

Senate Finance Committee Decision Document
 Senator Kolkhorst, Workgroup Chair on Article II
 Members: Senators Hall, Hughes, Paxton

Decisions as of March 27, 2023

LBB Manager: Eduardo Rodriguez

Article II, Health and Human Services Total, Article II, Health and Human Services Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Department of Family and Protective Services (530)								
Total, Outstanding Items / Tentative Decisions	\$ 464,707,408	\$ 479,563,662	\$ -	\$ -	\$ 113,986,545	\$ 121,284,667	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	137.9	169.0	0.0	0.0	76.5	87.5	0.0	0.0
Department of State Health Services (537)								
Total, Outstanding Items / Tentative Decisions	\$ 198,220,754	\$ 211,566,908	\$ -	\$ -	\$ 58,277,056	\$ 58,627,042	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	\$ 83.0	\$ 99.0	\$ -	\$ -	\$ 20.5	\$ 20.5	\$ -	\$ -
Health and Human Services Commission (529)								
Total, Outstanding Items / Tentative Decisions	\$ 2,624,563,007	\$ 7,769,271,330	\$ -	\$ -	\$ 867,459,261	\$ 2,622,124,921	\$ 23,900,000	\$ 23,900,000
Total, Full-time Equivalents / Tentative Decisions	93.7	97.9	0.0	0.0	116.3	133.0	0.0	0.0
Special Provisions (S02)								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Outstanding Items / Tentative Decisions	\$ 3,287,491,169	\$ 8,460,401,900	\$ -	\$ -	\$ 1,039,722,862	\$ 2,802,036,630	\$ 23,900,000	\$ 23,900,000
Total GR & GR-Ded Adopted Items less Cost-out Adjustments	\$ 3,287,491,199	\$ 8,482,015,959	\$ -	\$ -	\$ 1,018,108,833	\$ 2,802,036,630	\$ 23,900,000	\$ 23,900,000
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions	314.6	365.9	0.0	0.0	213.3	241.0	0.0	0.0

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Technical Adjustments:								
1. Align the Average Number of Children (FTE) Served in Foster Care, performance measure shown as requested in the LBE to agency submitted Legislative Appropriations Request target.	\$ -	\$ -				Adopted		
2. Texas Workforce Commission (TWC)-DFPS Child Care Interface System. The agency needs capital budget authority to complete the interface project to allow DFPS to communicate with TWC's child care case management system. The project is fully federally funded.	\$ -	\$ -				Adopted		

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

Adopted as Amended:
No Funding; Add Rider

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b. Sustain Clinical Coordinator Team (21.0/21.0 FTEs). This request would provide staff resources for continued clinical coordination services to all youth experiencing temporary emergency care. 1.0 Director IV 19.0 Clinical Coordinator Program Specialist 1.0 Clinical Coordinator Supervisor I-II	\$ 2,992,676	\$ 3,263,030			\$ 1,496,338	\$ 1,631,515		
					Adopted as Amended: Fund 50% and 11.0/11.0 FTEs			
c. Court Monitor Fees. This request would address increased court monitor fees related to the foster care litigation. SB 1 includes \$39.4 million in General Revenue for court monitor fees.	\$ 4,685,084	\$ 4,685,084			\$ 2,342,542	\$ 2,342,542		
					Adopted as Amended: Fund 50%			
d. Intensive Psychiatric Stabilization Program (IPSP). This request would create an IPSP, which is a time-limited program to increase capacity for youth with complex mental health needs.	\$ 21,061,742	\$ 21,133,570						
					Adopted as Amended: See HHSC Decision Document, Workgroup Addition #14			
e. Support for Children Without Placement. This request would address costs related to children without placements including, security, nurses, and supplemental caregivers. SB 1 does not include any funding to address CWOP.	\$ 45,319,532	\$ 45,319,532			\$ 18,000,000	\$ 18,000,000		
					Adopted as Amended			

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f. FTE Authority for Residential Treatment Placement Coordinator Staff. This request would provide authority for 11.0 FTEs in lieu of temporary positions the agency has been using to support placement activities to reduce the number of child-specific contracts and out of state placements. This item has no cost.	\$ -	\$ -			Adopted			
g. Placeholder - New Foster Care Rates. This request would address costs to implement foster care rate modernization. SB 1 includes \$100.0 million in General Revenue for foster care rate increases. If item is adopted then exceptional item request 1a will no longer be necessary.	\$ -	\$ -						
h. Contracted, Extended Inpatient Beds. This request would add 20.0 contracted, extended stay inpatient beds for DFPS Children. Funding would be appropriated to HHSC. See HHSC Exceptional Item #35a.	\$ -	\$ -			Adopted as Amended: See HHSC Decision Document, Workgroup Addition #14			
i. Increase SSCCs Mental Health Capacity for Kinship.	\$ 3,000,000	\$ 3,000,000			\$ 3,000,000	\$ 3,000,000		

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j. Youth Mobile Crisis Outreach Teams. This request would add 5.0 youth mobile crisis outreach teams for DFPS children. Funding would be appropriated to HHSC. See HHSC Exceptional Item #35b.	\$ -	\$ -						
k. Expand Crisis Respite Units Capacity for DFPS Children.	\$ 10,000,000	\$ 10,000,000						
l. Increase Rates for Youth Empowerment Services (YES) Waiver to Address Capacity Needs. This request would increase rates for the YES waiver to address capacity needs of DFPS children. Funding would be appropriated to HHSC. See HHSC Exceptional Item #35c.	\$ -	\$ -			Adopted \$1.2 million at HHSC			
m. Grants to Promote Access for Families and Improve Outcomes for Children and Youth. This request would provide innovation grants to promote access for families and improve outcomes for children and youth. Funding would be appropriated to HHSC. See HHSC Exceptional Item #35d	\$ -	\$ -						
n. Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide.	\$ 2,842,000	\$ 2,842,000			Adopted \$1.4 million at HHSC			

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o. Mental Health Needs of Children and Youth in Conservatorship. This request would create a dedicated team at DFPS to focus on the mental health and health needs of children and youth in conservatorship.	\$ 1,151,992	\$ 1,151,992			\$ 1,151,992	\$ 1,151,992		
2. Ensure Client Safety Through Services								
a. Sustain Statewide Intake (SWI) Hold Times (12.0/23.0 FTEs). This request would provide resources and SWI staff to maintain a SWI hold time to an average of 7.4 minutes.	\$ 4,772,744	\$ 4,846,879			\$ 4,772,744	\$ 4,846,879		
b. Strengthen SWI Hold Times to an Average of 5 Minutes (65.0/65.0). This request would provide resources and SWI staff to decrease the SWI hold time to an average of 5.0 minutes. Exceptional item 2a would be also need to be adopted in conjugation with this item.	\$ 9,643,364	\$ 9,806,042						

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<p>c. Sustain and Strengthen Statewide Intake Services (26.0/26.0 FTEs).</p> <p>This request would fund staff to support SWI operations. This includes training, quality improvement, and oversight. This request would also fully fund appropriated FTE salaries.</p> <p>17.0 SWI Screener Staff 7.0 SWI Screener Support Staff 2.0 SWI Managers</p> <p>SB 1 includes \$59.8 million in All Funds and 497.0 FTEs in Strategy A.1.1, Statewide Intake Services.</p>	\$ 4,298,732	\$ 4,375,690			\$ 2,149,366	\$ 2,187,845		
					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Adopted as Amended: Fund 50% and 13.0/13.0 FTEs </div>			
<p>d. Strengthen Program Support for Child Protective Investigations (CPI) (38.0/38.0 FTEs).</p> <p>This request would provide various CPI support staff.</p> <p>21.0 CPI Master Investigations caseworkers and supervisors to address case backlogs and assist in temporarily filling vacant investigations positions.</p> <p>8.0 CPI Program Administrators to decrease coverage areas and to maintain working relationships with stakeholders.</p> <p>9.0 Regional leadership support staff to increase support for CPI regional leadership additional administrative support.</p>	\$ 6,025,222	\$ 6,586,510			\$ 2,008,407	\$ 2,195,503		
					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Adopted as Amended: Fund 10 FTEs proportionally </div>			

