

Issue Docket

Conference Committee on House Bill 1

2024-25 General Appropriations Bill

Article II – Health and Human Services

530 DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

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

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
6. Community-based Care (CBC) Transition Project Coordination Team				House and Senate differ on the funding provided to establish the CBC transition coordination team at DFPS: • House: \$1,251,787 in All Funds (\$1,159,233 in General Revenue and \$92,554 in Federal Funds) and 5.0/5.0 FTEs
7. Transition to Private Child Placing Agencies				House and Senate differ on the funding provided to transition the foster and adoption division from DFPS to private child placing agencies: • House: \$5,236,101 in All Funds (\$5,990,909 in General Revenue and decrease of \$754,808 in Federal Funds) and -78.1/-47.0 FTEs
8. Administrative Leadership Staffing Needs				House provides \$3,519,275 in All Funds (\$3,260,647 in General Revenue and \$258,628 in Federal Funds) and 9.0/9.0 FTEs to support, retain and recruit for administrative functions.
Behavioral Health				
1. Intensive Psychiatric Stabilization Program				House and Senate differ on funding provided to the intensive psychiatric stabilization program: • House: \$21,133,570 in All Funds (\$21,061,742 in General Revenue and \$71,828 in Federal Funds) • Senate: Out of existing funding at HHSC See HHSC Rider 40, page II-60 and Art IX Sec 10.07, page IX-60.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Salaries				
1. Meet Agency Goals Through Competitive Salaries for Indirect Administration Staff				<p>House and Senate differ on the funding provided for to adjust salaries for indirect administration staff to the statewide average reported by the State Auditor's Office and targeted salary increases for legal, data and IT staff:</p> <ul style="list-style-type: none"> • House: \$21,133,581 in All Funds (\$19,559,177 in General Revenue and \$1,574,404 in Federal Funds) • Senate: \$8,453,432 in All Funds (\$7,823,671 in General Revenue and \$629,761 in Federal Funds)
2. Meet Agency Goals Through Salary Increases and Additional Human Resources Staff				<p>House and Senate differ on the funding provided for salary increases to the Center of Learning and Organizational Excellence department and funding for additional human resources staff:</p> <ul style="list-style-type: none"> • House: \$12,036,875 in All Funds (\$11,154,130 in General Revenue and \$882,745 in Federal Funds) and 50.0/50.0 FTEs • Senate: \$1,184,139 in All Funds (\$1,096,583 in General Revenue and \$87,556 in Federal Funds)
3. Retain Frontline Staff Through Salary Increases				<p>House and Senate differ on the funding provided for salary increases to align APS, day care, and residential child care investigations staff with child protective services/child protective investigator salaries:</p> <ul style="list-style-type: none"> • House: \$10,154,562 in All Funds (\$9,951,024 in General Revenue and \$203,538 in Federal Funds)
4. Retain Frontline Staff Through One-time Salary Actions				<p>House and Senate differ on the funding provided for retention bonuses for child protective investigators and one-time salary actions for other staff:</p> <ul style="list-style-type: none"> • House: \$23,482,174 in All Funds (\$21,639,294 in General Revenue and \$1,842,880 in Federal Funds) • Senate: \$13,630,174 in All Funds (\$12,615,620 in General Revenue and \$1,014,554 in Federal Funds)

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
<p>Prevention and Early Intervention (PEI)</p> <p>1. Expand the Community Youth Development (CYD) Program</p> <p>2. Expand the Family and Youth Success (FAYS) Program</p> <p>3. Expand the Healthy Outcomes Prevention and Early Support (HOPES) Program</p> <p>4. Expand the Texas Home Visiting (THV) Program</p> <p>5. Expand the Texas Nurse Family Partnership (TNFP) Program:</p> <p>6. PEI Staff to Manage Program Expansion</p>				<p>a. House and Senate differ on funding provided to expand the CYD Program:</p> <ul style="list-style-type: none"> • House: \$4,000,000 in General Revenue <p>b. House and Senate differ on funding provided to expand the FAYS Program:</p> <ul style="list-style-type: none"> • House: \$14,100,000 in General Revenue <p>c. House and Senate differ on funding provided to expand the HOPES Program:</p> <ul style="list-style-type: none"> • House: \$17,938,915 in General Revenue <p>d. House and Senate differ on funding provided to expand the THV Program:</p> <ul style="list-style-type: none"> • House: \$21,186,136 in General Revenue <p>e. House and Senate differ on funding provided to expand the TNFP Program:</p> <ul style="list-style-type: none"> • House: \$4,000,000 in General Revenue <p>f. House and Senate differ on the funding provided for additional PEI staff to manage new contracts:</p> <ul style="list-style-type: none"> • House: \$3,935,297 in All Funds (\$3,912,000 in General Revenue and \$23,297 in Federal Funds) and 16.5/16.5 FTEs
<p>Information Technology</p> <p>1. Interoperability of Systems between the Single Source Continuum Contractor (SSCC) and DFPS</p>				<p>House and Senate differ on the funding provided to support interoperability between the SSCC and DFPS systems:</p> <ul style="list-style-type: none"> • House: \$4,858,284 in All Funds (\$4,448,871 in General Revenue and \$409,413 in Federal Funds) and 10.0/10.0 FTEs • Senate: \$2,429,142 in All Funds (\$2,224,436 in General Revenue and \$204,706 in Federal Funds) and 5.0/5.0 FTEs

