funds (\$19,559,177 in General Revenue and \$1,574,404 in Federal Funds) • Senate: \$8,453,432 in All Funds (\$7,823,671 in General Revenue and \$629,761 in Federal Funds)

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
2. Meet Agency Goals Through Salary Increases and Additional Human Resources Staff				<p>House and Senate differ on the funding provided for salary increases to the Center of Learning and Organizational Excellence department and funding for additional human resources staff:</p> <ul style="list-style-type: none"> <li>• House: \$12,036,875 in All Funds (\$11,154,130 in General Revenue and \$882,745 in Federal Funds) and 50.0/50.0 FTEs</li> <li>• Senate: \$1,184,139 in All Funds (\$1,096,583 in General Revenue and \$87,556 in Federal Funds)</li> </ul>
3. Retain Frontline Staff Through Salary Increases				<p>House and Senate differ on the funding provided for salary increases to align APS, day care, and residential child care investigations staff with child protective services/child protective investigator salaries:</p> <ul style="list-style-type: none"> <li>• House: \$10,154,562 in All Funds (\$9,951,024 in General Revenue and \$203,538 in Federal Funds)</li> </ul>
4. Retain Frontline Staff Through One-time Salary Actions				<p>House and Senate differ on the funding provided for retention bonuses for child protective investigators and one-time salary actions for other staff:</p> <ul style="list-style-type: none"> <li>• House: \$23,482,174 in All Funds (\$21,639,294 in General Revenue and \$1,842,880 in Federal Funds)</li> <li>• Senate: \$13,630,174 in All Funds (\$12,615,620 in General Revenue and \$1,014,554 in Federal Funds)</li> </ul>
<b>Prevention and Early Intervention (PEI)</b>				
1. Expand the Community Youth Development (CYD) Program	Adopt with contingency rider. See Committee Revision and Additions #2			<p>a. House and Senate differ on funding provided to expand the CYD Program:</p> <ul style="list-style-type: none"> <li>• House: \$4,000,000 in General Revenue</li> </ul>
2. Expand the Family and Youth Success (FAYS) Program	Adopt with contingency rider. See Committee Revision and Additions #2			<p>b. House and Senate differ on funding provided to expand the FAYS Program:</p> <ul style="list-style-type: none"> <li>• House: \$14,100,000 in General Revenue</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
3. Expand the Healthy Outcomes Prevention and Early Support (HOPES) Program	Adopt with contingency rider. See Committee Revision and Additions #2			c. House and Senate differ on funding provided to expand the HOPES Program: • House: \$17,938,915 in General Revenue
4. Expand the Texas Home Visiting (THV) Program	Adopt with contingency rider. See Committee Revision and Additions #2			d. House and Senate differ on funding provided to expand the THV Program: • House: \$21,186,136 in General Revenue
5. Expand the Texas Nurse Family Partnership (TNFP) Program:	Adopt with contingency rider. See Committee Revision and Additions #2			e. House and Senate differ on funding provided to expand the TNFP Program: • House: \$4,000,000 in General Revenue
6. PEI Staff to Manage Program Expansion	Adopt with contingency rider. See Committee Revision and Additions #2			f. House and Senate differ on the funding provided for additional PEI staff to manage new contracts: • House: \$3,935,297 in All Funds (\$3,912,000 in General Revenue and \$23,297 in Federal Funds) and 16.5/16.5 FTEs
<b>Information Technology</b>				
1. Interoperability of Systems between the Single Source Continuum Contractor (SSCC) and DFPS				House and Senate differ on the funding provided to support interoperability between the SSCC and DFPS systems: • House: \$4,858,284 in All Funds (\$4,448,871 in General Revenue and \$409,413 in Federal Funds) and 10.0/10.0 FTEs • Senate: \$2,429,142 in All Funds (\$2,224,436 in General Revenue and \$204,706 in Federal Funds) and 5.0/5.0 FTEs
2. Funding for Data Center Services (DCS)	Adopt as Amended: \$19,674,698 in GR			House and Senate differ on the funding provided for the DCS assessment and to address the shortfall: • House: \$26,534,600 in All Funds (\$24,572,629 in General Revenue and \$1,961,971 in Federal Funds) • Senate: \$13,267,300 in All Funds (\$12,286,315 in General Revenue and \$980,985 in Federal Funds)

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
3. Finalize Information Management Protecting Adults and Children in Texas (IMPACT) updates and Modernize the Case Management System	Adopt as Amended: \$10,000,000 in GR			House and Senate differ on the funding provided for the IMPACT and case management system updates and plan for the next iteration of modernization: • House: \$17,488,520 in All Funds (\$15,408,859 in General Revenue and \$2,079,661 in Federal Funds)
4. Update Technology Systems				House and Senate differ on the funding provided to update various technology systems: • House: \$21,394,732 in All Funds (\$19,812,805 in General Revenue and \$1,581,927 in Federal Funds) and 5.0/5.0 FTEs • Senate: \$2,500,00 in All Funds (\$2,315,150 in General Revenue and \$184,850 in Federal Funds)
5. Cybersecurity Infrastructure Enhancements				House and Senate differ on the funding provided to enhance cybersecurity infrastructure: • House: \$6,811,902 in All Funds (\$6,308,239 in General Revenue and \$503,663 in Federal Funds) and 6.0/6.0 FTEs • Senate: \$5,289,000 in All Funds (\$4,897,932 in General Revenue and \$391,068 in Federal Funds)
Number of Full-Time-Equivalents (FTEs)	12,057.5	11,925.0		See Program Support Items #1, #3, #5, #6, #7, #9; PEI Item #6; IT Items #1, #3, #4, #5; and Salaries Item #2.
	12,124.5			
A.1.1 STATEWIDE INTAKE SERVICES	\$ 68,476,674	\$ 66,032,183	\$ 2,444,491	See Program Support Item #2, #8; Salary Item #4.
	\$ 66,906,973			
B.1.1 CPS DIRECT DELIVERY STAFF	\$ 1,815,186,541	\$ 1,827,135,948	\$ 11,949,407	
	\$ 1,804,763,955			
				a. House and Senate differ on funding provided to address costs for children without placement: • Senate: \$18,000,000 in General Revenue See Senate Rider 42, page II-18.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
		Adopt as Amended: \$1,200,000 in GR		b. House and Senate differ on the funding provided to Single Source Continuum Contractor for foster care litigation costs: • Senate: \$3,600,000 in All Funds (\$3,300,000 in General Revenue and \$300,000 in Federal Funds) c. See Program Support Item #3; Salaries Item #1, #3, #4.
B.1.2 CPS PROGRAM SUPPORT	\$ 158,709,415	\$ 175,499,343	\$ 16,789,928	
	\$ 198,916,605			
				a. House and Senate differ on funding provided to address court monitor fees for the foster care litigation: • House: \$4,685,084 in General Revenue • Senate: \$2,342,542 in General Revenue See Senate Rider 41, page II-18. b. See Program Support Item #1, #3, #8; Salaries Item #1, #2, #4; PEI Item #6.
B.1.4 ADOPTION PURCHASED SERVICES	\$ 25,275,118	\$ 24,535,118	\$ 740,000	See Program Support Item #7.
	\$ 24,615,118			
B.1.8 OTHER CPS PURCHASED SERVICES	\$ 89,248,469	\$ 81,379,689	\$ 7,868,780	See Program Support Item #7.
	\$ 86,346,789			
B.1.9 FOSTER CARE PAYMENTS	\$ 1,292,028,745	\$ 1,173,867,959	\$ 118,160,786	
	\$ 1,058,300,473			
	Adopt as Amended: \$49,628,568 in GR. See Conference Committee Revision and Addition #4			a. House and Senate differ on funding provided to sustain enhanced foster care rates: • House: \$77,839,212 in General Revenue See House Rider 40, page II-18 and Senate Rider 40, page II-18.
				b. House and Senate differ on funding provided to expand crisis respite unit capacity for DFPS children: • House: \$10,000,000 in General Revenue c. See Program Support Item #7; Behavioral Health Item #1.
C.1.1 FAMILY AND YOUTH SUCCESS PROGRAM	\$ 63,824,720	\$ 49,724,720	\$ 14,100,000	See PEI Item #2.

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C.1.2 CYD PROGRAM	\$ 22,545,116	\$ 18,545,116	\$ 4,000,000	See PEI Item #1, #2.
C.1.3 CHILD ABUSE PREVENTION GRANTS	\$ 14,801,907	\$ 11,026,233	\$ 3,775,674	See Salaries Item #4.
	\$ 11,028,567			
C.1.4 OTHER AT-RISK PREVENTION PROGRAMS	\$ 82,934,686	\$ 64,913,496	\$ 18,021,190	See Program Support Item #2; Salaries Item #4; PEI Item #3.
	\$ 82,725,808			
C.1.5 HOME VISITING PROGRAMS	\$ 101,177,669	\$ 75,991,533	\$ 25,186,136	See PEI Item #4, #5.
C.1.6 AT-RISK PREVENTION PROGRAM SUPPORT	\$ 21,109,963	\$ 17,631,277	\$ 3,478,686	See Salaries Item #4; PEI Item #6.
D.1.1 APS DIRECT DELIVERY STAFF	\$ 126,108,829	\$ 112,846,565	\$ 13,262,264	See Program Support Item #5; Salaries Item #1, #4.
	\$ 115,944,975			
D.1.2 APS PROGRAM SUPPORT	\$ 16,473,790	\$ 8,529,835	\$ 7,943,955	See Program Support Item #5, #8; Salaries Item #1, #4.
	\$ 9,214,335			
D.1.3 APS PURCHASED EMERGENCY CLIENT SVCS	\$ 21,799,636	\$ 18,799,636	\$ 3,000,000	See Program Support Item #4, #5.
	\$ 20,799,636			
E.1.1 CENTRAL ADMINISTRATION	\$ 83,490,675	\$ 74,523,225	\$ 8,967,450	See Program Support Item #2, #3, #4, #5, #6, #8; Salaries Item #1, #2, #4; PEI Item #6; IT Item #3, #4, #5.
	\$ 94,171,353			
E.1.2 OTHER SUPPORT SERVICES	\$ 33,747,802	\$ 31,060,965	\$ 2,686,837	See Salaries Item #1, #4; IT Item #4.
	\$ 33,729,078			
E.1.3 REGIONAL ADMINISTRATION	\$ 2,625,277	\$ 2,419,877	\$ 205,400	See Salaries Item #1, #4.
E.1.4 IT PROGRAM SUPPORT	\$ 140,055,830	\$ 116,015,694	\$ 24,040,136	See Program Support Item #1, #2, #3, #5, #6, #7, #8; Behavioral Health Item #1; Salaries Item #1, #2, #4; PEI Item #6; IT Item #1, #2, #3, #4, #5.



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
	\$ 140,822,215			
F.1.1 AGENCY-WIDE AUTOMATED SYSTEMS	\$ 125,549,041	\$ 87,704,174	\$ 37,844,867	See Program Support Item #1, #2, #3, #5, #6, #7, #8; Behavioral Health Item #1; Salaries Item #1, #2, #4; PEI Item #6; IT Item #1, #2, #3, #4, #5.
	\$ 128,898,445			
G.1.1 OFFICE OF CBC TRANSITION	\$ 16,992,009	\$ 16,892,551	\$ 99,458	See Salaries Item #1.
Human Resources Management Plan	II-8 Rider 8 Rider Packet, page II- page #2  Adopt As Amended	II-8 Rider 8 Rider Packet, page II- page #2		House revises to include a high-quality workforce and requires reporting on employee turnover following salary increases.
Limitations: Community-based Care Payments	II-15 Rider 27 Rider Packet, page II- page #2	II-15 Rider 27 Rider Packet, page II- page #2		Senate revises reference from catchment area to region.
Foster Care Rate Increase	II-18 Rider 40 Rider Packet, page II- page #3	II-18 Rider 40 Rider Packet, page II- page #3	Not Adopt	House requires the funding be provided to basic and moderate foster care rates.  Senate requires the funding to be provided to providers who have a no eject/no reject clause in their contracts.
Contingent Appropriation Reimbursement Rates and Methodology; Reporting Requirements: Legacy Foster Care, Community-based Care Services, and Other Child Services	II-18 Rider 41 Rider Packet, page II- page #3			House provides intent that the Legislature can adjust appropriations as needed, contingent upon the submission of a alternative reimbursement methodology from DFPS.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Reporting on Court Monitor Fees		II-18 Rider 41 Rider Packet, page II- page #3  Adopt as Amended		Senate requires reporting on the activity of the foster care litigation court monitors.
Contingency for Children Without Placement Appropriation		II-18 Rider 42 Rider Packet, page II- page #4		Senate requires finding of fact and contract with a provider prior to utilizing appropriations.
Community Pathways	II-18 Rider 42 Rider Packet, page II- page #4			House requires reporting and the formation of a workgroup to explore ways to decrease DFPS investigations.
Mental Health Team Reporting		II-18 Rider 43 Rider Packet, page II- page #5		Senate requires reporting on the activities and recommendations from the mental health team.
Family Preservation Services Asset Map	II-18 Rider 44 Rider Packet, page II- page #5			House requires the development and distribution of a family preservation services asset map.
Business Process Redesign	II-19 Rider 45 Rider Packet, page II- page #6			House requires the evaluation and recommendation on how to improve the investigation process.
Community-based Care Incubator Funds		II-19 Rider 45 Rider Packet, page II- page #6		Senate directs funds to be used for costs that are incurred prior to the Single Source Continuum Contractors implementation of Community-based Care.
Connecting Technology Services	II-19 Rider 46 Rider Packet, page II- page #6			House requires the continuation and expansion of a contract that provides connecting technology for children and families.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Long-Term Youth and Family Support	II-19 Rider 47 Rider Packet, page II- page #7  Adopt as Amended			House requires the allocation of funding to continue the program aimed at improving outcomes for children at the highest-risk of reentering the child protective services system.
Department of Family and Protective Services Liaison	II-19 Rider 48 Rider Packet, page II- page #7			House identifies that DFPS has the authority to designate a DFPS employee to serve as a liaison in each region in coordination with the Texas Juvenile Justice Department.
Family First Transition Act Funding	II-19 Rider 49 Rider Packet, page II- page #7	II-18 Rider 44 Rider Packet, page II- page #7		House directs the use of federal funding to implement the Family First Prevention Services Act.
				Senate directs the use of the Family First Transition Act grant to implement the Family First Prevention Services Act.
<b>Conference Committee Revisions and Additions</b>				
1. Add 5.0/5.0 FTEs for the mental health team			Adopt	
2. Add contingency rider that PEI items 1-6 are contingent upon the passage of Senate Bill 24			Adopt	
3. Increase authority only for DFPS Commissioner to \$259,999 in 2024, \$268,192 in 2025			Adopt	
4. Implement Foster Care Modernization and increase unverified kinship rate to 50.0 percent of the basic foster care rate			Adopt	
5. Add a rider requiring DFPS to report annually on data related to provider admission of children.			Adopt	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
6. Update Day Care Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	
7. Update Adoption/Permanency Care Assistance Program Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	
8. Update Foster Care Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	
9. Update Relative Caregiver Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	

**Article II, 2024-25 Conference Forecast Update**

**Department of Family and Protective Services: Day Care**

	<b>Adopted</b>					
	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
<b>DAY CARE</b>	\$ 18,925,744	\$ 108,567,705	\$ 8,850,946	\$ 78,979,948	\$ (10,074,798)	\$ (29,587,757)

Notes on the conference update:

- 1) Reflects the extension of the enhanced federal medical assistance percentage (FMAP) under the Public Health Emergency (PHE) through December 2023.
- 2) Reflects a more favorable FMAP in federal fiscal year 2025.
- 3) Assumes that children in conservatorship eligible for Daycare will remain near its historically low level.
- 4) Assumes Child Care Development Block Grant (CCDBG) percentage from 73.1 percent to 77.3 percent.

**Department of Family and Protective Services: Adoption Subsidies and Permanency Care Assistance Payments**

	<b>Adopted</b>					
	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
<b>ADOPTION/PCA</b>	\$ 296,584,683	\$ 638,140,364	\$ 293,159,954	\$ 636,867,630	\$ (3,424,729)	\$ (1,272,734)

Note: Amounts are not the total for the foster care strategy. Other funding provided by both House and Senate or added by Conference Committee will be in addition to these amounts.

Notes on the conference update:

- 1) Reflects the extension of the enhanced FMAP under the PHE through December 2023.
- 2) Reflects a more favorable FMAP in federal fiscal year 2025.
- 3) Adjusts the projections down to account for slight decrease in cases below what was previously projected.

**Department of Family and Protective Services: Relative Caregiver Payments**

**Adopted**

	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
	<b>RELATIVE CAREGIVER PAYMENTS</b>	<b>\$ 37,835,666</b>	<b>\$ 52,469,371</b>	<b>\$ 23,684,407</b>	<b>\$ 33,831,837</b>	<b>\$ (14,151,259)</b>

Notes on the conference update:

- 1) Assumes that unverified kinship placements potentially eligible for payments will remain near its historically low level.
- 2) Assumes a daily payment rate of \$12.67. Increasing the rate to \$13.53, half of the current basic foster family rate, would require an additional \$2.2 million in All Funds, including \$1.6 million in General Revenue.

**Department of Family and Protective Services: Foster Care**

**Adopted**

	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
	<b>FOSTER CARE</b>	<b>\$ 616,817,104</b>	<b>\$ 1,072,061,468</b>	<b>\$ 519,797,906</b>	<b>\$ 925,896,913</b>	<b>\$ (97,019,198)</b>

Note: Amounts are not the total for the foster care strategy. Other funding provided by both House and Senate or added by Conference Committee will be in addition to these amounts.

Notes on the conference update:

- 1) Reflects the extension of the enhanced FMAP under the PHE through December 2023.
- 2) Reflects a more favorable FMAP in federal fiscal year 2025.
- 3) Assumes that removals and subsequent children in paid Foster Care will remain near its historically low level.