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

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

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

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3. Expand and Support Community-based Care								
a. Interoperability of Systems between Single Source Continuum Contractors (SSCCs) and DFPS (10.0/10.0 FTEs). This request would support the interoperability of systems to facilitate data sharing between SSCC and DFPS systems as part of Community-based Care (CBC).	\$ 4,448,871	\$ 4,858,284			\$ 2,224,436	\$ 2,429,142		
					Adopted as Amended: Fund 50% and 5.0/5.0 FTEs			
b. Adjust Resources for State Salary Increases. This request provides salary increase of 5.0 percent in FY 2024 and an additional 5 percent increase in FY 2025 to SSCC caseworkers. SB 1 includes \$51.3 million in All Funds in resource transfers to biennialize funding in current regions and stages and for new regions and stages.	\$ 11,839,247	\$ 12,975,078			\$ 11,839,247	\$ 12,975,078		
c. Sustain Staffing Salaries for the Office of CBC Transition. This request would sustain current staff salaries and maintain current staffing.	\$ 739,882	\$ 806,964			\$ 739,882	\$ 806,964		
d. CBC Transition Project Coordination Team for DFPS (5.0/5.0 FTEs). This request would create a team to ensure rollout of CBC occurs timely and successfully. In addition, the team would provide long-term contract management and oversight of CBC.	\$ 1,159,233	\$ 1,251,787						

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e. Transition to Private Child Placing Agencies (-78.1/-47.0 FTEs). This request would transition the DFPS Foster and Adoption Division (FAD) program to private residential child care providers. This request is to expedite the rollout of CBC since foster families under CBC must transfer to a private Child Placing Agency.	\$ 5,990,909	\$ 5,236,101						
f. Placeholder - Foster Care Lawsuit Compliance for SSCCs. The request would provide resources to SSCCs to address costs related to the foster care litigation.	\$ -	\$ -			\$ 3,300,000	\$ 3,600,000		
g. Placeholder - Set-aside Appropriation for Unsolicited Bids. This request would set aside appropriation in an amount not to exceed what it would cost to fully rollout CBC statewide during the biennium in the event that a provider submits an unsolicited bid to DFPS to implement CBC.	\$ -	\$ -						

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4. Stabilize and Retain Workforce								
a. Address Increased Travel Costs. This request would increase the per diem travel rate to align with other Art II agencies and increase the travel mileage reimbursement rate from 58.5 cents to 62.5 cents to align the rate with the Texas Comptroller of Public Accounts.	\$ 9,011,458	\$ 9,810,697			\$ 9,011,458	\$ 9,810,697		
b. Strengthen Support Structure to Meet Agency Goals through Competitive Salaries. This request would increase salaries in key indirect administration support functions to the statewide average, as reported by the State Auditor's Office (SAO), and targeted increases for specialty occupations such as legal, finance, data and information technology services staff. SB 1 includes \$125.7 million in All Funds for salary adjustments for staff.	\$ 19,559,177	\$ 21,133,581			\$ 7,823,671	\$ 8,453,432		
c. Strengthen Support Structure to Meet Agency Goals through Enhanced Staffing (50.0/50.0 FTEs). This request would provide human resources staff to meet current demands of various divisions that provide support to frontline staff. In addition, the request would increase salaries of Center of Learning and Organizational Excellence (CLOE) to address recruitment, retention and pay disparity.	\$ 11,154,130	\$ 12,036,875			\$ 1,096,583	\$ 1,184,139		

Adopted as Amended:
Fund 40%

Adopted as Amended:
Fund Salaries Only

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d. Stabilize and Retain Frontline Staff through Competitive Salaries. This request would equalize pay disparity between DFPS divisions by realigning starting caseworker salaries for APS, day care investigations, and residential child care investigations staff with CPS/CPI investigations.	\$ 9,951,024	\$ 10,154,562						
e. Stabilize and Retain Frontline Staff through One-time Salary Actions. This request would provide retention bonuses for CPI staff and provide a one-time merit pool to address turnover.	\$ 21,639,294	\$ 23,482,174			\$ 12,615,620	\$ 13,630,174		
5. Expand and Protect Information Technology and Data Resources								
a. Sustain Data Center Services (DCS). This request would fund the agency's DCS portion of the assessment. In addition, this request would provide funding for new DCS projects that began in fiscal years 2021-2023 to prevent a shortfall in the 2024-25 biennium. SB 1 includes \$36.6 million in All Funds for DCS.	\$ 24,572,629	\$ 26,534,600			\$ 12,286,315	\$ 13,267,300		

Adopted as Amended

Adopted as Amended:
Fund 50%

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<p>b. Finalize Information Management Protecting Adults and Children in Texas (IMPACT) Update and Modernize Case Management System (5.0/5.0 FTEs).</p> <p>This request would provide funding and FTEs to finish the two remaining modules of IMPACT, for a team of staff to plan the next iteration of modernization for the caseworker management system, and operational funds to update and maintain existing and new infrastructure to maintain agency operations.</p> <p>SB 1 includes \$15.7 million in All Funds IMPACT.</p>	\$ 15,408,859	\$ 17,488,520						
<p>c. Strengthen Agency Information Technology Systems (5.0/5.0 FTEs).</p> <p>This request would support rebuilding systems to mitigate security risks, ensure state and federal compliance with accessibility, and improve usability to improve DFPS processes. In addition, funding would allow for collecting secure signatures using electronic and digital technology, and create a secure, external facing system for applicants, providers, grantees, and subcontractors to support contract and grant management practices.</p>	\$ 19,812,805	\$ 21,394,732			\$ 2,315,150	\$ 2,500,000		

Adopted as Amended:
Fund Electronic
Signature Only

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d. Strengthen Data and System Support (10.0/10.0 FTEs). This request would support enhancements to the data warehouse for additional data elements needed to meet new federal reporting and data quality/integrity requirements, to support the Master Data Management to validate data in the DFPS system through the development of tracking systems.	\$ 4,308,351	\$ 4,660,558			\$ 4,308,351	\$ 4,660,558		
e. Enhancing Cybersecurity Infrastructure for DFPS (6.0/6.0 FTEs). This request would enhance the agency's cybersecurity in various systems and processes and provide additional staff to address any security threats.	\$ 6,308,239	\$ 6,811,902			\$ 4,897,932	\$ 5,289,000	Adopted as Amended	
6. Placeholder - HHSC Assessment. This request would review and address costs that may be duplicative due to DFPS performing functions also being paid through assessments or taking on additional services currently provided by HHSC and paid through assessments.	\$ -	\$ -						
7. Revise Rider 27, Limitations: Community-based Care Payments, to update references from regions to catchment areas.	\$ -	\$ -						
8. Revise Rider 29, Human Trafficking Division Identification, Deterrence and Response, to revise the duties of the agency related to human trafficking. In addition, to change the report due date from November 1 to December 1.	\$ -	\$ -			\$ -	\$ -		
9. Revise Rider 34, Texas Home Visiting Program and Nurse Family Partnership Program, to delete the rider.	\$ -	\$ -			\$ -	\$ -		

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Workgroup Revisions and Additions:								
1. Add Rider on Reporting on Court Monitor Fees to direct the agency to collect and report quarterly on amounts billed from the foster care litigation court monitors. (See Exceptional Item #1c)					\$ -	\$ -		
2. Amend Rider 41, Foster Care Rate Increases, directing agency to utilize \$77.8 million in General Revenue in existing foster care rate increases and requiring providers to have an no eject/no reject clause to receive funding. (See Exceptional Item #1a)					\$ -	\$ -		
3. Add Rider on Contingency for Children Without Placement Appropriation to make funding to address children without placement contingent upon the findings of a report. (See Exceptional Item #1e)					\$ -	\$ -		
4. Add Rider on the Mental Health Services team to direct the agency to report on their activities, make recommendations, and assess the efficiency of STAR Health. (See Exceptional Item #1o)					\$ -	\$ -		
Total, Outstanding Items / Tentative Decisions	\$ 464,707,408	\$ 479,563,662	\$ -	\$ -	\$113,986,545	\$121,284,667	\$ -	\$ -
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions	137.9	169.0	0.0	0.0	76.5	87.5	0.0	0.0

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Cost-Out Adjustments:								
1. Increase General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations by \$21,614,029 to align with the Comptroller's Biennial Revenue Estimate. See HHSC Cost-Out Adjustment #1 and Special Provisions Cost-Out Adjustment #1	\$ 21,614,029	\$ 21,614,029			\$ 21,614,029	\$ 21,614,029		
Technical Adjustments:								
1. Transfer \$2.4 million in FY 2024 and \$4.8 million in FY 2025 from Federal Health and Health Lab Funding Excess Revenue Fund Account No. 273 to Federal Funds Account No. 555 to align all non-COVID-19 federal funds to one line item.	\$ -	\$ -			Adopted			
Agency Requests:								
1. Maintaining Agency Operational Infrastructure								
a. Web Application Firewall (4.0/4.0 FTEs) Funding would provide \$4.7 million and FTEs to implement a web application firewall to modernize a number of public-facing applications that take in sensitive or personal information.	\$ 4,666,921	\$ 4,666,921			\$ 4,666,921	\$ 4,666,921		