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
2. Funding for Data Center Services (DCS)				<p>House and Senate differ on the funding provided for the DCS assessment and to address the shortfall:</p> <ul style="list-style-type: none"> • House: \$26,534,600 in All Funds (\$24,572,629 in General Revenue and \$1,961,971 in Federal Funds) • Senate: \$13,267,300 in All Funds (\$12,286,315 in General Revenue and \$980,985 in Federal Funds)
3. Finalize Information Management Protecting Adults and Children in Texas (IMPACT) updates and Modernize the Case Management System				<p>House and Senate differ on the funding provided for the IMPACT and case management system updates and plan for the next iteration of modernization:</p> <ul style="list-style-type: none"> • House: \$17,488,520 in All Funds (\$15,408,859 in General Revenue and \$2,079,661 in Federal Funds)
4. Update Technology Systems				<p>House and Senate differ on the funding provided to update various technology systems:</p> <ul style="list-style-type: none"> • House: \$21,394,732 in All Funds (\$19,812,805 in General Revenue and \$1,581,927 in Federal Funds) and 5.0/5.0 FTEs • Senate: \$2,500,00 in All Funds (\$2,315,150 in General Revenue and \$184,850 in Federal Funds)
5. Cybersecurity Infrastructure Enhancements				<p>House and Senate differ on the funding provided to enhance cybersecurity infrastructure:</p> <ul style="list-style-type: none"> • House: \$6,811,902 in All Funds (\$6,308,239 in General Revenue and \$503,663 in Federal Funds) and 6.0/6.0 FTEs • Senate: \$5,289,000 in All Funds (\$4,897,932 in General Revenue and \$391,068 in Federal Funds)
Number of Full-Time-Equivalents (FTEs)	12,057.5	11,925.0		See Program Support Items #1, #3, #5, #6, #7, #9; PEI Item #6; IT Items #1, #3, #4, #5; and Salaries Item #2.
A.1.1 STATEWIDE INTAKE SERVICES	\$ 68,476,674	\$ 66,032,183	\$ 2,444,491	See Program Support Item #2, #8, #4.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
B.1.1 CPS DIRECT DELIVERY STAFF	\$ 1,815,186,541	\$ 1,827,135,948	\$ 11,949,407	<ul style="list-style-type: none"> a. House and Senate differ on funding provided to address costs for children without placement: <ul style="list-style-type: none"> • Senate: \$18,000,000 in General Revenue See Senate Rider 42, page II-18. b. House and Senate differ on the funding provided to Single Source Continuum Contractor for foster care litigation costs: <ul style="list-style-type: none"> • Senate: \$3,600,000 in All Funds (\$3,300,000 in General Revenue and \$300,000 in Federal Funds) c. See Program Support Item #3; Salaries Item #1, #3, #4.
B.1.2 CPS PROGRAM SUPPORT	\$ 158,709,415	\$ 175,499,343	\$ 16,789,928	<ul style="list-style-type: none"> a. House and Senate differ on funding provided to address court monitor fees for the foster care litigation: <ul style="list-style-type: none"> • House: \$4,685,084 in General Revenue • Senate: \$2,342,542 in General Revenue See Senate Rider 41, page II-18. b. See Program Support Item #1, #3, #8; Salaries Item #1, #2, #4; PEI Item #6.
B.1.4 ADOPTION PURCHASED SERVICES	\$ 25,275,118	\$ 24,535,118	\$ 740,000	See Program Support Item #7.
B.1.8 OTHER CPS PURCHASED SERVICES	\$ 89,248,469	\$ 81,379,689	\$ 7,868,780	See Program Support Item #7.
B.1.9 FOSTER CARE PAYMENTS	\$ 1,292,028,745	\$ 1,173,867,959	\$ 118,160,786	<ul style="list-style-type: none"> a. House and Senate differ on funding provided to sustain enhanced foster care rates: <ul style="list-style-type: none"> • House: \$77,839,212 in General Revenue See House Rider 40, page II-18 and Senate Rider 40, page II-18. b. House and Senate differ on funding provided to expand crisis respite unit capacity for DFPS children: <ul style="list-style-type: none"> • House: \$10,000,000 in General Revenue c. See Program Support Item #7; Behavioral Health Item #1.
C.1.1 FAMILY AND YOUTH SUCCESS PROGRAM	\$ 63,824,720	\$ 49,724,720	\$ 14,100,000	See PEI Item #2.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
C.1.2 CYD PROGRAM	\$ 22,545,116	\$ 18,545,116	\$ 4,000,000	See PEI Item #1, #2.
C.1.3 CHILD ABUSE PREVENTION GRANTS	\$ 14,801,907	\$ 11,026,233	\$ 3,775,674	See Salaries Item #4.
C.1.4 OTHER AT-RISK PREVENTION PROGRAMS	\$ 82,934,686	\$ 64,913,496	\$ 18,021,190	See Program Support Item #2; Salaries Item #4; PEI Item #3.
C.1.5 HOME VISITING PROGRAMS	\$ 101,177,669	\$ 75,991,533	\$ 25,186,136	See PEI Item #4, #5.
C.1.6 AT-RISK PREVENTION PROGRAM SUPPORT	\$ 21,109,963	\$ 17,631,277	\$ 3,478,686	See Salaries Item #4; PEI Item #6.
D.1.1 APS DIRECT DELIVERY STAFF	\$ 126,108,829	\$ 112,846,565	\$ 13,262,264	See Program Support Item #5; Salaries Item #1, #4.
D.1.2 APS PROGRAM SUPPORT	\$ 16,473,790	\$ 8,529,835	\$ 7,943,955	See Program Support Item #5, #8; Salaries Item #1, #4.
D.1.3 APS PURCHASED EMERGENCY CLIENT SVCS	\$ 21,799,636	\$ 18,799,636	\$ 3,000,000	See Program Support Item #4, #5.
E.1.1 CENTRAL ADMINISTRATION	\$ 83,490,675	\$ 74,523,225	\$ 8,967,450	See Program Support Item #2, #3, #4, #5, #6, #8; Salaries Item #1, #2, #4; PEI Item #6; IT Item #3, #4, #5.
E.1.2 OTHER SUPPORT SERVICES	\$ 33,747,802	\$ 31,060,965	\$ 2,686,837	See Salaries Item #1, #4; IT Item #4.
E.1.3 REGIONAL ADMINISTRATION	\$ 2,625,277	\$ 2,419,877	\$ 205,400	See Salaries Item #1, #4.
E.1.4 IT PROGRAM SUPPORT	\$ 140,055,830	\$ 116,015,694	\$ 24,040,136	See Program Support Item #1, #2, #3, #5, #6, #7, #8; Behavioral Health Item #1; Salaries Item #1, #2, #4; PEI Item #6; IT Item #1, #2, #3, #4, #5.
F.1.1 AGENCY-WIDE AUTOMATED SYSTEMS	\$ 125,549,041	\$ 87,704,174	\$ 37,844,867	See Program Support Item #1, #2, #3, #5, #6, #7, #8; Behavioral Health Item #1; Salaries Item #1, #2, #4; PEI Item #6; IT Item #1, #2, #3, #4, #5.
G.1.1 OFFICE OF CBC TRANSITION	\$ 16,992,009	\$ 16,892,551	\$ 99,458	See Salaries Item #1.
Human Resources Management Plan	II-8 Rider 8 Rider Packet, page II- page #2	II-8 Rider 8 Rider Packet, page II- page #2		House revises to include a high-quality workforce and requires reporting on employee turnover following salary increases.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Limitations: Community-based Care Payments	II-15 Rider 27 Rider Packet, page II- page #2	II-15 Rider 27 Rider Packet, page II- page #2		Senate revises reference from catchment area to region.
Foster Care Rate Increase	II-18 Rider 40 Rider Packet, page II- page #3	II-18 Rider 40 Rider Packet, page II- page #3		House requires the funding be provided to basic and moderate foster care rates. Senate requires the funding to be provided to providers who have a no eject/no reject clause in their contracts.
Contingent Appropriation Reimbursement Rates and Methodology; Reporting Requirements: Legacy Foster Care, Community-based Care Services, and Other Child Services	II-18 Rider 41 Rider Packet, page II- page #3			House provides intent that the Legislature can adjust appropriations as needed, contingent upon the submission of a alternative reimbursement methodology from DFPS.
Reporting on Court Monitor Fees		II-18 Rider 41 Rider Packet, page II- page #3		Senate requires reporting on the activity of the foster care litigation court monitors.
Contingency for Children Without Placement Appropriation		II-18 Rider 42 Rider Packet, page II- page #4		Senate requires finding of fact and contract with a provider prior to utilizing appropriations.
Community Pathways	II-18 Rider 42 Rider Packet, page II- page #4			House requires reporting and the formation of a workgroup to explore ways to decrease DFPS investigations.
Mental Health Team Reporting		II-18 Rider 43 Rider Packet, page II- page #5		Senate requires reporting on the activities and recommendations from the mental health team.
Family Preservation Services Asset Map	II-18 Rider 44 Rider Packet, page II- page #5			House requires the development and distribution of a family preservation services asset map.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Business Process Redesign	II-19 Rider 45 Rider Packet, page II- page #6			House requires the evaluation and recommendation on how to improve the investigation process.
Community-based Care Incubator Funds		II-19 Rider 45 Rider Packet, page II- page #6		Senate directs funds to be used for costs that are incurred prior to the Single Source Continuum Contractors implementation of Community-based Care.
Connecting Technology Services	II-19 Rider 46 Rider Packet, page II- page #6			House requires the continuation and expansion of a contract that provides connecting technology for children and families.
Long-Term Youth and Family Support	II-19 Rider 47 Rider Packet, page II- page #7			House requires the allocation of funding to continue the program aimed at improving outcomes for children at the highest-risk of reentering the child protective services system.
Department of Family and Protective Services Liaison	II-19 Rider 48 Rider Packet, page II- page #7			House identifies that DFPS has the authority to designate a DFPS employee to serve as a liaison in each region in coordination with the Texas Juvenile Justice Department.
Family First Transition Act Funding	II-19 Rider 49 Rider Packet, page II- page #7	II-18 Rider 44 Rider Packet, page II- page #7		House directs the use of federal funding to implement the Family First Prevention Services Act. Senate directs the use of the Family First Transition Act grant to implement the Family First Prevention Services Act.

Article II, 2024-25 Conference Forecast Update

Department of Family and Protective Services: Day Care

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

Notes on the conference update:

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

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

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

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

Notes on the conference update:

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

Department of Family and Protective Services: Relative Caregiver Payments

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

Notes on the conference update:

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

Department of Family and Protective Services: Foster Care

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

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

Notes on the conference update:

