

House Appropriations Committee Decision Document
 Representative Jetton, Subcommittee Chair on Article II
 Members: Representatives Gates, Howard, Orr, Rose, Stucky, Wu

Decisions as of March 16, 2023 @ 8:00 AM

LBB Manager: Eduardo Rodriguez

Article II, Health and Human Services Total, Article II, Health and Human Services Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Department of Family and Protective Services (530)								
Total, Outstanding Items / Tentative Decisions	\$ 461,865,408	\$ 476,721,662	\$ -	\$ -	\$ 384,950,746	\$ 399,898,193	\$ 80,175,309	\$ 80,342,744
Total, Full-time Equivalents / Tentative Decisions	30.0	30.0	0.0	0.0	177.9	220.0	68.5	68.5
Department of State Health Services (537)								
Total, Outstanding Items / Tentative Decisions	\$ 198,220,754	\$ 211,566,908	\$ -	\$ -	\$ 107,023,635	\$ 119,669,817	\$ 97,081,974	\$ 97,781,946
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	87.0	103.0	15.0	15.0
Health and Humans Services Commission (529)								
Total, Outstanding Items / Tentative Decisions	\$ 2,624,563,007	\$ 7,769,271,330	\$ -	\$ -	\$ 739,142,064	\$ 1,049,315,308	\$ 406,901,213	\$ 838,173,934
Total, Full-time Equivalents / Tentative Decisions	205.0	225.9	0.0	0.0	125.7	144.4	46.8	48.0
Special Provisions (S02)								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, Outstanding Items / Tentative Decisions	\$ 3,284,649,169	\$ 8,457,559,900	\$ -	\$ -	\$ 1,231,116,445	\$ 1,568,883,318	\$ 584,158,496	\$ 1,016,298,624
Total GR & GR-Ded Adopted Items less Cost-out	\$ 3,263,035,110	\$ 8,435,945,841	\$ -	\$ -	\$ 1,231,116,445	\$ 1,547,269,289	\$ 584,158,496	\$ 1,016,298,624
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2022	FY 2023
Total, Full-time Equivalents / Tentative Decisions	235.0	255.9	0.0	0.0	390.6	467.4	130.3	131.5

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Technical Adjustments:								
1. Align the Average Number of Children (FTE) Served in Foster Care, performance measure shown as requested in the LBE to agency submitted Legislative Appropriations Request target.	\$ -	\$ -			\$ -	\$ -		
2. Texas Workforce Commission (TWC)-DFPS Child Care Interface System. The agency needs capital budget authority to complete the interface project to allow DFPS to communicate with TWC's child care case management system. The project is fully federally funded. This item has no cost.					\$ -	\$ -		

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Agency Requests:								
1. Stabilize and Expand Foster Care Capacity								
a. Sustain Enhanced Foster Care Rates. This request would continue to provide supplemental payments to residential providers that began in the 2022-23 biennium. - CBC Regions 1, 2, 3B, and 8B increased blended rate by 11.38 percent; - Moderate Service Level & Emergency Shelters increased daily rate by 11.5 percent; - Specialized Service Level & Treatment Foster Family Care increased daily rate by 15.0 percent; - Intense Service Level increased daily rate by 17.0 percent; - Intense Plus Service Level, Intensive Psychiatric Transition Program, & Temporary Emergency Placements increased daily rate by 20.0 percent House Bill (HB) 1 does not include \$70.0 million in General Revenue for one-time capacity building funding that was appropriated by the Eighty-seventh Legislature.	\$ 77,839,212	\$ 77,839,212			\$ 77,839,212	\$ 77,839,212		

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b. Sustain Clinical Coordinator Team (21.0/21.0 FTEs). This request would provide staff resources for continued clinical coordination services to all youth experiencing temporary emergency care. 1.0 Director IV 19.0 Clinical Coordinator Program Specialist 1.0 Clinical Coordinator Supervisor I-II	\$ 2,992,676	\$ 3,263,030			\$ 2,992,676	\$ 3,263,030		
c. Court Monitor Fees. This request would address increased court monitor fees related to the foster care litigation. HB 1 includes \$39.4 million in General Revenue for court monitor fees.	\$ 4,685,084	\$ 4,685,084			\$ 4,685,084	\$ 4,685,084		
d. Intensive Psychiatric Stabilization Program (IPSP). This request would create an IPSP, which is a time-limited program to increase capacity for youth with complex mental health needs.	\$ 21,061,742	\$ 21,133,570			\$ 21,061,742	\$ 21,133,570		
e. Support for Children Without Placement. This request would address costs related to children without placements including, security, nurses, and supplemental caregivers. HB 1 does not include any funding to address CWOP.	\$ 45,319,532	\$ 45,319,532					\$ 45,319,532	\$ 45,319,532

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f. FTE Authority for Residential Treatment Placement Coordinator Staff. This request would provide authority for 11.0 FTEs in lieu of temporary positions the agency has been using to support placement activities to reduce the number of child-specific contracts and out of state placements. This item has no cost.	\$ -	\$ -			Adopted			
g. Placeholder - New Foster Care Rates. This request would address costs to implement foster care rate modernization. HB 1 includes \$100.0 million in General Revenue for foster care rate increases. If item is adopted then exceptional item request 1a will no longer be necessary.	\$ -	\$ -					Article XI	
h. Contracted, Extended Inpatient Beds. This request would add 20.0 contracted, extended stay inpatient beds for DFPS Children. \$14.6 million in GR/All Funds for the biennium would be appropriated to HHSC. See HHSC Exceptional Item #35a.	\$ -	\$ -			Adopted: \$14.6 million GR/AF at HHSC			
i. Increase SSCCs Mental Health Capacity for Kinship.	\$ 3,000,000	\$ 3,000,000			\$ 3,000,000	\$ 3,000,000		

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j. Youth Mobile Crisis Outreach Teams. This request would add 5.0 youth mobile crisis outreach teams for DFPS children. \$8.0 million GR/All Funds for the biennium would be appropriated to HHSC. See HHSC Exceptional Item #35b.	\$ -	\$ -	\$ -	\$ -	Adopted: \$8.0 million GR/AF at HHSC			
k. Expand Crisis Respite Units Capacity for DFPS Children.	\$ 10,000,000	\$ 10,000,000			\$ 10,000,000	\$ 10,000,000		
l. Increase Rates for Youth Empowerment Services (YES) Waiver to Address Capacity Needs. This request would increase rates for the YES waiver to address capacity needs of DFPS children. \$4.2 million in GR/All Funds for the biennium would be appropriated to HHSC. See HHSC Exceptional Item #35c.	\$ -	\$ -			Adopted: \$4.2 million GR/AF at HHSC			
m. Grants to Promote Access for Families and Improve Outcomes for Children and Youth. This request would provide innovation grants to promote access for families and improve outcomes for children and youth. \$10.0 million in GR/All Funds for the biennium would be appropriated to HHSC. See HHSC Exceptional Item #35d	\$ -	\$ -					\$ -	\$ -

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n. Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide (5.0/5.0 FTEs). \$2.8 million in GR/All Funds for the biennium would be appropriated to HHSC. See HHSC Exceptional Item #35e.							Article XI	
o. Mental Health Needs of Children and Youth in Conservatorship. This request would create a dedicated team at DFPS to focus on the mental health and health needs of children and youth in conservatorship.	\$ 1,151,992	\$ 1,151,992			\$ 1,151,992	\$ 1,151,992		
2. Ensure Client Safety Through Services								
a. Sustain Statewide Intake (SWI) Hold Times (12.0/23.0 FTEs). This request would provide resources and SWI staff to maintain a SWI hold time to an average of 7.4 minutes.	\$ 4,772,744	\$ 4,846,879			\$ 4,772,744	\$ 4,846,879		
b. Strengthen SWI Hold Times to an Average of 5 Minutes (65.0/65.0). This request would provide resources and SWI staff to decrease the SWI hold time to an average of 5.0 minutes. Exceptional item 2a would be also need to be adopted in conjugation with this item.	\$ 9,643,364	\$ 9,806,042					\$ 9,643,364	\$ 9,806,042

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c. Sustain and Strengthen Statewide Intake Services (26.0/26.0 FTEs). This request would fund staff to support SWI operations. This includes training, quality improvement, and oversight. This request would also fully fund appropriated FTE salaries. 17.0 SWI Screener Staff 7.0 SWI Screener Support Staff 2.0 SWI Managers HB 1 includes \$59.8 million in All Funds and 497.0 FTEs in Strategy A.1.1, Statewide Intake Services.	\$ 4,298,732	\$ 4,375,690			\$ 4,298,732	\$ 4,375,690		
d. Strengthen Program Support for Child Protective Investigations (CPI) (38.0/38.0 FTEs). This request would provide various CPI support staff. 21.0 CPI Master Investigations caseworkers and supervisors to address case backlogs and assist in temporarily filling vacant investigations positions. 8.0 CPI Program Administrators to decrease coverage areas and to maintain working relationships with stakeholders. 9.0 Regional leadership support staff to increase support for CPI regional leadership additional administrative support.	\$ 6,025,222	\$ 6,586,510			\$ 6,025,222	\$ 6,586,510		

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e. Kinship Support (1.5/1.5 FTEs). This request would provide up to \$1,000 in needs-based funding to address immediate needs per family. In addition, this request would provide reimbursement for costs incurred during the licensing process and an enhanced Permanency Care Assistance payment for long term support for children with higher needs.	\$ 6,235,076	\$ 6,938,056			\$ 6,235,076	\$ 6,938,056		
f. Post-Permanency Support. This request would expand services into additional areas of the state and provide families with support to promote permanency and reduce re-entry into conservatorship and dissolution of consummated adoptions. HB 1 includes \$12.8 million in All Funds in Strategy B.1.5, Post-Adopt/Post-Permanency Purchased Services.	\$ 2,474,802	\$ 2,474,802					\$ 2,474,802	\$ 2,474,802
g. Support for Family Inquiry Network/Database Research System (FINDRS) (3.0/3.0 FTEs). This request would provide funding and staff to come into compliance with Texas Family Code 262.1095 and 262.201, related to shorter time frames for relative placement searches.	\$ 371,436	\$ 383,851			\$ 371,436	\$ 383,851		

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h. Adult Protective Services (APS) Investigation Support. This request would align funding with prior biennial levels and new funding for client services. These services address immediate safety concerns, prevent further harm to victims, and financial exploitation.	\$ 2,538,902	\$ 2,552,562			\$ 2,538,902	\$ 2,552,562		
i. Address Elderly Financial Exploitation (27.0/27.0 FTEs). This request would provide General Revenue in place of one-time federal funding to address financial exploitation of vulnerable adults.	\$ 5,676,122	\$ 5,825,719			\$ 5,676,122	\$ 5,825,719		
j. Expand Community Youth Development (CYD) Program. Funding includes costs to expand the program. HB 1 includes \$18.5 million in All Funds for the CYD program.	\$ 8,000,000	\$ 8,000,000			\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
k. Expand Family and Youth Success (FAYS) Program. Funding includes costs to expand the program. HB 1 includes \$49.7 million in All Funds for the FAYS program.	\$ 14,100,000	\$ 14,100,000			\$ 14,100,000	\$ 14,100,000	\$ -	\$ -

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l. Expand Healthy Outcomes through Prevention and Early Support (HOPES). Funding includes costs to expand the program. HB 1 includes \$53.5 million in All Funds for the HOPES program.	\$ 35,877,830	\$ 35,877,830			\$ 17,938,915	\$ 17,938,915	\$ 17,938,915	\$ 17,938,915
m. Expand Texas Home Visiting (THV). Funding includes costs to expand the program. HB 1 includes \$48.1 million in All Funds for the THV program.	\$ 21,186,136	\$ 21,186,136			\$ 21,186,136	\$ 21,186,136		
n. Expand Texas Nurse Family Partnership (TNFP). Funding includes costs to expand the program. HB 1 includes \$34.5 million in All Funds for the TNFP program.	\$ 4,000,000	\$ 4,000,000			\$ 4,000,000	\$ 4,000,000		
o. Staff to Manage Prevention and Early Intervention Program Expansion (20.0/20.0 FTEs). This request includes costs and staff to manage the new prevention and intervention contracts for the Texas Parent Helpline and Texas' Primary Prevention Strategies and Parent Helpline.	\$ 4,710,696	\$ 4,738,750			\$ 3,912,000	\$ 3,935,297	\$ 798,696	\$ 803,453