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b. Vehicles Funding would provide \$1.0 million to purchase 26 vehicles that will be utilized for specialized public health functions including specimen draws for testing as part of disease investigations, delivering tuberculosis medications, emergency response in disasters, delivering cars seats for the Safe Riders program, delivering vaccines, transporting clients for laboratory testing, and transporting equipment to health fairs. Funding is currently assumed in the supplemental bill.	\$ 965,539	\$ 965,539						
Funding for this item will be included in the supplemental bill.								
c. Texas Center for Infectious Disease Funding would provide \$7.1 million for ongoing operations, maintenance, and staffing needs including \$1.4 million for maintenance, advanced medications, outside medical services, and complex medical services for drug-resistant TB patients; \$2.8 million for facility maintenance; and \$2.9 million for scaled compensation adjustment for staff. SB 1 includes an additional \$6.1 million in General Revenue to offset loss of Delivery System Reform Incentive Payment (DSRIP) funds.	\$ 7,100,329	\$ 7,100,329			\$ 2,926,397	\$ 2,926,397		
					Adopted as Amended: Fund Scaled Compensation for Staff			

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

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Local Public Health Services Grants (7.0/7.0 FTEs) Funding would provide \$29.9 million to provide grants to local health entities that provide essential public health services, including infectious diseases.	\$ 29,873,014	\$ 29,873,014						
4. Reducing the Impact of Preventable Disease								
a. HIV Treatment and Prevention Funding would provide \$14.0 million to purchase new HIV long-acting treatment Cabenuva for AIDS Drug Assistance Program (ADAP) participants.	\$ 14,000,000	\$ 14,000,000						
b. Prevention of Tobacco-Related Cancers (1.0/1.0 FTE) Funding would provide \$6.1 million and an FTE to expand tobacco prevention programs and campaigns including: \$2.1 million to expand access to the free cessation phone line; \$0.5 million to convert the Modernize Texas Youth Tobacco Awareness Program to an online format; \$2.0 million to relaunch the interactive and in-school piece of the Vapes Down public awareness campaign; and \$1.4 million for community coalitions to address youth tobacco prevention. SB 1 includes \$13.9 million in All Funds for tobacco reduction programs and uses.	\$ 6,056,282	\$ 6,056,282			\$ 1,432,477	\$ 1,432,477		

Adopted as Amended:
Fund Community Coalitions to Address Youth Tobacco Prevention and 1.0/1.0 FTEs

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
5. Supporting Businesses and Economic Needs								
a. Medical Advisory Board Support (11.0/11.0 FTEs) Funding would provide \$2.7 million for new support staff FTEs and reimbursement increases for physicians serving on the Medical Advisory Board. SB 1 includes \$0.4 million in General Revenue for the Medical Advisory Board.	\$ 2,657,073	\$ 2,657,073			\$ 2,657,073	\$ 2,657,073		
6. Strengthening Readiness for the Public Health Emergency Response								
a. Hospital Capacity Data (3.0/3.0 FTEs) Funding would provide \$2.8 million and new FTEs to continue payment for the EMResource software licenses used to collect hospital bed availability and other metrics as required by Senate Bills 984 and 969, 87th Legislature and by the Centers for Medicare and Medicaid Services.	\$ 2,092,984	\$ 2,792,956			\$ 1,046,492	\$ 1,396,478		
b. Statewide Patient Transfer Software Funding would provide \$4.7 million to continue payment for Pulsera, the patient transfer portal software.	\$ 4,704,000	\$ 4,704,000			\$ 2,352,000	\$ 2,352,000		

Adopted as Amended:
Fund 50% and 1.5/1.5
FTEs

Adopted as Amended:
Fund 50%

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c. Emergency Medical Task Force Enhancement & Hospital Preparedness Funding would provide \$7.4 million in general revenue for the following: \$2.4 million to expand funding for Hospital Preparedness Program Regional Advisory Councils; and \$5.0 million to support the expanded number of missions of Emergency Medical Task Force.	\$ 7,371,248	\$ 7,371,248			\$ 7,371,248	\$ 7,371,248		
7. State Trauma System Coordination								
a. Increase for Regional Advisory Councils Funding would provide \$6.6 million to provide additional funding for each Regional Advisory Council to support increasing responsibilities.	\$ 6,600,000	\$ 6,600,000			\$ 3,300,000	\$ 3,300,000		
					Adopted as Amended: Fund 50%			
8. Improve Maternal Health Data Availability								
a. Maternal Health Data Improvements (14.0/14.0 FTEs) Funding would provide \$2.6 million and new FTEs for Maternal Health Data Improvements including: \$1.8 million and 11.0 FTEs to support faster data collection, case preparation, and analysis efforts; \$0.8 million and 3.0 FTEs to improve internal and external availability of maternal mortality and morbidity information; and \$0.1 million to support time and travel costs for the Maternal Mortality and Morbidity Review Committee.	\$ 2,637,745	\$ 2,637,745						

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
9. HIV - New Federal Policies								
a. HIV Treatment and Prevention (5.0/5.0 FTEs) Funding would provide \$57.7 million and FTEs to implement new HRSA guidelines that will loosen current processes for eligibility recertification.	\$ 57,744,728	\$ 57,744,728						
Agency Rider Requests:								
1. Delete Rider 27, Federal Funds Reporting Requirement, which requires DSHS to report when appropriations exceed \$1.0 million over the appropriated amounts for certain federal funds in each fiscal year.	\$ -	\$ -						
2. Add new Rider, Vital Statistics Fees, to allow DSHS to retain a larger portion of Vital Statistics fees to fund the Vital Statistics program.	\$ -	\$ -						
3. Add new Rider, Hemp Regulation, to reinstate deleted Hemp Rider from 2022-23 GAA. SB 1 includes \$894,227 in General Revenue for the Hemp Regulation program.					\$ -	\$ -		
Workgroup Revisions and Additions:								
1. Add funding and new rider for Maternal Health Quality Improvement System and Maternal Mortality Review Information Application Replacement.					\$ 10,910,419	\$ 10,910,419		
					Adopted funding and 3.0/3.0 FTEs			
2. Add rider to provide transfer authority for unexpended balances for facilities and services in the Rio Grande Valley region.					\$ -	\$ -		
					Rider Adopted			

Article 2, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Total, Outstanding Items / Tentative Decisions	\$ 198,220,754	\$ 211,566,908	\$ -	\$ -	\$ 58,277,056	\$ 58,627,042	\$ -	\$ -
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalent / Tentative Decisions	83.0	99.0	0.0	0.0	20.5	20.5	0.0	0.0

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Increase Interagency Contract appropriations by \$21,614,029 related to an increase in General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations at DSHS to align with the Comptroller's Biennial Revenue Estimate. Reduce General Revenue by a like amount. Amend Rider 8, Hospital Payments, to reflect the updated funding source for safety-net hospital add-on payments. See DSHS Cost-Out Adjustment #1 and Special Provisions Cost-Out Adjustment #1.	\$ (21,614,029)	\$ -			\$ (21,614,029)	\$ -		
Technical Adjustments:								
1. Decrease General Revenue and Increase Interagency Contract Appropriations by \$4,891,069 to align with SB 1, Rider 8, Hospital Payments, to reflect amounts transferred from General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS.	\$ (4,891,069)	\$ -			\$ (4,891,069)	\$ -		
2. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in SB 1 to provide enough funding to maintain HB 2, Sec. 35 (c)(6), 87R, Modernization of End-of-Life/End-of-Support Network Equipment ongoing technology costs.	\$ 8,950,757	\$ 8,950,757			\$ 8,950,757	\$ 8,950,757		
3. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in SB 1 to provide enough funding to maintain HB 2, Sec. 35 (c)(5), 87R, System-wide Business Enablement Platform ongoing technology costs.	\$ 654,887	\$ 654,887			\$ 654,887	\$ 654,887		
4. Replace funding for system support service costs that were transferred to DSHS and DFPS and reduced in SB 1 to provide enough funding to maintain HB 2, Sec. 35 (a)(9), 87R, E-Discovery ongoing technology costs.	\$ 520,273	\$ 520,273			\$ 520,273	\$ 520,273		