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

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Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
	II-20	II-19		
Cross-Strategy Issues				
1) Hospital Capacity Data				1) Senate provides \$1,046,492 in General Revenue (\$1,396,478 in All Funds) and 1.5 FTEs for the EMResource software license used to collection hospital bed availability and other metrics.
2) Modern Infrastructure for Public Health Datasets				2) House provides \$17,550,254 in General Revenue (\$30,196,436 in All Funds) and 41.0/57.0 FTEs to maintain critical IT systems to modernize data systems and for data analytics and quality assurance.
Number of Full-Time-Equivalents (FTEs)	3,408.7	3,325.2		
A.1.1 PUBLIC HEALTH PREP. & COORD. SVCS	\$ 244,664,946	\$ 238,048,078	\$ 6,616,868	
				<p>a. House and Senate differ on funding to provide additional clinics and mobile units in rural and frontier locations to provide access to core public health functions:</p> <ul style="list-style-type: none"> • House: \$7,105,494 in General Revenue and 16.0/16.0 FTEs <p>b. House and Senate differ on funding to provide additional access in areas served by an existing satellite clinic to continue the use of a telehealth solution for communities in rural and frontier locations:</p> <ul style="list-style-type: none"> • House: \$5,481,114 in General Revenue <p>c. House and Senate differ on funding provided to maintain access to the patient transfer portal:</p> <ul style="list-style-type: none"> • House: \$4,800,000 in General Revenue • Senate: \$2,352,000 in General Revenue <p>See House Rider 35, page II-33</p> <p>d. House and Senate differ on funding to continue payment for the EMResource software license used to collection hospital bed availability and other metrics:</p> <ul style="list-style-type: none"> • Senate: \$1,046,492 in General Revenue and 1.5/1.5 FTEs <p>See Cross-Strategy Issue 1</p>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
A.1.2 VITAL STATISTICS	\$ 48,433,055	\$ 41,678,661	\$ 6,754,394	<p>e. House and Senate differ on funding to augment hospital preparedness and increase funding for the Emergency Medical Task Force to expand number of emergency response missions assignments:</p> <ul style="list-style-type: none"> • Senate: \$7,371,248 in General Revenue <p>House and Senate differ on funding for Vital Statistics program for salary increases, modernization of order fulfillment, and increased operating costs:</p> <ul style="list-style-type: none"> • House: \$6,754,394 in General Revenue-Dedicated funds <p>See House Rider 33, page II-32</p>
A.2.1 IMMUNIZE CHILDREN & ADULTS IN TEXAS	\$ 180,693,289	\$ 179,187,528	\$ 1,505,761	<p>House and Senate differ on funding to maintain critical IT systems to modernize data systems and for data analytics and quality assurance:</p> <ul style="list-style-type: none"> • House: \$1,194,682 in General Revenue (\$1,505,761 in All Funds) and 0.0/8.0 FTEs <p>See Cross-Strategy Issue 2</p>
A.2.2 HIV/STD PREVENTION	\$ 521,214,232	\$ 507,214,232	\$ 14,000,000	<p>House and Senate differ on funding to purchase new HIV long-acting treatment Cabenuva for AIDS Drug Assistance Program (ADAP) participants:</p> <ul style="list-style-type: none"> • House: \$14,000,000 in General Revenue
A.2.3 INFECTIOUS DISEASE PREV/EPI/SURV	\$ 260,919,028	\$ 232,578,339	\$ 28,340,689	<p>a. House and Senate differ on funding to maintain critical IT systems to modernize data systems and for data analytics and quality assurance:</p> <ul style="list-style-type: none"> • House: \$16,355,572 in General Revenue (\$28,690,675 in All Funds) and 41.0/49.0 FTEs <p>See Cross-Strategy Issue 2</p>

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				b. House and Senate differ on funding for the EMResource software license used to collection hospital bed availability and other metrics: <ul style="list-style-type: none"> • Senate: \$349,896 in Federal Funds See Cross-Strategy Issue 1
A.2.5 TX CENTER FOR INFECTIOUS DISEASE	\$ 37,034,277	\$ 32,860,345	\$ 4,173,932	House and Senate differ on funding for ongoing operations and maintenance needs at the Texas Center for Infectious Disease: <ul style="list-style-type: none"> • House: \$4,173,932 in General Revenue
A.3.1 CHRONIC DISEASE PREVENTION	\$ 36,900,048	\$ 27,900,048	\$ 9,000,000	House and Senate differ on funding for additional Alzheimer Disease Program initiatives: <ul style="list-style-type: none"> • House: \$9,000,000 in General Revenue and 1.0/1.0 FTE See House Rider 31, page II-32
A.3.2 REDUCE USE OF TOBACCO PRODUCTS	\$ 19,986,916	\$ 15,363,111	\$ 4,623,805	House and Senate differ on funding for prevention of tobacco-related diseases activities including expanding the Texas Tobacco Quitline, modernizing the Texas Youth Tobacco Awareness Program, relaunching the Vapes Down Outreach Campaign, and to increase funding for community programs: <ul style="list-style-type: none"> • House: \$6,056,282 in General Revenue and 1.0/1.0 FTE • Senate: \$1,432,477 in General Revenue and 1.0/1.0 FTE
B.1.1 MATERNAL AND CHILD HEALTH	\$ 113,020,966	\$ 121,293,640	\$ 8,272,674	a. House and Senate differ on funding to support Maternal Mortality and Morbidity Review Committee (MMMRC) members and to provide additional staff to facilitate faster data collection, case preparation, and analysis efforts while improving internal and external availability of maternal mortality and morbidity information: <ul style="list-style-type: none"> • House: \$2,637,745 in General Revenue and 14.0/14.0 FTEs

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				b. House and Senate differ on funding to develop a Maternal Health Quality Improvement System to improve data quality and to develop and maintain a state-based replacement for the Maternal Mortality Review Information Application (MMRIA): <ul style="list-style-type: none"> • Senate: \$10,910,419 in General Revenue and 3.0/3.0 FTEs See Senate Rider 33, page II-31
B.1.2 CHILDREN WITH SPECIAL NEEDS	\$ 24,383,880	\$ 22,383,880	\$ 2,000,000	House and Senate differ on funding to provide grants to organizations that provide health screenings and education in screenings for people with intellectual disabilities: <ul style="list-style-type: none"> • House: \$2,000,000 in General Revenue See House Rider 34, page II-33
B.2.1 EMS AND TRAUMA CARE SYSTEMS	\$ 225,741,415	\$ 222,441,415	\$ 3,300,000	House and Senate differ on funding to provide each regional advisory council funding to keep pace with existing responsibilities: <ul style="list-style-type: none"> • House: \$6,600,000 in General Revenue • Senate: \$3,300,000 in General Revenue
Federal Funds Reporting Requirement		II-30 Rider 27 Rider Packet, page II-9		House deletes Federal Funds reporting requirement for three specific award types when expenses differ from appropriated amounts in a fiscal year by more than \$1,000,000.
Alzheimer's Disease Program	II-32 Rider 31 Rider Packet, page II-9	II-31 Rider 32 Rider Packet, page II-9		House allocates an additional \$9,000,000 in General Revenue and 1.0 FTE for additional Alzheimer Disease Program initiatives .
Department of State Health Services and Department of Information Resources: Vital Statistics Revenue	II-32 Rider 33 Rider Packet, page II-10			House directs DSHS and the Department of Information Resources to enter into an agreement to share the Texas Online customer fee for vital statistics services.
Maternal Health Quality Improvement System and Maternal Mortality Review Information Application		II-31 Rider 33 Rider Packet, page II-11		Senate allocates \$10,910,419 in General Revenue to develop a Maternal Health Quality Improvement System to improve data quality and to develop and maintain a state-based replacement for the Maternal Mortality Review Information Application (MMRIA).

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Rio Grande Valley Facilities and Services		II-32 Rider 34 Rider Packet, page II-11		Senate directs unexpended and unobligated balances from Senate Bill 8, 87th Legislature, 3rd Called Session, 2021 and unexpended balances from Senate Bill 30, 88th Legislature, Regular Session, 2023, from American Rescue Plant Act (ARPA) or other appropriated funds for upgrading existing laboratory facilities and infrastructure to be appropriated to the agency for contracting with a healthcare entity in the Rio Grande Valley for the construction of facilities and related infrastructure in Starr County for certain purposes.
Health Programs for Persons with Intellectual Disabilities	II-33 Rider 34 Rider Packet, page II-12			House allocates \$2,000,000 in General Revenue to provide grants to organizations that provide health screenings and education in screenings for people with intellectual disabilities.
Emergency Preparedness/Patient Communication and Logistics Platform	II-33 Rider 35 Rider Packet, page II-12			House allocates \$4,800,000 in General Revenue to maintain existing patient transfer portal technology.
Oral Rabies Vaccination Bait Airdrop Program		II-32 Rider 36 Rider Packet, page II-12		Senate allocates \$1,684,000 in General Revenue to maintain the existing Oral Rabies Vaccination Bait Airdrop Program.
Strategic National Stockpile for Health Emergency Preparedness and Response	II-33 Rider 36 Rider Packet, page II-12			House directs the agency to apply for federal funds to establish, expand, and maintain stockpiles of medicines, medical devices, protective equipment, and other supplies to respond to a disaster declaration or emergency.
Study on Sewage and Water Infrastructure in Border Colonias	II-33 Rider 37 Rider Packet, page II-13			House directs the agency to utilize existing funds to study disparities between sewage and water infrastructure in colonias along the US and Mexico border.
COVID-19 Vaccinations		II-32 Rider 37 Rider Packet, page II-13		Senate prohibits the use of state funds and federal funds, to the extent allowable by federal law, for promoting or advertising COVID-19 vaccinations.