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3. Expand and Support Community-based Care								
a. Interoperability of Systems between Single Source Continuum Contractors (SSCCs) and DFPS (10.0/10.0 FTEs). This request would support the interoperability of systems to facilitate data sharing between SSCC and DFPS systems as part of Community-based Care (CBC).	\$ 4,448,871	\$ 4,858,284			\$ 4,448,871	\$ 4,858,284		
b. Adjust Resources for State Salary Increases. This request provides salary increase of 5.0 percent in FY 2024 and an additional 5 percent increase in FY 2025 to SSCC caseworkers. HB 1 includes \$51.3 million in All Funds in resource transfers to biennialize funding in current regions and stages and for new regions and stages.	\$ 11,839,247	\$ 12,975,078			\$ 11,839,247	\$ 12,975,078		
c. Sustain Staffing Salaries for the Office of CBC Transition. This request would sustain current staff salaries and maintain current staffing.	\$ 739,882	\$ 806,964			\$ 739,882	\$ 806,964		
d. CBC Transition Project Coordination Team for DFPS (5.0/5.0 FTEs). This request would create a team to ensure rollout of CBC occurs timely and successfully. In addition, the team would provide long-term contract management and oversight of CBC.	\$ 1,159,233	\$ 1,251,787			\$ 1,159,233	\$ 1,251,787		

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e. Transition to Private Child Placing Agencies (-78.1/-47.0 FTEs). This request would transition the DFPS Foster and Adoption Division (FAD) program to private residential child care providers. This request is to expedite the rollout of CBC since foster families under CBC must transfer to a private Child Placing Agency.	\$ 5,990,909	\$ 5,236,101			\$ 5,990,909	\$ 5,236,101		
f. Placeholder - Foster Care Lawsuit Compliance for SSCCs. The request would provide resources to SSCCs to address costs related to the foster care litigation.	\$ -	\$ -					\$ -	\$ -
g. Placeholder - Set-aside Appropriation for Unsolicited Bids. This request would set aside appropriation in an amount not to exceed what it would cost to fully rollout CBC statewide during the biennium in the event that a provider submits an unsolicited bid to DFPS to implement CBC.	\$ -	\$ -					\$ -	\$ -

Article XI

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4. Stabilize and Retain Workforce								
a. Address Increased Travel Costs. This request would increase the per diem travel rate to align with other Art II agencies and increase the travel mileage reimbursement rate from 58.5 cents to 62.5 cents to align the rate with the Texas Comptroller of Public Accounts.	\$ 9,011,458	\$ 9,810,697			\$ 9,011,458	\$ 9,810,697		
b. Strengthen Support Structure to Meet Agency Goals through Competitive Salaries. This request would increase salaries in key indirect administration support functions to the statewide average, as reported by the State Auditor's Office (SAO), and targeted increases for specialty occupations such as legal, finance, data and information technology services staff. HB 1 includes \$125.7 million in All Funds for salary adjustments for staff.	\$ 19,559,177	\$ 21,133,581			\$ 19,559,177	\$ 21,133,581		
c. Strengthen Support Structure to Meet Agency Goals through Enhanced Staffing (50.0/50.0 FTEs). This request would provide human resources staff to meet current demands of various divisions that provide support to frontline staff. In addition, the request would increase salaries of Center of Learning and Organizational Excellence (CLOE) to address recruitment, retention and pay disparity.	\$ 11,154,130	\$ 12,036,875			\$ 11,154,130	\$ 12,036,875		

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d. Stabilize and Retain Frontline Staff through Competitive Salaries. This request would equalize pay disparity between DFPS divisions by realigning starting caseworker salaries for APS, day care investigations, and residential child care investigations staff with CPS/CPI investigations.	\$ 9,951,024	\$ 10,154,562			\$ 9,951,024	\$ 10,154,562		
e. Stabilize and Retain Frontline Staff through One-time Salary Actions. This request would provide retention bonuses for CPI staff and provide a one-time merit pool to address turnover.	\$ 21,639,294	\$ 23,482,174			\$ 21,639,294	\$ 23,482,174		
5. Expand and Protect Information Technology and Data Resources								
a. Sustain Data Center Services (DCS). This request would fund the agency's DCS portion of the assessment. In addition, this request would provide funding for new DCS projects that began in fiscal years 2021 - 2023 to prevent a shortfall in the 2024-25 biennium. HB 1 includes \$36.6 million in All Funds for DCS.	\$ 24,572,629	\$ 26,534,600			\$ 24,572,629	\$ 26,534,600		

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b. Finalize Information Management Protecting Adults and Children in Texas (IMPACT) Update and Modernize Case Management System (5.0/5.0 FTEs). This request would provide funding and FTEs to finish the two remaining modules of IMPACT, for a team of staff to plan the next iteration of modernization for the caseworker management system, and operational funds to update and maintain existing and new infrastructure to maintain agency operations. HB 1 includes \$15.7 million in All Funds IMPACT.	\$ 15,408,859	\$ 17,488,520			\$ 15,408,859	\$ 17,488,520		
c. Strengthen Agency Information Technology Systems (5.0/5.0 FTEs). This request would support rebuilding systems to mitigate security risks, ensure state and federal compliance with accessibility, and improve usability to improve DFPS processes. In addition, funding would allow for collecting secure signatures using electronic and digital technology, and create a secure, external facing system for applicants, providers, grantees, and subcontractors to support contract and grant management practices.	\$ 19,812,805	\$ 21,394,732			\$ 19,812,805	\$ 21,394,732		

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d. Strengthen Data and System Support (10.0/10.0 FTEs). This request would support enhancements to the data warehouse for additional data elements needed to meet new federal reporting and data quality/integrity requirements, to support the Master Data Management to validate data in the DFPS system through the development of tracking systems.	\$ 4,308,351	\$ 4,660,558			\$ 4,308,351	\$ 4,660,558		
e. Enhancing Cybersecurity Infrastructure for DFPS (6.0/6.0 FTEs). This request would enhance the agency's cybersecurity in various systems and processes and provide additional staff to address any security threats.	\$ 6,308,239	\$ 6,811,902			\$ 6,308,239	\$ 6,811,902		
6. Placeholder - HHSC Assessment. This request would review and address costs that may be duplicative due to DFPS performing functions also being paid through assessments or taking on additional services currently provided by HHSC and paid through assessments.	\$ -	\$ -					\$ -	\$ -
7. Revise Rider 27, Limitations: Community-based Care Payments, to update references from regions to catchment areas.	\$ -	\$ -	\$ -	\$ -	Adopted			
8. Revise Rider 29, Human Trafficking Division Identification, Deterrence and Response, to revise the duties of the agency related to human trafficking. In addition, to change the report due date from November 1 to December 1.	\$ -	\$ -	\$ -	\$ -	Adopted			
9. Revise Rider 34, Texas Home Visiting Program and Nurse Family Partnership Program, to delete the rider.	\$ -	\$ -	\$ -	\$ -	Adopted			

Article II, Health and Human Services Department of Family and Protective Services (530) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Workgroup Revisions and Additions:								
1. Amend DFPS Rider 8, Human Services Plan to require the agency to report on turnover after salary increases are implemented.					Adopted			
2. Increase appropriations to address critical administrative leadership staffing needs (9.0/9.0 FTEs). Funding would allow the agency to support, recruit and retain key administrative functions required to ensure agency goals and initiatives are met.					\$ 3,260,647	\$ 3,519,275		
Total, Outstanding Items / Tentative Decisions	\$ 461,865,408	\$ 476,721,662	\$ -	\$ -	\$384,950,746	\$399,898,193	\$ 80,175,309	\$ 80,342,744
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions	30.0	30.0	0.0	0.0	177.9	220.0	68.5	68.5

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Increase General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations by \$21,614,029 to align with the Comptroller's Biennial Revenue Estimate. See HHSC Cost-Out Adjustment #1 and Special Provisions Cost-Out Adjustment #1	\$ 21,614,029	\$ 21,614,029			\$ 21,614,029	\$ 21,614,029		
Technical Adjustments:								
1. Transfer \$2.4 million in FY 2024 and \$4.8 million in FY 2025 from Federal Health and Health Lab Funding Excess Revenue Fund Account No. 273 to Federal Funds Account No. 555 to align all non-COVID-19 federal funds to one line item.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
Agency Requests:								
1. Maintaining Agency Operational Infrastructure								
a. Web Application Firewall (4.0/4.0 FTEs) Funding would provide \$4.7 million and FTEs to implement a web application firewall to modernize a number of public-facing applications that take in sensitive or personal information.	\$ 4,666,921	\$ 4,666,921			\$ 4,666,921	\$ 4,666,921		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Subcommittee Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Vehicles		\$ 965,539	\$ 965,539						
<p>Funding would provide \$1.0 million to purchase 26 vehicles that will be utilized for specialized public health functions including specimen draws for testing as part of disease investigations, delivering tuberculosis medications, emergency response in disasters, delivering cars seats for the Safe Riders program, delivering vaccines, transporting clients for laboratory testing, and transporting equipment to health fairs.</p> <p>Funding is currently assumed in the supplemental bill.</p>		<div style="border: 1px solid black; padding: 10px;"> Funding for this item will be included in the supplemental bill. </div>							
c. Texas Center for Infectious Disease		\$ 7,100,329	\$ 7,100,329			\$ 7,100,329	\$ 7,100,329		
<p>Funding would provide \$7.1 million for ongoing operations, maintenance, and staffing needs including \$1.4 million for maintenance, advanced medications, outside medical services, and complex medical services for drug-resistant TB patients; \$2.8 million for facility maintenance; and \$2.9 million for scaled compensation adjustment for staff.</p> <p>HB 1 includes an additional \$6.1 million in General Revenue to offset loss of Delivery System Reform Incentive Payment (DSRIP) funds.</p>									