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

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

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
2. Address Critical Workforce Needs								
a. Facilities Staff Funding would provide \$73.1 million for State Supported Living Centers and \$46.7 million for mental health state hospitals to provide salary increases for direct care staff and critical support staff. SB 1 includes \$236.3 million to maintain 2022-23 salary increases into 2024-25 and funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff.	\$ 119,842,223	\$ 119,842,223			\$ 89,881,667	\$ 89,881,667		
					Adopted as Amended: Fund 75%			
b. Specialized Staff Funding would provide \$30.3 million for salary increases for information technology, actuarial, legal, and finance positions across multiple program areas. SB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 21,630,360	\$ 30,282,422			\$ 8,652,142	\$ 12,112,964		
					Adopted as Amended: Fund 40% of GR Request			
c. Regulatory Inspectors Funding would provide \$35.9 million for salary increases for inspectors in the Regulatory Services Division, including but not limited to architects, engineers, and nurses. SB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 33,835,440	\$ 35,923,552			\$ 13,534,174	\$ 14,944,562		
					Adopted as Amended: Fund 40% of GR Request			

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Contract Oversight Staff Funding would provide \$16.6 million for salary increases for contract oversight staff across multiple program areas. SB 1 includes funding to support a 5.0 percent increase each year (with a \$3,000 minimum) for all HHSC staff. <i>Note: System Exceptional Item.</i>	\$ 10,989,802	\$ 16,584,344			\$ 4,395,920	\$ 6,633,738		
3. Improve Mental Health Services								
a. Contracted Inpatient Bed Administration (5.2/5.2 FTEs) Funding would provide \$1.2 million in administration and oversight funds for new funding related to contracted inpatient beds. SB 1 includes an increase of \$331.4 million in General Revenue for 424 new contracted inpatient beds. <i>Note: System Exceptional Item.</i>	\$ 1,159,900	\$ 1,159,900			\$ 1,159,900	\$ 1,159,900		

Adopted as Amended:
Fund 40% of GR Request

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Community Mental Health Grant Programs Administration (20.9/20.9 FTEs) Funding would provide \$4.3 million in administration and oversight funds for new funding related to existing mental health grant programs established by SB 292 (85R) and HB 13 (85R). SB 1 includes an increase of \$30.0 million in General Revenue for the Mental Health Grant Program for Justice-Involved Individuals established by SB 292 (85R) and an increase of \$15.0 million for the Community Mental Health Grant Program established by HB 13 (85R). <i>Note: System Exceptional Item.</i>	\$ 4,344,240	\$ 4,344,240			\$ 1,020,683	\$ 1,020,683		
c. Budget Execution Order Sustainability (7.3/7.3 FTEs) Funding would provide administration and oversight for new funding provided in the June 26, 2022, budget execution action and increased in SB 1 related to multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area. SB 1 includes \$30.5 million in General Revenue to expand multisystemic therapy, \$4.2 million to expand coordinated specialty care, and \$10.0 million for mental health services for the Uvalde community. <i>Note: System Exceptional Item.</i>	\$ 1,600,022	\$ 1,600,022			\$ 800,011	\$ 800,011		

Adopted as Amended:
Fund 5.0 FTEs

Adopted as Amended:
Fund 50% and 3.7/3.7 FTEs

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Crisis Services Administration (6.3/6.3 FTEs) Funding would provide \$1.4 million in administration and oversight for new funding provided for crisis stabilization units, crisis respite units for youth, and youth mobile crisis outreach teams. SB 1 includes an additional \$36.0 million in General Revenue to expand crisis stabilization units, \$11.5 million to expand crisis respite units for youth, and \$8.0 million for youth mobile crisis outreach teams. <i>Note: System Exceptional Item.</i>	\$ 1,367,836	\$ 1,367,836			\$ 683,918	\$ 683,918		
e. Innovation Grants Administration (1.0/1.0 FTEs) Funding would provide \$0.2 million in administration and oversight funds for new funding related to innovation grants to promote access for families and improve child and youth outcomes. SB 1 includes an increase of \$15.0 million in General Revenue for a new innovation grant program. <i>Note: System Exceptional Item.</i>	\$ 173,571	\$ 173,571			\$ 173,571	\$ 173,571		
f. Sunrise Canyon Operational Funding Funding would provide \$19.0 million in operational costs for the Sunrise Canyon Hospital expansion project funded by SB 8, 87th Third-called Session. <i>Note: System Exceptional Item.</i>	\$ 19,000,000	\$ 19,000,000			\$ 5,800,000	\$ 5,800,000		

Adopted as Amended:
Fund 50% and 3.2/3.2 FTEs

Adopted as Amended:
Increase Rate for Existing
Beds to \$700

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
g. Discharge Support Services (17.8/17.8 FTEs) Funding would provide \$4.7 million to expand discharge and support initiatives, provide flexible funding for new initiatives, and for new state hospital transition monitoring teams. SB 1 includes \$5.0 million in General Revenue to establish state hospital transition teams. <i>Note: System Exceptional Item.</i>	\$ 4,668,799	\$ 4,668,799						
h. Mental Health Continuum of Care Center in the Uvalde Area Funding would provide \$33.6 million for capital expenditures to establish a behavioral health campus in Uvalde that includes an outpatient clinic; a 16-bed extended observation, crisis respite and/or crisis residential facility for adults; and a 16-bed extended observation and respite facility for children and youth. Funding would also provide \$23.9 million for the local mental health authority to operate the facility and provide services. SB 1 includes \$10.0 million in General Revenue for mental health services for the Uvalde community. <i>Note: System Exceptional Item.</i>	\$ 33,600,000	\$ 33,600,000					\$ 23,900,000	\$ 23,900,000

\$33.6 million in funding for this item will be included in the supplemental bill.

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
4. Expanding State Hospital Capacity									
a.	John S. Dunn Behavioral Sciences Center Funding would provide \$34.6 million to operationalize all 168 state-funded beds at the John S. Dunn Behavioral Sciences Center operated by the University of Texas Health Sciences Center at Houston. SB 1 includes \$64.1 million in General Revenue to operate 144 beds at the John S. Dunn Behavioral Sciences Center.	\$ 34,600,000	\$ 34,600,000			\$ 9,460,800	\$ 9,460,800		
		<div style="border: 1px solid black; padding: 5px;"> Adopted as Amended: Increase Rate for Existing Beds to \$700 </div>							
b.	Additional Construction Funding for the New State Hospital in Dallas Funding would provide \$101.9 million to complete construction of the adult unit at the new Texas Behavioral Health Center in Dallas.	\$ 101,890,000	\$ 101,890,000						
		<div style="border: 1px solid black; padding: 5px;"> \$38.0 million in funding for this item will be included in the supplemental bill. </div>							
c.	Ramp-Up Funding for the New State Hospital in Dallas Funding would provide \$68.5 million in fiscal year 2025 for workforce development, early clinician recruitment, and recruitment incentives for clinicians for the new Texas Behavioral Health Center in Dallas, which will be operated by the University of Texas Southwestern Medical Center.	\$ 68,511,056	\$ 68,511,056						
d.	Operational Funds Funding would provide \$8.4 million to maintain contracted bed levels for the state hospital system.	\$ 8,395,000	\$ 8,395,000			\$ 8,395,000	\$ 8,395,000		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e. Inflationary costs for the Health and Specialty Care System Funding would provide \$29.9 million to address increasing costs for construction, food, supplies, and contracted beds in the Health and Specialty Care System, which includes State Supported Living Centers and mental health state hospitals.	\$ 29,940,693	\$ 29,940,693						
f. Authority for Children's Unit Construction in Dallas Increase funding authority and capital budget authority related to a donation to build a children's unit at the new Texas Behavioral Health Center in Dallas.	\$ -	\$ 75,000,000			\$ -	\$ 75,000,000		
5. Supporting the End of Continuous Coverage								
a. Unwind the Public Health Emergency Funding would provide \$131.0 million for 642.0 FTEs for Access and Eligibility Services to temporarily assist in the unwinding of continuous Medicaid coverage. Funding would also support increased workload for the Eligibility Support Services contractor that manages eligibility related calls and documents.	\$ 43,786,860	\$ 130,951,292			\$ 32,000,000	\$ 95,700,887	Adopted as Amended	
b. 2-1-1 Texas Information & Referral Network (TIRN) Increased Call Volume, Operational, and Technology Needs Funding would provide \$2.0 million for staff retention and hiring at contracted Area Information Centers, which help manage calls to 2-1-1 Texas. The request also includes \$3.0 million to support the 2-1-1 TIRN with improved analytics and functionality.	\$ 2,076,434	\$ 5,040,466			\$ 1,500,000	\$ 3,627,126	Adopted as Amended: \$750k for Staff Retention and \$750k for 2-1-1 TIRN Support	