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Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
	II-20	II-19		
Cross-Strategy Issues				
1) Hospital Capacity Data				1) Senate provides \$1,046,492 in General Revenue (\$1,396,478 in All Funds) and 1.5 FTEs for the EMResource software license used to collection hospital bed availability and other metrics.
2) Modern Infrastructure for Public Health Datasets				2) House provides \$17,550,254 in General Revenue (\$30,196,436 in All Funds) and 41.0/57.0 FTEs to maintain critical IT systems to modernize data systems and for data analytics and quality assurance.
Number of Full-Time-Equivalents (FTEs)	3,408.7	3,325.2		
	3,388.2			
A.1.1 PUBLIC HEALTH PREP. & COORD. SVCS	\$ 244,664,946	\$ 238,048,078	\$ 6,616,868	
	\$ 235,124,830			
				a. House and Senate differ on funding to provide additional clinics and mobile units in rural and frontier locations to provide access to core public health functions: • House: \$7,105,494 in General Revenue and 16.0/16.0 FTEs
				b. House and Senate differ on funding to provide additional access in areas served by an existing satellite clinic to continue the use of a telehealth solution for communities in rural and frontier locations: • House: \$5,481,114 in General Revenue
				c. House and Senate differ on funding provided to maintain access to the patient transfer portal: • House: \$4,800,000 in General Revenue • Senate: \$2,352,000 in General Revenue See House Rider 35, page II-33
	Conference Committee Revision and Addition #1			

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				<p>d. House and Senate differ on funding to continue payment for the EMResource software license used to collection hospital bed availability and other metrics:</p> <ul style="list-style-type: none"> <li>• Senate: \$1,046,492 in General Revenue and 1.5/1.5 FTEs</li> </ul> <p>See Cross-Strategy Issue 1</p> <p>e. House and Senate differ on funding to augment hospital preparedness and increase funding for the Emergency Medical Task Force to expand number of emergency response missions assignments:</p> <ul style="list-style-type: none"> <li>• Senate: \$7,371,248 in General Revenue</li> </ul>
A.1.2 VITAL STATISTICS	\$ 48,433,055	\$ 41,678,661	\$ 6,754,394	<p>House and Senate differ on funding for Vital Statistics program for salary increases, modernization of order fulfillment, and increased operating costs:</p> <ul style="list-style-type: none"> <li>• House: \$6,754,394 in General Revenue-Dedicated funds</li> </ul> <p>See House Rider 33, page II-32</p>
	Adopt as Amended: Amend Rider 33.			
A.2.1 IMMUNIZE CHILDREN & ADULTS IN TEXAS	\$ 180,693,289	\$ 179,187,528	\$ 1,505,761	<p>House and Senate differ on funding to maintain critical IT systems to modernize data systems and for data analytics and quality assurance:</p> <ul style="list-style-type: none"> <li>• House: \$1,194,682 in General Revenue (\$1,505,761 in All Funds) and 0.0/8.0 FTEs</li> </ul> <p>See Cross-Strategy Issue 2</p>
A.2.2 HIV/STD PREVENTION	\$ 521,214,232	\$ 507,214,232	\$ 14,000,000	<p>House and Senate differ on funding to purchase new HIV long-acting treatment Cabenuva for AIDS Drug Assistance Program (ADAP) participants:</p> <ul style="list-style-type: none"> <li>• House: \$14,000,000 in General Revenue</li> </ul>
	Conference Committee Revision and Addition #2			
A.2.3 INFECTIOUS DISEASE PREV/EPI/SURV	\$ 260,919,028	\$ 232,578,339	\$ 28,340,689	
	\$ 261,269,014			



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				<p>a. House and Senate differ on funding to maintain critical IT systems to modernize data systems and for data analytics and quality assurance:</p> <ul style="list-style-type: none"> <li>• House: \$16,355,572 in General Revenue (\$28,690,675 in All Funds) and 41.0/49.0 FTEs</li> </ul> <p>See Cross-Strategy Issue 2</p>
				<p>b. House and Senate differ on funding for the EMResource software license used to collection hospital bed availability and other metrics:</p> <ul style="list-style-type: none"> <li>• Senate: \$349,896 in Federal Funds</li> </ul> <p>See Cross-Strategy Issue 1</p>
A.2.5 TX CENTER FOR INFECTIOUS DISEASE	\$ 37,034,277	\$ 32,860,345	\$ 4,173,932	<p>House and Senate differ on funding for ongoing operations and maintenance needs at the Texas Center for Infectious Disease:</p> <ul style="list-style-type: none"> <li>• House: \$7,100,329 in General Revenue</li> <li>• Senate: \$2,926,397 in General Revenue</li> </ul>
A.3.1 CHRONIC DISEASE PREVENTION	\$ 36,900,048	\$ 27,900,048	\$ 9,000,000	
	\$ 32,400,048			<p>House and Senate differ on funding for additional Alzheimer Disease Program initiatives:</p> <ul style="list-style-type: none"> <li>• House: \$9,000,000 in General Revenue and 1.0/1.0 FTE</li> </ul> <p>See House Rider 31, page II-32</p>
A.3.2 REDUCE USE OF TOBACCO PRODUCTS	\$ 19,986,916	\$ 15,363,111	\$ 4,623,805	
	\$ 18,030,634			<p>House and Senate differ on funding for prevention of tobacco-related diseases activities including expanding the Texas Tobacco Quitline, modernizing the Texas Youth Tobacco Awareness Program, relaunching the Vapes Down Outreach Campaign, and to increase funding for community programs:</p> <ul style="list-style-type: none"> <li>• House: \$6,056,282 in General Revenue and 1.0/1.0 FTE</li> <li>• Senate: \$1,432,477 in General Revenue and 1.0/1.0 FTE</li> </ul>
B.1.1 MATERNAL AND CHILD HEALTH	\$ 113,020,966	\$ 121,293,640	\$ 8,272,674	
	\$ 122,093,640			

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
	Adopt as Amended: \$800,000 GR and 6.0/6.0 FTEs			a. House and Senate differ on funding to support Maternal Mortality and Morbidity Review Committee (MMRC) members and to provide additional staff to facilitate faster data collection, case preparation, and analysis efforts while improving internal and external availability of maternal mortality and morbidity information: • House: \$2,637,745 in General Revenue and 14.0/14.0 FTEs
				b. House and Senate differ on funding to develop a Maternal Health Quality Improvement System to improve data quality: • Senate: \$5,026,316 in General Revenue See Senate Rider 33, page II-31
				c. House and Senate differ on funding to develop and maintain a state-based replacement for the Maternal Mortality Review Information Application (MMRIA): • Senate: \$5,884,103 in General Revenue and 3.0/3.0 FTEs See Senate Rider 33, page II-31
B.1.2 CHILDREN WITH SPECIAL NEEDS	\$ 24,383,880	\$ 22,383,880	\$ 2,000,000	House and Senate differ on funding to provide grants to organizations that provide health screenings and education in screenings for people with intellectual disabilities: • House: \$2,000,000 in General Revenue See House Rider 34, page II-33
B.2.1 EMS AND TRAUMA CARE SYSTEMS	\$ 225,741,415	\$ 222,441,415	\$ 3,300,000	House and Senate differ on funding to provide each regional advisory council funding to keep pace with existing responsibilities: • House: \$6,600,000 in General Revenue • Senate: \$3,300,000 in General Revenue
Federal Funds Reporting Requirement		II-30 Rider 27 Rider Packet, page II-9		House deletes Federal Funds reporting requirement for three specific award types when expenses differ from appropriated amounts in a fiscal year by more than \$1,000,000.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Alzheimer's Disease Program	II-32 Rider 31 Rider Packet, page II-9  Adopt as Amended	II-31 Rider 32 Rider Packet, page II-9		House allocates an additional \$9,000,000 in General Revenue and 1.0 FTE for additional Alzheimer Disease Program initiatives .
Department of State Health Services and Department of Information Resources: Vital Statistics Revenue	II-32 Rider 33 Rider Packet, page II-10  Adopt as Amended			House directs DSHS and the Department of Information Resources to enter into an agreement to share the Texas Online customer fee for vital statistics services.
Maternal Health Quality Improvement System and Maternal Mortality Review Information Application		II-31 Rider 33 Rider Packet, page II-11		Senate allocates \$10,910,419 in General Revenue to develop a Maternal Health Quality Improvement System to improve data quality and to develop and maintain a state-based replacement for the Maternal Mortality Review Information Application (MMRIA).
Rio Grande Valley Facilities and Services		II-32 Rider 34 Rider Packet, page II-11		Senate directs unexpended and unobligated balances from Senate Bill 8, 87th Legislature, 3rd Called Session, 2021 and unexpended balances from Senate Bill 30, 88th Legislature, Regular Session, 2023, from American Rescue Plan Act (ARPA) or other appropriated funds for upgrading existing laboratory facilities and infrastructure to be appropriated to the agency for contracting with a healthcare entity in the Rio Grande Valley for the construction of facilities and related infrastructure in Starr County for certain purposes.
Health Programs for Persons with Intellectual Disabilities	II-33 Rider 34 Rider Packet, page II-12			House allocates \$2,000,000 in General Revenue to provide grants to organizations that provide health screenings and education in screenings for people with intellectual disabilities.
Emergency Preparedness/Patient Communication and Logistics Platform	II-33 Rider 35 Rider Packet, page II-12			House allocates \$4,800,000 in General Revenue to maintain existing patient transfer portal technology.
Oral Rabies Vaccination Bait Airdrop Program		II-32 Rider 36 Rider Packet, page II-12		Senate allocates \$1,684,000 in General Revenue to maintain the existing Oral Rabies Vaccination Bait Airdrop Program.
Strategic National Stockpile for Health Emergency Preparedness and Response	II-33 Rider 36 Rider Packet, page II-12			House directs the agency to apply for federal funds to establish, expand, and maintain stockpiles of medicines, medical devices, protective equipment, and other supplies to respond to a disaster declaration or emergency.
Study on Sewage and Water Infrastructure in Border Colonias	II-33 Rider 37 Rider Packet, page II-13			House directs the agency to utilize existing funds to study disparities between sewage and water infrastructure in colonias along the US and Mexico border.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
COVID-19 Vaccinations		II-32 Rider 37 Rider Packet, page II-13		Senate prohibits the use of state funds and federal funds, to the extent allowable by federal law, for promoting or advertising COVID-19 vaccinations.
<b>Conference Committee Revisions and Additions</b>				
1. Pilot Program for Patient Transfer Portal			Adopt	Add rider directing pilot program at two Regional Advisory Councils (RACs) to coordinate and track inpatient mental health bed capacity. See Strategy A.1.1
2. HIV Drug Treatment			Adopt	Add rider directing federal funds for purchase of Cabenuva for inclusion in HIV Medication formulary. See Strategy A.2.2

**529 HEALTH AND HUMAN SERVICES COMMISSION**

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
<b>Salaries</b>	II-34	II-33		
1. Address Critical Workforce Needs				
1.a. Facilities Staff	Adopt as Amended: Fund at 85% of Request (\$101,865,890 in GR)			a. House and Senate differ on funding provided to maintain salary increases for state supported living center and mental health state hospital employees: <ul style="list-style-type: none"> <li>• House: \$119,842,223 in General Revenue</li> <li>• Senate: \$89,881,667 in General Revenue</li> </ul>
1.b. Specialized Staff				b. House and Senate differ on funding provided for salary increases for information technology, actuarial, legal, and finance employees: <ul style="list-style-type: none"> <li>• House: \$30,282,422 in All Funds (\$21,630,360 in General Revenue and \$8,652,062 in Federal Funds)</li> <li>• Senate: \$12,112,964 in All Funds (\$8,652,142 in General Revenue and \$3,460,822 in Federal Funds)</li> </ul>
1.c. Regulatory Inspectors				c. House and Senate differ on funding provided for salary increases for regulatory employees: <ul style="list-style-type: none"> <li>• House: \$35,923,552 in All Funds (\$33,835,440 in General Revenue and \$2,088,112 in Federal Funds)</li> <li>• Senate: \$14,944,562 in All Funds (\$13,534,174 in General Revenue and \$1,410,388 in Federal Funds)</li> </ul>
1.d. Contract Staff Oversight		Adopt as Amended: Fund at 50% of Request (\$5,494,906 in GR)		d. House and Senate differ on funding provided for salary increases for contract oversight employees: <ul style="list-style-type: none"> <li>• House: \$16,584,344 in All Funds (\$10,989,802 in General Revenue and \$5,594,542 in Federal Funds)</li> <li>• Senate: \$6,633,738 in All Funds (\$4,395,920 in General Revenue and \$2,237,818 in Federal Funds)</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
2. Office of Inspector General (OIG) Salaries				<p>House and Senate differ on funding provided for salary increases for OIG employees:</p> <ul style="list-style-type: none"> <li>• House: \$2,865,292 in All Funds (\$1,612,730 in General Revenue and \$1,252,562 in Federal Funds)</li> <li>• Senate: \$1,146,118 in All Funds (\$645,092 in General Revenue and \$501,026 in Federal Funds)</li> </ul>
<b>Medicaid</b>				
1. Supporting the End of Continuous Coverage				
1.a. Unwind the Public Health Emergency		<p>Adopt as Amended: \$37,893,430 GR</p>		<p>a. House and Senate differ on funding provided for Access and Eligibility Services to temporarily assist in the unwinding of continuous Medicaid coverage:</p> <ul style="list-style-type: none"> <li>• House: \$130,951,292 in All Funds (\$43,786,860 in General Revenue and \$87,164,432 in Federal Funds)</li> <li>• Senate: \$95,700,887 in All Funds (\$32,000,000 in General Revenue and \$63,700,887 in Federal Funds)</li> </ul> <p>See Senate Rider 124, Page II-88.</p>
1.b. 2-1-1 Texas Information & Referral Network (TIRN)				<p>b. House and Senate differ on funding provided for staff retention and hiring at contracted Area Information Centers and TIRN analytics and functionality:</p> <ul style="list-style-type: none"> <li>• House: \$5,040,466 in All Funds (\$2,076,434 in General Revenue and \$2,964,032 in Federal Funds)</li> <li>• Senate: \$3,627,126 in All Funds (\$1,500,000 in General Revenue and \$2,127,126 in Federal Funds)</li> </ul> <p>See Senate Rider 125, Page II-88.</p>
1.c. Texas Integrated Eligibility Redesign System (TIERS) Learning Environment				<p>c. House and Senate differ on funding provided for the TIERS learning Environment to improve onboarding for new eligibility advisors:</p> <ul style="list-style-type: none"> <li>• House: \$4,780,972 in All Funds (\$1,316,462 in General Revenue and \$3,464,510 in Federal Funds)</li> </ul>
1.d. Eligibility Workload Management System				<p>d. House and Senate differ on funding provided for improved training tools by developing a testing environment for new eligibility advisors:</p> <ul style="list-style-type: none"> <li>• House: \$1,425,746 in All Funds (\$394,982 in General Revenue and \$1,030,764 in Federal Funds)</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
1.e. Lobby Kiosks				e. House and Senate differ on funding provided for improved training tools by developing a testing environment for new eligibility advisors: • House: \$1,005,025 in All Funds (\$499,568 in General Revenue and \$505,457 in Federal Funds)
2. Support for Community Based Services and Promoting Independence 2.a. Support Workforce through Rate Increases - Community Attendant Services			Adopt Conference Committee Revision and Addition #1 and #2	a. House and Senate differ on funding provided for community attendant services: • House: \$1,500,034,104 in All Funds (\$714,598,762 in General Revenue and \$785,435,342 in Federal Funds) • Senate: \$2,316,290,376 in All Funds (\$901,886,738 in General Revenue and \$1,414,403,638 in Federal Funds) See House Rider 130, Page II-90, House Rider 136, Page II-91, and Senate Rider 126, Page II-89.
2.b. Help Texans Receive Critical Support Services - Deaf-Blind with Multiple Disabilities (DBMD) Case Management				b. House and Senate differ on funding provided for changes to case management billing practices within the DBMD program: • Senate: \$926,416 in All Funds (\$366,582 in General Revenue and \$559,834 in Federal Funds) See Senate Rider 127, Page II-89.
2.c. Provide Additional Waiver Slots		Adopt As Amended: Funding for 1,831 waiver slots		c. House and Senate differ on funding provided for additional waiver slots: • House: \$139,300,000 in All Funds (\$40,888,170 in General Revenue and \$98,411,830 in Federal Funds) for 1,588 waiver slots • Senate: \$121,606,598 in All Funds (\$46,881,035 in General Revenue and \$74,725,563 in Federal Funds) for 1,773 waiver slots See House Rider 117, Page II-87, and Senate Rider 120, Page II-87.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
3. STAR+PLUS Pilot Program				House and Senate differ on funding provided for the STAR+PLUS Pilot Program: • House: \$83,481,514 in All Funds (\$33,142,714 in General Revenue and \$50,338,800 in Federal Funds) and new Strategy A.3.6, STAR+PLUS Pilot Program See House Rider 158, Page II-96.
4. Rate Increases 4.a. Wellness Visits for Kids and Women's Health Related Surgeries			Adopt Conference Committee Revision and Addition #3	a. House and Senate differ on funding provided for reimbursement rate increases for wellness visits for kids and other office visits and birth-related and women's health related surgeries: • Senate: \$100,443,147 in All Funds (\$39,728,514 in General Revenue and \$60,714,633 in Federal Funds) See Senate Rider 128, Page II-89.
4.b. Private Duty Nursing Rate Increase	Adopt as Amended: \$18,269,844 in GR			b. House and Senate differ on funding provided for reimbursement rate increases for private duty nursing: • House: \$376,425,133 in All Funds (\$149,283,348 in General Revenue and \$227,141,785 in Federal Funds) See House Rider 132, Page II-90.
4.c. Ground Ambulance Reimbursement Rates		Adopt as Amended: \$6,427,490 in GR		c. House and Senate differ on funding provided for ground ambulance reimbursement rates: • House: \$61,776,508 in All Funds (\$24,500,000 in General Revenue, \$37,276,508 in Federal Funds) • Senate: \$2,054,998 in All Funds (\$819,118 in General Revenue, \$1,235,880 in Federal Funds) See House Rider 134, Page II-91, and Senate Rider 137, Page II-90.
4.d. Improving Access to Pediatrics Services, Children Ages 0 to 3			Adopt Conference Committee Revision and Addition #3	d. House and Senate differ on funding provided for reimbursement rate increases pediatric service for children ages 0 to 3: • House: \$115,298,170 in All Funds (\$46,367,240 in General Revenue and \$68,930,930 in Federal Funds) See House Rider 135, Page II-91.