529 HEALTH AND HUMAN SERVICES COMMISSION

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

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

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
1.e. Lobby Kiosks				e. House and Senate differ on funding provided for improved training tools by developing a testing environment for new eligibility advisors: <ul style="list-style-type: none"> • House: \$1,005,025 in All Funds (\$499,568 in General Revenue and \$505,457 in Federal Funds)
2. Support for Community Based Services and Promoting Independence 2.a. Support Workforce through Rate Increases - Community Attendant Services				a. House and Senate differ on funding provided for community attendant services: <ul style="list-style-type: none"> • House: \$1,500,034,104 in All Funds (\$714,598,762 in General Revenue and \$785,435,342 in Federal Funds) • Senate: \$2,316,290,376 in All Funds (\$901,886,738 in General Revenue and \$1,414,403,638 in Federal Funds) See House Rider 130, Page II-90, House Rider 136, Page II-91, and Senate Rider 126, Page II-89.
2.b. Health Texans Receive Critical Support Services - Deaf-Blind with Multiple Disabilities (DBMD) Case Management				b. House and Senate differ on funding provided for changes to case management billing practices withing the DBMD program: <ul style="list-style-type: none"> • Senate: \$926,416 in All Funds (\$366,582 in General Revenue and \$559,834 in Federal Funds) See Senate Rider 127, Page II-89.
2.c. Provide Additional Waiver Slots				c. House and Senate differ on funding provided for additional waiver slots: <ul style="list-style-type: none"> • House: \$139,300,000 in All Funds (\$40,888,170 in General Revenue and \$98,411,830 in Federal Funds) for 1,588 waiver slots • Senate: \$121,606,598 in All Funds (\$46,881,035 in General Revenue and \$74,725,563 in Federal Funds) for 1,773 waiver slots See House Rider 117, Page II-87, and Senate Rider 120, Page II-87.
3. STAR+PLUS Pilot Program				House and Senate differ on funding provided for the STAR+PLUS Pilot Program: <ul style="list-style-type: none"> • House: \$83,481,514 in All Funds (\$33,142,714 in General Revenue and \$50,338,800 in Federal Funds) and new Strategy A.3.6, STAR+PLUS Pilot Program See House Rider 158, Page II-96.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
4. Rate Increases				
4.a. Wellness Visits for Kids and Women's Health Related Surgeries				a. House and Senate differ on funding provided for reimbursement rate increases for wellness visits for kids and other office visits and birth-related and women's health related surgeries: <ul style="list-style-type: none"> • Senate: \$100,443,147 in All Funds (\$39,728,514 in General Revenue and \$60,714,633 in Federal Funds) See Senate Rider 128, Page II-89.
4.b. Private Duty Nursing Rate Increase				b. House and Senate differ on funding provided for reimbursement rate increases for private duty nursing: <ul style="list-style-type: none"> • House: \$376,425,133 in All Funds (\$149,283,348 in General Revenue and \$227,141,785 in Federal Funds) See House Rider 132, Page II-90.
4.c. Ground Ambulance Reimbursement Rates				c. House and Senate differ on funding provided for ground ambulance reimbursement rates: <ul style="list-style-type: none"> • House: \$61,776,508 in All Funds (\$24,500,000 in General Revenue, \$37,276,508 in Federal Funds) • Senate: \$2,054,998 in All Funds (\$819,118 in General Revenue, \$1,235,880 in Federal Funds) See House Rider 134, Page II-91, and Senate Rider 137, Page II-90.
4.d. Improving Access to Pediatrics Services, Children Ages 0 to 3				d. House and Senate differ on funding provided for reimbursement rate increases pediatric service for children ages 0 to 3: <ul style="list-style-type: none"> • House: \$115,298,170 in All Funds (\$46,367,240 in General Revenue and \$68,930,930 in Federal Funds) See House Rider 135, Page II-91.
4.e. Improving Access to Pediatrics Services, Children Age 4				e. House and Senate differ on funding provided for reimbursement rate increases pediatric service for children age 4: <ul style="list-style-type: none"> • House: \$15,457,810 in All Funds (\$6,216,350 in General Revenue and \$9,241,460 in Federal Funds) See House Rider 140, Page II-92.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
5. Medicaid Enrollment and Contract Management				<p>House and Senate differ on funding provided for enhancing Medicaid enrollment and contract management:</p> <ul style="list-style-type: none"> • Senate: \$3,239,675 in All Funds (\$1,602,569 in General Revenue and \$1,637,106 in Federal Funds) and 18.8/18.8 FTEs
6. Hospital Payments				<p>House and Senate differ on additional funding provided for rural hospital outpatient payments:</p> <ul style="list-style-type: none"> • Senate: \$72,800,000 in All Funds (\$31,300,000 in General Revenue and \$41,500,000 in Federal Funds) <p>See House Rider 8, Page II-49, and Senate Rider 8, Page II-48.</p>
7. Rural Labor and Delivery Medicaid Add-on Payment				<p>House and Senate differ on funding provided for the rural labor and delivery Medicaid add-on payment:</p> <ul style="list-style-type: none"> • House: \$46,986,146 in All Funds (\$18,523,619 in General Revenue and \$28,462,527 in Federal Funds) • Senate: \$10,564,178 in All Funds (\$4,225,671 in General Revenue and \$6,338,507 in Federal Funds) <p>See House Rider 16, Page II-52, and Senate Rider 16, Page II-52.</p>
8. Health and Human Services Cost Containment				<p>House and Senate differ on funding removed for cost containment initiatives:</p> <ul style="list-style-type: none"> • Senate: Decrease of \$350,000,000 in General Revenue <p>See House Rider 21, Page II-55, and Senate Rider 21, Page II-54.</p>
9. Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities (IDD)				<p>House and Senate differ on funding provided for emergency telemedicine for individuals with IDD:</p> <ul style="list-style-type: none"> • House: \$10,100,000 in General Revenue <p>See House Rider 125, Page II-89.</p>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Behavioral Health				
1. Improve Mental Health Services				
1.a. Community Mental Health Grant Programs Administration				<p>a. House and Senate differ on funding provided for administration and oversight funds for new funding related to existing mental health grant programs established by Senate Bill 292 and House Bill 13, Eighty-fifth Legislature, Regular Session, 2017:</p> <ul style="list-style-type: none"> • House: \$4,344,240 in General Revenue and 20.9/20.9 FTEs • Senate: \$1,020,683 in General Revenue and 5.0/5.0 FTEs
1.b. Budget Execution Order Sustainability				<p>b. House and Senate differ on funding provided for administration and oversight funds for new funding provided in the June 26, 2022, budget execution action and increased in House Bill 1 related to multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area:</p> <ul style="list-style-type: none"> • House: \$1,600,022 in General Revenue and 7.3/7.3 FTEs • Senate: \$800,011 in General Revenue and 3.7/3.7 FTEs
1.c. Crisis Services Administration				<p>c. House and Senate differ on funding provided for administration and oversight funds for new funding provided for crisis stabilization units, crisis respite units for youth, and youth mobile crisis outreach teams:</p> <ul style="list-style-type: none"> • House: \$1,367,836 in General Revenue and 6.3/6.3 FTEs • Senate: \$683,918 in General Revenue and 3.2/3.2 FTEs
1.d. Sunrise Canyon Operational Funding				<p>d. House and Senate differ on funding provided for operational costs for the Sunrise Canyon Hospital:</p> <ul style="list-style-type: none"> • House: \$19,000,000 in General Revenue • Senate: \$5,800,000 in General Revenue
1.e. Discharge Support Services				<p>e. House and Senate differ on funding provided to expand discharge and support initiatives, provide flexible funding for new initiatives, and for new state hospital transition monitoring teams:</p> <ul style="list-style-type: none"> • House: \$4,668,799 in General Revenue and 17.8/17.8 FTEs
1.f. Mental Health Continuum of Care Center in the Uvalde Area				<p>f. House and Senate differ on funding provided for the local mental health authority to provide services in the Uvalde region and operate the facility following its opening:</p> <ul style="list-style-type: none"> • House: \$23,900,000 in General Revenue