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Texas Integrated Eligibility Redesign System (TIERS) Learning Environment Funding would provide \$4.8 million to improve the simulated functionality of the TIERS learning environment to improve onboarding for new eligibility advisors. SB 1 includes \$39.9 million in General Revenue for TIERS. <i>Note: System Exceptional Item.</i>	\$ 1,316,462	\$ 4,780,972						
d. Eligibility Workload Management System Funding would provide \$1.4 million to improve training tools by developing a testing environment where new eligibility advisors can practice scenarios with real data. <i>Note: System Exceptional Item.</i>	\$ 394,982	\$ 1,425,746						
e. Lobby Kiosks Funding would provide \$1.0 million to purchase 250 self-service kiosks within local eligibility offices to provide more options to customers and increase staff capacity.	\$ 499,568	\$ 1,005,025						
6. Support for Community Based Services and Promoting Independence								
a. Support Workforce through Rate Increases This is a placeholder request for funding to provide rate increases for community attendants in Medicaid waiver programs. <i>Note: System Exceptional Item.</i>	\$ 1	\$ 1			\$ 901,886,738	\$ 2,316,290,376		
					Adopted as Amended: Increase Base Wage to \$11/Hour			

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Help Texans Receive Critical Support Services (4.2/5.2 FTEs) Funding would provide \$75.6 million to make changes to case management billing practices within the Deaf-Blind with Multiple Disabilities program and create services to provide crisis respite for Home and Community-based Services enrollees. <i>Note: System Exceptional Item.</i>	\$ 35,114,055	\$ 75,600,557			\$ 366,582	\$ 926,416		
c. Provide Additional Waiver Slots (25.1/41.8 FTEs) Funding would provide \$144.9 million for 2,000 additional waiver slots and new FTEs to support the new enrollments. <i>Note: System Exceptional Item.</i>	\$ 44,007,135	\$ 144,926,094			\$ 50,000,000	\$ 164,662,042		
7. STAR+PLUS Pilot Program Funding would provide \$579.7 million to support the pilot program for 24.0 months. The exceptional item includes funding for IT enhancements, pilot evaluation costs, staff to support operations and oversight, and funding with outside vendors. This item includes estimates for managed care payments for client services and administration.	\$ 230,044,934	\$ 579,730,175						

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	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
8. Grants Management System for Improving Mental Health Outcomes Funding would support the cost of acquiring and configuring an agency web-based grant management system to electronically manage Intellectual and Developmental Disability and Behavioral Health Services and other program area grants. <i>Note: System Exceptional Item.</i>	\$ 32,998,036	\$ 32,998,036						
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> \$21.4 million in funding for this item will be included in the supplemental bill. </div>								
9. Cybersecurity Compliance and Operations Monitoring								
a. Cyber Operations Center Monitoring Funding would equip a Hybrid Security Operations Center (SOC) model with ability to scale to provision changing security requirements. <i>Note: System Exceptional Item.</i>	\$ 8,388,810	\$ 12,065,892			\$ 8,388,810	\$ 12,065,892		
b. Advanced Analytics Endpoint Data Loss Prevention Funding would expand current endpoint data loss prevention technology with advanced analytics supported by machine learning to provide automated dashboards on how sensitive data is moving across the network in real time. <i>Note: System Exceptional Item.</i>	\$ 779,034	\$ 1,120,508			\$ 779,034	\$ 1,120,508		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Advanced Analytics Scanning Platform Funding would expand current vulnerability scanning technology with advanced analytics supported by machine learning to provide automated dashboards on agency risk to attacks in real time. <i>Note: System Exceptional Item.</i>	\$ 689,659	\$ 991,958			\$ 689,659	\$ 991,958		
d. Security System Plans and Auditable Event Compliance Assessments Funding would support system security plans that document how systems comply with security requirements and develop assessments to fully understand issues for real or potential events that should be tracked for performance or security reasons. <i>Note: System Exceptional Item.</i>	\$ 8,984,863	\$ 12,923,212						
e. Vulnerability Management Program Funding would establish a centralized management system to record vulnerabilities, track their remediation, and automate the workflow. <i>Note: System Exceptional Item.</i>	\$ 3,305,587	\$ 4,754,530						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
f. Web Application Penetration Testing Funding would support web application penetration testing to identify and remediate potential threats and strengths in the environment. <i>Note: System Exceptional Item.</i>	\$ 10,127,626	\$ 14,566,882						
10. Consolidated Rate Request This is a placeholder to provide reimbursement rate increases. HHSC has identified three areas where a reimbursement rate would impact client access to care, including community attendant services, wellness visits for kids and other office visits, and birth-related and women's health strategies.	\$ 1	\$ 1			\$ 39,728,514	\$ 100,443,147		
11. Procurement and Contracting Enhancements Funding for these items is part of a three-phase plan over three biennia to improve the information technology systems that support procurement and contracting.								
a. System of Contract Operation and Reporting (SCOR) Contract Management Improvements (5.0/5.0 FTEs) Funding would update the SCOR application, which is the system of record for the Health and Human Services Commission, Department of State Health Services, and Department of Family and Protective Services contracts. <i>Note: System Exceptional Item.</i>	\$ 4,899,301	\$ 6,339,084			\$ 4,899,301	\$ 6,339,084		

Adopted as Amended:
Provide 3% Increase for Wellness
Visits for Kids and Women's
Health-related Surgeries

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b. Historically Underutilized Business (HUB) Monitoring and Reporting System (3.5/3.5 FTEs) Funding would obtain or create an information technology solution to monitor and audit HUB Subcontracting Plan compliance and to report all subcontracting payments as required by statute and Comptroller rule. <i>Note: System Exceptional Item.</i>	\$ 11,794,226	\$ 15,230,598						
c. Automated Vendor Checks (0.4/0.6 FTEs) Funding would create an information technology system to automatically perform required vendor compliance checks as required by the Comptroller before purchases and before a contract is awarded. <i>Note: System Exceptional Item.</i>	\$ 6,286,443	\$ 8,121,800						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
12.	Ensuring Effective Operations in State Facilities								
	a. Deferred Maintenance Needs for State Facilities Funding would address deferred maintenance needs at State Supported Living Centers and mental health state hospitals.	\$ 64,000,000	\$ 64,000,000						
		\$50.0 million in funding for this item will be included in the supplemental bill.							
	b. Laundry Equipment Replacement Funding would replace three commercial laundry machines, heavily used smaller equipment, and laundry transport vehicles.	\$ 2,000,000	\$ 2,000,000			\$ 2,000,000	\$ 2,000,000		
	c. Emergency Facility Repairs Funding would address emergency repairs at State Supported Living Centers and mental health state hospitals.	\$ 23,000,000	\$ 23,000,000						
	d. Paving Facility Campuses Funding would provide \$25.0 million in General Revenue to maintain and construct roads, parking lots, and other paving at State Supported Living Centers and mental health state hospitals.	\$ 25,000,000	\$ 25,000,000			Adopted as Amended: No funding; Add Rider			
	e. State Hospitals - Electronic Health Record System Upgrade Funding would move facilities to an electronic Medication Administration Records (eMAR) module from the current, legacy applications.	\$ 38,873,054	\$ 38,921,260						
		Funding for this item will be included in the supplemental bill.							

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
13.	<p>Increase Access for Deaf and Hard of Hearing Services (1.0/1.0 FTEs)</p> <p>Funding would allow the Office of Deaf and Hard of Hearing to serve additional clients by contracting with additional service providers in currently unserved and underserved regions.</p> <p>SB 1 includes \$5.6 million in General Revenue to provide services to persons who are deaf or hard of hearing.</p>	\$ 2,371,385	\$ 2,371,385						
14.	Comply with State and Federal Regulations								
a.	<p>Fully Implement HB 337, 85R, relating to the continuation of certain public benefits after release from a county jail</p> <p>Funding would provide \$4.8 million to allow the agency to obtain data related to incarcerated individuals to implement the federal SUPPORT for Patients and Communities Act, which aims to provide Medicaid for 30 days prior to release.</p>	\$ 1,203,840	\$ 4,815,360						
b.	<p>Fully Implement SB 1896, 87R, relating to new license types for child-care providers (5.9/7.9 FTEs)</p> <p>Funding would provide \$13.5 million to make system modifications and hire FTEs in order to implement new child-care provider license types.</p> <p><i>Note: System Exceptional Item.</i></p>	\$ 13,494,462	\$ 13,511,230						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Regulatory FTEs, Individualized Skills and Socialization Program (19.9/19.9 FTEs) Funding would provide \$3.4 million and FTEs for the Individualized Skills and Socialization program to ensure compliance with the new Home and Community-based Services provider type and rules. <i>Note: System Exceptional Item.</i>	\$ 3,057,869	\$ 3,382,869			\$ 3,057,869	\$ 3,382,869		
d. Implement Senate Bill 1621, 86R, relating to rural medical facilities (3.1/3.1 FTEs) Funding would provide \$0.7 million to create new rules, policies, and procedures for the creation of a new rural emergency hospital license type. <i>Note: System Exceptional Item.</i>	\$ 695,439	\$ 700,469			\$ 458,995	\$ 458,995		
15. Support Regulatory Compliance								
a. Funding for Long-term Care Regulatory FTEs Funding would provide \$5.4 million for 31.0 FTEs within the current FTE cap to address the backlog of investigations and inspections in long-term care facilities.	\$ 5,340,247	\$ 5,443,779			\$ 3,559,809	\$ 3,628,823		
b. IT Application Services - Regulatory Funding would provide \$5.9 million to acquire contracted services through the Department of Information Resources technical services to address regulatory needs with reliable information systems that have defect remediation issues.	\$ 2,933,784	\$ 5,867,569			\$ 1,466,892	\$ 2,933,785		