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
4.e. Improving Access to Pediatrics Services, Children Age 4			Adopt Conference Committee Revision and Addition #3	e. House and Senate differ on funding provided for reimbursement rate increases pediatric service for children age 4: • House: \$15,457,810 in All Funds (\$6,216,350 in General Revenue and \$9,241,460 in Federal Funds) See House Rider 140, Page II-92.
5. Medicaid Enrollment and Contract Management				House and Senate differ on funding provided for enhancing Medicaid enrollment and contract management: • Senate: \$3,239,675 in All Funds (\$1,602,569 in General Revenue and \$1,637,106 in Federal Funds) and 18.8/18.8 FTEs
6. Hospital Payments				House and Senate differ on additional funding provided for rural hospital outpatient payments: • Senate: \$72,800,000 in All Funds (\$31,300,000 in General Revenue and \$41,500,000 in Federal Funds) See House Rider 8, Page II-49, and Senate Rider 8, Page II-48.
7. Rural Labor and Delivery Medicaid Add-on Payment				House and Senate differ on funding provided for the rural labor and delivery Medicaid add-on payment: • House: \$46,986,146 in All Funds (\$18,523,619 in General Revenue and \$28,462,527 in Federal Funds) • Senate: \$10,564,178 in All Funds (\$4,225,671 in General Revenue and \$6,338,507 in Federal Funds) See House Rider 16, Page II-52, and Senate Rider 16, Page II-52.
8. Health and Human Services Cost Containment				House and Senate differ on funding removed for cost containment initiatives: • Senate: Decrease of \$350,000,000 in General Revenue See House Rider 21, Page II-55, and Senate Rider 21, Page II-54.
9. Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities (IDD)				House and Senate differ on funding provided for emergency telemedicine for individuals with IDD: • House: \$10,100,000 in General Revenue See House Rider 125, Page II-89.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
<b>Behavioral Health</b>				
1. Improve Mental Health Services				
1.a. Community Mental Health Grant Programs Administration		Adopt as Amended: \$2,041,366 in GR and 10.0/10.0 FTEs		a. House and Senate differ on funding provided for administration and oversight funds for new funding related to existing mental health grant programs established by Senate Bill 292 and House Bill 13, Eighty-fifth Legislature, Regular Session, 2017: • House: \$4,344,240 in General Revenue and 20.9/20.9 FTEs • Senate: \$1,020,683 in General Revenue and 5.0/5.0 FTEs
1.b. Budget Execution Order Sustainability				b. House and Senate differ on funding provided for administration and oversight funds for new funding provided in the June 26, 2022, budget execution action and increased in House Bill 1 related to multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area: • House: \$1,600,022 in General Revenue and 7.3/7.3 FTEs • Senate: \$800,011 in General Revenue and 3.7/3.7 FTEs
1.c. Crisis Services Administration				c. House and Senate differ on funding provided for administration and oversight funds for new funding provided for crisis stabilization units, crisis respite units for youth, and youth mobile crisis outreach teams: • House: \$1,367,836 in General Revenue and 6.3/6.3 FTEs • Senate: \$683,918 in General Revenue and 3.2/3.2 FTEs
1.d. Sunrise Canyon Operational Funding				d. House and Senate differ on funding provided for operational costs for the Sunrise Canyon Hospital: • House: \$19,000,000 in General Revenue • Senate: \$5,800,000 in General Revenue
1.e. Discharge Support Services				e. House and Senate differ on funding provided to expand discharge and support initiatives, provide flexible funding for new initiatives, and for new state hospital transition monitoring teams: • House: \$4,668,799 in General Revenue and 17.8/17.8 FTEs
1.f. Mental Health Continuum of Care Center in the Uvalde Area	Adopt as Amended: \$5,000,000 in additional GR and \$13,700,000 in existing GR			f. House and Senate differ on funding provided for the local mental health authority to provide services in the Uvalde region and operate the facility following its opening: • House: \$23,900,000 in General Revenue

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
2. Expanding State Hospital Capacity				
2.a. John S. Dunn Behavioral Sciences Center				a. House and Senate differ on funding provided to operationalize all 168 state-funded beds at the John S. Dunn Behavioral Sciences Center operated by the University of Texas Health Science Center at Houston: <ul style="list-style-type: none"> <li>• House: \$34,600,000 in General Revenue</li> <li>• Senate: \$9,460,800 in General Revenue</li> </ul> Senate also redirects \$12,264,000 in General Revenue from other funding for state hospital contracted beds for new beds at the Dunn Center.
2.b. Ramp-Up Funding for the New State Hospital in Dallas				b. House and Senate differ on funding provided for workforce development, early clinician recruitment, and recruitment incentives for clinicians for the new Texas Behavioral Health Center in Dallas, which will be operated by the University of Texas Southwestern Medical Center: <ul style="list-style-type: none"> <li>• House: \$68,511,056 in General Revenue</li> </ul>
2.c. Inflationary Costs for the Health and Specialty Care System	Adopt as Amended: \$14,970,346 in One-Time GR and Rider			c. House and Senate differ on funding provided to address increasing costs for construction, food, supplies, and contracted beds in the Health and Specialty Care System, which includes State Supported Living Centers and mental health state hospitals: <ul style="list-style-type: none"> <li>• House: \$29,940,693 in General Revenue</li> </ul>
3. Grants Management System for Improving Mental Health Outcomes			Funding in the supplemental bill	House and Senate differ on funding provided to support the cost of acquiring and configuring an agency web-based grant management system to electronically manage IDD, Behavioral Health Services, and other program area grants: <ul style="list-style-type: none"> <li>• House: \$32,998,036 in General Revenue</li> <li>• Senate: \$21,400,000 in General Revenue in the supplemental bill</li> </ul>
4. Ensuring Effective Operations in State Facilities				
4.a. Deferred Maintenance Needs for State Facilities			Funding in the supplemental bill	a. House and Senate differ on funding provided to address deferred maintenance needs at State Supported Living Centers and mental health state hospitals: <ul style="list-style-type: none"> <li>• House: \$64,000,000 in General Revenue</li> <li>• Senate: \$50,000,000 in General Revenue in the supplemental bill</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
4.b. Emergency Facility Repairs			Funding in the supplemental bill	b. House and Senate differ on funding provided to address emergency repairs at State Supported Living Centers and mental health state hospitals: • House: \$23,000,000 in General Revenue
4.c. State Hospitals - Electronic Health Record System Upgrade			Funding in the supplemental bill	c. House and Senate differ on funding provided to move facilities to an electronic Medication Administration Records (eMAR) module from the current, legacy applications: • House: \$38,921,260 in All Funds (\$38,873,054 in General Revenue and \$48,206 in Federal Funds) • Senate: \$38,921,260 in All Funds (\$38,873,054 in General Revenue and \$48,206 in Federal Funds) in the supplemental bill
5. DFPS Exceptional Items for HHSC Funding: Strengthen Mental and Behavioral Health Services in Foster Care				
5.a. DFPS - Contracted Extended Inpatient Beds				a. House and Senate differ on funding provided to add 20.0 contracted, extended stay inpatient beds for children served by DFPS: • House: \$14,600,000 in General Revenue • Senate directs HHSC to prioritize 20.0 contracted beds for children served by DFPS from other funding for purchased psychiatric beds.
5.b. DFPS - Youth Mobile Crisis Outreach Teams	Adopt as Amended: \$6,000,000 in GR to fund 3 Teams			b. House and Senate differ on funding provided to add 5.0 youth mobile crisis outreach teams for children served by DFPS: • House: \$8,000,000 in General Revenue
5.c. DFPS - Increase Rates for Youth Empowerment Services (YES) Waiver			Not Adopt	c. House and Senate differ on funding provided to increase rates for the YES waiver to address capacity needs of children served by DFPS: • House: \$4,186,266 in General Revenue • Senate: \$1,200,000 in General Revenue
5.d. DFPS - Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide				d. House and Senate differ on funding provided to increase coverage of Community Resource Coordination Groups (CRCGs) statewide: • Senate: \$1,421,000 in General Revenue and 2.5/2.5 FTEs
6. Additional State-Purchased Inpatient Beds				House and Senate differ on funding provided for additional state purchased inpatient beds and competency restoration beds: • House: \$11,500,000 in General Revenue See House Rider 38, Page II-61.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
7. Maintenance of Critical Services: Local Authority Workforce Capacity	Adopt as Amended: \$23,871,248 in GR			House and Senate differ on funding provided for maintenance of critical infrastructure to local mental health authorities, local behavioral health authorities, and local intellectual and developmental disability authorities: • House: \$127,313,320 in General Revenue See House Rider 127, Page II-90.
8. University of Texas Health Science Center at Tyler Contracted Mental Health Beds				House and Senate differ on funding provided to increase the bed-day rate for inpatient mental health contracted beds at the University of Texas Health Science Center at Tyler: • House: \$1,777,483 in General Revenue See House Rider 131, Page II-90.
9. Innovation Grants	Adopt as Amended: \$15,000,000 in GR contingent on passage of Senate Bill 26			House and Senate differ on additional funding provided for the innovation grant program to support a variety of community-based initiatives that improve access to care for children and families: • House: \$50,000,000 in General Revenue See House Rider 35, Page II-59.
10. Rural Hospital Telepsychiatry Consultations				House and Senate differ on funding provided to fund telepsychiatry consultations for rural hospitals: • House: \$7,400,000 in General Revenue See House Rider 142, Page II-92.
11. Supportive Housing Rental Assistance Program				House and Senate differ on funding provided to expand the Supportive Housing Rental Assistance Program: • Senate: \$4,000,000 in General Revenue See Senate Rider 147, Page II-92.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
12. Healthy Community Collaboratives				<p>House and Senate differ on additional funding provided to provide grants for Healthy Community Collaboratives funding public/private collaboratives to address homelessness:</p> <ul style="list-style-type: none"> <li>• Senate: \$8,000,000 in General Revenue</li> </ul> <p>See House Rider 35, Page II-59, and Senate Rider 36, Page II-58.</p>
13. Crisis Stabilization Units				<p>House and Senate differ on funding provided for the crisis stabilization unit at the Certified Community Behavioral Health Clinic that services Montgomery, Walker, and Liberty Counties:</p> <ul style="list-style-type: none"> <li>• Senate: \$2,500,000 in General Revenue</li> </ul> <p>See Senate Rider 40, Page II-60.</p>
<b>Other Cross-Strategy Items</b>				
1. Rural Hospital Grant Program				<p>House and Senate differ on funding provided for non-Medicaid grants for financial stabilization of rural hospitals, for maternal care operations in rural hospitals, and for alternative payment model readiness for rural hospitals:</p> <ul style="list-style-type: none"> <li>• Senate: \$51,000,000 in General Revenue</li> </ul> <p>See Senate Rider 139, Page II-90.</p>
2. Fully Implement Senate Bill 1896, Eighty-seventh Legislature, Regular Session, 2021				<p>House and Senate differ on funding provided for system modifications and staff to implement new childcare provider types:</p> <ul style="list-style-type: none"> <li>• House: \$13,511,230 in All Funds (\$13,494,462 in General Revenue and \$16,768 in Federal Funds) and 5.9/7.9 FTEs</li> </ul>
3. Regulatory Staff for Individualized Skills and Socialization		<p>Adopt as Amended: \$1,528,936 in GR and 10.0/10.0 FTEs</p>		<p>House and Senate differ on funding to comply with new Home and Community-based Services provider types and rules:</p> <ul style="list-style-type: none"> <li>• Senate: \$3,382,869 in All Funds (\$3,057,869 in General Revenue and \$325,000 in Federal Funds) and 19.9/19.9 FTEs</li> </ul>
4. Fully Implement Senate Bill 1621, Eighty-sixth Legislature, Regular Session, 2019				<p>House and Senate differ on funding provided to create a new rural emergency hospital license type:</p> <ul style="list-style-type: none"> <li>• House: \$700,469 in All Funds (\$695,439 in General Revenue and \$5,030 in Federal Funds) and 3.1/3.1 FTEs</li> <li>• Senate: \$458,995 in General Revenue and 2.0/2.0 FTEs</li> </ul>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
5. Investigations and Inspections at Long-term Care Facilities				<p>House and Senate differ on funding provided to reduce the backlog of investigations and inspections:</p> <ul style="list-style-type: none"> <li>• House: \$5,443,779 in All Funds (\$5,340,247 in General Revenue and \$103,532 in Federal Funds)</li> <li>• Senate: \$3,628,823 in All Funds (\$3,559,809 in General Revenue and \$69,014 in Federal Funds)</li> </ul>
6. Provider Cost Report System and Training Modernization				<p>House and Senate differ on funding provided for a new web-based system used in the submission of cost and accountability reports:</p> <ul style="list-style-type: none"> <li>• House: \$11,366,000 in All Funds (\$7,966,202 in General Revenue and \$3,399,798 in Federal Funds)</li> <li>• Senate: \$7,576,576 in All Funds (\$5,305,491 in General Revenue and \$2,271,085 in Federal Funds)</li> </ul>
7. OIG Case Management System				<p>House and Senate differ on funding provided to procure a case management system for OIG's special investigations unit:</p> <ul style="list-style-type: none"> <li>• House: \$3,151,750 in All Funds (\$2,442,040 in General Revenue and \$709,710 in Federal Funds)</li> </ul>
8. OIG Investigative and Provider Enrollment Capacity				<p>House and Senate differ on funding provided to increase staff for certain data review and investigation and utilization review teams:</p> <ul style="list-style-type: none"> <li>• House: \$2,081,286 in All Funds (\$1,192,227 in General Revenue and \$889,059 in Federal Funds) and 12.5/12.5 FTEs</li> <li>• Senate: \$1,040,643 in All Funds (\$596,114 in General Revenue and \$444,529 in Federal Funds) and 6.3/6.3 FTEs</li> </ul>
Number of Full-Time-Equivalents (FTEs)	38,653.7	38,642.3		
	38,622.3			
A.1.1 AGED AND MEDICARE-RELATED	\$ 13,231,122,483	\$ 12,217,750,451	\$ 1,013,372,032	
	\$ 12,712,873,869			a. See Medicaid Items 2.a, 2.c, 4.c, 6, and 8.
A.1.2 DISABILITY-RELATED	\$ 15,966,787,980	\$ 16,616,432,514	\$ 649,644,534	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
	\$ 16,708,429,903			
A.1.3 PREGNANT WOMEN	\$ 2,126,864,993	\$ 2,097,954,527	\$ 28,910,466	a. See Medicaid Items 2.a, 2.c, and 4.b.
	\$ 2,362,301,364			
A.1.5 CHILDREN	\$ 14,909,847,556	\$ 14,873,026,074	\$ 36,821,482	a. See Medicaid Items 4.a and 7.
	\$ 15,776,368,067			
A.2.1 COMMUNITY ATTENDANT SERVICES	\$ 2,328,847,944	\$ 2,766,282,713	\$ 437,434,769	a. See Medicaid Items 2.a, 4.a, 4.d, and 4.e.
	\$ 2,401,721,552			
A.2.2 PRIMARY HOME CARE	\$ 52,372,950	\$ 59,310,628	\$ 6,937,678	a. See Medicaid Item 2.a.
	\$ 52,386,422			
A.2.3 DAY ACTIVITY & HEALTH SERVICES	\$ 18,592,921	\$ 19,775,378	\$ 1,182,457	a. See Medicaid Item 2.a.
	\$ 14,371,699			
A.2.7 INTERMEDIATE CARE FACILITIES - IID	\$ 492,438,248	\$ 511,792,699	\$ 19,354,451	a. See Medicaid Item 2.a.
	\$ 464,861,216			
A.3.1 HOME AND COMMUNITY-BASED SERVICES	\$ 2,939,217,888	\$ 2,824,842,911	\$ 114,374,977	a. See Medicaid Items 2.a and 9.
	\$ 2,658,843,085			
A.3.2 COMMUNITY LIVING ASSISTANCE (CLASS)	\$ 796,652,790	\$ 849,082,956	\$ 52,430,166	a. See Medicaid Items 2.a, 2.c, and 9.
	\$ 705,667,093			
				a. See Medicaid Items 2.a and 2.c.



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
A.3.3 DEAF-BLIND MULTIPLE DISABILITIES	\$ 48,321,041	\$ 49,105,287	\$ 784,246	
	\$ 39,719,374			a. See Medicaid Items 2.a, 2.b, and 2.c.
A.3.4 TEXAS HOME LIVING WAIVER	\$ 175,144,421	\$ 187,670,070	\$ 12,525,649	
	\$ 150,724,884			a. See Medicaid Items 2.a and 2.c.
A.3.6 STAR+PLUS PILOT PROGRAM	\$ 83,481,514	\$ -	\$ 83,481,514	
				a. See Medicaid Item 3.
B.1.1 MEDICAID & CHIP CONTRACTS & ADMIN	\$ 1,500,398,571	\$ 1,478,736,134	\$ 21,662,437	
	\$ 1,476,791,537			a. See Salaries Items 1.b and 1.d. b. See Medicaid Item 5. c. House and Senate differ on funding provided for the Children's Health Insurance Program (CHIP) Health Services Initiative: <ul style="list-style-type: none"> <li>• House: \$20,000,000 in All Funds (\$5,000,000 in General Revenue and \$15,000,000 in Federal Funds)</li> </ul> See House Rider 138, Page II-91.
D.1.1 WOMEN'S HEALTH PROGRAMS	\$ 438,202,450	\$ 427,202,450	\$ 11,000,000	
	\$ 447,202,450			a. House and Senate differ on funding provided to further increase the number of women's preventive health mobile units: <ul style="list-style-type: none"> <li>• House: \$10,000,000 in General Revenue</li> </ul> See House Rider 126, Page II-89.
				b. House and Senate differ on funding provided to increase the income eligibility threshold for the Breast and Cervical Cancer Services program to 250 percent of the federal poverty level. <ul style="list-style-type: none"> <li>• House: \$1,000,000 in General Revenue</li> </ul> See House Rider 48, Page II-65.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
D.1.2 ALTERNATIVES TO ABORTION	\$ 200,000,000	\$ 140,000,000	\$ 60,000,000	<p>a. House and Senate differ on funding provided to further expand the Alternatives to Abortion program:</p> <ul style="list-style-type: none"> <li>• House: \$80,000,000 in General Revenue</li> <li>• Senate: \$20,000,000 in General Revenue</li> </ul> <p>House also reduces each appropriation of General Revenue other than Alternatives to Abortion proportionally by \$80,000,000 to fund the increase. See House Article IX, Section 17.20, Page IX-114.</p>
D.1.3 ECI SERVICES	\$ 392,010,327 \$ 396,606,571	\$ 385,792,311	\$ 6,218,016	<p>a. House and Senate differ on additional funding provided for Early Childhood Intervention:</p> <ul style="list-style-type: none"> <li>• House: \$6,218,016 in General Revenue</li> </ul>
D.1.10 ADDITIONAL SPECIALTY CARE	\$ 39,404,948 \$ 32,904,947	\$ 15,404,948	\$ 24,000,000	<p>a. House and Senate differ on funding provided for the Texas Colorectal Cancer Initiative to fund the treatment of colorectal cancer for uninsured and underinsured Texas residents with household incomes at or below 200 percent of the federal poverty level:</p> <ul style="list-style-type: none"> <li>• House: \$20,000,000 in General Revenue</li> </ul> <p>See House Rider 129, Page II-90.</p> <p>b. House and Senate differ on funding for the Project Baby Dillo Critically III Newborn Whole Genome Sequencing Demonstration.</p> <ul style="list-style-type: none"> <li>• House: \$4,000,000 in General Revenue</li> </ul> <p>See House Article IX, Section 17.19, Page IX-113.</p>
D.1.14 PRIMARY HEALTH & SPECIALTY CARE ADM	\$ 89,481,853 \$ 53,478,115	\$ 47,806,761	\$ 41,675,092	<p>a. See Salaries Items 1.b and 1.d.</p>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				b. House and Senate differ on funding provided for Health Information Exchanges Image Enablement to distribute to the Texas Health Services Authority and to local or regional health information exchanges: • House: \$30,000,000 in General Revenue See House Rider 133, Page II-91.
				c. House and Senate differ on funding provided to fund patient navigators at providers for women's health programs to facilitate and expedite access to the Healthy Texas Women (HTW) program: • House: \$5,228,200 in General Revenue See House Rider 137, Page II-91.
				d. House and Senate differ on funding provided to partner with a marketing agency to implement a local-level outreach program to increase regional awareness of women's health programs and local program providers for HTW, the Family Planning Program, and Breast and Cervical Cancer Services: • House: \$5,000,000 in General Revenue See House Rider 139, Page II-92.
				e. House and Senate differ on funding provided to expand the one-stop Family Resources website: • Senate: \$1,000,000 in General Revenue See Senate Rider 132, Page II-89.
D.2.1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	\$ 964,121,546	\$ 884,865,488	\$ 79,256,058	
	<b>\$ 902,488,498</b>			
D.2.2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	\$ 244,945,996	\$ 217,638,084	\$ 27,307,912	a. See Behavioral Health Items 7, 10, and 11.
	<b>\$ 221,258,318</b>			
D.2.3 COMMUNITY MENTAL HEALTH CRISIS SVCS	\$ 328,776,118	\$ 316,937,626	\$ 11,838,492	a. See Behavioral Health Items 5.b and 7.
	<b>\$ 333,626,094</b>			
				a. See Behavioral Health Items 7 and 13.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
D.2.5 BEHAVIORAL HLTH WAIVER & AMENDMENT	\$ 70,261,352 \$ 66,077,690	\$ 67,280,478	\$ 2,980,874	a. See Medicaid Item 2.a. b. See Behavioral Health Item 5.c.
D.2.6 COMMUNITY MENTAL HEALTH GRANT PGMS	\$ 255,000,000 \$ 213,000,000	\$ 213,000,000	\$ 42,000,000	a. See Behavioral Health Items 9 and 12.
D.2.7 COMMUNITY BEHAVIORAL HEALTH ADM	\$ 114,752,316 \$ 109,402,857	\$ 107,912,176	\$ 6,840,140	a. See Salaries Items 1.b and 1.d. b. See Behavioral Health Items 1.a, 1.b, 1.c, and 1.e.
E.1.2 PROVIDE WIC SERVICES	\$ 1,659,689,154	\$ 1,659,658,532	\$ 30,622	a. See Salaries Item 1.b.
F.1.1 GUARDIANSHIP	\$ 19,119,972 \$ 18,604,474	\$ 18,255,890	\$ 864,082	a. See Salaries Items 1.b and 1.d.
F.1.2 NON-MEDICAID SERVICES	\$ 334,967,302 \$ 364,252,664	\$ 367,454,758	\$ 32,487,456	a. See Medicaid Item 2.a. b. House and Senate differ on funding provided to expand the home-delivered meals program: • Senate: \$10,000,000 in General Revenue See Senate Rider 135, Page II-90.
F.1.3 NON-MEDICAID IDD COMMUNITY SVCS	\$ 109,271,728 \$ 101,579,070	\$ 99,803,840	\$ 9,467,888	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				a. See Behavioral Health Item 7.
F.2.4 DEAF AND HARD OF HEARING SERVICES	\$ 10,652,107	\$ 8,280,722	\$ 2,371,385	a. House and Senate differ on funding provided to increase access for deaf and hard of hearing services by contracting with additional service providers in currently unserved and underserved regions: • House: \$2,371,385 in General Revenue and 1.0/1.0 FTE
F.3.1 FAMILY VIOLENCE SERVICES	\$ 117,550,529	\$ 107,759,713	\$ 9,790,816	
	\$ 117,141,515			a. See Salaries Item 1.d.
				b. House and Senate differ on funding provided for enhanced capacity for family violence shelter services as well as legal, mental health, housing, and economic stability services for victims of family violence and to offer community education and prevention programming: • House: \$9,300,000 in General Revenue
F.3.3 ADDITIONAL ADVOCACY PROGRAMS	\$ 1,735,478	\$ 53,148,998	\$ 51,413,520	
	\$ 51,735,478			a. See Salaries Item 1.b.
				b. See Behavioral Health Item 5.d.
				c. See Other Cross-Strategy Item 1.
G.1.1 STATE SUPPORTED LIVING CENTERS	\$ 1,604,993,253	\$ 1,568,647,386	\$ 36,345,867	
	\$ 1,584,992,953			a. See Salaries Item 1.a.
				b. See Behavioral Health Item 2.c.
G.2.1 MENTAL HEALTH STATE HOSPITALS	\$ 1,265,385,889	\$ 1,157,787,910	\$ 107,597,979	
	\$ 1,167,992,558			a. See Salaries Item 1.a.
				b. See Behavioral Health Items 1.e, 2.a, 2.b, and 2.c.
G.2.2 MENTAL HEALTH COMMUNITY HOSPITALS	\$ 715,418,777	\$ 637,368,586	\$ 78,050,191	
	\$ 623,416,853			