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Subcommittee Decisions			
		Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
2.	Driving Public Health Response Through Technological Tools								
	a. Modern Infrastructure for Public Health Datasets (41.0/57.0 FTEs) Funding would provide \$30.2 million support modernization of data systems including the following: \$25.8 million to support ongoing operations of several IT systems developed or modernized with federal funds to manage current and future public health data needs at DSHS, local health departments, and local health authorities; and \$4.4 million to support FTEs to maintain the DSHS Public Health Informatics and Data team that supports ongoing lab reporting needs.	\$ 17,550,254	\$ 30,196,436			\$ 17,550,254	\$ 30,196,436		
3.	Ensuring Access to Frontline Public Health Services								
	a. Additional Community Access Points (16.0/16.0 FTEs) Funding would provide \$7.1 million and FTEs for six clinics and two mobile units in rural and frontier locations to serve approximately 500,000 people with core public health functions, including surveillance, treatment, and prevention of infectious diseases.	\$ 7,105,494	\$ 7,105,494			\$ 7,105,494	\$ 7,105,494		
	b. Modernizing Clinical Environments and Care Funding would provide \$5.5 million to provide additional access in areas served by an existing satellite clinic and continue telehealth solutions for rural and frontier communities. Modifications to existing clinics include waiting rooms, patient exam and client consultation rooms, and functional space for secure handling of laboratory specimens.	\$ 5,481,114	\$ 5,481,114			\$ 5,481,114	\$ 5,481,114		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Subcommittee Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c.	Local Public Health Services Grants (7.0/7.0 FTEs) Funding would provide \$29.9 million to provide grants to local health entities that provide essential public health services, including infectious diseases.	\$ 29,873,014	\$ 29,873,014					\$ 29,873,014	\$ 29,873,014
4.	Reducing the Impact of Preventable Disease								
a.	HIV Treatment and Prevention Funding would provide \$14.0 million to purchase new HIV long-acting treatment Cabenuva for AIDS Drug Assistance Program (ADAP) participants.	\$ 14,000,000	\$ 14,000,000			\$ 14,000,000	\$ 14,000,000		
b.	Prevention of Tobacco-Related Cancers (1.0/1.0 FTE) Funding would provide \$6.1 million and an FTE to expand tobacco prevention programs and campaigns including: \$2.1 million to expand access to the free cessation phone line; \$0.5 million to convert the Modernize Texas Youth Tobacco Awareness Program to an online format; \$2.0 million to relaunch the interactive and in-school piece of the Vapes Down public awareness campaign; and \$1.4 million for community coalitions to address youth tobacco prevention. HB 1 includes \$13.9 million in All Funds for tobacco reduction programs and uses.	\$ 6,056,282	\$ 6,056,282			\$ 6,056,282	\$ 6,056,282		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Subcommittee Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
5.	Supporting Businesses and Economic Needs								
a.	Medical Advisory Board Support (11.0/11.0 FTEs) Funding would provide \$2.7 million for new support staff FTEs and reimbursement increases for physicians serving on the Medical Advisory Board. HB 1 includes \$0.4 million in General Revenue for the Medical Advisory Board.	\$ 2,657,073	\$ 2,657,073			\$ 2,657,073	\$ 2,657,073		
6.	Strengthening Readiness for the Public Health Emergency Response								
a.	Hospital Capacity Data (3.0/3.0 FTEs) Funding would provide \$2.8 million and new FTEs to continue payment for the EMResource software licenses used to collect hospital bed availability and other metrics as required by Senate Bills 984 and 969, 87th Legislature and by the Centers for Medicare and Medicaid Services.	\$ 2,092,984	\$ 2,792,956					\$ 2,092,984	\$ 2,792,956
b.	Statewide Patient Transfer Software Funding would provide \$4.7 million to continue payment for Pulsera, the patient transfer portal software.	\$ 4,704,000	\$ 4,704,000			\$ 4,800,000	\$ 4,800,000		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Emergency Medical Task Force Enhancement & Hospital Preparedness Funding would provide \$7.4 million in general revenue for the following: \$2.4 million to expand funding for Hospital Preparedness Program Regional Advisory Councils; and \$5.0 million to support the expanded number of missions of Emergency Medical Task Force.	\$ 7,371,248	\$ 7,371,248					\$ 7,371,248	\$ 7,371,248
7. State Trauma System Coordination								
a. Increase for Regional Advisory Councils Funding would provide \$6.6 million to provide additional funding for each Regional Advisory Council to support increasing responsibilities.	\$ 6,600,000	\$ 6,600,000			\$ 6,600,000	\$ 6,600,000		
8. Improve Maternal Health Data Availability								
a. Maternal Health Data Improvements (14.0/14.0 FTEs) Funding would provide \$2.6 million and new FTEs for Maternal Health Data Improvements including: \$1.8 million and 11.0 FTEs to support faster data collection, case preparation, and analysis efforts; \$0.8 million and 3.0 FTEs to improve internal and external availability of maternal mortality and morbidity information; and \$0.1 million to support time and travel costs for the Maternal Mortality and Morbidity Review Committee.	\$ 2,637,745	\$ 2,637,745			\$ 2,637,745	\$ 2,637,745		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Subcommittee Decisions			
		Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
9.	HIV - New Federal Policies								
	a. HIV Treatment and Prevention (5.0/5.0 FTEs) Funding would provide \$57.7 million and FTEs to implement new HRSA guidelines that will loosen current processes for eligibility recertification.	\$ 57,744,728	\$ 57,744,728					\$ 57,744,728	\$ 57,744,728
Agency Rider Requests:									
1.	Delete Rider 27, Federal Funds Reporting Requirement, which requires DSHS to report when appropriations exceed \$1.0 million over the appropriated amounts for certain federal funds in each fiscal year.	\$ -	\$ -			\$ -	\$ -		
						Adopted			
2.	Add new Rider, Vital Statistics Fees, to allow DSHS to retain a larger portion of Vital Statistics fees to fund the Vital Statistics program.	\$ -	\$ -			\$ 6,754,394	\$ 6,754,394		
3.	Add new Rider, Hemp Regulation, to reinstate deleted Hemp Rider from 2022-23 GAA. HB 1 includes \$894,227 in General Revenue for the Hemp Regulation program.	\$ -	\$ -			\$ -	\$ -		
						Adopted			
Workgroup Revisions and Additions:									
1.	None.								
Total, Outstanding Items / Tentative Decisions		\$ 198,220,754	\$ 211,566,908	\$ -	\$ -	\$107,023,635	\$119,669,817	\$ 97,081,974	\$ 97,781,946
		FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalent / Tentative Decisions		0.0	0.0	0.0	0.0	87.0	103.0	15.0	15.0

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Increase Interagency Contract appropriations by \$21,614,029 related to an increase in General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations at DSHS to align with the Comptroller's Biennial Revenue Estimate. Reduce General Revenue by a like amount. Amend Rider 8, Hospital Payments, to reflect the updated funding source for safety-net hospital add-on payments. See DSHS Cost-Out Adjustment #1 and Special Provisions Cost-Out Adjustment #1.	\$ (21,614,029)	\$ -			\$ (21,614,029)	\$ -		
Technical Adjustments:								
1. Decrease General Revenue and Increase Interagency Contract Appropriations by \$4,891,069 to align with HB 1, Rider 8, Hospital Payments, to reflect amounts transferred from General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS.	\$ (4,891,069)	\$ -			\$ (4,891,069)	\$ -		
2. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in HB 1 to provide enough funding to maintain HB 2, Sec. 35 (c)(6), 87R, Modernization of End-of-Life/End-of-Support Network Equipment ongoing technology costs.	\$ 8,950,757	\$ 8,950,757			\$ 8,950,757	\$ 8,950,757		
3. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in HB 1 to provide enough funding to maintain HB 2, Sec. 35 (c)(5), 87R, System-wide Business Enablement Platform ongoing technology costs.	\$ 654,887	\$ 654,887			\$ 654,887	\$ 654,887		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
4. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in HB 1 to provide enough funding to maintain HB 2, Sec. 35 (a)(9), 87R, E-Discovery ongoing technology costs.	\$ 520,273	\$ 520,273			\$ 520,273	\$ 520,273		
5. Increase funding for Master Lease Purchase Program debt service related to deferred maintenance projects to align with updated Texas Public Finance Authority estimates.	\$ 516,423	\$ 516,423			\$ 516,423	\$ 516,423		
6. Update the following riders with conforming federal information: Rider 8, Hospital Payments; Rider 16, Rural Labor and Delivery Medicaid Add-on Payment; and Rider 21, Health and Human Services Cost Containment.	\$ -	\$ -			\$ -	\$ -	Adopted	
7. Update Rider 25, Patient Driven Payment Model for Nursing Facility Services, to align client services funding with implementation timeline. Maintains funding for technology updates in fiscal year 2024.	\$ (39,848,174)	\$ (99,920,196)			\$ (39,848,174)	\$ (99,920,196)		
8. Update grant name in Rider 38, Substance Abuse Prevention and Treatment Block Grant; and advisory committee name in Rider 110, Reimbursement of Advisory Committee Members.	\$ -	\$ -			\$ -	\$ -	Adopted	
9. Update strategies and funding allocation to align with HHSC projections for programs included in Rider 40, Informational Listing: Additional Mental Health Funding.	\$ -	\$ -			\$ -	\$ -	Adopted	

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Agency Requests:									
1.	Maintain Client Services Cost Growth								
	a. Maintain Client Services Cost Growth Funding would provide \$5.8 billion for Medicaid, CHIP, and TANF caseload, cost, and case mix differences assumed in the agency forecast that are not incorporated into HB 1 recommendations. HB 1 includes \$71.7 billion for Medicaid Client Services and \$1.0 billion for CHIP Client Services for LBB forecasted caseload growth as of December 2022. Recommendations also include \$36.4 million for LBB forecasted TANF caseloads and grants per recipient.	\$ 1,378,429,730	\$ 5,781,692,088						
	b. Programs of All-inclusive Care for the Elderly (PACE) Existing Sites - Cost Growth Funding would provide \$29.4 million for the agency's estimated cost growth at PACE existing sites. HB 1 includes \$77.5 million for existing PACE sites in Amarillo/Canyon, El Paso, and Lubbock.	\$ 11,727,038	\$ 29,420,569					\$ 11,727,038	\$ 29,420,569

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
2. Address Critical Workforce Needs								
a. Facilities Staff Funding would provide \$73.1 million for State Supported Living Centers and \$46.7 million for mental health state hospitals to provide salary increases for direct care staff and critical support staff. HB 1 includes \$236.3 million to maintain 2022-23 salary increases into 2024-25 and funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff.	\$ 119,842,223	\$ 119,842,223			\$ 119,842,223	\$ 119,842,223		
b. Specialized Staff Funding would provide \$30.3 million for salary increases for information technology, actuarial, legal, and finance positions across multiple program areas. HB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 21,630,360	\$ 30,282,422			\$ 21,630,360	\$ 30,282,422		
c. Regulatory Inspectors Funding would provide \$35.9 million for salary increases for inspectors in the Regulatory Services Division, including but not limited to architects, engineers, and nurses. HB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 33,835,440	\$ 35,923,552			\$ 33,835,440	\$ 35,923,552		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
d. Contract Oversight Staff Funding would provide \$16.6 million for salary increases for contract oversight staff across multiple program areas. HB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 10,989,802	\$ 16,584,344			\$ 10,989,802	\$ 16,584,344		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
3.	Improve Mental Health Services								
	a. Contracted Inpatient Bed Administration (5.2/5.2 FTEs) Funding would provide \$1.2 million in administration and oversight funds for new funding related to contracted inpatient beds. HB 1 includes an increase of \$331.4 million in General Revenue for 424 new contracted inpatient beds. <i>Note: System Exceptional Item.</i>	\$ 1,159,900	\$ 1,159,900			\$ 1,159,900	\$ 1,159,900		
	b. Community Mental Health Grant Programs Administration (20.9/20.9 FTEs) Funding would provide \$4.3 million in administration and oversight funds for new funding related to existing mental health grant programs established by SB 292 (85R) and HB 13 (85R). HB 1 includes an increase of \$30.0 million in General Revenue for the Mental Health Grant Program for Justice-Involved Individuals established by SB 292 (85R) and an increase of \$15.0 million for the Community Mental Health Grant Program established by HB 13 (85R). <i>Note: System Exceptional Item.</i>	\$ 4,344,240	\$ 4,344,240			\$ 4,344,240	\$ 4,344,240		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c. Budget Execution Order Sustainability (7.3/7.3 FTEs) Funding would provide administration and oversight for new funding provided in the June 26, 2022, budget execution action and increased in HB 1 related to multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area. HB 1 includes \$30.5 million in General Revenue to expand multisystemic therapy, \$4.2 million to expand coordinated specialty care, and \$10.0 million for mental health services for the Uvalde community. <i>Note: System Exceptional Item.</i>	\$ 1,600,022	\$ 1,600,022			\$ 1,600,022	\$ 1,600,022		
d. Crisis Services Administration (6.3/6.3 FTEs) Funding would provide \$1.4 million in administration and oversight for new funding provided for crisis stabilization units, crisis respite units for youth, and youth mobile crisis outreach teams. HB 1 includes an additional \$36.0 million in General Revenue to expand crisis stabilization units, \$11.5 million to expand crisis respite units for youth, and \$8.0 million for youth mobile crisis outreach teams. <i>Note: System Exceptional Item.</i>	\$ 1,367,836	\$ 1,367,836			\$ 1,367,836	\$ 1,367,836		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e. Innovation Grants Administration (1.0/1.0 FTEs) Funding would provide \$0.2 million in administration and oversight funds for new funding related to innovation grants to promote access for families and improve child and youth outcomes. HB 1 includes an increase of \$15.0 million in General Revenue for a new innovation grant program. <i>Note: System Exceptional Item.</i>	\$ 173,571	\$ 173,571			\$ 173,571	\$ 173,571		
f. Sunrise Canyon Operational Funding Funding would provide \$19.0 million in operational costs for the Sunrise Canyon Hospital expansion project funded by SB 8, 87th Third-called Session. <i>Note: System Exceptional Item.</i>	\$ 19,000,000	\$ 19,000,000			\$ 19,000,000	\$ 19,000,000		
g. Discharge Support Services (17.8/17.8 FTEs) Funding would provide \$4.7 million to expand discharge and support initiatives, provide flexible funding for new initiatives, and for new state hospital transition monitoring teams. HB 1 includes \$5.0 million in General Revenue to establish state hospital transition teams. <i>Note: System Exceptional Item.</i>	\$ 4,668,799	\$ 4,668,799			\$ 4,668,799	\$ 4,668,799		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
h. Mental Health Continuum of Care Center in the Uvalde Area Funding would provide \$33.6 million for capital expenditures to establish a behavioral health campus in Uvalde that includes an outpatient clinic; a 16-bed extended observation, crisis respite and/or crisis residential facility for adults; and a 16-bed extended observation and respite facility for children and youth. Funding would also provide \$23.9 million for the local mental health authority to operate the facility and provide services. HB 1 includes \$10.0 million in General Revenue for mental health services for the Uvalde community.	\$ 33,600,000	\$ 33,600,000			\$ 23,900,000	\$ 23,900,000		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Funding for this item will be included in the supplemental bill. </div>								
4. Expanding State Hospital Capacity								
a. John S. Dunn Behavioral Sciences Center Funding would provide \$34.6 million to operationalize all 168 state-funded beds at the John S. Dunn Behavioral Sciences Center operated by the University of Texas Health Sciences Center at Houston. HB 1 includes \$64.1 million in General Revenue to operate 144 beds at the John S. Dunn Behavioral Sciences Center.	\$ 34,600,000	\$ 34,600,000			\$ 34,600,000	\$ 34,600,000		
b. Additional Construction Funding for the New State Hospital in Dallas Funding would provide \$101.9 million to complete construction of the adult unit at the new Texas Behavioral Health Center in Dallas.	\$ 101,890,000	\$ 101,890,000						
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Funding for this item will be included in the supplemental bill. </div>								