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

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
4.b. Emergency Facility Repairs				b. House and Senate differ on funding provided to address emergency repairs at State Supported Living Centers and mental health state hospitals: <ul style="list-style-type: none"> • House: \$23,000,000 in General Revenue
4.c. State Hospitals - Electronic Health Record System Upgrade				c. House and Senate differ on funding provided to move facilities to an electronic Medication Administration Records (eMAR) module from the current, legacy applications: <ul style="list-style-type: none"> • House: \$38,921,260 in All Funds (\$38,873,054 in General Revenue and \$48,206 in Federal Funds) • Senate: \$38,921,260 in All Funds (\$38,873,054 in General Revenue and \$48,206 in Federal Funds) in the supplemental bill
5. DFPS Exceptional Items for HHSC Funding: Strengthen Mental and Behavioral Health Services in Foster Care				
5.a. DFPS - Contracted Extended Inpatient Beds				a. House and Senate differ on funding provided to add 20.0 contracted, extended stay inpatient beds for children served by DFPS: <ul style="list-style-type: none"> • House: \$14,600,000 in General Revenue • Senate directs HHSC to prioritize 20.0 contracted beds for children served by DFPS from other funding for purchased psychiatric beds.
5.b. DFPS - Youth Mobile Crisis Outreach Teams				b. House and Senate differ on funding provided to add 5.0 youth mobile crisis outreach teams for children served by DFPS: <ul style="list-style-type: none"> • House: \$8,000,000 in General Revenue
5.c. DFPS - Increase Rates for Youth Empowerment Services (YES) Waiver				c. House and Senate differ on funding provided to increase rates for the YES waiver to address capacity needs of children served by DFPS: <ul style="list-style-type: none"> • House: \$4,186,266 in General Revenue • Senate: \$1,200,000 in General Revenue
5.d. DFPS - Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide				d. House and Senate differ on funding provided to increase coverage of Community Resource Coordination Groups (CRCGs) statewide: <ul style="list-style-type: none"> • Senate: \$1,421,000 in General Revenue and 2.5/2.5 FTEs

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
6. Additional State-Purchased Inpatient Beds				House and Senate differ on funding provided for additional state purchased inpatient beds and competency restoration beds: • House: \$11,500,000 in General Revenue See House Rider 38, Page II-61.
7. Maintenance of Critical Services: Local Authority Workforce Capacity				House and Senate differ on funding provided for maintenance of critical infrastructure to local mental health authorities, local behavioral health authorities, and local intellectual and developmental disability authorities: • House: \$127,313,320 in General Revenue See House Rider 127, Page II-90.
8. University of Texas Health Science Center at Tyler Contracted Mental Health Beds				House and Senate differ on funding provided to increase the bed-day rate for inpatient mental health contracted beds at the University of Texas Health Science Center at Tyler: • House: \$1,777,483 in General Revenue See House Rider 131, Page II-90.
9. Innovation Grants				House and Senate differ on additional funding provided for the innovation grant program to support a variety of community-based initiatives that improve access to care for children and families: • House: \$50,000,000 in General Revenue See House Rider 35, Page II-59.
10. Rural Hospital Telepsychiatry Consultations				House and Senate differ on funding provided to fund telepsychiatry consultations for rural hospitals: • House: \$7,400,000 in General Revenue See House Rider 142, Page II-92.
11. Supportive Housing Rental Assistance Program				House and Senate differ on funding provided to expand the Supportive Housing Rental Assistance Program: • Senate: \$4,000,000 in General Revenue See Senate Rider 147, Page II-92.