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
G.4.2 FACILITY CAPITAL REPAIRS & RENOV	\$ 199,328,291 \$ 112,328,291	\$ 112,328,291	\$ 87,000,000	a. See Behavioral Health Items 1.d, 1.f, 2.a, 2.c, 5.a, 6, and 8.
H.1.1 FACILITY/COMMUNITY-BASED REGULATION	\$ 260,607,243 \$ 261,700,377	\$ 246,761,494	\$ 13,845,749	a. See Behavioral Health Items 4.a and 4.b.
H.2.1 CHILD CARE REGULATION	\$ 131,275,695 \$ 118,840,540	\$ 113,708,300	\$ 17,567,395	a. See Salaries Items 1.b, 1.c, and 1.d. b. See Other-Cross Strategy Items 3, 4, and 5.
H.3.1 HEALTH CARE PROFESSIONALS & OTHER	\$ 6,567,625 \$ 6,629,299	\$ 5,799,917	\$ 767,708	a. See Salaries Items 1.b and 1.c. b. See Other-Cross Strategy Items 2. c. House and Senate differ on funding provided to implement Senate Bill 225, Eighty-seventh Legislature, Regular Session, 2021, also cited as Ellie's Law: • Senate: \$1,024,221 in General Revenue See Senate Rider 145, Page II-91.
I.1.1 INTEGRATED ELIGIBILITY & ENROLLMENT	\$ 1,436,423,188 \$ 1,412,445,975	\$ 1,388,623,086	\$ 47,800,102	a. See Salaries Item 1.c. b. See Other-Cross Strategy Items 3 and 5.
				a. See Salaries Item 1.b. b. See Medicaid Items 1.a, 1.b, and 1.e. c. House and Senate differ on funding provided to fully implement House Bill 337, Eighty-fifth Legislature, Regular Session, 2017, relating to the continuation of certain public benefits after release from a county jail: • House: \$4,815,360 in All Funds (\$1,203,840 in General Revenue and \$3,611,520 in Federal Funds)

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				d. House and Senate differ on funding provided for nutrition incentives: • House: \$6,000,000 in General Revenue See House Rider 141, Page II-92.
I.2.1 LONG-TERM CARE INTAKE & ACCESS	\$ 531,579,671	\$ 521,692,769	\$ 9,886,902	
	\$ 523,903,653			
I.3.1 TIERS & ELIGIBILITY SUPPORT TECH	\$ 225,934,025	\$ 224,589,699	\$ 1,344,326	a. See Salaries Items 1.b, 1.c, and 1.d. b. See Behavioral Health Item 7.
	\$ 225,052,311			
I.3.2 TIERS CAPITAL PROJECTS	\$ 139,669,637	\$ 133,527,734	\$ 6,141,903	a. See Salaries Item 1.b. b. See Medicaid Item 1.b.
K.1.1 OFFICE OF INSPECTOR GENERAL	\$ 121,778,996	\$ 116,173,532	\$ 5,605,464	a. See Medicaid Items 1.c. and 1.d.
L.1.1 HHS SYSTEM SUPPORTS	\$ 299,118,783	\$ 287,854,852	\$ 11,263,931	a. See Salaries Item 2. b. See Other Cross-Strategy Items 7 and 8.
L.1.2 IT OVERSIGHT & PROGRAM SUPPORT	\$ 728,774,675	\$ 601,361,862	\$ 127,412,813	a. See Salaries Item 1.b. b. See Other Cross-Strategy Items 1 and 6.
	\$ 618,759,174			
				a. See Salaries Item 1.b. b. See Behavioral Health Items 3 and 4.c c. See Other Cross-Strategy Items 6 and 7.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				d. House and Senate differ on funding provided for security system plans and auditable event compliance assessments: • House: \$12,923,212 in All Funds (\$8,984,863 in General Revenue and \$3,938,349 in Federal Funds)
				e. House and Senate differ on funding provided for a vulnerability management program: • House: \$4,754,530 in All Funds (\$3,305,587 in General Revenue and \$1,448,943 in Federal Funds)
				f. House and Senate differ on funding provided for web application penetration testing: • House: \$14,566,882 in All Funds (\$10,127,626 in General Revenue and \$4,439,256 in Federal Funds)
				g. House and Senate differ on funding provided to address regulatory information technology application needs: • Senate: \$2,933,785 in All Funds (\$1,466,892 in General Revenue and \$1,466,893 in Federal Funds)
			Not Adopt	h. House and Senate differ on funding provided to migrate the Accounts Receivable Tracking System to the Centralized Accounting and Payroll/Personnel System: • House: \$6,000,656 in All Funds (\$4,994,706 in General Revenue and \$1,005,950 in Federal Funds) • Senate: \$3,000,328 in All Funds (\$2,497,353 in General Revenue and \$502,975 in Federal Funds)
				i. House and Senate differ on funding provided to for a Performance Management and Analytics System cloud data analytics platform: • House: \$21,019,525 in All Funds (\$17,379,449 in General Revenue and \$3,640,076 in Federal Funds)
L.2.1 CENTRAL PROGRAM SUPPORT	\$ 91,694,561	\$ 86,405,843	\$ 5,288,718	
	\$ 91,288,169			
				a. See Salaries Item 1.b. b. See Medicaid Items 1.c, 1.d, and 5. c. See Behavioral Health Items 1.a, 1.b, 1.c, 1.e, and 4.c.



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
L.2.2 REGIONAL PROGRAM SUPPORT	\$ 199,555,020	\$ 223,357,240	\$ 23,802,220	d. See Other Cross-Strategy Items 2, 3, 4, and 8.
	\$ 224,105,742			
				a. See Salaries Item 1.b. b. House and Senate differ on funding provided to address cost increases and inflation for agency leases at public facing offices and non-client services contracts: • Senate: \$24,550,722 in All Funds (\$20,000,000 in General Revenue and \$4,550,722 in Federal Funds) See Senate Rider 130, Page II-89.
M.1.1 TEXAS CIVIL COMMITMENT OFFICE	\$ 43,437,262	\$ 49,586,526	\$ 6,149,264	
	\$ 47,617,322			
				a. House and Senate differ on funding provided to restore the 5.0 percent reduction from the 2022-23 biennium: • Senate: \$1,866,692 in General Revenue
				b. House and Senate differ on additional funding provided for offsite healthcare: • Senate: \$2,161,210 in General Revenue See House Rider 79, Page II-72, and Senate Rider 81, Page II-72.
				c. House and Senate differ on funding provided for a salary career ladder for case managers: • Senate: \$82,512 in General Revenue
				d. House and Senate differ on funding provided for additional case managers: • Senate: \$547,804 in General Revenue and 4.0/4.0 FTEs
				e. House and Senate differ on funding provided for cremation and disposition expenses: • Senate: \$20,000 in General Revenue
				f. House and Senate differ on funding provided to increase per diem rates for contracted services: • Senate: \$1,471,046 in General Revenue

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Hospital Payments	II-49, Rider #8 Rider Packet, Page II-14	II-48, Rider #8 Rider Packet, Page II-14  As Amended		House rider defines rural hospital as being in a county with 70,000 or fewer persons. Senate rider defines hospital as being in a county with 65,000 or fewer persons.
Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers	II-52, Rider #15 Rider Packet, Page II-15	II-50, Rider #15 Rider Packet, Page II-15		Senate rider adds language exempting HHSC from Article IX, Section 6.10, Limitations on State Employment Levels, for instances of employment in which funds are derived from Government Code, Section 531.021135, and applicable federal funds
Rural Labor and Delivery Medicaid Add-on Payment	II-53, Rider #16 Rider Packet, Page II-18  As Amended	II-52, Rider #16 Rider Packet, Page II-18		House rider defines rural hospital as being in a county with 70,000 or fewer persons. Senate rider defines hospital as being in a county with 65,000 or fewer persons.
Interest List Reporting	II-54, Rider #19 Rider Packet, Page II-19  As Amended	II-53, Rider #19 Rider Packet, Page II-19		House adds additional requirements for interest list reporting on the commission's website.
Health and Human Services Cost Containment	II-55, Rider #21 Rider Packet, Page II-19	II-54, Rider #21 Rider Packet, Page II-19		House includes savings from services and additional funding in House Rider 125, Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities. Senate identifies savings from services that include Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.
COVID-19 Nursing Facility Add-on Rate/Nursing Facility Reimbursement Rate Increase	II-56, Rider #24 Rider Packet, Page II-20	II-54, Rider #24 Rider Packet, Page II-20		House amends the rider to maintain the COVID-19 emergency add-on for nursing facilities. Senate amends the rider to provide a nursing facility reimbursement rate increase that shall only be used to increase wages and benefits of direct care staff. HHSC shall ensure that 90 percent of funds are spent on wages and staff.
Mental Health Appropriations and Federal Matching Opportunities		II-57, Rider #31 Rider Packet, Page II-21		Senate retains rider requiring HHSC to require local mental and behavioral health authorities to maximize federal funding matching opportunities and for HHSC to report annually on the federal matching funds.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Community Mental Health Grant Programs	II-59, Rider #35 Rider Packet, Page II-22	II-58, Rider #36 Rider Packet, Page II-22  As Amended		House adds requirement that half of funding for innovation grants be distributed to Independent School Districts. Senate adds language about Healthy Community Collaboratives and requires HHSC to issue a needs and capacity assessment for the grant program established by Senate Bill 292, Eighty-fifth Legislature, Regular Session, 2017.
Block Grants for Community Mental Health		II-59, Rider #37 Rider Packet, Page II-23		Senate retains rider requiring HHSC to submit an annual report on the federal Block Grants for Community Mental Health.
Informational Listing: Additional Mental Health Funding	II-61, Rider #38 Rider Packet, Page II-24	II-60, Rider #40 Rider Packet, Page II-24  As Amended		House combines funding for purchased psychiatric beds and inpatient capacity expansion. Senate adds additional informational listings to the rider, provides direction for the John S. Dunn Behavioral Sciences Center, and requires HHSC to direct certain funding to programs supporting the Department of Family and Protective Services.
Informational Listing: Women's Health Funding	II-65, Rider #48 Rider Packet, Page II-28	II-65, Rider #50 Rider Packet, Page II-28		House requires HHSC to increase the income eligibility threshold for the Breast and Cervical Cancer Services program to 250 percent of the federal poverty level.
Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs	II-67, Rider #57 Rider Packet, Page II-29	II-67, Rider #59 Rider Packet, Page II-29		House revises language regarding the implementation of regional support centers.
Multi-Assistance Center Demonstration Project	II-68, Rider #63 Rider Packet, Page II-30	II-68, Rider #65 Rider Packet, Page II-30		Senate adds direction to seek a waiver or other permission to receive matching federal funds for the project.
Office of Inspector General Report	II-71, Rider #76 Rider Packet, Page II-31	II-71, Rider #78 Rider Packet, Page II-31		House specifies that report shall include potential overpayment identified under the Medicaid managed care program.
Texas Civil Commitment Office	II-72, Rider #79 Rider Packet, Page II-32	II-72, Rider #81 Rider Packet, Page II-32  As Amended		Senate provides authority for the Texas Civil Commitment Office to transfer funding from fiscal year 2025 to fiscal year 2024 for offsite healthcare.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Limitations on Transfer Authority	II-80, Rider #95 Rider Packet, Page II-33	II-80, Rider #97 Rider Packet, Page II-33  As Amended		House removes restrictions that require approval for transfers between capital budget projects that exceed \$100,000, and would make transfers subject to the authority and limitations governed by Article IX, Section 14.03, Transfers - Capital Budget. Senate maintains restrictions on transfers exceeding \$100,000.
Unexpended Construction Balances	II-83, Rider 100 Rider Packet, Page II-38	II-83, Rider #102 Rider Packet, Page II-38		House extends transfer authority for unexpended balances to all construction, repairs and renovations, and deferred maintenance funding regardless of method of finance.
Appropriation of Unexpended Balances: Funds Recouped from Local Authorities	II-84, Rider 104 Rider Packet, Page II-38	II-84, Rider 106 Rider Packet, Page II-38		House authorizes HHSC to reallocate recouped funds to local authorities regardless of strategy.
Community Centers		II-86, Rider 115 Rider Packet, Page II-39		Senate retains rider authorizing HHSC to take necessary steps, including appointment of a management team and recoupment of funds, for community centers that do not fulfill contractual obligations.
Informational Listing: End-of-year Waiver Slots Funding	II-87, Rider 117 Rider Packet, Page II-39	II-87, Rider 120 Rider Packet, Page II-39		Senate outlines additional funding provided.
Transfer Authority: Women's Health	II-88, Rider 118 Rider Packet, Page II-40			House provides transfer authority from Medicaid for Women's Health Programs with notification.
Transfer Authority: Home and Community-Based Services-Adult Mental Health	II-88, Rider 119 Rider Packet, Page II-41			House provides transfer authority for the Home and Community-Based Services-Adult Mental Health Program with notification.
Transfer Authority: State-owned Facilities	II-88, Rider 120 Rider Packet, Page II-41			House provides transfer authority from Medicaid to state-owned facilities with notification.
Savings Incentive Program	II-89, Rider 121 Rider Packet, Page II-42			House provides appropriation authority to implement the Savings Incentive Program established by Government Code, Chapter. 2108.103.
On-Call Pay	II-89, Rider 122 Rider Packet, Page II-42	II-88, Rider 121 Rider Packet, Page II-42		Senate limits authority to pay compensation for on-call time to employees at mental health state hospitals and state supported living centers.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
State Hospital Salary Funding		II-88, Rider 122 Rider Packet, Page II-42  As Amended		Senate requires HHSC to redirect funding for salary increases to additional contracted competency restoration beds if HHSC does not hire enough staff to allow offline state hospital beds to be utilized by December 1, 2023.
Cost Containment for State Hospital Construction		II-88, Rider 123 Rider Packet, Page II-43  As Amended		Senate prohibits HHSC from transferring funds to address additional cost increases for mental health state hospital construction and states intent that additional construction costs for the new state hospital in Dallas be paid by the University of Texas Southwestern Medical Center or the University of Texas System.
SNAP Performance Payments	II-89, Rider 123 Rider Packet, Page II-43			House authorizes bonus payments to certain employees for meeting or exceeding performance standards for eligibility determination and customer service.
Funding for the Unwinding of Continuous Medicaid Coverage		II-88, Rider 124 Rider Packet, Page II-43  As Amended		Senate provides intent that temporary FTEs assisting in the unwinding of continuous Medicaid coverage be phased out.
Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities (IDD)	II-89, Rider 125 Rider Packet, Page II-44			House requires HHSC to allocate funding to provide access to emergent and urgent clinical and care coordination services via telemedicine by board certified emergency room physicians who have specialized IDD training.
2-1-1 Texas Information & Referral Network (TIRN)		II-88, Rider 125 Rider Packet, Page II-44		Senate directs the expenditure of funds provided for 2-1-1.
Information on Funding Provided for Attendant Wages		II-89, Rider 126 Rider Packet, Page II-45	Conference Committee Revision and Addition #1	Senate adds a rider clarifying use of appropriations provided to increase the base wage \$11 an hour.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Women's Preventive Health Mobile Units	II-89, Rider 126 Rider Packet, Page II-45			House requires HHSC to utilize funding to increase the number of women's preventive health mobile units.
Maintenance of Critical Services: Local Authority Workforce Capacity	II-90, Rider 127 Rider Packet, Page II-45			House requires HHSC to allocate funding for maintenance of critical infrastructure to local mental health authorities, local behavioral health authorities, and local intellectual and developmental disability authorities.
Deaf-Blind Multiple Disabilities Case Management		II-89, Rider 127 Rider Packet, Page II-46		Senate requires HHSC to utilize funding for Deaf-Blind Multiple Disabilities case management billing reform.
Rates: Wellness Visits for Kids and Women's Health Related Surgeries		II-89, Rider 128 Rider Packet, Page II-46	Conference Committee Revision and Addition #3	Senate requires HHSC to provide a three percent reimbursement rate increase for wellness visits for kids and other office visits and birth and women's health related surgeries.
Texas Colorectal Cancer Initiative	II-90, Rider 129 Rider Packet, Page II-47  As Amended			House requires HHSC to fund the treatment of colorectal cancer for uninsured and underinsured Texas residents with household incomes at or below 200 percent of the federal poverty level.
Paving Facility Campuses		II-89, Rider 129 Rider Packet, Page II-47		Senate requires HHSC to coordinate with TxDOT to seek available federal funding to maintain and construct roads, parking lots, sidewalks, trails, and other paving at HHSC facilities.
Contracts for State Leases		II-89, Rider 130 Rider Packet, Page II-47		Senate requires HHSC to coordinate with the Texas Facilities Commission to identify ways to reduce costs for state leases.
Rates: Intermediate Care Facilities and Certain Waiver Providers	II-90, Rider 130 Rider Packet, Page II-47		Conference Committee Revision and Addition #1 and #2	House requires HHSC to maintain rate increases authorized by HHSC Rider 44, Rate Increases: Intermediate Care Facilities and Certain Waiver Providers, of House Bill 1, Eighty-sixth Legislature, Regular Session, 2019, and to provide for rate increases for intermediate care facilities, Home and Community-based Services, and Texas Home Living waivers in the direct care portion of those rates.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
University of Texas Health Science Center at Tyler Contracted Mental Health Beds	II-90, Rider 131 Rider Packet, Page II-48			House increases the bed-day rate for inpatient mental health contracted beds at the University of Texas Health Science Center at Tyler.
Title IV-E Funding		II-89, Rider 131 Rider Packet, Page II-48		Senate requires HHSC to coordinate with DFPS to develop and adopt different licensing rules or approval standards for relative or kinship foster family homes, and states intent for maximization of Title IV-E Federal Funds.
		As Amended: Adopt to Special Provisions		
Family Resources Website		II-89, Rider 132 Rider Packet, Page II-49		Senate requires HHSC to expand the one-stop Family Resources website.
Private Duty Nursing	II-90, Rider 132 Rider Packet, Page II-49			House requires HHSC to provide a reimbursement rate increase for private duty nursing services to assist providers with the increased cost of maintaining adequate staff, including on holidays, weekends, and extended shifts.
	As Amended			
Health Information Exchange Image Enablement	II-91, Rider 133 Rider Packet, Page II-49			House directs HHSC to distribute funding to the Texas Health Services Authority and to local or regional health information exchanges.
Assessment of Residential Child Care Standards		II-90, Rider 133 Rider Packet, Page II-49		Senate requires HHSC to work with an independent third-party to conduct an assessment of and make recommendations regarding residential child care minimum standards.
Transition of Medicaid Only Services into Managed Care for Dually Eligible Adults		II-90, Rider 134 Rider Packet, Page II-50		Senate provides intent that HHSC shall transition Medicaid-only services for dually eligible adults from services currently provided through fee-for-service Medicaid to managed care organizations as part of the benefits offered to enrollees, without imposing cost-sharing on dually eligible people.
		As Amended		
Ground Ambulance Reimbursement Rates	II-91, Rider 134 Rider Packet, Page II-50	II-90, Rider 137 Rider Packet, Page II-50		House requires HHSC to provide a reimbursement rate increase for the Medicaid ground ambulance reimbursement rate to equal the calendar year 2023 Medicare urban mileage rate. Senate provides a three percent increase to the current rate.
		As Amended		