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Ramp-Up Funding for the New State Hospital in Dallas Funding would provide \$68.5 million in fiscal year 2025 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.	\$ 68,511,056	\$ 68,511,056			\$ 68,511,056	\$ 68,511,056		
d. Operational Funds Funding would provide \$8.4 million to maintain contracted bed levels for the state hospital system.	\$ 8,395,000	\$ 8,395,000			\$ 8,395,000	\$ 8,395,000		
e. Inflationary costs for the Health and Specialty Care System Funding would provide \$29.9 million 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.	\$ 29,940,693	\$ 29,940,693			\$ 29,940,693	\$ 29,940,693		
f. Authority for Children's Unit Construction in Dallas Increase funding authority and capital budget authority related to a donation to build a children's unit at the new Texas Behavioral Health Center in Dallas.	\$ -	\$ 75,000,000			\$ -	\$ 75,000,000		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
5. Supporting the End of Continuous Coverage									
a.	Unwind the Public Health Emergency Funding would provide \$131.0 million for 642.0 FTEs for Access and Eligibility Services to temporarily assist in the unwinding of continuous Medicaid coverage. Funding would also support increased workload for the Eligibility Support Services contractor that manages eligibility related calls and documents.	\$ 43,786,860	\$ 130,951,292			\$ 43,786,860	\$ 130,951,292		
b.	2-1-1 Texas Information & Referral Network (TIRN) Increased Call Volume, Operational, and Technology Needs Funding would provide \$2.0 million for staff retention and hiring at contracted Area Information Centers, which help manage calls to 2-1-1 Texas. The request also includes \$3.0 million to support the 2-1-1 TIRN with improved analytics and functionality.	\$ 2,076,434	\$ 5,040,466			\$ 2,076,434	\$ 5,040,466		
c.	Texas Integrated Eligibility Redesign System (TIERS) Learning Environment Funding would provide \$4.8 million to improve the simulated functionality of the TIERS learning environment to improve onboarding for new eligibility advisors. HB 1 includes \$39.9 million in General Revenue for TIERS. <i>Note: System Exceptional Item.</i>	\$ 1,316,462	\$ 4,780,972			\$ 1,316,462	\$ 4,780,972		

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	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Eligibility Workload Management System Funding would provide \$1.4 million to improve training tools by developing a testing environment where new eligibility advisors can practice scenarios with real data. <i>Note: System Exceptional Item.</i>	\$ 394,982	\$ 1,425,746			\$ 394,982	\$ 1,425,746		
e. Lobby Kiosks Funding would provide \$1.0 million to purchase 250 self-service kiosks within local eligibility offices to provide more options to customers and increase staff capacity.	\$ 499,568	\$ 1,005,025			\$ 499,568	\$ 1,005,025		
6. Support for Community Based Services and Promoting Independence								
a. Support Workforce through Rate Increases This is a placeholder request for funding to provide rate increases for community attendants in Medicaid waiver programs. <i>Note: System Exceptional Item.</i>	\$ 1	\$ 1					\$ 1	\$ 1
b. Help Texans Receive Critical Support Services (4.2/5.2 FTEs) Funding would provide \$75.6 million to make changes to case management billing practices within the Deaf-Blind with Multiple Disabilities program and create services to provide crisis respite for Home and Community-based Services enrollees. <i>Note: System Exceptional Item.</i>	\$ 35,114,055	\$ 75,600,557					\$ 35,114,055	\$ 75,600,557

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c.	Provide Additional Waiver Slots (25.1/41.8 FTEs) Funding would provide \$144.9 million for 2,000 additional waiver slots and new FTEs to support the new enrollments. <i>Note: System Exceptional Item.</i>	\$ 44,007,135	\$ 144,926,094			\$ 44,007,135	\$ 144,926,094		
7.	STAR+PLUS Pilot Program Funding would provide \$579.7 million to support the pilot program for 24.0 months. The exceptional item includes funding for IT enhancements, pilot evaluation costs, staff to support operations and oversight, and funding with outside vendors. This item includes estimates for managed care payments for client services and administration.	\$ 230,044,934	\$ 579,730,175					\$230,044,934	\$579,730,175
8.	Grants Management System for Improving Mental Health Outcomes Funding would support the cost of acquiring and configuring an agency web-based grant management system to electronically manage Intellectual and Developmental Disability and Behavioral Health Services and other program area grants. <i>Note: System Exceptional Item.</i>	\$ 32,998,036	\$ 32,998,036			\$ 32,998,036	\$ 32,998,036		

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		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
9.	Cybersecurity Compliance and Operations Monitoring								
a.	Cyber Operations Center Monitoring Funding would equip a Hybrid Security Operations Center (SOC) model with ability to scale to provision changing security requirements. <i>Note: System Exceptional Item.</i>	\$ 8,388,810	\$ 12,065,892			\$ 8,388,810	\$ 12,065,892		
b.	Advanced Analytics Endpoint Data Loss Prevention Funding would expand current endpoint data loss prevention technology with advanced analytics supported by machine learning to provide automated dashboards on how sensitive data is moving across the network in real time. <i>Note: System Exceptional Item.</i>	\$ 779,034	\$ 1,120,508			\$ 779,034	\$ 1,120,508		
c.	Advanced Analytics Scanning Platform Funding would expand current vulnerability scanning technology with advanced analytics supported by machine learning to provide automated dashboards on agency risk to attacks in real time. <i>Note: System Exceptional Item.</i>	\$ 689,659	\$ 991,958			\$ 689,659	\$ 991,958		

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		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d.	Security System Plans and Auditable Event Compliance Assessments Funding would support system security plans that document how systems comply with security requirements and develop assessments to fully understand issues for real or potential events that should be tracked for performance or security reasons. <i>Note: System Exceptional Item.</i>	\$ 8,984,863	\$ 12,923,212			\$ 8,984,863	\$ 12,923,212		
e.	Vulnerability Management Program Funding would establish a centralized management system to record vulnerabilities, track their remediation, and automate the workflow. <i>Note: System Exceptional Item.</i>	\$ 3,305,587	\$ 4,754,530			\$ 3,305,587	\$ 4,754,530		
f.	Web Application Penetration Testing Funding would support web application penetration testing to identify and remediate potential threats and strengths in the environment. <i>Note: System Exceptional Item.</i>	\$ 10,127,626	\$ 14,566,882			\$ 10,127,626	\$ 14,566,882		
10.	Consolidated Rate Request This is a placeholder to provide reimbursement rate increases. HHSC has identified three areas where a reimbursement rate would impact client access to care, including community attendant services, wellness visits for kids and other office visits, and birth-related and women's health strategies.	\$ 1	\$ 1					\$ 1	\$ 1

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
11.	Procurement and Contracting Enhancements Funding for these items is part of a three-phase plan over three biennia to improve the information technology systems that support procurement and contracting.								
a.	System of Contract Operation and Reporting (SCOR) Contract Management Improvements (5.0/5.0 FTEs) Funding would update the SCOR application, which is the system of record for the Health and Human Services Commission, Department of State Health Services, and Department of Family and Protective Services contracts. <i>Note: System Exceptional Item.</i>	\$ 4,899,301	\$ 6,339,084			\$ 4,899,301	\$ 6,339,084		
b.	Historically Underutilized Business (HUB) Monitoring and Reporting System (3.5/3.5 FTEs) Funding would obtain or create an information technology solution to monitor and audit HUB Subcontracting Plan compliance and to report all subcontracting payments as required by statute and Comptroller rule. <i>Note: System Exceptional Item.</i>	\$ 11,794,226	\$ 15,230,598					\$ 11,794,226	\$ 15,230,598
c.	Automated Vendor Checks (0.4/0.6 FTEs) Funding would create an information technology system to automatically perform required vendor compliance checks as required by the Comptroller before purchases and before a contract is awarded. <i>Note: System Exceptional Item.</i>	\$ 6,286,443	\$ 8,121,800					\$ 6,286,443	\$ 8,121,800
12.	Ensuring Effective Operations in State Facilities								

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
a. Deferred Maintenance Needs for State Facilities Funding would address deferred maintenance needs at State Supported Living Centers and mental health state hospitals.	\$ 64,000,000	\$ 64,000,000			\$ 64,000,000	\$ 64,000,000		
b. Laundry Equipment Replacement Funding would replace three commercial laundry machines, heavily used smaller equipment, and laundry transport vehicles.	\$ 2,000,000	\$ 2,000,000			\$ 2,000,000	\$ 2,000,000		
c. Emergency Facility Repairs Funding would address emergency repairs at State Supported Living Centers and mental health state hospitals.	\$ 23,000,000	\$ 23,000,000			\$ 23,000,000	\$ 23,000,000		
d. Paving Facility Campuses Funding would provide \$25.0 million in General Revenue to maintain and construct roads, parking lots, and other paving at State Supported Living Centers and mental health state hospitals.	\$ 25,000,000	\$ 25,000,000					\$ 25,000,000	\$ 25,000,000
e. State Hospitals - Electronic Health Record System Upgrade Funding would move facilities to an electronic Medication Administration Records (eMAR) module from the current, legacy applications.	\$ 38,873,054	\$ 38,921,260			\$ 38,873,054	\$ 38,921,260		

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	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
13. Increase Access for Deaf and Hard of Hearing Services (1.0/1.0 FTEs) Funding would allow the Office of Deaf and Hard of Hearing to serve additional clients by contracting with additional service providers in currently unserved and underserved regions. HB 1 includes \$5.6 million in General Revenue to provide services to persons who are deaf or hard of hearing.	\$ 2,371,385	\$ 2,371,385			\$ 2,371,385	\$ 2,371,385		

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		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
14.	Comply with State and Federal Regulations								
a.	Fully Implement HB 337, 85R, relating to the continuation of certain public benefits after release from a county jail Funding would provide \$4.8 million to allow the agency to obtain data related to incarcerated individuals to implement the federal SUPPORT for Patients and Communities Act, which aims to provide Medicaid for 30 days prior to release.	\$ 1,203,840	\$ 4,815,360			\$ 1,203,840	\$ 4,815,360		
b.	Fully Implement SB 1896, 87R, relating to new license types for child-care providers (5.9/7.9 FTEs) Funding would provide \$13.5 million to make system modifications and hire FTEs in order to implement new child-care provider license types. <i>Note: System Exceptional Item.</i>	\$ 13,494,462	\$ 13,511,230			\$ 13,494,462	\$ 13,511,230		
c.	Regulatory FTEs, Individualized Skills and Socialization Program (19.9/19.9 FTEs) Funding would provide \$3.4 million and FTEs for the Individualized Skills and Socialization program to ensure compliance with the new Home and Community-based Services provider type and rules. <i>Note: System Exceptional Item.</i>	\$ 3,057,869	\$ 3,382,869					\$ 3,057,869	\$ 3,382,869

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	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
d. Implement Senate Bill 1621, 86R, relating to rural medical facilities (3.1/3.1 FTEs) Funding would provide \$0.7 million to create new rules, policies, and procedures for the creation of a new rural emergency hospital license type. <i>Note: System Exceptional Item.</i>	\$ 695,439	\$ 700,469			\$ 695,439	\$ 700,469		
15. Support Regulatory Compliance								
a. Funding for Long-term Care Regulatory FTEs Funding would provide \$5.4 million for 31.0 FTEs within the current FTE cap to address the backlog of investigations and inspections in long-term care facilities.	\$ 5,340,247	\$ 5,443,779			\$ 5,340,247	\$ 5,443,779		
b. IT Application Services - Regulatory Funding would provide \$5.9 million to acquire contracted services through the Department of Information Resources technical services to address regulatory needs with reliable information systems that have defect remediation issues.	\$ 2,933,784	\$ 5,867,569					\$ 2,933,784	\$ 5,867,569
16. Maintain Public Facing Offices and Client Supports								
a. Maintain Public Facing Offices and Client Supports Funding would provide \$71.4 million for cost increases and inflation affecting agency leases at public facing offices and non-client services contracts. <i>Note: System Exceptional Item.</i>	\$ 58,187,819	\$ 71,427,646					\$ 58,187,819	\$ 71,427,646