Adopted as Amended:
Fund 2.0 FTEs

Adopted as Amended:
Fund 2/3

Adopted as Amended:
Fund 50%

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
16.	Maintain Public Facing Offices and Client Supports								
	a. Maintain Public Facing Offices and Client Supports Funding would provide \$71.4 million for cost increases and inflation affecting agency leases at public facing offices and non-client services contracts. <i>Note: System Exceptional Item.</i>	\$ 58,187,819	\$ 71,427,646			\$ 20,000,000	\$ 24,550,722		
						Adopted as Amended			
	b. State Office Buildings Maintenance & Security Funding would provide \$3.8 million to fully fund the interagency contract with the Texas Facilities Commission for facility security and maintenance at the North Austin Campus and John H Winters Building. The request includes additional funding for facility security at regional facilities. <i>Note: System Exceptional Item.</i>	\$ 3,736,356	\$ 3,792,084			\$ 3,736,356	\$ 3,792,084		
17.	Application Modernization								
	a. TIERS to Cloud Migration Funding would provide \$22.9 million to migrate the TIERS suite of applications to Cloud Services in order to improve availability and scalability, and security. It is anticipated to reduce long-term maintenance costs.	\$ 5,743,185	\$ 22,895,248			\$ 5,743,185	\$ 22,895,248		

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	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. ARTS to CAPPS Migration Funding would provide \$6.0 million to migrate the Accounts Receivable Tracking System (ARTS) to the Centralized Accounting and Payroll/Personnel System (CAPPS) Financials application. <i>Note: System Exceptional Item.</i>	\$ 4,994,706	\$ 6,000,656			\$ 2,497,353	\$ 3,000,328		
					Adopted as Amended: Fund 50%			
c. Hosted Faxing Solution Funding would provide \$5.1 million to provide service stability and reliability for approximately 3,300 users throughout 226 health and human services programs responsible for processing 32 million inbound faxes and 11 million outbound faxes per year. <i>Note: System Exceptional Item.</i>	\$ 3,578,777	\$ 5,147,469			\$ 3,578,777	\$ 5,147,469		
d. WIC Capital Authority for Multi-State MOSAIC Online Electronic Benefit Transfer (EBT) This item would provide capital budget authority to transfer WIC EBT Services from offline to online. This is a 100% federally funded project and would be out of an existing federal grant.	\$ -	\$ -			Adopted Capital Budget Authority			
e. Provider Cost Report System and Training Modernization Funding would provide \$11.4 million for the development and implementation of a new web-based State of Texas Automated Information and Reporting System (STAIRS) used for the submission of cost and accountability reports. <i>Note: System Exceptional Item.</i>	\$ 7,966,202	\$ 11,366,000			\$ 5,305,491	\$ 7,576,576		
					Adopted as Amended: Fund 2/3			

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
18.	Performance Management and Analytics System (PMAS) Cloud Data Analytics Platform Funding would provide \$21.0 million for a cloud-based data integration hub for data sharing services, within a cloud hosted environment to support cross-program integrated data analytics and reporting for health and human services programs.	\$ 17,379,449	\$ 21,019,525						
19.	Enhancing Medicaid Enrollment and Contract Management (18.8/18.8 FTEs) Funding would provide \$3.2 million for additional FTEs for the administration and management of Medicaid and CHIP provider contracts.	\$ 1,602,569	\$ 3,239,675			\$ 1,602,569	\$ 3,239,675		
Office of Inspector General (OIG) Exceptional Items									
20.	OIG Priority 1: Enhance OIG Staff Resources Funding would provide \$2.9 million for salary increases to recruit and retain staff including attorneys, auditors, investigators, and nurses.	\$ 1,612,730	\$ 2,865,292			\$ 645,092	\$ 1,146,118		
21.	OIG Priority 2: Increase Fraud, Waste, and Abuse (FWA) Detection Through Data Analytics (10.4/10.4 FTEs) Funding would provide \$2.2 million and new FTEs to support existing data analytics business process requirements and develop new analytic capabilities.	\$ 1,100,391	\$ 2,178,415			\$ 1,100,391	\$ 2,178,415		

Adopted as Amended:
Fund 40% of GR Request

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
22.	OIG Priority 3: Increase Beneficiary Fraud Detection (ASOIG Replacement) Funding would provide \$7.8 million to replace the current case management system created internally with manual processes to an automated system for calculating overpayments, generating correspondence, tracking investigations, providing overpayment claim data, and producing reports.	\$ 3,982,281	\$ 7,794,028			\$ 3,982,281	\$ 7,794,028		
23.	OIG Priority 4: Modernize Case Management System for Special Investigations Funding would provide \$3.2 million to procure a case management system to allow the Special Investigations Unit to share information, track progress, and facilitate the creation of standardized investigative documents and processes.	\$ 2,442,040	\$ 3,151,750						
24.	OIG Priority 5: OIG Complex Contracts Audit Team (4.2/4.2 FTEs) Funding would provide \$0.8 million and new FTEs to create a specialized team to audit high-risk and complex contracts focusing on advanced financial and performance information.	\$ 532,914	\$ 847,689			\$ 532,914	\$ 847,689		
25.	OIG Priority 6: Automate Beneficiary Evidence Gathering Funding would provide \$2.8 million to procure a system for beneficiary investigators to obtain and evaluate evidence of fraud, waste, and abuse. Currently, OIG gathers information manually from a variety of disparate information sources.	\$ 2,160,240	\$ 2,788,054			\$ 2,160,240	\$ 2,788,054		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
26.	OIG Priority 7: Expand OIG Investigative and Provider Enrollment Capacity (12.5/12.5 FTEs) Funding would provide \$2.1 million to increase FTEs in the State Centers Investigations Team, Beneficiary Program Integrity, Electronic Benefits Trafficking, and Provider Enrollment Integrity Screenings.	\$ 1,192,227	\$ 2,081,286			\$ 596,114	\$ 1,040,643		
						<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Adopted as Amended: Fund 50% and 6.3/6.3 FTEs </div>			
27.	OIG Priority 8: Improve Public Reporting of FWA and Processing of Referrals (WAFERS) Funding would provide \$2.7 million to replace the Waste, Abuse and Fraud Electronic Reporting System (WAFERS) implemented in 2007, which serves as an online reporting portal and an intake system for further research and investigation, with a suite of Microsoft.NET modern web applications and an SQL Server database backend data store.	\$ 2,078,506	\$ 2,682,564			\$ 2,078,506	\$ 2,682,564		
28.	OIG Priority 9: Improve OIG Appeals Process Funding would provide \$1.8 million to contract with a vendor to review appeals of federally required utilization reviews and federally required work required to be performed by the Recovery Audit Contractor.	\$ 875,000	\$ 1,750,000			\$ 875,000	\$ 1,750,000		
Texas Civil Commitment Office (TCCO) Exceptional Items									
29.	TCCO Priority 1: Reinstate 5.0 percent Biennial Budget Reduction from FY 2022-23 Funding would provide \$1.9 million to reinstate the 5 percent biennium budget reduction in the 2022-23 biennium.	\$ 1,866,692	\$ 1,866,692			\$ 1,866,692	\$ 1,866,692		