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Improving Access to Pediatric Services	II-91, Rider 135 Rider Packet, Page II-50		Conference Committee Revision and Addition #3	House requires HHSC to provide a 10 percent rate increase for services provided in any setting by a physician, including a specialist, to children ages 0 to 3.
Home-Delivered Meals		II-90, Rider 135 Rider Packet, Page II-51  As Amended		Senate requires HHSC to expand services in the home-delivered meals program.
Funding for Medicaid Services Provided by Community Attendants	II-91, Rider 136 Rider Packet, Page II-51		Conference Committee Revision and Addition #1 and #2	House requires HHSC to increase service support funding for Home and Community Services Agency Community Attendant services and provide a \$0.04 increase for each level in the rate enhancement program for Community Attendants, including full rate enhancement for attendant programs not included in the rate enhancement such as Medically Dependent Children Program (MDCP) / Personal Attendant Services (PAS), Personal Care Services (PCS), Respite, and Consumer Directed Services (CDS) option attendant services.
Healthy Texas Women Enrollment Support	II-91, Rider 137 Rider Packet, Page II-52			House requires HHSC to fund patient navigators at providers for women's health programs.
Funding for CHIP Health Services Initiative	II-91, Rider 138 Rider Packet, Page II-52			House directs HHSC to develop a State Children's Health Insurance Program (CHIP) Health Services Initiative (HSI).
Local-Level Marketing Program for Women's Health Programs	II-92, Rider 139 Rider Packet, Page II-52			House requires HHSC to partner with a marketing agency to implement a local-level outreach program to increase regional awareness of women's health programs and local program providers for Healthy Texas Women, the Family Planning Program, and Breast and Cervical Cancer Services.
Rural Hospital Grant Program		II-90, Rider 139 Rider Packet, Page II-53		Senate establishes non-Medicaid grants for financial stabilization of rural hospitals, for maternal care operations in rural hospitals, and for alternative payment model readiness for rural hospitals.



Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Prohibition of Use of Appropriated Funds for Transgender Treatment		II-91, Rider 140 Rider Packet, Page II-54		Senate prohibits the expenditure of funds under Medicaid for gender reassignment surgeries.
		As Amended		
Improving Access to Pediatric Services	II-92, Rider 140 Rider Packet, Page II-54		Conference Committee Revision and Addition #3	House requires HHSC to provide a 10 percent rate increase for services provided in any setting by a physician, including a specialist, to children age 4.
Nutrition Incentives	II-92, Rider 141 Rider Packet, Page II-54			House directs HHSC to use funds for grants to organizations implementing nutrition incentive programs that qualify for federal funds under Section 4205, Agriculture Improvement Act of 2018 (7 U.S.C. Section 7517).
Rural Hospital Telepsychiatry Consultations	II-92, Rider 142 Rider Packet, Page II-55			House requires HHSC to contract to aggregate telepsychiatry consultations among rural hospitals.
Database of Community Inpatient Beds		II-91, Rider 142 Rider Packet, Page II-56		Senate requires HHSC to develop and implement an integrated statewide database of community inpatient beds and other resources to expedite access to care for individuals in need of behavioral health services.
Enhanced Capacity for Family Violence Services	II-93, Rider 143 Rider Packet, Page II-56			House requires HHSC to distribute funding for enhanced capacity for family violence shelter services as well as legal, mental health, housing, and economic stability services for victims of family violence and to offer community education and prevention programming.
Medicaid Autism Services Report		II-91, Rider 144 Rider Packet, Page II-56		Senate directs HHSC to produce a report on autism services.
Ellie's Law		II-91, Rider 145 Rider Packet, Page II-57		Senate expresses intent that HHSC implement changes to the regulation of certain child-care facilities and family homes.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Family Planning Program Funds Gone Notification and Women's Health Programs Transfer Authority	II-93, Rider 145 Rider Packet, Page II-57  As Amended			House requires HHSC to provide notification of 'funds gone' status for the Family Planning Program and provides transfer authority from Medicaid for Women's Health Programs with notification.
Unused San Antonio State Hospital Land	II-93, Rider 146 Rider Packet, Page II-58			House requires HHSC to engage in land use and program planning with Bexar County and the City of San Antonio to utilize unused land and buildings on the San Antonio State Hospital campus.
Interest List Elimination Plan		II-91, Rider 146 Rider Packet, Page II-58		Senate directs HHSC to develop a plan to eliminate waiver interest lists.
Supportive Housing Rental Assistance Program		II-91, Rider 147 Rider Packet, Page II-59		Senate directs HHSC to expand the supportive housing rental assistance program.
Early Childhood Intervention Report	II-93, Rider 147 Rider Packet, Page II-59			House directs HHSC to submit quarterly reports and a biennial report on Early Childhood Intervention eligibility and enrollment forecasts.
Health Home for Medicaid Patients with Sickle Cell Disease	II-94, Rider 148 Rider Packet, Page II-60			House directs HHSC to prepare and submit a Medicaid state plan amendment to provide coverage for health home services to persons who are diagnosed with sickle cell disease and are already enrolled in Medicaid.
Institutions of Mental Disease Exclusion Waiver	II-94, Rider 149 Rider Packet, Page II-60			House requires HHSC to submit an application for a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.
Maternal Health Deserts Report	II-94, Rider 150 Rider Packet, Page II-60			House requires HHSC to study and report on statewide access to maternity care.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Report on Uncompensated Trauma Payments	II-94, Rider 151 Rider Packet, Page II-61			House directs HHSC to issue a report on uncompensated trauma care.
State Hospital Cost Study	II-95, Rider 152 Rider Packet, Page II-61  As Amended			House requires the University of Texas Health Science Center at Houston to submit annual operating cost data to HHSC and for HHSC to issue a report by September 1, 2024, with recommendations for an appropriate bed day rate.
Study on Language Access Plan	II-95, Rider 153 Rider Packet, Page II-62			House requires HHSC to submit a report regarding a Language Access Plan.
Psychiatric Residential Youth Treatment Facility Voluntary Certification	II-95, Rider 155 Rider Packet, Page II-63		Conference Committee Revision and Addition #7	House requires HHSC to develop and implement a voluntary quality standards certification process for psychiatric residential youth treatment facilities.
Implementation of Eligibility for Audiology Services Under School Health and Related Services Program	II-95, Rider 156 Rider Packet, Page II-63			House provides intent that HHSC use funding to implement Education Code, Section 38.034.
Study on Kidney Dialysis Treatment for African Americans	II-96, Rider 157 Rider Packet, Page II-63			House requires HHSC to submit a report regarding any disparities or issues in the provision of kidney dialysis treatment for African Americans by December 1, 2024.
STAR+PLUS Pilot Program Implementation	II-96, Rider 158 Rider Packet, Page II-63			House provides intent that HHSC utilize funding to implement the initial phase of the STAR+PLUS Pilot Program authorized under Subchapter C, Chapter 534, Government Code.
Informational Listing - Mental Health Funding for Continued Transformation	IX-60, Sec. 10.07 Rider Packet, Page IX-70	IX-60, Sec. 10.07 Rider Packet, Page IX-70	Not Adopt	House and Senate differ on stated intent for supplemental appropriations for mental health programs.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing (WGS) Demonstration	IX-113, Sec. 17.19 Rider Packet, Page IX-78			House requires HHSC to contract with the University of Texas Health Science Center at Houston to implement the Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing Demonstration.
Proportional Reduction of General Revenue Appropriations	IX-114, Sec. 17.20 Rider Packet, Page IX-79			House reduces each appropriation of General Revenue other than Alternatives to Abortion proportionally by \$80,000,000.
<b>Conference Committee Revisions and Additions</b>				
1. Raise Community Attendant Base Wage to \$10.60			Adopt	\$1,949,862,208 in All Funds (\$773,185,216 in GR)
2. Provide Funding for Community Attendants Rate Enhancement Program			Adopt	\$56,308,364 in All Funds (\$21,877,790 in GR)
3. Improving Access to Pediatric Services and Women's Health Surgeries			Adopt	\$140,970,654 in All Funds (\$55,779,984 in GR)
4. Transfer Funding for Intensive Psychiatric Stabilization Program (IPSP) from HHSC to DFPS			Adopt	Transfer \$21,133,570 in GR from HHSC funding for inpatient mental health beds to DFPS for IPSP.
5. Add New Rider for Facility Inflationary Costs			Adopt	
6. Add New Rider for State Hospital Forensic Waitlists			Adopt	
7. Adopt Funding for Psychiatric Residential Youth Treatment Facility Voluntary Certification in the Supplemental Bill			Adopt	\$4,712,356 in GR in the Supplemental Bill
8. Add New Strategy for Texas Civil Commitment Office (TCCO)			Adopt	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
9. Add New Exempt Position for TCCO			Adopt	
10. Add New Rider in Article X at State Auditor's Office for TCCO Forensic Audits			Adopt	
11. Provide Additional Funding for Crisis Services in the Heart of Texas Region			Adopt	\$8,000,000 in GR
12. Provide Additional Funding for Multi-Assistance Center Demonstration Project			Adopt	\$7,500,000 in GR
13. Provide Additional Funding for Women's Health and Amend House Rider 48/Senate Rider 50, Informational Listing: Women's Health Funding.			Adopt	\$10,000,000 in GR
14. Direct Funding to Crisis Services in the Galveston Region			Adopt	
15. Update Medicaid without Cost Growth and Medicaid PHE Rate Adjustment Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	\$1,845,192,757 in All Funds (\$347,848,665 in GR)
16. Update CHIP without Cost Growth Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	Decrease of \$102,209,208 in All Funds (Decrease of \$35,157,915 in GR)
17. Update TANF Cash Assistance Forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	\$4,596,244 in All Funds (Decrease of \$3,012,856 in GR)
18. Update ECI forecast. See Article II, 2024-25 Conference Forecast Update.			Adopt	\$5,044,036 in All Funds (\$5,001,427 in GR)

**Behavioral Health Supplemental Funding for the Health and Human Services Commission Included in  
House Bill 1, Article IX, Sec. 10.07, Informational Listing - Mental Health Funding for Continued Transformation, and Senate Bill 30**

Item	House General Revenue	Senate General Revenue <sup>1</sup>	Decision	Notes
Uvalde Behavioral Health Campus <sup>2</sup>	\$33,600,000	\$33,600,000	HOUSE	Senate designates half of beds as forensic.
Grants Management System		\$21,400,000	SENATE	House provides \$32,998,036 in General Revenue in HB 1.
Dallas State Hospital <sup>2</sup>	\$101,890,000	\$38,048,000	HOUSE	
State Hospitals - Electronic Health Record System Upgrade		\$38,873,054	SENATE	House provides \$38,873,054 in General Revenue in HB 1. House and Senate also include \$48,206 in Federal Funds for this item.
Deferred Maintenance Needs for State Facilities		\$50,000,000	SENATE	House provides \$64,000,000 in General Revenue in HB 1.
Emergency Facility Repairs			HOUSE AS AMENDED: \$14,000,000 in the supplemental bill	Conferees adopted funding for Emergency Facility Repairs in the supplemental.
New Panhandle Capacity	\$477,000,000		SENATE	
Rio Grande State Center	\$452,000,000		SENATE	House provides 148 beds.
Terrell State Hospital	\$696,000,000	\$573,000,000	SENATE	House provides 308 beds. Senate provides 250 beds, including 50 maximum security, 140 forensic, 35 adolescent, and 25 civil.
North Texas State Hospital - Wichita Falls	\$696,000,000	\$452,000,000	SENATE	House provides 308 beds. Senate provides 200 beds, including 24 maximum security, 136 forensic, 24 adolescent, and 16 civil.
Lubbock Campus		\$121,000,000	SENATE	Senate provides 50 beds.
San Antonio State Hospital		\$15,000,000	SENATE	Senate provides 40 maximum security beds.
Amarillo State Hospital		\$212,000,000	SENATE AS AMENDED: \$159,000,000 for 75 beds with 50 forensic	Senate provides 100 beds, including at least 85 forensic. Conference adopts 75 beds with 50 forensic and 25 civil.
Facility in the Rio Grande Valley		\$120,000,000	SENATE	Senate provides 50 maximum security beds.
El Paso State Hospital		\$115,000,000	SENATE	Senate provides 50 forensic beds.
University of Texas at Tyler Facility	\$7,000,000	\$7,000,000	SENATE	Senate provides 44 forensic and civil complex medical needs beds with funding at the Health and Human Services Commission. House provides funding to the University of Texas at Tyler for 44 beds.
Sunrise Canyon Facility in Lubbock		\$45,000,000	SENATE	Senate provides 30 beds with up to half forensic.
Mental Health Grant Program		\$100,000,000	SENATE	Senate provides funds for a one-time grant program for construction of jail diversion facilities, step-down facilities, permanent supportive housing, crisis stabilization units, and crisis respite units with a local match required.
Grant Program to Construct a Mental Health Inpatient Facility: Rio Grande Valley		\$85,000,000	SENATE	Senate provides funds for a one-time grant for 100 inpatient beds with at least half forensic. Local donation of land is required.
Grant Program to Construct a Mental Health Inpatient Facility: Montgomery County		\$50,000,000	SENATE	Senate provides funds for a one-time grant for 100 inpatient beds with at least half forensic. Local donation of land is required.
Grant Program to Construct a Mental Health Inpatient Facility: Victoria County		\$40,000,000	SENATE	Senate provides funds for a one-time grant for 60 inpatient beds with at least half forensic. Local donation of land is required.
University of Texas Health Science Center at Houston: Harris County Psychiatric Hospital	\$7,971,600		HOUSE AS AMENDED: \$7,971,600 at HHSC in the supplemental bill	House provides funding to the University of Texas Health Science Center at Houston for indigent inpatient care, renovation of patient areas, deferred maintenance, and building renovation at the Harris County Psychiatric Hospital.
Psychiatric Residential Youth Treatment Facility Voluntary Quality Standards Implementation			CONFERENCE REVISION: \$4,712,356 in the supplemental bill	Conference added \$4,712,356 for Psychiatric Residential Youth Treatment Facility Voluntary Quality Standards Implementation.
Permian Basin Behavioral Health Center			CONFERENCE REVISION: \$86,700,000 in the supplemental bill	Conference adopts 100 beds with 40 forensic.
Baptist Hospital in Beaumont			CONFERENCE REVISION: \$64,000,000 in the supplemental bill	Conference adopts 72 beds with 36 forensic and 36 civil.
Children's Hospitals Construction Grant Program			CONFERENCE REVISION: \$15,852,990 in the supplemental bill	Conference adopts funds for a one-time grant program for construction of inpatient mental health beds for children at children's hospitals with a local match required.
<b>General Revenue Total</b>	<b>\$2,471,461,600</b>	<b>\$2,116,921,054</b>		<b>\$2,321,000,000</b>

1) Senate amounts only include projects specifically delineated in House Bill 1, Article IX, Section 10.07, Informational Listing - Mental Health Funding for Continued Transformation, but Senate reserves a total of \$2,321,000,000 in General Revenue for inpatient mental health capacity in Senate Bill 30.

2) House does not list the Uvalde Behavioral Health Campus or the Dallas State Hospital funding in House Bill 1, Article IX, Sec. 10.07, Informational Listing - Mental Health Funding for Continued Transformation, but includes the items in Senate Bill 30.

**Article II, 2024-25 Conference Forecast Update**

**Health and Human Services Commission: Medicaid**

	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	State Funds	All Funds	State Funds	All Funds	State Funds	All Funds
	Medicaid without Cost Growth <b>Adopt</b>	\$ 27,899,731,251	\$ 70,688,126,894	\$ 27,971,544,544	\$ 71,822,983,317	\$ 71,813,293
Medicaid PHE Rate Adjustment <b>Adopt</b>	\$ -	\$ -	\$ 276,035,372	\$ 710,336,334	\$ 276,035,372	\$ 710,336,334
Medicaid Cost Growth	\$ 1,258,581,444	\$ 3,168,992,838	\$ 1,057,307,357	\$ 2,759,574,995	\$ (201,274,086)	\$ (409,417,843)
<b>MEDICAID TOTAL</b>	<b>\$ 29,158,312,695</b>	<b>\$ 73,857,119,733</b>	<b>\$ 29,304,887,274</b>	<b>\$ 75,292,894,646</b>	<b>\$ 146,574,579</b>	<b>\$ 1,435,774,914</b>
<b>Informational: Program-Generated Revenue (GR)</b>	\$ 2,714,462,301		\$ 2,704,038,604		\$ (10,423,697)	
	<i>includes Medicaid Program Income, Vendor Drug Rebates, Supplemental Vendor Drug Rebates, and Client Cost Sharing</i>					

Note: This analysis does not reflect cost-containment initiatives.

Notes on the conference update:

- 1) Reflects updates to the federal medical assistance percentage (FMAP) for fiscal years 2024 and 2025, including the phasing out of the 6.2 percentage point increase to the FMAP received during the public health emergency (PHE).
- 2) Includes the extension of Medicaid continuous coverage from January 2023 to April 2023, and the unwinding of continuous coverage over a 12 month period.
- 3) Removes the assumed approval of extending Medicaid coverage for pregnant women from two to six months postpartum, reducing caseloads between the initial and conference forecast but still accounting for overall population increase.
- 4) Holds rates constant through 2025. The conference update assumes that rates for pregnant women and other adults are lower due to significantly increased caseloads.
- 5) The Medicaid PHE Rate Adjustment excludes all other forms of cost-growth, and assumes that rates for pregnant women and other adults are artificially lower. The amount in the table above reflects the return of these rates to pre-PHE levels.

\*State Funds include GR, GR-D, and Other Funds.