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b.	State Office Buildings Maintenance & Security Funding would provide \$3.8 million to fully fund the interagency contract with the Texas Facilities Commission for facility security and maintenance at the North Austin Campus and John H Winters Building. The request includes additional funding for facility security at regional facilities. <i>Note: System Exceptional Item.</i>	\$ 3,736,356	\$ 3,792,084			\$ 3,736,356	\$ 3,792,084		
17.	Application Modernization								
a.	TIERS to Cloud Migration Funding would provide \$22.9 million to migrate the TIERS suite of applications to Cloud Services in order to improve availability and scalability, and security. It is anticipated to reduce long-term maintenance costs.	\$ 5,743,185	\$ 22,895,248			\$ 5,743,185	\$ 22,895,248		
b.	ARTS to CAPPs Migration Funding would provide \$6.0 million to migrate the Accounts Receivable Tracking System (ARTS) to the Centralized Accounting and Payroll/Personnel System (CAPPs) Financials application. <i>Note: System Exceptional Item.</i>	\$ 4,994,706	\$ 6,000,656			\$ 4,994,706	\$ 6,000,656		

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	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Hosted Faxing Solution Funding would provide \$5.1 million to provide service stability and reliability for approximately 3,300 users throughout 226 health and human services programs responsible for processing 32 million inbound faxes and 11 million outbound faxes per year. <i>Note: System Exceptional Item.</i>	\$ 3,578,777	\$ 5,147,469			\$ 3,578,777	\$ 5,147,469		
d. WIC Capital Authority for Multi-State MOSAIC Online Electronic Benefit Transfer (EBT) This item would provide capital budget authority to transfer WIC EBT Services from offline to online. This is a 100% federally funded project and would be out of an existing federal grant.	\$ -	\$ -			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Adopted</div>			
e. Provider Cost Report System and Training Modernization Funding would provide \$11.4 million for the development and implementation of a new web-based State of Texas Automated Information and Reporting System (STAIRS) used for the submission of cost and accountability reports. <i>Note: System Exceptional Item.</i>	\$ 7,966,202	\$ 11,366,000			\$ 7,966,202	\$ 11,366,000		
18. Performance Management and Analytics System (PMAS) Cloud Data Analytics Platform Funding would provide \$21.0 million for a cloud-based data integration hub for data sharing services, within a cloud hosted environment to support cross-program integrated data analytics and reporting for health and human services programs.	\$ 17,379,449	\$ 21,019,525			\$ 17,379,449	\$ 21,019,525		

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
19.	Enhancing Medicaid Enrollment and Contract Management (18.8/18.8 FTEs) Funding would provide \$3.2 million for additional FTEs for the administration and management of Medicaid and CHIP provider contracts.	\$ 1,602,569	\$ 3,239,675					\$ 1,602,569	\$ 3,239,675
Office of Inspector General (OIG) Exceptional Items									
20.	OIG Priority 1: Enhance OIG Staff Resources Funding would provide \$2.9 million for salary increases to recruit and retain staff including attorneys, auditors, investigators, and nurses.	\$ 1,612,730	\$ 2,865,292			\$ 1,612,730	\$ 2,865,292		
21.	OIG Priority 2: Increase Fraud, Waste, and Abuse (FWA) Detection Through Data Analytics (10.4/10.4 FTEs) Funding would provide \$2.2 million and new FTEs to support existing data analytics business process requirements and develop new analytic capabilities.	\$ 1,100,391	\$ 2,178,415			\$ 1,100,391	\$ 2,178,415		
22.	OIG Priority 3: Increase Beneficiary Fraud Detection (ASOIG Replacement) Funding would provide \$7.8 million to replace the current case management system created internally with manual processes to an automated system for calculating overpayments, generating correspondence, tracking investigations, providing overpayment claim data, and producing reports.	\$ 3,982,281	\$ 7,794,028			\$ 3,982,281	\$ 7,794,028		

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
23.	OIG Priority 4: Modernize Case Management System for Special Investigations Funding would provide \$3.2 million to procure a case management system to allow the Special Investigations Unit to share information, track progress, and facilitate the creation of standardized investigative documents and processes.	\$ 2,442,040	\$ 3,151,750			\$ 2,442,040	\$ 3,151,750		
24.	OIG Priority 5: OIG Complex Contracts Audit Team (4.2/4.2 FTEs) Funding would provide \$0.8 million and new FTEs to create a specialized team to audit high-risk and complex contracts focusing on advanced financial and performance information.	\$ 532,914	\$ 847,689			\$ 532,914	\$ 847,689		
25.	OIG Priority 6: Automate Beneficiary Evidence Gathering Funding would provide \$2.8 million to procure a system for beneficiary investigators to obtain and evaluate evidence of fraud, waste, and abuse. Currently, OIG gathers information manually from a variety of disparate information sources.	\$ 2,160,240	\$ 2,788,054			\$ 2,160,240	\$ 2,788,054		
26.	OIG Priority 7: Expand OIG Investigative and Provider Enrollment Capacity (12.5/12.5 FTEs) Funding would provide \$2.1 million to increase FTEs in the State Centers Investigations Team, Beneficiary Program Integrity, Electronic Benefits Trafficking, and Provider Enrollment Integrity Screenings.	\$ 1,192,227	\$ 2,081,286			\$ 1,192,227	\$ 2,081,286		

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
27.	OIG Priority 8: Improve Public Reporting of FWA and Processing of Referrals (WAFERS) Funding would provide \$2.7 million to replace the Waste, Abuse and Fraud Electronic Reporting System (WAFERS) implemented in 2007, which serves as an online reporting portal and an intake system for further research and investigation, with a suite of Microsoft.NET modern web applications and an SQL Server database backend data store.	\$ 2,078,506	\$ 2,682,564			\$ 2,078,506	\$ 2,682,564		
28.	OIG Priority 9: Improve OIG Appeals Process Funding would provide \$1.8 million to contract with a vendor to review appeals of federally required utilization reviews and federally required work required to be performed by the Recovery Audit Contractor.	\$ 875,000	\$ 1,750,000			\$ 875,000	\$ 1,750,000		
Texas Civil Commitment Office (TCCO) Exceptional Items									
29.	TCCO Priority 1: Reinstate 5.0 percent Biennial Budget Reduction from FY 2022-23 Funding would provide \$1.9 million to reinstate the 5 percent biennium budget reduction in the 2022-23 biennium.	\$ 1,866,692	\$ 1,866,692					\$ 1,866,692	\$ 1,866,692
30.	TCCO Priority 2: Offsite Healthcare Funding would provide \$4.3 million to fund offsite healthcare costs for sexually violent predators. The current contract covers on-site primary care and the first \$25,000 in offsite health care for each client.	\$ 4,322,420	\$ 4,322,420					\$ 4,322,420	\$ 4,322,420

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
31.	TCCO Priority 3: Case Manager Career Ladder Funding would provide \$0.1 million to fund a salary career ladder for its case managers based on classification and years of services.	\$ 82,512	\$ 82,512					\$ 82,512	\$ 82,512
32.	TCCO Priority 4: Additional FTE Request (4.0/4.0 FTEs) Funding would provide \$0.5 million to fund new case manager FTEs.	\$ 547,804	\$ 547,804					\$ 547,804	\$ 547,804
33.	TCCO Priority 5: Cremation and Disposition Expenses Funding would provide less than \$0.1 million for cremation services for clients that have no next of kin or family.	\$ 20,000	\$ 20,000					\$ 20,000	\$ 20,000
34.	TCCO Priority 6: Contract Rate Adjustment Costs Funding would provide \$1.5 million for a 3.0 percent increase in per diem rates for contract services to maintain operations of treatment and supervision program.	\$ 1,471,046	\$ 1,471,046					\$ 1,471,046	\$ 1,471,046

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
DFPS Exceptional Items for HHSC Funding									
35.	Strengthen Mental and Behavioral Health Services in Foster Care								
	a. Contracted, Extended Inpatient Beds. This request would add 20.0 contracted, extended stay inpatient beds for DFPS Children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1h.	\$ 14,600,000	\$ 14,600,000			\$ 14,600,000	\$ 14,600,000		
	b. Youth Mobile Crisis Outreach Teams. This request would add 5.0 youth mobile crisis outreach teams for DFPS children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1j.	\$ 8,000,000	\$ 8,000,000			\$ 8,000,000	\$ 8,000,000		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c. Increase Rates for Youth Empowerment Services (YES) Waiver to Address Capacity Needs. This request would increase rates for the YES wavier to address capacity needs of DFPS children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #11.	\$ 4,186,266	\$ 4,186,266			\$ 4,186,266	\$ 4,186,266		
d. Grants to Promote Access for Families and Improve Outcomes for Children and Youth. This request would provide innovation grants to promote access for families and improve outcomes for children and youth. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1m.	\$ 10,000,000	\$ 10,000,000					\$ 10,000,000	\$ 10,000,000
e. Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1n.	\$ 2,842,000	\$ 2,842,000					\$ 2,842,000	\$ 2,842,000

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Agency Rider Requests:								
MEDICAID								
1. Add new rider, Informational Listing: End-of-year Waiver Slots, to add new informational list of funded Medicaid waiver slots.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
2. Add new rider, Program of All-inclusive Care for the Elderly (PACE), to authorize HHSC to use or transfer funding for up to three additional PACE sites.	\$ -	\$ -					\$ -	\$ -
							Article XI	
BEHAVIORAL HEALTH								
3. Delete Rider 31, Mental Health Appropriations and Federal Matching Opportunities.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
4. Amend Rider 32, Mental Health Peer Support Re-entry Program, to remove reference to a Memorandum of Understanding and remove a reporting requirement.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
5. Delete Rider 37, Block Grants for Community Mental Health.	\$ -	\$ -						
					Adopted			
OFFICE OF INSPECTOR GENERAL								
6. Delete Rider 80, Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
TEXAS CIVIL COMMITMENT OFFICE								
7. Amend Rider 82, Texas Civil Commitment Office, to broaden transfer authority between fiscal years.	\$ -	\$ -					\$ -	\$ -
							Article XI	
TRANSFERS								
8. Amend Rider 98, Limitations on Transfer Authority, to remove more restrictive capital budget transfer requirements.	\$ -	\$ -			\$ -	\$ -		
					Adopted			

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
9. Amend Rider 103, Unexpended Construction Balances, to authorize unexpended balance transfer authority for construction, repair and renovation, and deferred maintenance appropriations for all methods of finance.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
10. Amend Rider 107, Appropriation of Unexpended Balances: Funds Recouped from Local Authorities, to allow HHSC to reallocate recouped funds to local authorities regardless of strategy.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
11. Add new rider, Transfer Authority: Women's Health, to provide transfer authority from Medicaid for Women's Health Programs with notification.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
12. Add new rider, Transfer Authority: Home and Community-Based Services-Adult Mental Health, to provide transfer authority for the Home and Community-Based Services-Adult Mental Health Program with notification.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
13. Add new rider, Transfer Authority: State-owned Facilities, to provide transfer authority from Medicaid to state-owned facilities with notification.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
ADMINISTRATION								
14. Delete Rider 116, Community Centers.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
15. Add new rider, Savings Incentive Program, to provide appropriation authority to implement the Savings Incentive Program established by Texas Government Code, Ch. 2108.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
16. Add new rider, On-Call Pay, to authorize compensation to employees for on-call time.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
17. Add new rider, SNAP Performance Payments, to authorize bonus payments to certain employees for meeting or exceeding performance standards for eligibility determination and customer service.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
Workgroup Revisions and Additions:								

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
1. Add funding for state purchased inpatient beds and competency restoration beds and amend Rider 40, Informational Listing: Additional Mental Health Funding.	\$ -	\$ -			\$ 11,500,000	\$ 11,500,000		
2. Amend Rider 59, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs, to add language regarding expenditure of regional support center funding.	\$ -	\$ -			\$ -	\$ -		
Total, Outstanding Items / Tentative Decisions	\$ 2,624,563,007	\$ 7,769,271,330	\$ -	\$ -	\$ 739,142,064	\$ 1,049,315,308	\$406,901,213	\$838,173,934
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions	205.0	225.9	0.0	0.0	125.7	144.4	46.8	48.0

Note: System Exceptional Items include General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.