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

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

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
A.1.3 PREGNANT WOMEN	\$ 2,126,864,993	\$ 2,097,954,527	\$ 28,910,466	a. See Medicaid Items 4.a and 7.
A.1.5 CHILDREN	\$ 14,909,847,556	\$ 14,873,026,074	\$ 36,821,482	a. See Medicaid Items 2.a, 4.a, 4.d, and 4.e.
A.2.1 COMMUNITY ATTENDANT SERVICES	\$ 2,328,847,944	\$ 2,766,282,713	\$ 437,434,769	a. See Medicaid Item 2.a.
A.2.2 PRIMARY HOME CARE	\$ 52,372,950	\$ 59,310,628	\$ 6,937,678	a. See Medicaid Item 2.a.
A.2.3 DAY ACTIVITY & HEALTH SERVICES	\$ 18,592,921	\$ 19,775,378	\$ 1,182,457	a. See Medicaid Item 2.a.
A.2.7 INTERMEDIATE CARE FACILITIES - IID	\$ 492,438,248	\$ 511,792,699	\$ 19,354,451	a. See Medicaid Items 2.a and 9.
A.3.1 HOME AND COMMUNITY-BASED SERVICES	\$ 2,939,217,888	\$ 2,824,842,911	\$ 114,374,977	a. See Medicaid Items 2.a, 2.c, and 9.
A.3.2 COMMUNITY LIVING ASSISTANCE (CLASS)	\$ 796,652,790	\$ 849,082,956	\$ 52,430,166	a. See Medicaid Items 2.a and 2.c.
A.3.3 DEAF-BLIND MULTIPLE DISABILITIES	\$ 48,321,041	\$ 49,105,287	\$ 784,246	a. See Medicaid Items 2.a, 2.b, and 2.c.
A.3.4 TEXAS HOME LIVING WAIVER	\$ 175,144,421	\$ 187,670,070	\$ 12,525,649	a. See Medicaid Items 2.a and 2.c.
A.3.6 STAR+PLUS PILOT PROGRAM	\$ 83,481,514	\$ -	\$ 83,481,514	a. See Medicaid Item 3.
B.1.1 MEDICAID & CHIP CONTRACTS & ADMIN	\$ 1,500,398,571	\$ 1,478,736,134	\$ 21,662,437	a. See Salaries Items 1.b and 1.d. b. See Medicaid Item 5.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
D.1.1 WOMEN'S HEALTH PROGRAMS	\$ 438,202,450	\$ 427,202,450	\$ 11,000,000	<p>c. House and Senate differ on funding provided for the Children's Health Insurance Program (CHIP) Health Services Initiative:</p> <ul style="list-style-type: none"> • House: \$20,000,000 in All Funds (\$5,000,000 in General Revenue and \$15,000,000 in Federal Funds) <p>See House Rider 138, Page II-91.</p> <p>a. House and Senate differ on funding provided to further increase the number of women's preventive health mobile units:</p> <ul style="list-style-type: none"> • House: \$10,000,000 in General Revenue <p>See House Rider 126, Page II-89.</p> <p>b. House and Senate differ on funding provided to increase the income eligibility threshold for the Breast and Cervical Cancer Services program to 250 percent of the federal poverty level.</p> <ul style="list-style-type: none"> • House: \$1,000,000 in General Revenue <p>See House Rider 48, Page II-65.</p>
D.1.2 ALTERNATIVES TO ABORTION	\$ 200,000,000	\$ 140,000,000	\$ 60,000,000	<p>a. House and Senate differ on funding provided to further expand the Alternatives to Abortion program:</p> <ul style="list-style-type: none"> • House: \$80,000,000 in General Revenue • Senate: \$20,000,000 in General Revenue <p>House also reduces each appropriation of General Revenue other than Alternatives to Abortion proportionally by \$80,000,000 to fund the increase. See House Article IX, Section 17.20, Page IX-114.</p>
D.1.3 ECI SERVICES	\$ 392,010,327	\$ 385,792,311	\$ 6,218,016	<p>a. House and Senate differ on additional funding provided for Early Childhood Intervention:</p> <ul style="list-style-type: none"> • House: \$6,218,016 in General Revenue
D.1.10 ADDITIONAL SPECIALTY CARE	\$ 39,404,948	\$ 15,404,948	\$ 24,000,000	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
D.1.14 PRIMARY HEALTH & SPECIALTY CARE ADM	\$ 89,481,853	\$ 47,806,761	\$ 41,675,092	<p>a. House and Senate differ on funding provided for the Texas Colorectal Cancer Initiative to fund the treatment of colorectal cancer for uninsured and underinsured Texas residents with household incomes at or below 200 percent of the federal poverty level:</p> <ul style="list-style-type: none"> • House: \$20,000,000 in General Revenue <p>See House Rider 129, Page II-90.</p> <p>b. House and Senate differ on funding for the Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing Demonstration.</p> <ul style="list-style-type: none"> • House: \$4,000,000 in General Revenue <p>See House Article IX, Section 17.19, Page IX-113.</p> <p>a. See Salaries Items 1.b and 1.d.</p> <p>b. House and Senate differ on funding provided for Health Information Exchanges Image Enablement to distribute to the Texas Health Services Authority and to local or regional health information exchanges:</p> <ul style="list-style-type: none"> • House: \$30,000,000 in General Revenue <p>See House Rider 133, Page II-91.</p> <p>c. House and Senate differ on funding provided to fund patient navigators at providers for women’s health programs to facilitate and expedite access to the Healthy Texas Women (HTW) program:</p> <ul style="list-style-type: none"> • House: \$5,228,200 in General Revenue <p>See House Rider 137, Page II-91.</p> <p>d. House and Senate differ on funding provided to partner with a marketing agency to implement a local-level outreach program to increase regional awareness of women's health programs and local program providers for HTW, the Family Planning Program, and Breast and Cervical Cancer Services:</p> <ul style="list-style-type: none"> • House: \$5,000,000 in General Revenue <p>See House Rider 139, Page II-92.</p> <p>e. House and Senate differ on funding provided to expand the one-stop Family Resources website:</p> <ul style="list-style-type: none"> • Senate: \$1,000,000 in General Revenue <p>See Senate Rider 132, Page II-89.</p>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
D.2.1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	\$ 964,121,546	\$ 884,865,488	\$ 79,256,058	a. See Behavioral Health Items 7, 10, and 11.
D.2.2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	\$ 244,945,996	\$ 217,638,084	\$ 27,307,912	a. See Behavioral Health Items 5.b and 7.
D.2.3 COMMUNITY MENTAL HEALTH CRISIS SVCS	\$ 328,776,118	\$ 316,937,626	\$ 11,838,492	a. See Behavioral Health Items 7 and 13.
D.2.5 BEHAVIORAL HLTH WAIVER & AMENDMENT	\$ 70,261,352	\$ 67,280,478	\$ 2,980,874	a. See Medicaid Item 2.a. b. See Behavioral Health Item 5.c.
D.2.6 COMMUNITY MENTAL HEALTH GRANT PGMS	\$ 255,000,000	\$ 213,000,000	\$ 42,000,000	a. See Behavioral Health Items 9 and 12.
D.2.7 COMMUNITY BEHAVIORAL HEALTH ADM	\$ 114,752,316	\$ 107,912,176	\$ 6,840,140	a. See Salaries Items 1.b and 1.d. b. See Behavioral Health Items 1.a, 1.b, 1.c, and 1.e.
E.1.2 PROVIDE WIC SERVICES	\$ 1,659,689,154	\$ 1,659,658,532	\$ 30,622	a. See Salaries Item 1.b.
F.1.1 GUARDIANSHIP	\$ 19,119,972	\$ 18,255,890	\$ 864,082	a. See Salaries Items 1.b and 1.d.
F.1.2 NON-MEDICAID SERVICES	\$ 334,967,302	\$ 367,454,758	\$ 32,487,456	a. See Medicaid Item 2.a. b. House and Senate differ on funding provided to expand the home-delivered meals program: • Senate: \$10,000,000 in General Revenue See Senate Rider 135, Page II-90.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
F.1.3 NON-MEDICAID IDD COMMUNITY SVCS	\$ 109,271,728	\$ 99,803,840	\$ 9,467,888	a. See Behavioral Health Item 7.
F.2.4 DEAF AND HARD OF HEARING SERVICES	\$ 10,652,107	\$ 8,280,722	\$ 2,371,385	a. House and Senate differ on funding provided to increase access for deaf and hard of hearing services by contracting with additional service providers in currently unserved and underserved regions: • House: \$2,371,385 in General Revenue and 1.0/1.0 FTE
F.3.1 FAMILY VIOLENCE SERVICES	\$ 117,550,529	\$ 107,759,713	\$ 9,790,816	a. See Salaries Item 1.d. b. House and Senate differ on funding provided for enhanced capacity for family violence shelter services as well as legal, mental health, housing, and economic stability services for victims of family violence and to offer community education and prevention programming: • House: \$9,300,000 in General Revenue
F.3.3 ADDITIONAL ADVOCACY PROGRAMS	\$ 1,735,478	\$ 53,148,998	\$ 51,413,520	a. See Salaries Item 1.b. b. See Behavioral Health Item 5.d. c. See Other Cross-Strategy Item 1.
G.1.1 STATE SUPPORTED LIVING CENTERS	\$ 1,604,993,253	\$ 1,568,647,386	\$ 36,345,867	a. See Salaries Item 1.a. b. See Behavioral Health Item 2.c.
G.2.1 MENTAL HEALTH STATE HOSPITALS	\$ 1,265,385,889	\$ 1,157,787,910	\$ 107,597,979	a. See Salaries Item 1.a. b. See Behavioral Health Items 1.e, 2.a, 2.b, and 2.c.
G.2.2 MENTAL HEALTH COMMUNITY HOSPITALS	\$ 715,418,777	\$ 637,368,586	\$ 78,050,191	a. See Behavioral Health Items 1.d, 1.f, 2.a, 2.c, 5.a, 6, and 8.
G.4.2 FACILITY CAPITAL REPAIRS & RENOV	\$ 199,328,291	\$ 112,328,291	\$ 87,000,000	a. See Behavioral Health Items 4.a and 4.b.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
H.1.1 FACILITY/COMMUNITY-BASED REGULATION	\$ 260,607,243	\$ 246,761,494	\$ 13,845,749	<ul style="list-style-type: none"> a. See Salaries Items 1.b, 1.c, and 1.d. b. See Other-Cross Strategy Items 3, 4, and 5.
H.2.1 CHILD CARE REGULATION	\$ 131,275,695	\$ 113,708,300	\$ 17,567,395	<ul style="list-style-type: none"> a. See Salaries Items 1.b and 1.c. b. See Other-Cross Strategy Items 2. c. House and Senate differ on funding provided to implement Senate Bill 225, Eighty-seventh Legislature, Regular Session, 2021, also cited as Ellie's Law: <ul style="list-style-type: none"> • Senate: \$1,024,221 in General Revenue See Senate Rider 145, Page II-91.
H.3.1 HEALTH CARE PROFESSIONALS & OTHER	\$ 6,567,625	\$ 5,799,917	\$ 767,708	<ul style="list-style-type: none"> a. See Salaries Item 1.c. b. See Other-Cross Strategy Items 3 and 5.
I.1.1 INTEGRATED ELIGIBILITY & ENROLLMENT	\$ 1,436,423,188	\$ 1,388,623,086	\$ 47,800,102	<ul style="list-style-type: none"> a. See Salaries Item 1.b. b. See Medicaid Items 1.a, 1.b, and 1.e. c. House and Senate differ on funding provided to fully implement House Bill 337, Eighty-fifth Legislature, Regular Session, 2017, relating to the continuation of certain public benefits after release from a county jail: <ul style="list-style-type: none"> • House: \$4,815,360 in All Funds (\$1,203,840 in General Revenue and \$3,611,520 in Federal Funds) d. House and Senate differ on funding provided for nutrition incentives: <ul style="list-style-type: none"> • House: \$6,000,000 in General Revenue See House Rider 141, Page II-92.
I.2.1 LONG-TERM CARE INTAKE & ACCESS	\$ 531,579,671	\$ 521,692,769	\$ 9,886,902	<ul style="list-style-type: none"> a. See Salaries Items 1.b, 1.c, and 1.d. b. See Behavioral Health Item 7.
I.3.1 TIERS & ELIGIBILITY SUPPORT TECH	\$ 225,934,025	\$ 224,589,699	\$ 1,344,326	

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
I.3.2 TIERS CAPITAL PROJECTS	\$ 139,669,637	\$ 133,527,734	\$ 6,141,903	<ul style="list-style-type: none"> a. See Salaries Item 1.b. b. See Medicaid Item 1.b.
K.1.1 OFFICE OF INSPECTOR GENERAL	\$ 121,778,996	\$ 116,173,532	\$ 5,605,464	<ul style="list-style-type: none"> a. See Medicaid Items 1.c. and 1.d.
L.1.1 HHS SYSTEM SUPPORTS	\$ 299,118,783	\$ 287,854,852	\$ 11,263,931	<ul style="list-style-type: none"> a. See Salaries Item 2. b. See Other Cross-Strategy Items 7 and 8.
L.1.2 IT OVERSIGHT & PROGRAM SUPPORT	\$ 728,774,675	\$ 601,361,862	\$ 127,412,813	<ul style="list-style-type: none"> a. See Salaries Item 1.b. b. See Other Cross-Strategy Items 1 and 6.
				<ul style="list-style-type: none"> a. See Salaries Item 1.b. b. See Behavioral Health Items 3 and 4.c c. See Other Cross-Strategy Items 6 and 7. d. House and Senate differ on funding provided for security system plans and auditable event compliance assessments: <ul style="list-style-type: none"> • House: \$12,923,212 in All Funds (\$8,984,863 in General Revenue and \$3,938,349 in Federal Funds) e. House and Senate differ on funding provided for a vulnerability management program: <ul style="list-style-type: none"> • House: \$4,754,530 in All Funds (\$3,305,587 in General Revenue and \$1,448,943 in Federal Funds) f. House and Senate differ on funding provided for web application penetration testing: <ul style="list-style-type: none"> • House: \$14,566,882 in All Funds (\$10,127,626 in General Revenue and \$4,439,256 in Federal Funds) g. House and Senate differ on funding provided to address regulatory information technology application needs: <ul style="list-style-type: none"> • Senate: \$2,933,785 in All Funds (\$1,466,892 in General Revenue and \$1,466,893 in Federal Funds)