**Article II, 2024-25 Conference Forecast Update**

**Health and Human Services Commission: CHIP**

	Initial Forecast		Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
	CHIP without Cost Growth <b>Adopt</b>	\$ 512,524,166	\$ 1,830,338,140	\$ 477,366,251	\$ 1,728,129,112	\$ (35,157,915)
CHIP Cost Growth	\$ 37,904,981	\$ 135,233,977	\$ (27,900,001)	\$ (101,071,452)	\$ (65,804,982)	\$ (236,305,429)
<b>CHIP TOTAL</b>	<b>\$ 550,429,147</b>	<b>\$ 1,965,572,117</b>	<b>\$ 449,466,250</b>	<b>\$ 1,627,057,660</b>	<b>\$ (100,962,897)</b>	<b>\$ (338,514,457)</b>

*Informational: Program-Generated Revenue (GR)* \$ 46,174,839 \$ 46,174,839 \$ -  
*includes Premium Copayments, Experience Rebates, and Vendor Drug Rebates*

Notes on the conference update:

- 1) Reflects updates to the federal medical assistance percentage (FMAP) for fiscal years 2024 and 2025, including the phasing out of the 6.2 percentage point increase to the FMAP received during the public health emergency (PHE).
- 2) Includes the extension of Medicaid continuous coverage from January 2023 to April 2023, and the unwinding of continuous coverage over a 12 month period.
- 3) Holds rates constant through 2025.
- 4) The cost-growth estimate assumes that rates are higher due to decreased caseloads as a result of continuous Medicaid coverage, and as caseloads increase the rates are estimated to decrease before returning to normal growth.

**Health and Human Services Commission: TANF Cash Assistance**

	Initial Forecast		<b>Adopt</b> Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
	<b>TANF Cash Assistance</b>	<b>\$ 32,990,415</b>	<b>\$ 36,447,699</b>	<b>\$ 37,991,842</b>	<b>\$ 41,491,735</b>	<b>\$ 5,001,427</b>

Notes on the conference update:

- 1) Reflects earlier projected stabilization of caseloads as caseloads declines have slowed more quickly than initially forecasted.

**Health and Human Services Commission: ECI**

	Initial Forecast		<b>Adopt</b> Conference Update		Conference Update Above/(Below) Initial Forecast	
	GR	All Funds	GR	All Funds	GR	All Funds
	<b>ECI</b>	<b>\$ 152,428,985</b>	<b>\$ 385,792,311</b>	<b>\$ 149,416,129</b>	<b>\$ 390,388,555</b>	<b>\$ (3,012,856)</b>

Notes on the conference update:

- 1) Initial forecast represents the agency's initial forecast at the All Funds level.
- 2) Adjusts for slightly higher realized caseloads and maintains historical average growth through fiscal year 2025.
- 3) Reflects the extension of the enhanced FMAP under the Public Health Emergency PHE through December 2023.
- 4) Reflects a more favorable FMAP in federal fiscal year 2025.



**S02 SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES**

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
<b>Technical Adjustments</b>	II-98	II-94		
System Support Services	II-101 Sec. #9	II-97 Sec. #9	Adopt	Reallocate exceptional item funding appropriated at HHSC among Article II agencies to support increased system support services assessments, including conforming changes to align with Conference Committee decisions.
Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements	II-106 Sec. #14 Rider Packet, page II-65  Adopt Technical Adjustment			Remove provision allowing for the transfer of unexpended balances from fiscal year 2025 to fiscal year 2026.
<b>Rider Differences</b>				
Charges to Employees and Guests	II-108 Sec. #17 Rider Packet, page II-68	II-103 Sec. #17 Rider Packet, page II-68		House provides authority for non-compensatory services for temporary personnel services staff at the state-owned facilities. House also provides authority for state-owned facilities to provide family members, guests, and temporary personnel services staff temporary use of state-owned housing. Senate maintains existing authority for employees.
World Health Organization		II-105 Sec. #26 Rider Packet, page II-69  As Amended: Adopt to Article IX		Senate restricts funding at Article II agencies from being used to engage in activities in collaboration with, directed by, or financed by the World Health Organization and its affiliates.
<b>Conference Committee Revisions and Additions</b>				
1. Move HHSC Senate Rider 131, Title IV-E Funding, to Special Provisions			Adopt	
2. Add New Rider on Court Monitor Fees			Adopt	

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Amend Rider**  
**Human Resources Management Plan**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Department of Family and Protective Services rider 8, Human Resources Management Plan to have the agency report on turnover following implemented salary increases.

**Required Action**

On page II-9 of the Department of Family and Protective Services bill pattern, amend the following rider:

8. **Human Resources Management Plan.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall develop a Human Resources Management Plan designed to produce a workforce and improve employee morale and retention. The plan must focus on reducing employee turnover through better management. DFPS shall report by March 31 and September 30 of each fiscal year to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor. Each report shall include, at a minimum and for at least the preceding twelve months, the following information by job category: employee turnover rate, percent workers retained six months after completion of training, employee tenure and employee turnover following the implementation of salary increases. The effectiveness of the agency's plan shall be measured by whether there is a reduction in employee turnover rates at the agency, specifically by the reduction in the turnover rates for caseworkers.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Funding and Rider**  
**Limitations: Community-based Care Payments**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend rider to change region to catchment area.

**Required Action**

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

27.      **Limitations: Community-based Care Payments.**

- (a) Included in amounts appropriated above is \$352,848,771 in All Funds (\$218,498,505 in General Revenue Funds) in fiscal year 2024 and \$410,530,415 in All Funds (\$263,426,726 in General Revenue Funds) in fiscal year 2025 in Strategy B.1.1, CPS Direct Delivery Staff, for resource transfers, Stage II network support payments, and Child and Adolescent Needs and Strengths (CANS) assessments and Strategy B.1.9, Foster Care Payments, for Stage I network support payments and foster care payments for Community-based Care (CBC) in Stages I and II in Catchment Areas 3W, 2, 1, 8B, 3E, 4, 5, and 9, and Stage I in Catchment Areas 8A, 6A, 6B, and 10, as authorized by Family Code, Chapter 264.
- (b) Included in amounts identified in Subsection (a) is \$111,400,693 in All Funds (\$103,971,824 in General Revenue Funds) in fiscal year 2024 and \$145,230,947 in All Funds (\$134,368,841 in General Revenue Funds) in fiscal year 2025 in Strategy B.1.1, CPS Direct Delivery Staff, which DFPS may not exceed or expend for any purpose not identified in Subsection (a) without the prior written approval of the Legislative Budget Board and the Governor.
- (c) DFPS in conjunction with the Office of CBC Transition, shall continue the use of an independent evaluation to complete process and outcome evaluations throughout the entire rollout and implementation of CBC in each established catchment area. All evaluations shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, and the Senate Committee on Health and Human Services.
- (d) DFPS shall report actual expenditures for each Catchment Area by strategy, stage, purpose, and method of finance within 30 days after the end of each fiscal quarter to the Legislative Budget Board and the Governor.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Rider**  
**Mental Health Team Reporting**

Prepared by LBB Staff, 05/10/2023

**Overview**

Require the Department of Family and Protective Services to report on the dedicated Mental Health Services Team.

**Required Action**

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

\_\_\_\_\_.  
**Mental Health Team Reporting.** Out of funds appropriated above, the Department of Family and Protective Services shall report, by October 1, 2024, to the House Appropriations Committee, the Senate Finance Committee, the Legislative Budget Board, and the Governor, the following regarding the dedicated Mental Health Services Team:

- (a) the activities of the Mental Health Team, including how the team coordinated care for children and youth in conservatorship;
- (b) recommendations on how to improve mental health services for children and youth in conservatorship; and
- (c) the effectiveness of STAR Health, including recommendations on how to improve STAR Health services for children and youth in conservatorship.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Funding and Rider**  
**Business Process Redesign Rider**

Prepared by LBB Staff, 05/10/2023

**Overview**

Directs the Department of Family and Protective Services to contract and evaluate the child protective investigations process.

**Required Action**

1. On page II-1 of the Department of Family and Protective Services Bill Pattern, increase appropriations by \$1,500,000 in General Revenue in fiscal year 2024
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

\_\_\_\_\_. **Business Process Redesign.** Out of funds appropriated above in Strategy B.1.1, CPS Direct Delivery Staff, the Department of Family and Protective Services (DFPS) shall contract with a third-party entity to evaluate and recommend how the agency can improve its child protective investigations process. The review of its investigations process should include, but not limited to, how DFPS can maximize its staffing capacity, ensure consistency in its investigations across the state and over time, collect and report all necessary documentation, and improve the quality of its investigation processes. DFPS shall submit a report to the Legislative Budget Board and the Governor of its findings, recommendations, and status of implementing recommendations by December 31, 2024.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Funding and Rider**  
**Long-Term Youth and Family Support**

Prepared by LBB Staff, 05/10/2023

**Overview**

Direct the Department of Family and Protective Services to allocate funding to expand a prevention program to improve outcomes for children at risk of reentering the child protective services system.

**Required Action**

1. On page II-1 of the Department of Family and Protective Services bill pattern, increase appropriations by \$1,500,000 in General Revenue in fiscal year 2024 and \$3,000,000 in General Revenue in fiscal year 2025.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

Long-Term Youth and Family Support. Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate \$1,500,000 in General Revenue in fiscal year 2024 and \$3,000,000 in General Revenue in fiscal year 2025 to continue the program aimed at improving outcomes for children at highest risk of re-entering the child protective services system, and expand the program into at least two additional areas of the state and provide each program funding for, model support, including, but not limited to, training and technical assistance. The program shall:

- (a) be evidence-based or incorporate promising practices;
- (b) be implemented in a county with a population over 800,000; and
- (c) aim to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy and increase graduation rates over the span of the child's youth.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Funding and Rider**  
**Family First Transition Act Funding**

Prepared by LBB Staff, 05/10/2023

**Overview**

Direct the agency to utilize Family First Transition Act federal funds to continue a pilot program and to fund a Qualified Residential Treatment Program.

**Required Action**

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

\_\_\_\_\_. **Family First Transition Act Funding.** Out of funds appropriated above, The Department of Family and Protective Services (DFPS) is appropriated \$20,000,000 million in Family First Transition Act federal funds for the following purposes:

- (a) \$15,000,000 million to continue funding pilot programs to serve children in the home pursuant to House Bill 3041, Eighty-seventh Legislature, Regular Session. DFPS shall develop additional criteria to ensure children that could enter conservatorship, or children of families struggling with significant issues that impact family stability and child safety, can be referred to the pilot program;
- (b) \$5,000,000 million to continue funding the Qualified Residential Treatment Programs (QRTPs) to allow providers to meet QRTP standards under the Family First Prevention Services Act; and
- (c) All unexpended balances appropriated above for this purpose for the fiscal year ending August 31, 2024, are appropriated for the same purpose for the fiscal year beginning September 1, 2024.

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Rider**  
**Contingent Appropriation: Prevention and Early Intervention**

Prepared by LBB Staff, 05/10/2023

**Overview**

Make new funding for Prevention and Early Intervention contingent upon the passage of Senate Bill 24.

**Required Action**

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

\_\_\_\_\_. Contingent Appropriation: Prevention and Early Intervention. Appropriations above in Goal C, Prevention Programs, include \$32,601,027 in General Revenue, \$12,588 in Federal Funds and 16.5 FTEs in fiscal year 2024 and \$32,536,024 in General Revenue, \$10,709 in Federal Funds and 16.5 FTEs in fiscal year 2025 contingent upon enactment of Senate Bill 24 or similar legislation relating to the powers and duties of the Health and Human Services Commission and the transfer to the commission of certain powers and duties from the Department of Family and Protective Services by the Eighty-eighth Legislature, Regular Session.



By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Funding and Rider**  
**Report on Provider Admission Data**

Prepared by LBB Staff, 05/11/2023

**Overview**

Direct the agency to report annually on data related to admission of children by providers.

**Required Action**

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

\_\_\_\_\_. **Report on Provider Admission Data.** Providers receiving foster care reimbursement payments for children in conservatorship of the Department of Family and Protective Services (DFPS) shall submit a quarterly report to DFPS that includes the number of children referred by DFPS or an SSCC, the percentage of referrals that resulted in admission, the percentage of referrals that did not result in an admission-broken out by the various reasons for the denial, and, for children that were admitted, the average length of time of placement.

DFPS shall collect and analyze the data and report by September 30 of each fiscal year to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor the providers collective efforts to improve the overall percentage of admissions and placement stability for children in the system.

By: \_\_\_\_\_

**Department of State Health Services**  
**Proposed Rider Amendment**  
**Emergency Preparedness/Patient Communications and Logistics Platform.**

Prepared by LBB Staff, 05/08/2023

**Overview**

Amend House Rider 35, Emergency Preparedness/Patient Communication and Logistics Platform, to require a pilot program for mental health beds capacity.

**Required Action**

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

\_\_\_\_\_.  
**Emergency Preparedness/Patient Communications and Logistics Platform.**  
Included in the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services is appropriated \$2,400,000 in General Revenue in each fiscal year of the biennium to maintain existing patient transfer portal technology.

It is the intent of the Legislature that the Department of State Health Services shall implement a pilot program at two Regional Advisory Councils (RACs) to coordinate and track regional private, community, state-operated, and state-contracted inpatient mental health bed capacity utilizing patient transfer portal technology. The RACs shall collaborate with local mental health authorities, local behavioral health authorities, and the Health and Human Services Commission to coordinate and track inpatient mental health bed capacity.

By: \_\_\_\_\_

**Department of State Health Services**  
**Proposed Rider Amendment**  
**Emergency Medical Task Force**

Prepared by LBB Staff, 05/09/2023

**Overview**

Amend Senate rider 26 to add \$2.0 million for any purpose above except for purchasing AMBUSES. Amounts are reduced in categories a, b, and c to base amounts.

**Required Action**

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

- \_\_\_\_\_. **Emergency Medical Task Force.**
- (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall provide ~~\$2,000,000~~ 1,000,000 in each fiscal year of the biennium out of General Revenue Funds to fund ongoing programs, exercises, and readiness for the Emergency Medical Task Force (EMTF).
  - (b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$500,000~~ 250,000 in each fiscal year of the biennium out of General Revenue Funds to fund the management of the EMTF program.
  - (c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$2,500,000~~ 1,250,000 in each fiscal year of the biennium out of General Revenue Funds for the replacement of critical emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.
  - (d) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall utilize \$1,000,000 in General Revenue in each fiscal year of the biennium for any purpose stated above in Sections (a), (b), and (c) except for the purchase or replacement of ambulance buses (AMBUSes).

By: \_\_\_\_\_

## Department of State Health Services

### Proposed Rider Amendment

Department of State Health Services and Department of Information Resources: Vital Statistics

Revenue

Prepared by LBB Staff, 05/05/2023

#### **Overview**

Amend House Rider 33, Department of State Health Services and Department of Information Resources: Vital Statistics Revenue, to add a reporting requirement for Vital Statistics program.

#### **Required Action**

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

\_\_\_\_\_. **Department of State Health Services and Department of Information Resources: Vital Statistics Revenue.** It is the intent of the Legislature that the Department of Information Resources (DIR) and the Department of State Health Services (DSHS) enter into an agreement to share the customer fee for vital statistics services deposited to General Revenue - Dedicated Fund 19, Vital Statistics Account.

DSHS shall submit a report to the Legislative Budget Board on the allocation of additional revenue in the Vital Statistics program that occurred in the 2024-25 biennium as a result of implementing the agreement between DIR and DSHS by December 1, 2024. The report shall include monthly revenue amounts and salary increases, operating costs, and any other expenditures or obligations as a result of the increase in revenue provided in General Revenue – Dedicated Fund 19 because of implementation of the agreement between DIR and DSHS.

By: \_\_\_\_\_

**Department of State Health Services**  
**Proposed Rider**  
**HIV Medication Cabenuva**

Prepared by LBB Staff, 05/08/2023

**Overview**

Add rider to require the Department of State Health Services to utilize available federal funding for inclusion of Cabenuva in Texas HIV Medication Program (THMP) formulary.

**Required Action**

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

\_\_\_\_\_. **HIV Medication Cabenuva.** It is the intent of the Legislature that to the extent federal funding is available, the Department of State Health Services shall utilize existing or future federal funding to purchase Cabenuva (HIV long-acting treatment), or any other similar HIV long-acting treatment medication, for Texas HIV Medication Program (THMP) participants for inclusion in the THMP formulary.

By: \_\_\_\_\_

**Department of State Health Services**  
**Proposed Rider Amendment**  
**Alzheimer's Disease Program**

Prepared by LBB Staff, 05/08/2023

**Overview**

Amend House Rider 31 to add \$2,250,000 per fiscal year in General Revenue for Alzheimer's Disease Program activities.

**Required Action**

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

- . **Alzheimer's Disease Program.** Out of the amounts appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services (DSHS) shall expend ~~\$5,000,000~~ 2,750,000 in General Revenue in each fiscal year on the Alzheimer's Disease Program. The Alzheimer's Disease Program shall:
- (a) Include a public awareness component for healthcare professionals to highlight the importance of early detection and diagnosis of Alzheimer's disease and related dementias;
  - (b) Assist in fulfilling the responsibility of DSHS to develop and implement a State Plan on Alzheimer's Disease, as required by Health and Safety Code Section 99A.001;
  - (c) Coordinate with other state agencies, institutions of higher education, and other stakeholders on implementation of the State Plan on Alzheimer's Disease;
  - (d) Operate a competitive grants program to provide support to qualified local and regional entities providing direct caregiver support and promoting the early detection and diagnosis of Alzheimer's disease and related dementias. The agency may contract with another state agency or institution of higher education to operate the grant program
  - (e) Study and recommend the inclusion of appropriate dementia-related questions in the Behavioral Risk Factor Surveillance System; and
  - (f) Implement other initiatives related to caregiver support and the promotion of early detection and diagnosis of Alzheimer's disease and related dementias.

The Alzheimer's Disease program is provided an additional 1.0 FTE to manage various program initiatives and coordinate efforts with other state agencies related to Alzheimer's disease and other dementias.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Rural Hospital Payments**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate Health and Human Services Commission Rider 8, Hospital Payments, to increase the population in the definition for rural hospitals.

**Required Action**

1. On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider:
  8. **Hospital Payments.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategies in Goal A, Medicaid Client Services, is \$118,446,400 in General Revenue Funds, \$82,189,313 in Interagency Contracts, and \$299,620,136 in Federal Funds (\$500,255,849 in All Funds) in fiscal year 2024 and \$119,972,373 in General Revenue Funds, \$84,261,535 in Interagency Contracts, and \$302,215,713 in Federal Funds (\$506,449,621 in All Funds) in fiscal year 2025 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:
    - (a) \$71,784,000 in Interagency Contracts and \$108,216,000 in Federal Funds in fiscal year 2024 and \$72,216,000 in Interagency Contracts and \$107,784,000 in Federal Funds in fiscal year 2025 for trauma care;
    - (b) \$49,414,987,687 in General Revenue Funds, \$10,405,313 in Interagency Contracts, and \$90,180,000 in Federal Funds in fiscal year 2024 and \$48,134,465 in General Revenue Funds, \$12,045,535 in Interagency Contracts, and \$89,820,000 in Federal Funds in fiscal year 2025 for safety-net hospitals;
    - (c) \$27,614,000 in General Revenue Funds and \$38,786,000 in Federal Funds in fiscal year 2024 and \$27,686,000 in General Revenue Funds and \$38,714,000 in Federal Funds in fiscal year 2025 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
    - (d) \$11,644,960 in General Revenue Funds and \$17,555,040 in Federal Funds in fiscal year 2024 and \$13,440,200 in General Revenue Funds and \$20,059,800 in Federal Funds in fiscal year 2025 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor;
    - (e) \$5,446,155 in General Revenue Funds and \$8,210,201 in Federal Funds in fiscal year 2024 and \$5,651,359 in General Revenue Funds and \$8,434,781 in Federal Funds in fiscal year 2025 for rural hospitals to maintain increases to inpatient rates in addition to those identified in Subsection (d); and
    - (f) \$24,326,598 in General Revenue Funds and \$36,672,895 in Federal Funds in fiscal year 2024 and \$25,060,349 in General Revenue Funds and \$37,403,132 in Federal Funds in fiscal year 2025 to maintain increases in reimbursement for Medicaid services provided by rural hospitals.