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
30.	TCCO Priority 2: Offsite Healthcare Funding would provide \$4.3 million to fund offsite healthcare costs for sexually violent predators. The current contract covers on-site primary care and the first \$25,000 in offsite health care for each client.	\$ 4,322,420	\$ 4,322,420			\$ 2,161,210	\$ 2,161,210		
						<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Adopted as Amended: Fund 50% </div>			
31.	TCCO Priority 3: Case Manager Career Ladder Funding would provide \$0.1 million to fund a salary career ladder for its case managers based on classification and years of services.	\$ 82,512	\$ 82,512			\$ 82,512	\$ 82,512		
32.	TCCO Priority 4: Additional FTE Request (4.0/4.0 FTEs) Funding would provide \$0.5 million to fund new case manager FTEs.	\$ 547,804	\$ 547,804			\$ 547,804	\$ 547,804		
33.	TCCO Priority 5: Cremation and Disposition Expenses Funding would provide less than \$0.1 million for cremation services for clients that have no next of kin or family.	\$ 20,000	\$ 20,000			\$ 20,000	\$ 20,000		
34.	TCCO Priority 6: Contract Rate Adjustment Costs Funding would provide \$1.5 million for a 3.0 percent increase in per diem rates for contract services to maintain operations of treatment and supervision program.	\$ 1,471,046	\$ 1,471,046			\$ 1,471,046	\$ 1,471,046		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
DFPS Exceptional Items for HHSC Funding								
35. Strengthen Mental and Behavioral Health Services in Foster								
a. Contracted, Extended Inpatient Beds. This request would add 20.0 contracted, extended stay inpatient beds for DFPS Children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1h.	\$ 14,600,000	\$ 14,600,000						
b. Youth Mobile Crisis Outreach Teams. This request would add 5.0 youth mobile crisis outreach teams for DFPS children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1j.	\$ 8,000,000	\$ 8,000,000						
c. Increase Rates for Youth Empowerment Services (YES) Waiver to Address Capacity Needs. This request would increase rates for the YES waiver to address capacity needs of DFPS children. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1i.	\$ 4,186,266	\$ 4,186,266			\$ 1,200,000	\$ 1,200,000		

Adopted as Amended:
No Funding; Add Rider

Adopted as Amended

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Grants to Promote Access for Families and Improve Outcomes for Children and Youth. This request would provide innovation grants to promote access for families and improve outcomes for children and youth. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1m.	\$ 10,000,000	\$ 10,000,000						
e. Increase Coverage of Community Resource Coordination Groups (CRCGs) Statewide. DFPS requested funding to be appropriated to HHSC. See DFPS Exceptional Item #1n.	\$ 2,842,000	\$ 2,842,000			\$ 1,421,000	\$ 1,421,000		
Agency Rider Requests:								
MEDICAID								
1. Add new rider, Informational Listing: End-of-year Waiver Slots, to add new informational list of funded Medicaid waiver slots.	\$ -	\$ -						
2. Add new rider, Program of All-inclusive Care for the Elderly (PACE), to authorize HHSC to use or transfer funding for up to three additional PACE sites.	\$ -	\$ -						
BEHAVIORAL HEALTH								
3. Delete Rider 31, Mental Health Appropriations and Federal Matching Opportunities.	\$ -	\$ -						
4. Amend Rider 32, Mental Health Peer Support Re-entry Program, to remove reference to a Memorandum of Understanding and remove a reporting requirement.	\$ -	\$ -						
5. Delete Rider 37, Block Grants for Community Mental Health.	\$ -	\$ -						

Adopted as Amended:
Fund 50% and 2.5/2.5 FTEs

Adopted as Amended

Adopted

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
OFFICE OF INSPECTOR GENERAL								
6. Delete Rider 80, Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.	\$ -	\$ -			Adopted			
TEXAS CIVIL COMMITMENT OFFICE								
7. Amend Rider 82, Texas Civil Commitment Office, to broaden transfer authority between fiscal years.	\$ -	\$ -						
TRANSFERS								
8. Amend Rider 98, Limitations on Transfer Authority, to remove more restrictive capital budget transfer requirements.	\$ -	\$ -						
9. Amend Rider 103, Unexpended Construction Balances, to authorize unexpended balance transfer authority for construction, repair and renovation, and deferred maintenance appropriations for all methods of finance.	\$ -	\$ -						
10. Amend Rider 107, Appropriation of Unexpended Balances: Funds Recouped from Local Authorities, to allow HHSC to reallocate recouped funds to local authorities regardless of strategy.	\$ -	\$ -						
11. Add new rider, Transfer Authority: Women's Health, to provide transfer authority from Medicaid for Women's Health Programs with notification.	\$ -	\$ -						
12. Add new rider, Transfer Authority: Home and Community-Based Services-Adult Mental Health, to provide transfer authority for the Home and Community-Based Services-Adult Mental Health Program with notification.	\$ -	\$ -						
13. Add new rider, Transfer Authority: State-owned Facilities, to provide transfer authority from Medicaid to state-owned facilities with notification.	\$ -	\$ -						
ADMINISTRATION								
14. Delete Rider 116, Community Centers.	\$ -	\$ -						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
15. Add new rider, Savings Incentive Program, to provide appropriation authority to implement the Savings Incentive Program established by Texas Government Code, Ch. 2108.	\$ -	\$ -						
16. Add new rider, On-Call Pay, to authorize compensation to employees for on-call time.	\$ -	\$ -			Adopted as Amended			
17. Add new rider, SNAP Performance Payments, to authorize bonus payments to certain employees for meeting or exceeding performance standards for eligibility determination and customer service.	\$ -	\$ -						
Workgroup Revisions and Additions:								
1. Amend Rider 16, Rural Labor and Delivery Medicaid Add-on Payment, to increase the add-on payment from \$500 to \$750.					\$ 4,225,671	\$ 10,564,178		
2. Add new rider directing the agency to redirect the funds towards contracted inpatient beds in the event the funds are not expended by a certain date. (see Exceptional Item #2a)					\$ -	\$ -		
3. Add new rider expressing intent that funds be used to reduce the forensic waitlist. (See Exceptional Item #4a)					\$ -	\$ -		
4. Add new rider to limit cost overruns in constructing the new state hospital in Dallas. (See Exceptional Item #4b)					\$ -	\$ -		
5. Add new rider expressing intent that temporary FTEs assisting in unwinding of continuous Medicaid coverage be phased out. (See Exceptional Item #5a)					\$ -	\$ -		
6. Add new rider directing expenditure of funds provided for 2-1-1. (See Exceptional Item #5b)					\$ -	\$ -		
7. Add new rider clarifying use of appropriations provided to increase the base wage to \$11 an hour. (See Exceptional Item #6a)					\$ -	\$ -		
8. Add new rider clarifying use of appropriations provided for DBMD. (See Exceptional Item #6b)					\$ -	\$ -		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2024-25 Biennial Total</u>		Pended Items <u>2024-25 Biennial Total</u>		Adopted <u>2024-25 Biennial Total</u>		Article XI <u>2024-25 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
9. Add new rider clarifying use of appropriations provided for rate increases. (see Exceptional Item #10)					\$ -	\$ -		
10. Add new rider directing the agency to work with the Texas Department of Transportation to utilize federal funding for paving at state-owned facilities. (See Exceptional Item #12d)					\$ -	\$ -		
11. Add new rider expressing intent that the agency work with the Texas Facilities Commission to identify ways to lower the cost of state-owned leases. (See Exceptional Item #16a)					\$ -	\$ -		
12. Amend Rider 82, Texas Civil Commitment Office, to provide carryback authority for offsite healthcare costs. (See Exceptional Item #30)					\$ -	\$ -		
13. Amend Rider 21, Health and Human Services Cost Containment, to direct the agency to achieve savings, including the provision of emergency telemedicine services for individuals with IDD.					\$ (350,000,000)	\$ (350,000,000)		
14. Amend Rider 40, Informational Listing: Additional Mental Health Funding, to identify additional purposes and new mental health funding. (See DFPS Exceptional Items #1d, 1h, 1i, and 1n, and HHSC Exceptional Items #3a, 3b, 3c, 3d, 3e, 3f, 4a, 4d, 35a, 35c, and 35e.)					\$ -	\$ -		
15. Amend Rider 36, Community Mental Health Grant Programs, to direct the agency to issue a needs and capacity assessment for grant proposals for the Mental Health Grant Program for Justice-Involved Individuals.					\$ -	\$ -		
16. Add new rider directing the agency to collaborate with DFPS regarding Title IV-E funding.					\$ -	\$ -		
17. Add funding and new rider to expand the Family Resources website.					\$ 1,000,000	\$ 1,000,000		
18. Add new rider directing the agency to conduct an assessment of residential child care minimum standards.					\$ -	\$ -		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
19.	Add new rider to Article XI to direct the agency to contract for additional inpatient bed capacity in Victoria County.							\$ -	\$ -
20.	Add new rider directing the agency to transition services provided through a fee-for-service model from the Texas Medicaid and Healthcare Partnership to managed care organizations for dually eligible adults.					\$ -	\$ -		
21.	Add funding and new rider to expand the home-delivered meals program.					\$ 10,000,000	\$ 10,000,000		
Total, Outstanding Items / Tentative Decisions		\$ 2,624,563,007	\$ 7,769,271,330	\$ -	\$ -	\$ 867,459,261	\$ 2,622,124,921	\$ 23,900,000	\$ 23,900,000
		FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalents / Tentative Decisions		93.7	97.9	0.0	0.0	116.3	133.0	0.0	0.0

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

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

Article 2, Health and Human Services Special Provisions (S02) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2024-25 Biennial Total		Pended Items 2024-25 Biennial Total		Adopted 2024-25 Biennial Total		Article XI 2024-25 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Workgroup Revisions and Additions:								
1. None.								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025	FY 2024	FY 2025
Total, Full-time Equivalentents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

By: _____

Department of Family and Protective Services

Proposed Funding and Rider

Human Trafficking Identification, Deterrence and Response

Prepared by LBB Staff, 03/21/2023

Overview

Revise rider to change the rider title, and modify the responsibilities of the Department of Family and Protective Services for human trafficking prevention.