Article II, Health and Human Services Special Provisions (S02) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Amend Section 15, Use of Trauma Fund Receipts, to increase General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations at DSHS by \$21,614,029 and increase the Interagency Contract with HHSC by a like amount. Also, reduce General Revenue appropriations at HHSC by a like amount and amend HHSC Rider 8, Hospital Payments, to reflect the updated funding source for safety-net hospital add-on payments. See HHSC Cost-Out Adjustment #1 and DSHS Cost-Out Adjustment #1	\$ -	\$ -			\$ -	\$ -		
					Adopted			
Technical Adjustments:								
1. Amend Section 2, Salary Differentials, to clarify that clinical, testing, and support personnel at HHSC and DSHS are eligible.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
Agency Requests:								
1. Amend Section 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements, to separate the finding of fact to transfer funds into the Newborn Screening Preservation Account from the request to expend funds from the account. DSHS is requesting capital budget authority and unexpended balance authority to accompany a request to expend funds from the Newborn Screening Preservation Account. Requested by DSHS.	\$ -	\$ -			\$ -	\$ -		
					Adopted			
2. Amend Section 17, Charges to Employees and Guests, to extend authority to contracted personnel and to clarify the types of services. Requested by HHSC.	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
					Adopted			

Article II, Health and Human Services Special Provisions (S02) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Workgroup Revisions and Additions:								
1. None.								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

House Appropriations Committee: Article II Subcommittee

**Department of Family and Protective Services Adopted Rider
Requests and
Technical Adjustments**

Department of Family and Protective Services Adopted Rider Requests

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 Regions Catchment Areas 3W, 2, 1, 8B, 3E, 4, 5, and 9, and Stage I in Regions 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 conjugation 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 Regions 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.

29. Human Trafficking ~~Divison~~ Identification, Deterrence and Response. Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.1, CPS Direct Delivery Staff, \$300,000 in All Funds (\$201,719 in General Revenue) and Strategy B.1.2, CPS Program Support, \$574,999~~519,601 in All Funds (\$521,897~~341,575 in General Revenue) and 5.0 FTEs in each fiscal year shall be used to fund the following:

For the children, youth and young adults served by DFPS:

- (1) ~~identify human trafficking victims in DFPS conservatorship and develop a process for referring identified human trafficking victims to appropriate entities for treatment services~~Coordinate and support compliance with all federal and state human trafficking child welfare mandates;
- (2) ~~coordinate with the Human Trafficking Task Force, the implementation of training for DFPS staff regarding the identification and deterrence of youth at risk for human trafficking within DFPS conservatorship~~Develop policies, practices and identify services to support the prevention of trafficking for child welfare children, youth and young adults;
- (3) ~~coordinate investigative activities related to human trafficking of youth with the Department of Public Safety (DPS), Office of Attorney General (OAG), Texas Juvenile Justice Department (TJJD) and Office of Inspector General (OIG), and other state or local law enforcement agencies in order to ensure the detection, deterrence, enforcement and prosecution of human traffickers~~Support DFPS' capacity to identify, report, recover and support victims of trafficking in their restoration journey through training and research; and-
- (4) Coordinate with key stakeholders, such as Health and Human Services Commission (HHS), Department of Public Safety (DPS), Office of Attorney General (OAG), Texas Juvenile Justice Department (TJJD) and other state or local law enforcement agencies, coalitions, and taskforces to support identification, recovery and/or treatment needs for children, youth or young adults who are at risk of or victims of human trafficking within DFPS's purview.
- (54) ~~DFPS shall report November~~December 1 of each year to the Legislative Budget Board, the Human Trafficking Task Force, the Senate Health and Human Services Committee and the House Human Services Committee, the number of children and youth identified as victims of human trafficking within DFPS conservatorship; the number of children and youth referred for treatment services who are victims of human trafficking; the number of staff trained to detect and prevent human trafficking; a description of the deterrence and enforcement actions the agency has been involved in with TJJD, DPS, OAG and other state or local law enforcement agencies and number of licensed facilities serving those populations.
- (5) ~~DFPS and the Health and Human Services Commission shall coordinate to better identify and track human trafficking victims, or those at risk of human trafficking (as well as other populations exempted under the Family First Prevention Services Act), and facilities serving those populations. The report shall be submitted December 1, 2022, 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.~~

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

- (a) ~~\$294,319 in General Revenue Funds in each fiscal year and \$21,233,094 in Federal Funds in fiscal year 2024 and \$18,696,905 in Federal Funds in fiscal year 2025 for services in the Texas Home Visiting Program; and~~
- (b) ~~\$4,170,899 in General Revenue Funds and \$13,565,549 in Federal Funds in each fiscal year for services in the Nurse Family Partnership Program.~~
- (c) ~~Support costs for these programs are included in Strategy C.1.6, At Risk Prevention Program Support, and are not included in Subsections (a) through (b).~~

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 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, ~~and~~ 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 State Health Services
Proposed Rider Deletion
Federal Funds Reporting Requirement**

Prepared by LBB Staff, 03/15/2023

Overview

Adopt Agency Rider Request #1

Delete Rider 27, Federal Funds Reporting Requirement

Required Action

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

~~27. Federal Funds Reporting Requirement.~~

- ~~(a) Included in amounts appropriated above are the following amounts in each fiscal year:
 - ~~(1) \$37,815,773 in Public Health Emergency Preparedness federal funds in Strategy A.1.1, Public Health Preparedness and Coordinated Services;~~
 - ~~(2) \$15,313,776 in Bioterrorism Hospital Preparedness Program federal funds in Strategy A.1.1, Public Health Preparedness and Coordinated Services; and~~
 - ~~(3) \$22,011,636 in Immunization Grants federal funds in Strategy A.2.1, Immunize Children and Adults in Texas.~~~~
- ~~(b) If the projected expenses as included in the Monthly Financial Report required by Rider 11, Other Reporting Requirements, for the awards identified in Subsection (a) differ from the appropriated amounts in a fiscal year by more than \$1,000,000, the Department of State Health Services shall provide the following information with the Monthly Financial Report:
 - ~~(1) why the amounts identified are unable to be expended or why additional funds are available to be expended;~~
 - ~~(2) an explanation of which programs funded by the awards will be impacted and any effect on performance measures;~~
 - ~~(3) the award amount received in the current and previous award year; and~~
 - ~~(4) if applicable, the amount of the award that will be carried forward to the following year.~~~~

By: _____

Department of State Health Services
Proposed Rider
Department of State Health Services and Department of Information Resources: Vital
Statistics Revenue.

Prepared by LBB Staff, 03/15/2023

Overview

Adopt Agency Rider Request #2

Add new Rider, Department of State Health Services and Department of Information Resources: Vital Statistics Revenue.

Required Action

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

XX. 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 record services with DIR retaining a Texas Online fee of \$3 per order and DSHS retaining the remainder of the Customer fee to be deposited to General Revenue – Dedicated Fund 19, Vital Statistics Account.

By: _____

Department of State Health Services
Proposed Rider
Hemp Regulation

Prepared by LBB Staff, 03/15/2023

Overview

Adopt Agency Rider Request #3:

Add new Rider, Hemp Regulation.

Required Action

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

XX. Hemp Regulation. Included in amounts appropriated above, in Strategy C.1.1, Food (Meat) and Drug Safety, is an estimated \$894,227 in each fiscal year from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products for the purposes of implementing Chapter 443 of the Health and Safety Code.

Additional revenue from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products in excess of the amounts appropriated above (estimated to be \$0) is appropriated to the Department of State Health Services (DSHS) for the same purpose up to an additional \$411,334 each fiscal year. For each additional \$68,556 in revenue above appropriations, the DSHS Full Time Equivalent (FTE) cap may be increased by 1.0 FTEs in the fiscal year in which the additional revenue is collected, up to an additional 6.0 FTEs.

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #6: Update the following riders with conforming federal information: Rider 8, Hospital Payments; Rider 16, Rural Labor and Delivery Medicaid Add-on Payment; and Rider 21, Health and Human Services Cost Containment.

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 \$112,399,393 in General Revenue Funds, \$72,586,320 in Interagency Contracts, and \$278,870,136 in Federal Funds (\$463,855,849 in All Funds) in fiscal year 2024 and \$116,333,409 in General Revenue Funds, \$72,250,499 in Interagency Contracts, and \$281,465,713 in Federal Funds (\$470,049,621 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) \$59,017,680 in General Revenue Funds, \$802,320 in Interagency Contracts, and \$90,180,000 in Federal Funds in fiscal year 2024 and \$60,145,501 in General Revenue Funds, \$34,499 in Interagency Contracts, and \$89,820,000 in Federal Funds in fiscal year 2025 for safety-net hospitals;
- (c) \$11,964,000 in General Revenue Funds and \$18,036,000 in Federal Funds in fiscal year 2024 and \$12,036,000 in General Revenue Funds and \$17,964,000 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 hospital 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 60,000 or fewer persons according to the ~~2010~~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, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #6: Update the following riders with conforming federal information: Rider 8, Hospital Payments; Rider 16, Rural Labor and Delivery Medicaid Add-on Payment; and Rider 21, Health and Human Services Cost Containmentment.

Required Action

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

- 16. 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, \$3,190,400 in General Revenue and \$4,809,600 in Federal Funds in fiscal year 2024 and \$3,209,600 in General Revenue and \$4,790,400 in Federal Funds in fiscal year 2025 for HHSC to provide a \$500 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 60,000 or fewer persons according to the ~~2010~~ 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
Health and Human Services Cost Containment

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #6: Update the following riders with conforming federal information: Rider 8, Hospital Payments; Rider 16, Rural Labor and Delivery Medicaid Add-on Payment; and Rider 21, Health and Human Services Cost Containment.

Required Action

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

21. Health and Human Services Cost Containment. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the 2024-25 biennium throughout the health and human services system. These initiatives shall include:

- (a) increasing fraud, waste, and abuse prevention and detection;
- (b) seeking to maximize federal flexibility under the Medicaid program ~~in compliance with Government Code, Chapter 537;~~ and
- (c) achieving other programmatic and administrative efficiencies.

HHSC shall provide an annual report on the implementation of cost containment initiatives to the Legislative Budget Board by December 1. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration of services.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Patient Driven Payment Model for Nursing Facility Services

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #7: Update Rider 25, Patient Driven Payment Model for Nursing Facility Services, to align client services funding with implementation timeline. Maintains funding for technology updates in fiscal year 2024.

Required Action

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

- 25. Patient Driven Payment Model for Nursing Facility Services.** Beginning on September 1, 2024, the Health and Human Services Commission (HHSC) must develop and implement a Texas version of the Patient Driven Payment Model (PDPM) methodology for the reimbursement of long-term stay nursing facility services in the Medicaid program to achieve improved care for long-term stay nursing facility services, excluding services provided by a pediatric care facility or any state-owned facilities.

It is the intent of the Legislature that reimbursement rates for nursing facility services should incentivize client care and quality of services over resource utilization and that nursing facilities participating in the Medicaid program should utilize reimbursement rate increases to improve staff-to-client ratios, staff training and education, and wages for direct care staff, as staffing is a primary and fundamental driver of client outcomes.

Included in appropriations above are the following amounts to implement the Nursing Facility PDPM:

- (a) ~~\$39,848,174 in General Revenue and \$60,072,022 in Federal Funds (\$99,920,196 in All Funds) in fiscal year 2024 and \$40,087,983 in General Revenue and \$59,832,213 in Federal Funds (\$99,920,196 in All Funds) in fiscal year 2025~~ in Strategy A.1.1, Aged and Medicare-Related, for reimbursement rate increases for nursing facility services reimbursed using the new PDPM methodology.
 - (1) It is the intent of the Legislature that the funds in Subsection (a) support providers in maintaining the quality of services provided to Medicaid beneficiaries by stabilizing revenue levels that may otherwise be impacted by the conversion to a Texas version of the PDPM, as developed by HHSC;
 - (2) In order to receive reimbursement rate increases appropriated under Subsection (a), nursing facilities must report to HHSC on their biennial cost report information regarding the use of these funds, as specified by HHSC, including information related to efforts to improve or maintain client care and quality of services; and
 - (3) HHSC may not expend funds appropriated in Subsection (a) for nursing facility services in Medicaid managed care in lieu of payments that are currently authorized by the Centers for Medicare and Medicaid Services for the Quality Improvement Payment Program; and HHSC may not expend funds appropriated for nursing facility services in Medicaid fee-for-service that would not result in receipt of Federal Funds.
- (b) \$1,877,800 in General Revenue and \$5,633,400 in Federal Funds (\$7,511,200 in All Funds) in fiscal year 2024 and \$1,877,800 in General Revenue and \$5,633,400 in

Federal Funds (\$7,511,200 in All Funds) in fiscal year 2025 in B.1.1, Medicaid & CHIP Contracts & Administration, to make modifications to the Medicaid Management Information System (MMIS) for the implementation of the PDPM.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Substance Abuse Prevention And Treatment Block Grant

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #8: Update grant name in Rider 38, Substance Abuse Prevention and Treatment Block Grant; and advisory committee name in Rider 110, Reimbursement of Advisory Committee Members.

Required Action

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

38. Substance Abuse Prevention And Treatment Block Grant. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall produce an annual report on the uses of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) funds in the previous fiscal year, including supplemental and one-time awards, received by HHSC.