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in Subsection (b) that targets the state's safety-net hospitals, including those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

For purposes of Subsections (c), (d), (e) and (f), rural hospitals are defined as (1) hospitals located in a county with ~~65,000~~68,750 or fewer persons according to the 2020 U.S. Census; or (2) a

hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.



By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Rural Labor and Delivery Medicaid Add-on Payment**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend House Health and Human Services Commission Rider 16, Rural Labor and Delivery Medicaid Add-on Payment, to increase the population in the definition for rural hospitals.

**Required Action**

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

\_\_\_\_\_. **Rural Labor and Delivery Medicaid Add-on Payment.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.3, Pregnant Women, is \$12,373,629 in General Revenue and \$19,119,444 in Federal Funds in fiscal year 2024 and \$12,549,990 in General Revenue and \$18,943,083 in Federal Funds in fiscal year 2025 for HHSC to provide a \$1500 Medicaid add-on payment for labor and delivery services provided by rural hospitals.

For purposes of this rider, rural hospitals are defined as (1) hospitals located in a county with ~~70,000~~68,750 or fewer persons according to the 2020 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Rider Interest List Reporting

Prepared by LBB Staff, 05/10/2023

#### **Overview**

Amend the House Health and Human Services Commission Rider 19, Interest List Reporting, to add additional reporting requirements.

#### **Required Action**

1. On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider:
  19. **Interest List Reporting.** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission shall post the following information regarding the Home and Community-based Services, Community Living Assistance and Support Services, Deaf-Blind Multiple Disabilities, Texas Home Living, and Medically Dependent Children Program waivers and STAR+PLUS on the commission's website:
    - (a) interest list releases;
    - (b) interest list counts, by years on list;
    - (c) average number of individuals on the interest list per month;
    - (d) average number of individuals on the interest list receiving other services per month;
    - (e) percent declined services or found to be ineligible for services at the end of the fiscal year; and
    - (f) the unduplicated number of persons on each interest list, broken out by program, by month; and
    - (g) ~~the type of services persons may require, based on the services provided by the program in which the person is interested.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Community Mental Health Grant Programs**

Prepared by LBB Staff, 05/11/2023

**Overview**  
Amend Community Mental Health Grant Programs rider.

**Required Action**

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

\_\_\_\_\_. **Community Mental Health Grant Programs.**

(a) **Informational Listing.** Included in amounts appropriated above in Strategy D.2.6, Community Mental Health Grant Programs, is the following:

- (1) \$10,000,000 in General Revenue in each fiscal year of the biennium for a grant program for mental health services for veterans and their families established pursuant to Government Code, Section 531.0992;
  - (2) \$40,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment established pursuant to Government Code, Section 531.0993;
  - (3) \$5,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county established pursuant to Government Code, Section 531.09935;
  - (4) \$27,500,000 in General Revenue in each fiscal year of the biennium for a community mental health grant program established pursuant to Government Code, Section 531.0991;
  - (5) \$16,500,000 in General Revenue in each fiscal year of the biennium to provide grants for Healthy Community Collaboratives ~~funding~~ ~~public/private collaborations to address homelessness~~ pursuant to Government Code, Section 539.002; and
  - (6) \$7,500,000 in General Revenue in each fiscal year of the biennium for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families, such as programs that reduce juvenile justice involvement, relinquishment, and preventable emergency room visits. Contingent on enactment of Senate Bill 26, or similar legislation relating to local mental health authority and local behavioral health authority audits and mental and behavioral health reporting, services, and programs, by the Eighty-eighth Legislature, Regular Session, 2023, HHSC is appropriated an additional \$7,500,000 in each fiscal year from General Revenue Funds in Strategy D.2.6, Community Mental Health Grant Programs, for the innovation grant program.
- (b) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of the first fiscal year of the biennium in Strategy

D.2.6, Community Mental Health Grant Programs, are appropriated for the same purposes for the second fiscal year of the biennium.

- (c) **Reporting Requirement.** By November 1, 2024, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy D.2.6, Community Mental Health Grant Programs. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of individuals served by each grant program, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, the Office of the Governor, the Senate Finance Committee, and the House Appropriations Committee.

(d) **Other Requirements.**

- (1) Contingent upon the availability of local matching funds pursuant to Government Code, Section 539.002, \$10,000,000 in General Revenue for the biennium from the amount identified above in Subsection (a)(5) may be allocated to fund Healthy Community Collaboratives in rural areas. HHSC shall consider funding received by a collaborative from the Texas Department of Housing and Community Affairs prior to releasing funds in Subsection (a)(5) to the collaborative.
- (2) ~~HHSC shall issue a needs and capacity assessment in fiscal year 2024 to solicit grant program proposals for the new funding identified in Subsection (a)(2) above 2022-23 appropriated levels, HHSC shall and~~ prioritize proposals with a use described by Government Code, Section 531.0993(f)(3).

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Informational Listing: Additional Mental Health Funding**

Prepared by LBB Staff, 05/14/2023

**Overview**  
Amend Rider 40, Informational Listing: Additional Mental Health Funding.

**Required Action**

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

**40. Informational Listing: Additional Mental Health Funding.** Appropriations above for the Health and Human Services Commission (HHSC) include the following amounts in General Revenue:

**(a) HHSC Frontline Staff.**

- (1) **Salary Increases.** ~~\$98,075,062~~ \$101,729,614 in fiscal year 2024 and ~~\$98,074,155~~ \$101,729,070 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and ~~\$65,003,596~~ \$67,340,974 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to maintain salary increases for frontline staff at HHSC facilities.

**(b) Expansion of Community Inpatient Beds.**

- (1) **State Hospital Contracted Beds.** \$4,197,500 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to contract for 20 competency restoration beds; and \$4,068,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to expand contracted bed capacity by 16 beds;
- (2) **John S. Dunn Behavioral Sciences Center.** \$4,730,400 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to increase funding for 144 beds at the John S. Dunn Behavioral Sciences Center; and \$6,132,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to expand state hospital capacity at the John S. Dunn Behavioral Sciences Center by 24 beds. It is the intent of the Legislature that the additional beds be dedicated to addressing the state hospital forensic waitlist.
- (3) **Purchased Psychiatric Beds.** ~~\$109,665,384~~ \$99,098,599 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for ~~234~~ 193 additional state-purchased inpatient psychiatric beds, including ~~85~~ 70 beds in rural communities and ~~149~~ 123 beds in urban communities. HHSC shall ~~expand \$5,840,000 of this funding in each fiscal year for the Intensive Psychiatric Stabilization Program dedicated to children in Department of Family and Protective Services (DFPS) conservatorship and shall prioritize an additional 20 contracted beds for children in DFPS conservatorship. It is the intent of the legislature that the Intensive Psychiatric Stabilization Program shall first serve children statewide with the highest priority.~~
- (4) **Inpatient Capacity Expansion.** \$45,834,616 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.

- (5) **Sunrise Canyon Operational Funding.** \$2,900,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to increase funding for existing Sunrise Canyon Hospital inpatient beds.

(c) **Step-down Housing and State Hospital Transitions.**

- (1) **State Hospital Transition Teams.** \$2,500,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to establish state hospital transition teams to support individuals statewide who are at risk of state hospital readmission by providing coordination and support to address mental health needs in the community.
- (2) **Step-Down Housing Expansion.** \$8,500,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to expand step-down housing programs statewide to identify, assess, and transition patients with acute mental health and/or medical needs from hospitals to community settings with appropriate supports.

(d) **Crisis Services.**

- (1) **Crisis Stabilization Units/Facilities.** ~~\$18,000,000~~ \$14,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund up to five ~~six~~-additional crisis stabilization ~~units~~facilities; ~~and~~ \$2,500,000 in fiscal year 2024 for the crisis stabilization ~~unit~~-facility at the ~~Certified Community Behavioral Health Clinic~~-local mental health authority that services Montgomery, Walker, and Liberty Counties; \$4,000,000 in each fiscal year for crisis services at the local mental health authority that services Galveston County; and \$4,000,000 in each fiscal year for crisis services at the local mental health authority that services the Heart of Texas region; to provide a short-term alternative to hospital admission to reduce acute symptoms of mental illness. Facilities may include crisis stabilization units, crisis residential facilities, crisis respite facilities, diversion centers, extended observation units, or a mix of these.
  - (2) **Crisis Respite Units for Youth.** \$5,750,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund four additional crisis respite units that serve youth and to pilot three peer-run units.
  - (3) **Youth Mobile Crisis Outreach Teams.** ~~\$4,000,000~~ \$7,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to establish youth mobile crisis outreach teams to reduce the risk of hospitalization from acute mental health illness and transition youth into care, including three mobile crisis outreach teams for children served by the Department of Family and Protective Services.
- (e) **Expansion of Programs for High-Risk Children.**
- (1) **Multisystemic Therapy.** \$15,225,000 in each fiscal year in Strategy D.2.2, Community Mental Health Services (MHS) for Children, to expand multisystemic therapy, which provides community-based treatment for at-risk youth with intensive needs and their families.
  - (2) **Coordinated Specialty Care.** \$2,100,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to expand coordinated specialty care, which provides outpatient behavioral health services to persons experiencing an early onset of psychosis.
  - (3) **Mental Health Services for the Uvalde Community.** \$5,000,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to partner with the Hill Country Local Mental Health Authority to provide ongoing mental health services support for the Uvalde community.

- (4) **Uvalde Behavioral Health Campus.** \$5,000,000 in fiscal year 2025 in Strategy G.2.2, Mental Health Community Hospitals, for start-up and operational funding for the new Uvalde Behavioral Health Campus. ~~**Youth Empowerment Services (YES) Waiver Rates.**~~ \$600,000 in each fiscal year in Strategy D.2.5, Behavioral Health Waiver and Plan Amendment, to increase rates for the YES waiver.
  - (5) ~~**Community Resource Coordination Groups (CRCGs).**~~ \$1,421,000 in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to expand coverage of CRCGs statewide.
- (g) **Behavioral Health Administration.**
- (1) **Contracted Inpatient Bed Administration.** \$585,121 in fiscal year 2024 and \$546,259 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new contracted inpatient beds.
  - (2) **Community Mental Health Grant Programs Administration.** \$535,658 ~~\$1,071,316~~ in fiscal year 2024 and ~~\$485,025~~ \$970,050 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for community mental health grant programs.
  - (3) **Budget Execution Order Sustainability.** \$411,332 in fiscal year 2024 and \$365,585 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area.
  - (4) **Crisis Services Administration.** \$345,191 in fiscal year 2024 and \$321,875 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for community mental health crisis services.
  - (5) **Innovation Grants Administration.** \$88,079 in fiscal year 2024 and \$80,306 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for innovation grants.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Texas Civil Commitment Office: Transfer Authority**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate Rider 81, Texas Civil Commitment Office, to provide authority to transfer appropriations between the Texas Civil Commitment Office Items of Appropriation for the supervision and treatment of civilly committed individuals. Provide other changes to conform with the Conference Committee Revision and Addition to add a new strategy to Goal M, Texas Civil Commitment Office.

**Required Action**

1. On page II-72 of the Health and Human Services Commission bill pattern, amend the following rider:

81. **Texas Civil Commitment Office.**

- (a) **Full Time Equivalents (FTEs).** The number of FTEs for the Texas Civil Commitment Office (TCCO) is 41.0 in each year of the biennium.
- (b) Any unexpended balances remaining on August 31, 2024, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, 2024, contingent upon the agency providing written notification to the Legislative Budget Board and the Office of the Governor at least 30 days prior to making the transfer.
- (c) **Quarterly Reports.** TCCO shall submit quarterly status reports to the Legislative Budget Board and the Office of the Governor 30 days after the end of each quarter that include the number and placement of civilly committed individuals and the number and outcome of civil commitment trials within the reporting period. Additional information shall be included at the request of the Legislative Budget Board.
- (d) **Appropriation Transfers Between Fiscal Years.** Notwithstanding the transfer limitations in Rider 97, Limitations on Transfer Authority, Article IX, Section 14.01, Appropriation Transfers, and any other transfer limitations in this Act, TCCO may transfer appropriations made for the fiscal year ending August 31, 2025, to the fiscal year ending August 31, 2024, in Strategy M.1.1, Texas Civil Commitment Office, subject to the following conditions:
  - (1) Transfers under this rider may be made only if expenditures to supervise and treat civilly committed individuals exceed the funds appropriated for these services due to higher than anticipated caseloads in fiscal year 2024, including to cover expenditures to provide health care not covered under contract; and
  - (2) A transfer authorized by this rider must receive prior written approval of the Legislative Budget Board and the Office of the Governor.
- (e) **Appropriation Transfers Between Strategies.** Notwithstanding the transfer limitations in Rider 97, Limitations on Transfer Authority, Article IX, Section 14.01, Appropriation Transfers, and any other transfer limitations in this Act, TCCO may transfer appropriations from Strategy M.1.2, TCCO Administration,



to Strategy M.1.1, Texas Civil Commitment Office, to provide for the supervision and treatment of civilly committed individuals. A transfer authorized by this rider must receive prior written approval of the Legislative Budget Board and the Office of the Governor.

~~(e)~~**(f) Health Care Costs.** Included in amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, is \$1,851,685 in General Revenue in each fiscal year of the biennium for TCCO to provide health care not covered under contract to civilly committed residents of a housing facility either operated by or contracted for by TCCO. TCCO shall submit a report to the Legislative Budget Board and the Office of the Governor on medical costs covered under contract for the Texas Civil Commitment Center, and health care costs that are not covered under contract within 60 days of the end of each fiscal quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Limitations on Transfer Authority**

Prepared by LBB Staff, 05/05/2023

**Overview**

Amend Senate Rider 97, Limitations on Transfer Authority, to increase the threshold for transfers between capital budget projects that require approval from \$100,000 to \$500,000.

**Required Action**

1. On page II-80 of the Health and Human Services Commission bill pattern, amend the following rider:

97. **Limitations on Transfer Authority.**

- (a) **Limitations on Transfers for Goal A, Medicaid Client Services, and Goal C, CHIP Client Services.**
  - (1) Notwithstanding Article IX, Section 14.01, Appropriation Transfers, Article IX, Section 14.03, Transfers - Capital Budget, and Article II, Special Provisions Section 6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this subsection.

- (A) **Goal A, Medicaid Client Services.** Transfers may be made between strategies in Goal A, Medicaid Client Services (excluding Strategies A.3.1, Home and Community-based Services; A.3.2, Community Living Assistance (CLASS); A.3.3, Deaf-Blind Multiple Disabilities; A.3.4, Texas Home Living Waiver; and A.3.5, All-Inclusive Care-Elderly), subject to the notification requirements in subsection (a)(2) of this rider. Transfers may not be made to strategies in Goal A, Medicaid Client Services, from strategies in other goals nor from strategies in Goal A, Medicaid Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider.

- (B) **Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A).** Without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider, transfers may not be made:
  - (i) between strategies listed below in this subdivision (B); or
  - (ii) to or from strategies listed below in this subdivision (B).

- A.3.1, Home and Community-based Services;
- A.3.2, Community Living Assistance (CLASS);
- A.3.3, Deaf-Blind Multiple Disabilities;
- A.3.4, Texas Home Living Waiver; and
- A.3.5, All-Inclusive Care-Elderly.

- (C) **Goal C, CHIP Client Services.** Transfers may not be made to Goal C, CHIP Client Services, from strategies in other goals nor from Goal C, CHIP Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to Subsection (a)(3) of this rider.

- (2) **Notification Requirements.** Authority granted by this subsection to transfer funds without written approval is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer, and shall include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
  - (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
  - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.
- (3) **Requests for Transfers that Require Approval.** To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Office of the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts (CPA). The request shall include the following information:
- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
  - (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
  - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.
- (4) **Cash Management.** Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services, and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.
- The CPA shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the CPA that the requirements of this provision have not been satisfied.
- (b) **Limitations on Transfers within/between Other Goals.** Notwithstanding Article IX, Section 14.01, Appropriation Transfers, and Article IX, Section 14.03, Transfers - Capital Budget, HHSC is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority between strategies, subject to the following requirements:
- (1) Authority granted by this subsection to transfer funding, FTEs, or capital budget authority is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer. Notification provided under this subsection must include the following information:
    - (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
    - (B) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
    - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
    - (D) the capital budget impact.
  - (2) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriation Transfers; and subsection (b)(1) of this rider, HHSC may not make any transfers out of Strategy D.1.2, Alternatives to Abortion.
  - (3) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; Article IX, Section 14.03, Transfers - Capital Budget; and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$100,000; or transfers in any amount into or out of: (1) Strategy B.1.1, Medicaid & CHIP Contracts & Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy D.1.4, ECI Respite; (5) Strategy D.1.6, Autism Program; (6) Strategy D.1.7, Children with Special Health Care Needs; (7) Strategy F.3.2, Child Advocacy Programs; (8) Strategy G.1.1, State Supported Living Centers; and (9) Strategies in Goal L, System Oversight & Program Support, are subject to the prior written approval of the

Legislative Budget Board and the Office of the Governor.

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

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

(4) Notwithstanding subsection (b)(3) of this rider, transfers may be made between strategies in Goal I, System Oversight & Program Support. HHSC shall provide notification of all transfers pursuant to subsection (b)(1) of this rider.

(5) Notwithstanding subsection (a)(1)(A) and subsection (b)(3) of this rider, and contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.5, Children, transfers may be made from Strategy A.1.5, Children, to Strategy B.1.1, Medicaid & CHIP Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Office of the Governor within 30 calendar days of making a transfer.

(6) In addition to the notice required by this subsection, the total of all transfers from a strategy may not exceed the lesser of \$1,000,000 or 20.0 percent of the originating item of appropriation for funding for the fiscal year without prior written approval of the Legislative Budget Board and the Office of the Governor. The approval requirement contained in this subsection does not apply to transfers to which subsection (b)(5) also applies.

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

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**State Hospital Salary Funding**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend a rider to authorize HHSC to expend funding provided for salaries for contracted competency restoration beds if staffing is not available.

**Required Action**

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

\_\_\_\_\_.

**State Hospital Salary Funding.** Included in amounts appropriated above in Strategy G.2.1, Mental Health State Hospitals, is \$17,530,335 in General Revenue in each fiscal year to maintain funding for salary increases to address staffing challenges. If by December 1, 2023, the Health and Human Services Commission (HHSC) is unable to hire enough staff to allow offline state hospital beds to be utilized, HHSC shall may instead allocate the funding to contract for additional competency restoration beds.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Cost Containment for State Hospital Construction**

Prepared by LBB Staff, 05/09/2023

**Overview**

Amend a rider to limit cost overruns in constructing the new state hospital in Dallas to ensure additional costs beyond appropriations shall be charged to the UT System.

**Required Action**

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

\_\_\_\_\_. ~~Cost Containment for State Hospital Construction. Notwithstanding any provisions of this Act allowing for the transfer of funds, none of the funds appropriated above to the Health and Human Services Commission shall be expended to address cost increases for the construction of mental health state hospitals without a specific appropriation provided in a rider or another appropriations act. It is the intent of Legislature that all costs above appropriations for completing construction of the new 200-bed adult unit, of which at least 75 beds shall be forensic, at the state hospital in Dallas be paid from appropriations or other available funding at the University of Texas Southwestern Medical Center or the University of Texas.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Funding for the Unwinding of Continuous Coverage**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate rider at Health and Human Services Commission related to funding provided for the unwinding of continuous Medicaid coverage.