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				<p>h. House and Senate differ on funding provided to migrate the Accounts Receivable Tracking System to the Centralized Accounting and Payroll/Personnel System:</p> <ul style="list-style-type: none"> • House: \$6,000,656 in All Funds (\$4,994,706 in General Revenue and \$1,005,950 in Federal Funds) • Senate: \$3,000,328 in All Funds (\$2,497,353 in General Revenue and \$502,975 in Federal Funds) <p>i. House and Senate differ on funding provided to for a Performance Management and Analytics System cloud data analytics platform:</p> <ul style="list-style-type: none"> • House: \$21,019,525 in All Funds (\$17,379,449 in General Revenue and \$3,640,076 in Federal Funds)
L.2.1 CENTRAL PROGRAM SUPPORT	\$ 91,694,561	\$ 86,405,843	\$ 5,288,718	<p>a. See Salaries Item 1.b.</p> <p>b. See Medicaid Items 1.c, 1.d, and 5.</p> <p>c. See Behavioral Health Items 1.a, 1.b, 1.c, 1.e, and 4.c.</p> <p>d. See Other Cross-Strategy Items 2, 3, 4, and 8.</p>
L.2.2 REGIONAL PROGRAM SUPPORT	\$ 199,555,020	\$ 223,357,240	\$ 23,802,220	<p>a. See Salaries Item 1.b.</p> <p>b. House and Senate differ on funding provided to address cost increases and inflation for agency leases at public facing offices and non-client services contracts:</p> <ul style="list-style-type: none"> • Senate: \$24,550,722 in All Funds (\$20,000,000 in General Revenue and \$4,550,722 in Federal Funds) <p>See Senate Rider 130, Page II-89.</p>
M.1.1 TEXAS CIVIL COMMITMENT OFFICE	\$ 43,437,262	\$ 49,586,526	\$ 6,149,264	<p>a. House and Senate differ on funding provided to restore the 5.0 percent reduction from the 2022-23 biennium:</p> <ul style="list-style-type: none"> • Senate: \$1,866,692 in General Revenue <p>b. House and Senate differ on additional funding provided for offsite healthcare:</p> <ul style="list-style-type: none"> • Senate: \$2,161,210 in General Revenue <p>See House Rider 79, Page II-72, and Senate Rider 81, Page II-72.</p>

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
				<p>c. House and Senate differ on funding provided for a salary career ladder for case managers:</p> <ul style="list-style-type: none"> • Senate: \$82,512 in General Revenue <p>d. House and Senate differ on funding provided for additional case managers:</p> <ul style="list-style-type: none"> • Senate: \$547,804 in General Revenue and 4.0/4.0 FTEs <p>e. House and Senate differ on funding provided for cremation and disposition expenses:</p> <ul style="list-style-type: none"> • Senate: \$20,000 in General Revenue <p>f. House and Senate differ on funding provided to increase per diem rates for contracted services:</p> <ul style="list-style-type: none"> • Senate: \$1,471,046 in General Revenue

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

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

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

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Savings Incentive Program	II-89, Rider 121 Rider Packet, Page II-42			House provides appropriation authority to implement the Savings Incentive Program established by Government Code, Chapter. 2108.103.
On-Call Pay	II-89, Rider 122 Rider Packet, Page II-42	II-88, Rider 121 Rider Packet, Page II-42		Senate limits authority to pay compensation for on-call time to employees at mental health state hospitals and state supported living centers.
State Hospital Salary Funding		II-88, Rider 122 Rider Packet, Page II-42		Senate requires HHSC to redirect funding for salary increases to additional contracted competency restoration beds if HHSC does not hire enough staff to allow offline state hospital beds to be utilized by December 1, 2023.
Cost Containment for State Hospital Construction		II-88, Rider 123 Rider Packet, Page II-43		Senate prohibits HHSC from transferring funds to address additional cost increases for mental health state hospital construction and states intent that additional construction costs for the new state hospital in Dallas be paid by the University of Texas Southwestern Medical Center or the University of Texas System.
SNAP Performance Payments	II-89, Rider 123 Rider Packet, Page II-43			House authorizes bonus payments to certain employees for meeting or exceeding performance standards for eligibility determination and customer service.
Funding for the Unwinding of Continuous Medicaid Coverage		II-88, Rider 124 Rider Packet, Page II-43		Senate provides intent that temporary FTEs assisting in the unwinding of continuous Medicaid coverage be phased out.
Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities (IDD)	II-89, Rider 125 Rider Packet, Page II-44			House requires HHSC to allocate funding to provide access to emergent and urgent clinical and care coordination services via telemedicine by board certified emergency room physicians who have specialized IDD training.
2-1-1 Texas Information & Referral Network (TIRN)		II-88, Rider 125 Rider Packet, Page II-44		Senate directs the expenditure of funds provided for 2-1-1.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Information on Funding Provided for Attendant Wages		II-89, Rider 126 Rider Packet, Page II-45		Senate adds a rider clarifying use of appropriations provided to increase the base wage \$11 an hour.
Women's Preventive Health Mobile Units	II-89, Rider 126 Rider Packet, Page II-45			House requires HHSC to utilize funding to increase the number of women's preventive health mobile units.
Maintenance of Critical Services: Local Authority Workforce Capacity	II-90, Rider 127 Rider Packet, Page II-45			House requires HHSC to allocate funding for maintenance of critical infrastructure to local mental health authorities, local behavioral health authorities, and local intellectual and developmental disability authorities.
Deaf-Blind Multiple Disabilities Case Management		II-89, Rider 127 Rider Packet, Page II-46		Senate requires HHSC to utilize funding for Deaf-Blind Multiple Disabilities case management billing reform.
Rates: Wellness Visits for Kids and Women's Health Related Surgeries		II-89, Rider 128 Rider Packet, Page II-46		Senate requires HHSC to provide a three percent reimbursement rate increase for wellness visits for kids and other office visits and birth and women's health related surgeries.
Texas Colorectal Cancer Initiative	II-90, Rider 129 Rider Packet, Page II-47			House requires HHSC to fund the treatment of colorectal cancer for uninsured and underinsured Texas residents with household incomes at or below 200 percent of the federal poverty level.
Paving Facility Campuses		II-89, Rider 129 Rider Packet, Page II-47		Senate requires HHSC to coordinate with TxDOT to seek available federal funding to maintain and construct roads, parking lots, sidewalks, trails, and other paving at HHSC facilities.
Contracts for State Leases		II-89, Rider 130 Rider Packet, Page II-47		Senate requires HHSC to coordinate with the Texas Facilities Commission to identify ways to reduce costs for state leases.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Rates: Intermediate Care Facilities and Certain Waiver Providers	II-90, Rider 130 Rider Packet, Page II-47			House requires HHSC to maintain rate increases authorized by HHSC Rider 44, Rate Increases: Intermediate Care Facilities and Certain Waiver Providers, of House Bill 1, Eighty-sixth Legislature, Regular Session, 2019, and to provide for rate increases for intermediate care facilities, Home and Community-based Services, and Texas Home Living waivers in the direct care portion of those rates.
University of Texas Health Science Center at Tyler Contracted Mental Health Beds	II-90, Rider 131 Rider Packet, Page II-48			House increases the bed-day rate for inpatient mental health contracted beds at the University of Texas Health Science Center at Tyler.
Title IV-E Funding		II-89, Rider 131 Rider Packet, Page II-48		Senate requires HHSC to coordinate with DFPS to develop and adopt different licensing rules or approval standards for relative or kinship foster family homes, and states intent for maximization of Title IV-E Federal Funds.
Family Resources Website		II-89, Rider 132 Rider Packet, Page II-49		Senate requires HHSC to expand the one-stop Family Resources website.
Private Duty Nursing	II-90, Rider 132 Rider Packet, Page II-49			House requires HHSC to provide a reimbursement rate increase for private duty nursing services to assist providers with the increased cost of maintaining adequate staff, including on holidays, weekends, and extended shifts.
Health Information Exchange Image Enablement	II-91, Rider 133 Rider Packet, Page II-49			House directs HHSC to distribute funding to the Texas Health Services Authority and to local or regional health information exchanges.
Assessment of Residential Child Care Standards		II-90, Rider 133 Rider Packet, Page II-49		Senate requires HHSC to work with an independent third-party to conduct an assessment of and make recommendations regarding residential child care minimum standards.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Transition of Medicaid Only Services into Managed Care for Dually Eligible Adults		II-90, Rider 134 Rider Packet, Page II-50		Senate provides intent that HHSC shall transition Medicaid-only services for dually eligible adults from services currently provided through fee-for-service Medicaid to managed care organizations as part of the benefits offered to enrollees, without imposing cost-sharing on dually eligible people.
Ground Ambulance Reimbursement Rates	II-91, Rider 134 Rider Packet, Page II-50	II-90, Rider 137 Rider Packet, Page II-50		House requires HHSC to provide a reimbursement rate increase for the Medicaid ground ambulance reimbursement rate to equal the calendar year 2023 Medicare urban mileage rate. Senate provides a three percent increase to the current rate.
Improving Access to Pediatric Services	II-91, Rider 135 Rider Packet, Page II-50			House requires HHSC to provide a 10 percent rate increase for services provided in any setting by a physician, including a specialist, to children ages 0 to 3.
Home-Delivered Meals		II-90, Rider 135 Rider Packet, Page II-51		Senate requires HHSC to expand services in the home-delivered meals program.
Funding for Medicaid Services Provided by Community Attendants	II-91, Rider 136 Rider Packet, Page II-51			House requires HHSC to increase service support funding for Home and Community Services Agency Community Attendant services and provide a \$0.04 increase for each level in the rate enhancement program for Community Attendants, including full rate enhancement for attendant programs not included in the rate enhancement such as Medically Dependent Children Program (MDCP) / Personal Attendant Services (PAS), Personal Care Services (PCS), Respite, and Consumer Directed Services (CDS) option attendant services.
Healthy Texas Women Enrollment Support	II-91, Rider 137 Rider Packet, Page II-52			House requires HHSC to fund patient navigators at providers for women's health programs.
Funding for CHIP Health Services Initiative	II-91, Rider 138 Rider Packet, Page II-52			House directs HHSC to develop a State Children's Health Insurance Program (CHIP) Health Services Initiative (HSI).