The report shall include:

- (a) an itemized list of each activity funded with SABG funds;
- (b) identification of whether the activity was funded by one-time federal COVID-19 related SABG awards and/or SABG awards the state received through the regular federal legislative process;
- (c) a detailed description of each activity listed in subsection (a), including expenditures by funding stream; and
- (d) the total amount of federal ~~MHBG~~-SABG funds expended and the actual amount of unexpended and unobligated balances.

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 June 1 of each fiscal year.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Reimbursement of Advisory Committee Members

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #8: Update grant name in Rider 38, Substance Abuse Prevention and Treatment Block Grant; and advisory committee name in Rider 110, Reimbursement of Advisory Committee Members.

Required Action

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

110. Reimbursement of Advisory Committee Members. Pursuant to Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed a total of \$242,532 each fiscal year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, State Medicaid Managed Care Advisory Committee, Intellectual and Developmental Disability System Redesign Advisory Committee, Drug Utilization Review Board, Behavioral Health Advisory Committee, Perinatal Advisory Council, Policy Council for Children and Families, Texas Council on Consumer Direction, Nursing Facility Administrators Advisory Committee, Early Childhood Intervention Advisory Council, Board for Evaluation of Interpreters, Joint Committee on Access and Forensic Services, Palliative Care Interdisciplinary Advisory Council, Texas Medical Disclosure Panel, Aging and Disability Resource Center Advisory Committee, Aging Texas Well Advisory Committee, STAR Kids Managed Care Advisory Committee, Texas Brain Injury Advisory Council, Chronic Kidney Disease Task Force, and Texas Respite Advisory Committee.

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

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Technical Adjustment #9: Update strategies and funding allocation to align with HHSC projections for programs included in Rider 40, Informational Listing: Additional Mental Health Funding. Also, adopt Workgroup Revision #1: Add funding for state purchased inpatient beds and competency restoration beds and 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.** \$70,665,925 in fiscal year 2024 and \$70,662,295 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and \$47,473,261 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.** \$10,200,000 in each fiscal year in Strategy ~~G.2.1, Mental Health State Hospitals,~~ G.2.2, Mental Health Community Hospitals, to expand contracted bed capacity by 40 beds.
- (2) **Inpatient Contracted Beds.** \$161,250,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, for up to 234 additional state-purchased inpatient psychiatric beds, including beds in rural and urban communities and for contract rate adjustments as needed, and to contract for an additional 150 competency restoration beds.
- (2) ~~**Purchased Psychiatric Beds.** \$126,000,000 \$109,665,384 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for 234 additional state-purchased inpatient psychiatric beds, including 85 beds in rural communities and 149 beds in urban communities.~~
- (3) ~~**Inpatient Capacity Expansion.** \$29,500,000 \$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.~~

(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.** \$18,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund six additional crisis stabilization units to provide a short-term alternative to hospital admission to reduce acute symptoms of mental illness.
- (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 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.

(e) **Expansion of Programs for High-Risk Children.**

- (1) **Multisystemic Therapy.** \$15,225,000 in each fiscal year in Strategy ~~D.2.1, Community Mental Health Services (MHS) for Adults, 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.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Informational Listing: End-of-year Waiver Slots Funding

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Agency Rider Request #1: Add new rider, Informational Listing: End-of-year Waiver Slots, to add new informational list of funded Medicaid waiver slots.

Required Action

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

XX. Informational Listing: End-of-year Waiver Slots Funding. This rider is informational only and does not make any appropriations. Appropriations above in Goal A, Medicaid Client Services, include the following:

- (a) Strategy A.1.1, Aged and Medicare-Related; Strategy A.1.2, Disability-Related, STAR+PLUS Home and Community-based Services: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 for XX end-of-year waiver slots and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (b) Strategy A.1.2, Disability-Related, Medically Dependent Children Program: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 for XX end-of-year waiver slots and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (c) Strategy A.3.1, Home and Community-based Services: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (d) Strategy A.3.2, Community Living Assistance: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots; and
- (e) Strategy A.3.3, Deaf-Blind Multiple Disabilities: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Mental Health Appropriations and Federal Matching Opportunities

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Agency Rider Request #3: Delete Rider 31, Mental Health Appropriations and Federal Matching Opportunities.

Required Action

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

31. ~~Mental Health Appropriations and Federal Matching Opportunities.~~ ~~Out of funds appropriated above in Strategies D.2.1, Community Mental Health Sves Adults; D.2.2, Community Mental Hlth Sves Children; and D.2.3, Community Mental Health Crisis Sves, the Health and Human Services Commission (HHSC) by contract shall require that General Revenue funds be used to the extent possible to draw down additional federal funds through the 1115 Transformation Waiver or other federal matching opportunities. Nothing in this section shall relieve a Local Mental Health Authority or Local Behavioral Health Authority from an obligation to provide mental health services under the terms of a performance contract with HHSC or to reduce the amount of such obligation specified in the contract. HHSC shall report to the Legislative Budget Board and the Office of the Governor by December 1 of each fiscal year on efforts to leverage these funds.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Mental Health Peer Support Re-entry Program

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Agency Rider Request #4: Amend Rider 32, Mental Health Peer Support Re-entry Program, to remove reference to a Memorandum of Understanding and remove a reporting requirement.

Required Action

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

- 32. Mental Health Peer Support Re-entry Program.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) ~~through a Memorandum of Understanding~~ shall allocate up to \$1,000,000 in General Revenue for the biennium from Strategy D.2.1, Community Mental Health Svcs - Adults, to maintain a mental health peer support re-entry program. HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall operate a program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

~~HHSC shall submit a report to the Office of the Governor and the Legislative Budget Board on the program that includes the total population served and client outcome measures by December 1, 2024.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Block Grants for Community Mental Health

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Agency Rider Request #5: Delete Rider 37, Block Grants for Community Mental Health.

Required Action

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

37. ~~Block Grants for Community Mental Health.~~ ~~Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall produce a report on the uses of the federal Block Grants for Community Mental Health (MHBG) funds in the previous fiscal year, including supplemental and one-time awards received by HHSC.~~

~~The report shall include:~~

- ~~(a) an itemized list of each activity funded with MHBG funds;~~
- ~~(b) identification of whether the activity was funded by one-time federal COVID-19 related MHBG awards and/or MHBG awards the state received through the regular federal legislative process;~~
- ~~(c) a detailed description of each activity listed in subsection (a), including expenditures by funding stream; and~~
- ~~(d) the total amount of federal MHBG funds expended and the actual amount of unexpended and unobligated balances.~~

~~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 June 1 of each fiscal year.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Office of Inspector General: Managed Care Organization Performance, Reporting Requirement

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #6: Delete Rider 80, Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.

Required Action

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

~~80. Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.~~

- ~~(a) Out of funds appropriated above in Strategy K.1.1, Office of Inspector General, the Office of Inspector General (OIG) shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to continue to review cost avoidance and waste prevention activities employed by MCOs throughout the state, as well as OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs. The review shall include:~~
- ~~(1) the strategies MCOs are implementing to prevent waste, including, but not limited to recovering overpayments, reducing Potentially Preventable Events (PPE), and conducting internal monitoring and audits;~~
 - ~~(2) the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions;~~
 - ~~(3) the allocation of resources for activities that directly or indirectly contribute to the prevention, detection, audit, inspection, or review of fraud, waste, and abuse in Medicaid managed care programs, including:

(A) Actual expenditures for fiscal year 2024 and planned expenditures for fiscal year 2025;

(B) Actual allocation of FTEs for fiscal year 2024 and the planned allocation of FTEs for fiscal year 2025 grouped by type of activity; and

(C) Any other information relevant to assess the percentage of resources used to perform activities related to Medicaid managed care relative to other OIG activities.~~
 - ~~(4) the total incidence of fraud, waste, and abuse identified by the OIG in Medicaid managed care programs by entity, including Medicaid recipients, providers, managed care organizations, or hospitals.~~
- ~~(b) The Office of Inspector General shall submit a report to the Legislative Budget Board and the Office of the Governor by March 1, 2024, detailing the information related to OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs, as well as its findings and recommendations related to cost avoidance and waste prevention activities, employed by MCOs.~~

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #8: Amend Rider 98, Limitations on Transfer Authority, to remove more restrictive capital budget transfer requirements.

Required Action

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

98. 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 L, 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 Rider
Unexpended Construction Balances

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #9: Amend Rider 103, Unexpended Construction Balances, to authorize unexpended balance transfer authority for construction, repair and renovation, and deferred maintenance appropriations for all methods of finance.

Required Action

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

103. Unexpended Construction Balances.

- (a) Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) are unexpended and unobligated balances for construction, repairs and renovations, and deferred maintenance at the state hospitals and State Supported Living Centers remaining as of August 31, 2023, (estimated to be \$0) for the 2024-25 biennium in Strategy G.4.2, Facility Capital Repairs and Renovation.

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

~~Included in the amounts appropriated above are unexpended and unobligated balances of MLPP Revenue Bond Proceeds remaining as of August 31, 2023, (estimated to be \$0) for deferred maintenance at state hospitals and state supported living centers for the 2024-25 biennium in Strategy G.4.2, Facility Capital Repairs and Renovation.~~

~~Any unexpended and unobligated balances in MLPP Revenue Bond Proceeds described in this subsection and remaining as of August 31, 2024, are appropriated to HHSC for the fiscal year beginning September 1, 2024, for the same purpose.~~

- (b) HHSC shall submit a report by March 1 and September 1 of each fiscal year to the Legislative Budget Board and the Office of the Governor. The report shall include actual expenditures of construction appropriations in the previous fiscal biennium and planned expenditures in the current fiscal biennium. The report shall provide the information by project and facility.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Appropriation of Unexpended Balances: Funds Recouped from Local Authorities

Prepared by LBB Staff, 03/14/2023

Overview

Agency Rider Request #10: Amend Rider 107, Appropriation of Unexpended Balances: Funds Recouped from Local Authorities, to allow HHSC to reallocate recouped funds to local authorities regardless of strategy.

Required Action

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

107. Appropriation of Unexpended Balances: Funds Recouped from Local Authorities.

Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year 2024 recouped by the Health and Human Services Commission from a local mental health authority, local behavioral health authority, or local intellectual and developmental disability authority for failing to fulfill its performance contract with the State, are appropriated ~~for the same strategy to the agency,~~ to reallocate to other local authorities in fiscal year 2025.

HHSC shall provide a report to the Legislative Budget Board and the Office of the Governor by December 15, 2024, that includes the amount of the recoupment by strategy, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Transfer Authority: Women's Health

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #11: Add new rider, Transfer Authority: Women's Health, to provide transfer authority from Medicaid for Women's Health Programs with notification.

Required Action

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

XX. Transfer Authority: Women's Health.

- (a) 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, the Health and Human Services Commission (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.
- (b) Transfers under the authority in Subsection (a) of this rider may be made only for direct client services and shall not be made to increase Women's Health Programs Administration.
- (c) Authority granted by this rider to transfer funds is contingent upon a written notification 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 Rider
Transfer Authority: Home and Community-Based Services-Adult Mental Health

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #12: Add new rider, Transfer Authority: Home and Community-Based Services-Adult Mental Health, to provide transfer authority for the Home and Community-Based Services-Adult Mental Health Program with notification.

Required Action

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

XX. Transfer Authority: Home and Community-Based Services-Adult Mental Health.

- (a) Notwithstanding Rider 122, Limitations on Transfer Authority, Article II, Special Provisions Section 6, Limitations on Transfer Authority, and Article IX, Section 14.01, Appropriations Transfers, the Health and Human Services Commission may transfer funds from Strategies in Goal A, Medicaid Client Services, to Strategy D.2.5, Behavioral Health Waiver and Plan Amendment, if HHSC determines that there is a demand based on program utilization.
- (b) Transfers under the authority in Subsection (a) of this rider may be made only for the Home and Community-based Services-Adult Mental Health program.
- (c) Authority granted by this rider to transfer funds is contingent upon a written notification 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 Rider
Transfer Authority: State-owned Facilities

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #13: Add new rider, Transfer Authority: State-owned Facilities, to provide transfer authority from Medicaid to state-owned facilities with notification.

Required Action

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

XX. Transfer Authority: State-owned Facilities.

- (a) Notwithstanding the limitations of Rider 122, Limitations on Transfer Authority, Special Provisions Section 6, Limitations on Transfer Authority, Article IX, Section 14.01, Appropriation Transfers, and any other transfer limitations in this Act, the Health and Human Services Commission (HHSC) may make transfers from Goal A, Medicaid Client Services, to address staffing issues that impact operations and inpatient bed capacity at state-owned facilities funded through the following strategies:
 - (1) G.1.1, State Supported Living Centers;
 - (2) G.2.1, Mental Health State Hospitals;
 - (3) G.3.1, Other State Medical Facilities; and
 - (4) G.4.1, Facility Program Support.
- (b) Authority granted by this rider to transfer funds is contingent upon a written notification 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 Rider
Community Centers

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #14: Delete Rider 116, Community Centers.