**Required Action**

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

124. **Funding for the Unwinding of Continuous Medicaid Coverage.** Included in the amounts appropriated above is ~~\$26,261,933~~\$31,098,585 in General Revenue and ~~\$1,727,232~~\$61,253,821 in Federal Funds (~~\$77,989,165~~\$92,352,406 in All Funds) in fiscal year 2024 and ~~\$5,738,067~~\$6,794,845 in General Revenue and ~~\$11,973,655~~\$14,178,839 in Federal Funds (~~\$17,711,722~~\$20,973,684 in All Funds) in fiscal year 2025 to provide funding for temporary full-time equivalents and to support the increased workload for the Eligibility Support Services contractor due to the unwinding of continuous Medicaid coverage. It is the intent of the Legislature that full-time equivalent positions added to temporarily assist in the unwinding of continuous Medicaid coverage be phased out by ~~May 31~~June 30, 2024.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Texas Colorectal Cancer Initiative**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend the Texas Colorectal Cancer Initiative rider.

**Required Action**

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

\_\_\_\_\_. **Texas Colorectal Cancer Initiative.** Included in the amounts appropriated above to the Health and Human Services Commission in D.1.10, Additional Specialty Care, is ~~\$10,000,000~~ \$5,000,000 in General Revenue in each fiscal year for the Health and Human Services Commission for a pilot program to fund the treatment of colorectal cancer for uninsured and underinsured Texas residents with household incomes at or below 200 percent of the federal poverty level. HHS shall identify and pursue opportunities to use any available federal funding to implement this pilot program.

Any unexpended balances remaining as of August 31, 2024, are appropriated for the same purpose for the fiscal year beginning September 1, 2024.



By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Funding and Rider Private Duty Nursing

Prepared by LBB Staff, 05/10/2023

#### Overview

Amend House rider at the Health and Human Services Commission to increase the Medicaid private duty nursing reimbursement rate by two percent.

#### Required Action

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

132. **Private Duty Nursing.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy A.1.2, Disability-Related, is \$9,134,922 in General Revenue and \$13,782,665 in Federal Funds (\$22,917,587 in All Funds) in each fiscal year to increase the Medicaid private duty nursing reimbursement rate by two percent. \$75,000,000 in General Revenue and \$115,017,735 in Federal Funds in fiscal year 2024 and \$74,283,348 in General Revenue and \$112,124,050 in Federal Funds in fiscal year 2025 for reimbursement rate increases for private duty nursing services to assist providers with the increased cost of maintaining adequate staff, including on holidays, weekends, and extended shifts.

By: \_\_\_\_\_

**Health and Human Services Commission**  
**Proposed Rider**  
**Transition of Medicaid Only Services into Managed Care for Dually Eligible People**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate rider to direct the Health and Human Services Commission to transition services currently provided through fee-for-service Medicaid from the Texas Medicaid and Healthcare Partnership (TMHP) to managed care for dually eligible people.

**Required Action**

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

134. **Transition of Medicaid Only Services into Managed Care for Dually Eligible ~~Adults~~People.** It is the intent of the Legislature that out of funds appropriated above in ~~Strategy A.1.1, Aged and Medicare Related~~, the Health and Human Services Commission (HHSC) shall transition Medicaid-only services for dually eligible ~~adults~~people enrolled in Medicaid managed care from services currently provided through fee-for-service Medicaid ~~from the HHSC vendor Texas Medicaid and Healthcare Partnership (TMHP) to and~~ reimbursed by the HHSC Medicaid claims administrator vendor to services provided through managed care and reimbursed by managed care organizations as part of the benefits offered to enrollees, without imposing cost-sharing on dually eligible people.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Ground Ambulance Reimbursement Rates**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate rider at the Health and Human Services Commission to increase the Medicaid ground ambulance mileage reimbursement rate by 25.0 percent.

**Required Action**

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

137. **Ground Ambulance Reimbursement Rates.** Included in amounts appropriated above to the Health and Human Services in Strategy A.1.1, Aged and Medicare-Related, is \$3,213,745 in General Revenue and \$4,889,701 in Federal Funds (\$8,103,446 in All Funds) in each fiscal year \$409,559 in General Revenue and \$1,235,880 in Federal Funds (\$2,054,997 in All Funds) in fiscal year 2024 and \$409,559 in General Revenue and \$617,940 in Federal Funds (\$1,027,499 in All Funds) in fiscal year 2025 to increase the Medicaid ground ambulance mileage reimbursement rate by 25 percent by three percent.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Home-Delivered Meals**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend a rider to appropriate an additional \$10.0 million in the biennium to the Health and Human Services Commission for home-delivered meals.

**Required Action**

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

\_\_\_\_\_ . **Home-Delivered Meals, Out-of-Included** in funds appropriated above in Strategy A.1.2, Disability-Related, and Strategy F.1.2, Non-Medicaid Services, is the Health and Human Services Commission shall expend \$6,088,899 in All Funds (\$5,000,000 in General Revenue and \$1,088,899 in Federal Funds) each fiscal year to increase ~~expand services in the Home-Delivered Meals program~~ rate to no less than \$6.46 per meal.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Prohibition of Use of Appropriated Funds for Transgender Treatment**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend Senate Rider 140, Prohibition of Use of Appropriated Funds for Transgender Treatment, to identify additional services and other clarification.

**Required Action**

1. On page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

140. **Prohibition of Use of Appropriated Funds for Transgender Treatment.** It is the intent of the Legislature that no funds appropriated to the Health and Human Services Commission, in alignment with current state Medicaid policy, be used for the provision or reimbursement of gender reassignment procedures, treatments, therapies, and surgeries performed to transition individuals with gender dysphoria to the ~~individual's desired gender~~ under the Texas Medicaid program.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Family Planning Program Funds Gone Notification**  
Prepared by LBB Staff, 05/11/2023

**Overview**

Amend the Family Planning Program Funds Gone Notification and Women's Health Programs Transfer Authority rider.

**Required Action**

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

\_\_\_\_\_. **Family Planning Program Funds Gone Notification and Women's Health Programs Transfer Authority.**

- (a) At least 30 calendar days prior to entering a 'funds gone' status for contract claims with Family Planning Program (FPP) providers, the Health and Human Services Commission (HHSC) shall notify the Legislative Budget Board and the Governor's Office. The notification must include if there are sufficient funds available within other programs in Strategy D.1.1, Women's Health Programs, to transfer into FPP to cover all FPP client services. In the event that funds are not available within Strategy D.1.1, Women's Health Programs, HHSC shall transfer funding for FPP client services pursuant to section (b) of this rider.
- (b) Notwithstanding the transfer limitations in Rider 122, Limitations on Transfer Authority, Article IX, § 14.01, Appropriation Transfers, and any other transfer limitations in this Act, HHSC is authorized to transfer funds from Goal A, Medicaid Client Services to Strategy D.1.1, Women's Health Programs, for client services if HHSC determines that there is a demand based on program utilization.
- (c) ~~Transfers under the authority in Subsection (b) of this rider may be made only for direct client services and shall not be made to increase administration of women's health programs.~~
- (d) ~~Authority granted by this rider to transfer funds is contingent upon a written from HHSC to the Legislative Budget Board and the Office of the Governor within 30 days of making a transfer.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**State Hospital Cost Study**

Prepared by LBB Staff, 05/10/2023

**Overview**

Amend the State Hospital Cost Study Rider.

**Required Action**

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

\_\_\_\_\_. **State Hospital Cost Study.** The University of Texas Health Science Center at Houston shall submit annual operating cost data to the Health and Human Service Commission (HHSC) for all state-contracted inpatient mental health hospital beds funded through Goal D, Additional Health-Related Services, and Goal G, Facilities. HHSC shall analyze the data and issue a report to the Legislature by September 1, 2024, ~~with recommendations for an appropriate bed rate to fully cover the cost of operating the inpatient beds.~~

By: \_\_\_\_\_

**Health and Human Services Commission**  
**Proposed Rider**  
**Information on Community Attendant Wages and Benefits**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add a rider at the Health and Human Services Commission related to community attendant wages and benefits, including a reporting requirement.

**Required Action**

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

\_\_\_\_\_. **Information on Funding Provided for Community Attendant Wages and Benefits.**

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Goal A, Medicaid Client Services, and Strategy F.1.2, Non-Medicaid Services, is \$773,185,216 in General Revenue and \$1,176,676,992 in Federal Funds (\$1,949,862,208 in All Funds) to increase the base wage for personal attendant services to \$10.60 per hour in fiscal years 2024 and 2025.
- (b) Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$4,656,057 in General Revenue and \$7,735,863 in Federal Funds (\$12,391,920 in All Funds) in each fiscal year for the attendant care rate enhancement program.
- (c) Included in amounts appropriated above in Goal A, Medicaid Client Services, for each fiscal year is \$6,282,838 in General Revenue and \$9,479,424 in Federal Funds (\$15,762,262 in All Funds) to increase the per level amount of the individualized and specialized services rate enhancement program to 5 cents per level.
- (d) Out of funds appropriated in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, HHSC shall evaluate the rate enhancement programs paid in the Medicaid program to providers to increase reimbursements for direct care and attendant care services. HHSC shall report on certain financial information regarding rate enhancement programs, including, but not limited to, the funding impact, by provider type and service, of the operation of the rate enhancement programs, the percentage of providers and services that participate in the programs, the efficacy of the programs in recruiting and retaining the workforce necessary to deliver services, and the cost of participation to providers for complying with the program requirements. HHSC shall report on the evaluation and findings and recommendations to the Governor’s Office, the Legislative Budget Board, the Lieutenant Governor, and the Speaker of the House of Representatives by October 1, 2024.



By: \_\_\_\_\_

**Health and Human Services Commission**  
**Proposed Rider**  
**Improving Access to Pediatric Services and Women’s Health Related Surgeries**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add a rider at the Health and Human Services Commission related to rates for pediatric services and women’s health related surgeries.

**Required Action**

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

\_\_\_\_\_.  
**Rates: Improving Access to Pediatric Services and Women’s Health Related Surgeries.**

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.5, Children, is \$24,917,802 in General Revenue and \$38,056,023 in Federal Funds (\$62,973,825 in All Funds) to increase the Medicaid reimbursement rates to improve access by children to physician and clinic services, especially well child visits, by 6 percent.
- (b) Included in amounts appropriated above in Strategy A.1.3, Pregnant Women, is \$2,972,190 in General Revenue and \$4,539,312 in Federal Funds (\$7,511,502 in All Funds) in each fiscal year to increase the Medicaid reimbursement rates for birth and women’s health related surgeries by three percent.
- (c) It is the intent of the Legislature that HHSC allocate the funding identified in Subsection (a) among evaluation and management procedure codes to improve access to care for clients served under Medicaid fee-for-serve and managed care models.
- (d) It is the intent of the Legislature that HHSC shall ensure all funds allocated through this rider are fully reflected in reimbursement rates paid for physician services in Medicaid fee-for-service and managed care models.
- (e) HHSC shall evaluate, with the input of interested stakeholders, whether there are distinctions in the level of access to care available to clients ages 0 to 4 as compared to children ages 5 to 20. HHSC shall submit a report to the Governor’s Office and the Legislative Budget Board by September 1, 2024, detailing the compliance by managed care organizations in allocating the additional funds listed above directly to pediatric services and evaluating whether there are distinctions in access to care by age amongst the pediatric age groups.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**One-time Funding for Facility Inflationary Costs**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add a rider to indicate funding for inflationary costs for the Health and Specialty Care System is one-time.

**Required Action**

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

\_\_\_\_\_. **One-time Funding for Facility Inflationary Costs.** Included in funds appropriated above are the following one-time amounts to address increasing costs for state supported living centers and mental health state hospitals:

- (a) \$4,518,050 in General Revenue in each fiscal year in Strategy G.1.1, State Supported Living Centers;
- (b) \$2,764,946 in General Revenue in each fiscal year in Strategy G.2.1, Mental Health State Hospitals; and
- (c) \$202,177 in General Revenue in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**State Hospital Forensic Waitlist**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add a rider to require the Health and Human Services Commission to report on the census at each mental health state hospital.

**Required Action**

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

\_\_\_\_\_.  
**State Hospital Forensic Waitlist.** It is the intent of Legislature that the Health and Human Services Commission (HHSC) prioritize admissions to mental health state hospitals for forensic patients to address the state hospital forensic waitlist.

Out of funds appropriated above, HHSC shall prepare a report on the census at each mental health state hospital with a breakdown of civil, forensic, and maximum-security patients. HHSC shall submit the report to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, House Appropriations Committee, and permanent committees in the Senate and House of Representatives with jurisdiction over health and human services by October 1 of each fiscal year for the previous fiscal year.

By: \_\_\_\_\_

**State Auditor’s Office, Article X**  
**Proposed Rider**  
**Audit of the Texas Civil Commitment Office**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add new rider to require the State Auditor’s Office to conduct a forensic audit of the Texas Civil Commitment Office.

**Required Action**

1. On page X-XX of the State Auditor’s Office bill pattern, add the following rider:

XX.     **Audit of the Texas Civil Commitment Office.** From funds appropriated above to the State Auditor’s Office (SAO), in accordance with Chapter 321, Texas Government Code, shall conduct a comprehensive forensic audit of all institutional functions, programs, and operations of medical, behavioral, and mental health services provided to clients at the Texas Civil Commitment Office. The audit shall identify all unallowable expenses, including medical service payments, pharmaceutical purchases, administrative and executive compensation, salary transactions, and contracted services. The SAO shall provide an audit report, including all related findings, by September 1, 2024. The report should be provided to the Speaker of the House, Lieutenant Governor, House Appropriations Committee, and the Senate Finance Committee.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Informational Listing: Women's Health Funding**  
Prepared by LBB Staff, 05/11/2023

**Overview**

Amend the Family Planning Program Funds Gone Notification and Women's Health Programs Transfer Authority rider.

**Required Action**

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

\_\_\_\_\_. **Informational Listing: Women's Health Funding.** This rider is informational only and does not make any appropriations. Appropriations above in Strategy D.1.1, Women's Health Programs, include the following:

- (a) Healthy Texas Women (HTW) Program: \$41,490,671 in General Revenue Funds and \$87,648,626 in Federal Funds (\$129,139,297 in All Funds) in fiscal year 2024 and \$44,339,779 in General Revenue Funds and \$95,139,833 in Federal Funds (\$139,479,612 in All Funds) in fiscal year 2025;
- (b) Family Planning Program (FPP): \$70,749,255 in General Revenue Funds and \$3,930,728 in Federal Funds (\$74,679,983 in All Funds) in fiscal year 2024 and \$66,354,630 in General Revenue Funds and \$3,930,728 in Federal Funds (\$70,285,358 in All Funds) in fiscal year 2025; and
- (c) Breast and Cervical Cancer Services (BCCS): \$3,429,381 in General Revenue Funds and \$8,379,719 in Federal Funds (\$11,309,100 in All Funds) in each fiscal year.
- (d) Additional Funding for Caseload Growth: \$10,000,000 in General Revenue Funds in fiscal year 2024 that can only be utilized to address an increase in caseloads for women's health programs. The Health and Human Services Commission (HHSC) must provide notification to the Legislative Budget Board and the Governor's Office at least 30 business days prior to utilizing these funds. A notification must include the following information:
  - (1) caseload projections that support the need for additional General Revenue Funds; and
  - (2) the effect on performance measures.

Any unexpended balances of the \$10,000,000 in General Revenue described in this Subsection remaining as of August 31, 2024, are appropriated to HHSC for the fiscal year beginning September 1, 2024, for the same purpose.

Nothing in this provision shall be construed to limit the Health and Human Service Commission's authority to transfer appropriations within Strategy D.1.1, Women's Health Programs.

In the event federal funds identified above are available in a lesser amount, the Health and Human Services Commission shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

By: \_\_\_\_\_

**Reporting Requirements, Article IX**  
**Proposed Rider**  
**World Health Organization**

Prepared by LBB Staff, 05/10/2023

**Overview**

Add rider in Article IX, Section 7, requiring state agencies or institutions of higher education to report on activities in collaboration with, directed by, of financed by the World Health Organization to the Health and Human Services Commission (HHSC). Additionally, include a new reporting requirement at HHSC to produce a report regarding the information.

**Required Action**

1. On page IX-XX of the Article IX bill pattern, add the following rider:

World Health Organization. A state agency or institution of higher education appropriated monies by this Act and engaged in any activities in collaboration with, directed by, or financed by the World Health Organization (WHO) or its affiliates shall report on those activities to the Health and Human Services Commission (HHSC) by the end of each fiscal year. No later than December 1 of each fiscal year, HHSC shall submit a report to members of the Texas Legislature that summarizes and details the activities at state agencies and institutions of higher education that are funded, directed, or in collaboration with the WHO or its affiliates. The report shall also be made available on HHSC's website.

By: \_\_\_\_\_

**Special Provisions Relating to All Health and Human Services  
Agencies, Article II  
Proposed Rider  
Title IV-E Funding**

Prepared by LBB Staff, 05/05/2023

**Overview**

Amend Senate Health and Human Services Commission (HHSC) Rider 131, Title IV-E Funding, to move the rider from the HHSC bill pattern and add the rider to the Special Provisions bill pattern.

**Required Action**

1. On page II-89 of the Health and Human Services Commission bill pattern, strike the following rider:
  - 131. ~~**Title IV-E Funding.** Pursuant to the adoption of federal rules that revise the definition of “foster family home” and allow states to claim title IV-E federal financial participation (FFP) for the cost of foster care maintenance payments (FCMP), the Health and Human Services Commission shall collaborate with the Department of Family and Protective Services to develop and adopt different licensing rules or approval standards for relative or kinship foster family homes with the intent to facilitate more relative or kinship homes in qualifying for foster care payments. It is the intent of the Legislature that the Title IV-E agency use state funds in an effort to leverage the maximum amount of federal matching funds to allow, to the greatest extent possible, verified foster family homes to claim full FCMP payment on behalf of eligible children.~~
2. On page II-XX of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, add the following rider:

~~**Title IV-E Funding.** Pursuant to the adoption of federal rules that revise the definition of “foster family home” and allow states to claim title IV-E federal financial participation (FFP) for the cost of foster care maintenance payments (FCMP), the Health and Human Services Commission shall collaborate with the Department of Family and Protective Services to develop and adopt different licensing rules or approval standards for relative or kinship foster family homes with the intent to facilitate more relative or kinship homes in qualifying for full foster care payments. It is the intent of the Legislature that the Title IV-E agency use state funds in an effort to leverage the maximum amount of federal matching funds to allow, to the greatest extent possible, verified foster family homes to claim full FCMP payment on behalf of eligible children.~~

~~XX.~~

By: \_\_\_\_\_

**Department of Family and Protective Services**  
**Proposed Rider**  
**Reporting on Court Monitor Fees**

**Overview**

Direct the Department of Family and Protective Services (DFPS) and Health and Human Services Commission to only pay costs directly related to the litigation and for DFPS to collect and report quarterly.

**Required Action**

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

\_\_\_\_\_.  
**Reporting on Court Monitor Fees.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) are authorized to pay reasonable costs related to court monitoring invoices in M.D. v. Abbott. DFPS and HHSC are prohibited from expending funds for court monitoring invoices unless the services relate directly to compliance with a remedial order and are sufficiently described therein.

DFPS shall report no later than 60 business days from the end of each quarter the amount billed from the court monitors and all agency costs related to the federal litigation. The report shall be prepared in a format specified by the Legislative Budget Board and shall include, but not limited to:

- (1) Invoices submitted by court monitors and what specific remedial orders and services were provided;
- (2) The number of facilities under heightened monitoring, the number of facilities that have exited heightened monitoring and how they exited; and
- (3) How many providers relinquished their licenses with DFPS.

The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing joint Legislative Oversight Committees, as appropriate.