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Local-Level Marketing Program for Women's Health Programs	II-92, Rider 139 Rider Packet, Page II-52			House requires HHSC to partner with a marketing agency to implement a local-level outreach program to increase regional awareness of women's health programs and local program providers for Healthy Texas Women, the Family Planning Program, and Breast and Cervical Cancer Services.
Rural Hospital Grant Program		II-90, Rider 139 Rider Packet, Page II-53		Senate establishes non-Medicaid grants for financial stabilization of rural hospitals, for maternal care operations in rural hospitals, and for alternative payment model readiness for rural hospitals.
Prohibition of Use of Appropriated Funds for Transgender Treatment		II-91, Rider 140 Rider Packet, Page II-54		Senate prohibits the expenditure of funds under Medicaid for gender reassignment surgeries.
Improving Access to Pediatric Services	II-92, Rider 140 Rider Packet, Page II-54			House requires HHSC to provide a 10 percent rate increase for services provided in any setting by a physician, including a specialist, to children age 4.
Nutrition Incentives	II-92, Rider 141 Rider Packet, Page II-54			House directs HHSC to use funds for grants to organizations implementing nutrition incentive programs that qualify for federal funds under Section 4205, Agriculture Improvement Act of 2018 (7 U.S.C. Section 7517).
Rural Hospital Telepsychiatry Consultations	II-92, Rider 142 Rider Packet, Page II-55			House requires HHSC to contract to aggregate telepsychiatry consultations among rural hospitals.
Database of Community Inpatient Beds		II-91, Rider 142 Rider Packet, Page II-56		Senate requires HHSC to develop and implement an integrated statewide database of community inpatient beds and other resources to expedite access to care for individuals in need of behavioral health services.
Enhanced Capacity for Family Violence Services	II-93, Rider 143 Rider Packet, Page II-56			House requires HHSC to distribute funding for enhanced capacity for family violence shelter services as well as legal, mental health, housing, and economic stability services for victims of family violence and to offer community education and prevention programming.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Medicaid Autism Services Report		II-91, Rider 144 Rider Packet, Page II-56		Senate directs HHSC to produce a report on autism services.
Ellie's Law		II-91, Rider 145 Rider Packet, Page II-57		Senate expresses intent that HHSC implement changes to the regulation of certain child-care facilities and family homes.
Family Planning Program Funds Gone Notification and Women's Health Programs Transfer Authority	II-93, Rider 145 Rider Packet, Page II-57			House requires HHSC to provide notification of 'funds gone' status for the Family Planning Program and provides transfer authority from Medicaid for Women's Health Programs with notification.
Unused San Antonio State Hospital Land	II-93, Rider 146 Rider Packet, Page II-58			House requires HHSC to engage in land use and program planning with Bexar County and the City of San Antonio to utilize unused land and buildings on the San Antonio State Hospital campus.
Interest List Elimination Plan		II-91, Rider 146 Rider Packet, Page II-58		Senate directs HHSC to develop a plan to eliminate waiver interest lists.
Supportive Housing Rental Assistance Program		II-91, Rider 147 Rider Packet, Page II-59		Senate directs HHSC to expand the supportive housing rental assistance program.
Early Childhood Intervention Report	II-93, Rider 147 Rider Packet, Page II-59			House directs HHSC to submit quarterly reports and a biennial report on Early Childhood Intervention eligibility and enrollment forecasts.
Health Home for Medicaid Patients with Sickle Cell Disease	II-94, Rider 148 Rider Packet, Page II-60			House directs HHSC to prepare and submit a Medicaid state plan amendment to provide coverage for health home services to persons who are diagnosed with sickle cell disease and are already enrolled in Medicaid.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
Institutions of Mental Disease Exclusion Waiver	II-94, Rider 149 Rider Packet, Page II-60			House requires HHSC to submit an application for a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.
Maternal Health Deserts Report	II-94, Rider 150 Rider Packet, Page II-60			House requires HHSC to study and report on statewide access to maternity care.
Report on Uncompensated Trauma Payments	II-94, Rider 151 Rider Packet, Page II-61			House directs HHSC to issue a report on uncompensated trauma care.
State Hospital Cost Study	II-95, Rider 152 Rider Packet, Page II-61			House requires the University of Texas Health Science Center at Houston to submit annual operating cost data to HHSC and for HHSC to issue a report by September 1, 2024, with recommendations for an appropriate bed day rate.
Study on Language Access Plan	II-95, Rider 153 Rider Packet, Page II-62			House requires HHSC to submit a report regarding a Language Access Plan.
Psychiatric Residential Youth Treatment Facility Voluntary Certification	II-95, Rider 155 Rider Packet, Page II-63			House requires HHSC to develop and implement a voluntary quality standards certification process for psychiatric residential youth treatment facilities.
Implementation of Eligibility for Audiology Services Under School Health and Related Services Program	II-95, Rider 156 Rider Packet, Page II-63			House provides intent that HHSC use funding to implement Education Code, Section 38.034.
Study on Kidney Dialysis Treatment for African Americans	II-96, Rider 157 Rider Packet, Page II-63			House requires HHSC to submit a report regarding any disparities or issues in the provision of kidney dialysis treatment for African Americans by December 1, 2024.

Item	House 2024-25	Senate 2024-25	Biennial Difference	Explanation
STAR+PLUS Pilot Program Implementation	II-96, Rider 158 Rider Packet, Page II-63			House provides intent that HHSC utilize funding to implement the initial phase of the STAR+PLUS Pilot Program authorized under Subchapter C, Chapter 534, Government Code.
Informational Listing - Mental Health Funding for Continued Transformation	IX-60, Sec. 10.07 Rider Packet, Page IX-70	IX-60, Sec. 10.07 Rider Packet, Page IX-70		House and Senate differ on stated intent for supplemental appropriations for mental health programs.
Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing (WGS) Demonstration	IX-113, Sec. 17.19 Rider Packet, Page IX-78			House requires HHSC to contract with the University of Texas Health Science Center at Houston to implement the Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing Demonstration.
Proportional Reduction of General Revenue Appropriations	IX-114, Sec. 17.20 Rider Packet, Page IX-79			House reduces each appropriation of General Revenue other than Alternatives to Abortion proportionally by \$80,000,000.

Article II, 2024-25 Conference Forecast Update

Health and Human Services Commission: Medicaid

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

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

Notes on the conference update:

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

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

Article II, 2024-25 Conference Forecast Update

Health and Human Services Commission: CHIP

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

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

Notes on the conference update:

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

Health and Human Services Commission: TANF Cash Assistance

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

Notes on the conference update:

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

Health and Human Services Commission: ECI

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

Notes on the conference update:

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

S02 SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES

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