Required Action

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

~~**116. Community Centers.** If the Health and Human Services Commission (HHSC) determines that a community center, as defined in the Texas Health and Safety Code, Section .001(a) and Section 534.001(b), is unable or unwilling to fulfill its contractual obligations to provide services or to exercise adequate control over expenditures and assets, HHSC may take necessary steps, including the appointment of a management team as authorized by Health and Safety Code, Sections 534.038 through 534.040 and recoupment of funds, to protect the funds appropriated under this Act and ensure the continued provision of services. Any recouped funds shall be used to achieve equity. In conjunction with the reallocation of funds, HHSC shall provide a report to the Legislative Budget Board and the Office of the Governor on the amount of funds, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Savings Incentive Program

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #15: Add new rider, Savings Incentive Program, to provide appropriation authority to implement the Savings Incentive Program established by Texas Government Code, Ch. 2108.

Required Action

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

XX. Savings Incentive Program. In addition to the amounts appropriated above, the Health and Human Services Commission is appropriated an amount not to exceed 50 percent of General Revenue savings that is verified by the Comptroller of Public Accounts pursuant to Government Code Chapter 2108. These funds shall be used to provide employee bonuses pursuant to Government Code Chapter 2108.103.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
On-Call Pay

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #16: Add new rider, On-Call Pay, to authorize compensation to employees for on-call time.

Required Action

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

XX. On-Call Pay. It is expressly provided that the Health and Human Services Commission, to the extent permitted by law, may pay compensation for on-call time at the following rates: credit for one hour of base pay worked for each day of on-call during the normal work week, and two hours of base pay worked for each day of on-call during a weekend and on holidays. This credit shall be in addition to actual hours worked during normal duty hours and actual hours worked during on-call status. For employees subject to the Fair Labor Standards Act (FLSA), an hour of on-call service shall be considered to be an hour worked during the week for purposes of the FLSA only to the extent required by federal law.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
SNAP Performance Payments

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Rider Request #17: Add new rider, SNAP Performance Payments, to authorize bonus payments to certain employees for meeting or exceeding performance standards for eligibility determination and customer service.

Required Action

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

XX. SNAP Performance Payments. Bonus payment for employees who are paid in Strategy I.1.1., Integrated Eligibility & Enrollment. The authority to award bonus payment to employees is provided in Article IX. §13.11, Definition, Appropriation, Reporting and Audit of Earned Federal Funds and is subject to the following additional conditions: a. A portion of these funds, in each year of the biennium, shall be used by Health and Human Services Commission (HHSC) to provide bonuses to position classifications whose efforts directly contributed to meeting or exceeding performance standards for eligibility determination of Federal programs, or to position classifications who meet or exceed customer service performance measures developed by the commission. (1) Before an employee can be eligible for a bonus, the employee must have been employed in the program for a minimum of six months, remain employed in the program, and demonstrate performance that meets expectations. (2) HHSC has the authority to determine whether employees who have received bonuses under this provision are eligible for the merit salary increases during a twelve-month period prior to or after receipt of the bonus.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs

Prepared by LBB Staff, 03/14/2023

Overview

Adopt HHSC Workgroup Revision #2: Amend Rider 59, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs, to add language regarding expenditure of regional support center funding.

Required Action

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

59. Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.

- (a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$29,827,834, \$5,000,000 in General Revenue - Dedicated Sexual Assault Program Account No. 5010, and \$6,948,063 in Federal Funds in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs. Amounts include \$1,000,000 in General Revenue each fiscal year, not subject to Texas Family Code 264.409(b), to implement regional support centers to support the execution of Texas Family Code 264, Subchapter E.
- (b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$15,950,500 in General Revenue and \$13,500 in License Plate Trust Fund Account No. 0802 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.
- (c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining at the end of the first fiscal year of the biennium, are appropriated for the same purposes for the second fiscal year of the biennium.
- (d) No later than December 1 of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, services provided and the number of children for whom the services were provided, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures General Revenue - Dedicated Sexual Assault Program Account No. 5010, oversight activities conducted relating to the child advocacy programs, and an analysis of the effectiveness of the contracts

awarded in subsections (a) and (b). The report shall be submitted to the Legislative Budget Board, the Governor's Office, the Senate Finance Committee, and the House Appropriations Committee.

By: _____

Article II, Special Provisions
Proposed Special Provision Section 2 Amendment
Salary Differentials

Prepared by LBB Staff, 03/15/2023

Overview

Adopt Technical Adjustment #1

Amend Article II, Special Provisions Section 2, Salary Differentials

Required Action

1. On page II-XX of the Article II, Special Provisions section, amend the following rider:

Sec. 2. Salary Differentials.

- (a) **Authority provided.** Agencies listed in Article II of this Act are authorized to pay the following salary differentials to personnel identified in Subsection (b):
 - (1) an evening or night shift salary differential, not to exceed 15 percent of the monthly pay rate, to personnel who work the 3:00 p.m. to 11:00 p.m. or the 11:00 p.m. to 7:00 a.m. shift or the equivalent; and
 - (2) a weekend shift salary differential, not to exceed 5 percent of the monthly pay rate, to persons who work weekend shifts.

The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working evening or night shifts on the weekend.

- (b) **Eligible personnel.** The authority provided in Subsection (a) applies to the following personnel:
 - (1) clinical, testing, and support personnel at the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS);
 - (2) data processing or printing operations personnel at HHSC, DSHS, and the Department of Family and Protective Services (DFPS); and
 - (3) Statewide Intake personnel at DFPS.

Article II, Special Provisions
Proposed Special Provision Section 14 Amendment
Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements

Prepared by LBB Staff, 03/15/2023

Overview

Adopt Special Provision Request #1 (Requested by DSHS)

Amend Article II, Special Provision Section 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, amend the following Special Provision Section:

Sp. Prov. Sec. 14. Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements.

(a) **Appropriations.** Included in the amounts appropriated above for the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) are the following amounts of Public Health Medicaid Reimbursements (Account No. 709):

(1) Department of State Health Services:

- (A) Strategy A.4.1, Laboratory Services: \$44,086,029 in each fiscal year;
- (B) Strategy B.2.2, Texas Primary Care Office: \$225,576 in each fiscal year; and
- (C) Strategy E.1.1, Central Administration: \$366,935 in each fiscal year.

(2) Health and Human Services Commission:

- (A) Strategy A.4.1, Non-Full Benefit Payments: \$69,245,724 in fiscal year 2024 and \$69,245,724 in fiscal year 2025.

Revenue from Account No. 709 shall be distributed first to the item(s) in subsection (a)(1) until the full amount of those appropriations is satisfied. Revenue from Account No. 709 shall be distributed to the appropriate agency within ten business days of receipt.

Appropriations from Account No. 709 shall be expended prior to utilization of General Revenue or General Revenue-Dedicated Funds in strategies identified in this subsection. In the event General Revenue or General Revenue-Dedicated Funds have been expended prior to the receipt of appropriations from Account No. 709, DSHS or HHSC shall reimburse General Revenue or General Revenue-Dedicated on a monthly basis.

(b) Limitation on Use of Public Health Medicaid Reimbursements (Account 709).

- (1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above in a fiscal year, the funds are transferred to ~~appropriated to~~ ~~DSHS to reimburse the cost of performing newborn screening and to~~ the Newborn Screening Preservation Account, established in Health and Safety Code, Section 33.052. If this occurs, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts appropriated ~~and any increased costs~~, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect additional revenue ~~up to \$12,000,000 for the year biennium~~ ~~to be made available to DSHS and~~ deposited to the Newborn Screening Preservation Account

5183 in amounts in excess of \$12,000,000 for the biennium, may be made available only upon prior written approval from the Legislative Budget Board and the Governor.

(2) In the event that screens on the Recommended Uniform Screening Panel are not currently offered by DSHS, DSHS may provide notification of the intent to expend the funds available in the Newborn Screening Preservation Account 5183 up to \$12,000,000 for the biennium. The notification must be provided to the Legislative Budget Board and the Governor at least 30 days prior to the expenditure.

(3) In the event that screens on the Recommended Uniform Screening Panel are not currently offered by DSHS, DSHS may ~~The request to expend the funds available in the Newborn Screening Preservation Account 5183 exceeding \$12,000,000 for the biennium.~~ additional Public Health Medicaid Reimbursement funds. ~~The request shall include the following information:~~

~~(A) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts in section (a) above, and whether this additional revenue will continue in future years;~~

~~(AB) a detailed explanation of the purpose(s) of the increase in expenditure and whether the expenditure will be one-time or ongoing;~~

~~(BC) the name of the strategy or strategies affected by the increase/decrease and the FTEs for each strategy by fiscal year;~~

~~(CD) the impact on performance levels, and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and~~

~~(DE) the impact of the expenditure on the capital budget.~~

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

(3) In the event that the notification occurs in b(2) or the request in b(3) is approved, notwithstanding the limitations of Article IX, Section 14.03, Transfers – Capital Budget, DSHS is authorized to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item to implement the new test using funds from the Newborn Screening Preservation Account. DSHS will provide a prior written notification to the Legislative Budget Board and the Governor’s office.

(4) In the event that the notification occurs in b(2) or the request in b(3) is approved, any unexpended and unobligated balances remaining as of August 31, 2023, are appropriated to DSHS for the fiscal year beginning September 1, 2023, for the same purpose. Any unexpended and unobligated balances remaining as of August 31, 2024, are appropriated to DSHS for the fiscal year beginning September 1, 2024, for the same purpose. Any unexpended balances remaining from amounts appropriated to DSHS under section b(2) as of August 31, 2025, are appropriated for the fiscal year beginning September 1, 2025, for the same purpose.

~~(2)-(5) In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a), a reduction shall be made in HHSC Strategy A.4.1, Non-Full Benefit Payments.~~

(c) Addition of New Newborn Screening. In the event that additional screens are added to the Recommended Uniform Screening Panel in the biennium, additional revenue from the account shall be used as follows:

(1) fund DSHS increased cost for the test; and

(2) deposited to the credit of Newborn screening Preservation Account, established in Health and Safety Code, Section 33.052.

By: _____

Article II, Special Provisions
Proposed Special Provision Section 17 Amendment
Limitation: Charges to Employees and Guests Charges to Employees and Guests.
Prepared by LBB Staff, 03/15/2023

Overview

Adopt Special Provision Request #2 (Requested by HHSC)

Amend Article II, Special Provision Section 17, Charges to Employees and Guests

Required Action

1. On page II-XX of the Special Provisions bill pattern, amend the following special provision:

Sp. Prov. Sec. 17. Limitation: Charges to Employees and Guests Charges to Employees and Guests.

(a) Fee Collections for "non-compensatory services" rendered provided to employees, temporary personnel services staff, and guests at the state supported living centers, state mental health hospitals, Rio Grande State Center, or the Texas Center for Infectious Disease ("facilities", or one of these facilities may be referred to as "Facility") shall be made by a deduction from the recipient's salary or by cash payment in advance. Such deductions and other receipts for these services from employees, temporary personnel services staff, and guests arising out of these "non-compensatory services" are appropriated to the facilities. Refunds of excess collections shall be made from the appropriation to which the collection was deposited. (Non-compensatory services" are services provided to the recipients that are not in exchange for services provided, or required to be provided, by the recipient to a HHS agency").

(b) As compensation for services rendered, facilities may provide free meals for food service personnel and volunteer workers, and may furnish housing, meals, and laundry service in exchange for services rendered by interns, chaplains in training, and student nurses by the persons mentioned in (1) and (2) below, Facilities may provide the following items without charge:

(1) meals for food service personnel and volunteer workers; and

(2) temporary lodging in state-owned housing under Facility control, meals, and laundry service for interns, residents, fellows, chaplains in training, and student nurses.

(c) A state hospital or state supported living center may allow for the temporary use of state-owned housing under that Facility's control without payment by family members and guests of patients of state health hospitals or residents of state supported living centers.

(d) A state hospital or state supported living center may allow for the temporary use of state-owned housing under that Facility's control at the prevailing market rate (as determined by the Health and Human Services Commission) for temporary personnel services staff providing direct care to Facility residents and patients provided that the state-owned housing is not otherwise needed for the controlling Facility's use. Fees for this temporary housing are appropriated to be used for maintaining state-owned housing under the Facility's control.