Required Action

On page II-16 of the Department of Family and Protective Services bill pattern, amend the following rider:

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

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

been involved in with TJJD, DPS, OAG and other state or local law enforcement agencies and number of licensed facilities serving those populations.

- (f) ~~DFPS and the Health and Human Services Commission shall coordinate to better identify and track human trafficking victims, or those at risk of human trafficking (as well as other populations exempted under the Family First Prevention Services Act), and facilities serving those populations. The report shall be submitted December 1, 2022, to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.~~

By: _____

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

Prepared by LBB Staff, 03/21/2023

Overview

Delete Rider 34, Texas Home Visiting Program and Nurse Family Partnership Program

Required Action

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

- ~~34. **Texas Home Visiting Program and Nurse Family Partnership Program:** Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C-1.5, Home Visiting Programs, is:~~
- ~~(a) \$294,319 in General Revenue Funds in each fiscal year and \$21,233,094 in Federal Funds in fiscal year 2024 and \$18,696,905 in Federal Funds in fiscal year 2025 for services in the Texas Home Visiting Program; and~~
 - ~~(b) \$4,170,899 in General Revenue Funds and \$13,565,549 in Federal Funds in each fiscal year for services in the Nurse Family Partnership Program;~~
 - ~~(c) Support costs for these programs are included in Strategy C-1.6, At Risk Prevention Program Support, and are not included in Subsections (a) through (b);~~

By: _____

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

Prepared by LBB Staff, 03/04/2023

Overview

Direct the Department of Family and Protective Services to collect and report quarterly on amounts billed from the foster care litigation court monitors.

Required Action

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

_____.
Reporting on Court Monitor Fees. The Department of Family and Protective Service shall report no later than 60 business days from the end of each quarter, the amount billed from the foster care litigation court monitors. The report shall be prepared in a format specified by the Legislative Budget Board and shall include, but not limited to:

- (a) How many hours were billed and what the agency was billed for;
- (b) How many facilities are under heightened monitoring; and
- (c) Update from the agency on the status of complying with the court orders.

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

By: _____

Department of Family and Protective Services
Amend Rider
Foster Care Rate Increases

Prepared by LBB Staff, 03/07/2023

Overview

Direct the Department of Family and Protective Services to utilize \$77.8 million in General Revenue provided for foster care rate increases to maintain enhanced foster care rate to providers who have a no eject/no reject clause.

Required Action

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

_____.
Foster Care Rate Increases. Out of funds appropriated above in Strategy B.1.9, Foster Care Payments, ~~\$38,807,873~~~~\$50,000,000~~ in General Revenue in fiscal year 2024 and \$39,031,339 in General Revenue in fiscal year 2025 shall be used ~~in each~~ year of the biennium to provide enhanced foster care rates to providers who have a no eject/no reject clause in their contract with the Department of Family and Protective Services. ~~increase foster care rates.~~

By: _____

Department of Family and Protective Services
Proposed Funding and Rider
Contingency for Children Without Placement Appropriation

Prepared by LBB Staff, 03/15/2023

Overview

This rider would make funding to address children without placement contingent upon the findings of a report.

Required Action

1. On page II-1 of the Department of Family and Protective Services bill patter, increase appropriations by \$9,000,000 in General Revenue in each fiscal year of the 2024-25 biennium.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

_____.

Contingency for Children Without Placement Appropriation. Included in appropriations above is \$9,000,000 in General Revenue in each fiscal year to address costs related to children without placement (CWOP). The use of funding is contingent upon the Department of Family and Protective Services (DFPS) contracting with a provider to address the needs of CWOP and DFPS implementing recommendations identified in the 2014 Child Protective Services Operational Review report.

By: _____

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

Prepared by LBB Staff, 03/20/2023

Overview

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

Required Action

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

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

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

By: _____

Department of State Health Services

Proposed Rider

Hemp Regulation

Prepared by LBB Staff, 03/16/2023

Overview

Adopt rider reinstating and updating deleted Hemp Regulation rider from the 2022-23 GAA. The rider allows for the appropriation of additional funds and increases in FTEs by the Department of State Health Services if revenue exceeds appropriations in the agency bill pattern for the Hemp Regulation Program.

Required Action

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

_____.

Hemp Regulation. Included in amounts appropriated above, in Strategy C.1.1, Food (Meat) and Drug Safety, is an estimated \$894,227 in each fiscal year from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products for the purposes of implementing Chapter 443 of the Health and Safety Code. Additional revenue from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products in excess of the amounts appropriated above (estimated to be \$0) is appropriated to the Department of State Health Services (DSHS) for the same purpose up to an additional \$411,334 each fiscal year. For each additional \$68,556 in revenue above appropriations, the DSHS Full Time Equivalents (FTE) cap may be increased by 1.0 FTEs in the fiscal year in which the additional revenue is collected, up to an additional 6.0 FTEs.

By: _____

Department of State Health Services
Proposed Funding and Rider
Maternal Health Quality Improvement System and Maternal Mortality Review
Information Application (MMRIA) Replacement.

Prepared by LBB Staff, 03/16/2023

Overview

Increase funding and add a new rider at the Department of State Health Services (DSHS) for the Maternal Health Quality Improvement System and a state-based replacement of the Maternal Mortality Review Information Application (MMRIA).

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.1.1, Maternal and Child Health, by \$3,393,990 in General Revenue in fiscal year 2024 and \$7,516,429 in General Revenue in fiscal year 2025. biennium.
2. On page II-XX of the Department of State Health Services bill pattern, increase full time-equivalents (FTE) by 3.0 FTEs in each year of the biennium.
3. On page II-XX of the Department of State Health Services bill pattern, increase capital budget authority to reflect increased costs in each year of the biennium.
4. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Maternal Health Quality Improvement System and Maternal Mortality Review Information Application (MMRIA) Replacement. Included in the amounts appropriated above in Strategy B.1.1. Maternal and Child Health, is the following:

- (a) \$425,850 in General Revenue in fiscal year 2024 and \$4,600,466 in General Revenue in fiscal year 2025 for a Maternal Health Quality Improvement System to obtain faster hospital discharge data. provide more comprehensive data analysis, and to attain more timely and usable data metrics; and
- (b) \$2,968,140 in General Revenue in fiscal year 2024 and \$2,915,963 in General Revenue in fiscal year 2025 to develop and maintain a state-based replacement for the Maternal Mortality Review Information Application (MMRIA) to support the Maternal Mortality and Morbidity Review Committee. The state-based replacement application would facilitate case abstraction, case review, data entry, and documentation. It is the intent of the Legislature that the state-based replacement system would fully replace utilization of MMRIA by the Department of State Health Services and its implementation is intended to preclude the acceptance of federal funding for use of MMRIA or any similar federal application.

By: _____

Department of State Health Services, Article II
Proposed Rider
Rio Grande Valley Facilities and Services

Prepared by LBB Staff, 03/22/2023

Overview

This rider would provide unexpended balance authority to the Department of State Health Services for the purpose of Rio Grande Valley Facilities and Services.

Required Action

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

Rio Grande Valley Facilities and Services. All unexpended and unobligated balances remaining as of the effective date of this Act from the appropriations made by Section 16, Chapter 10 (Senate Bill 8), Acts of the Eighty-seventh Legislature, Third Called Session, 2021 (the Supplemental Appropriations Act) and unexpended balances from Senate Bill 30, Eighty-eighth Legislature, Regular Session, 2023, from American Rescue Plan Act (ARPA) funds or other appropriated funds to the Department of State Health Services for the purpose of upgrading existing laboratory facilities and infrastructure are hereby appropriated to the department for the purpose of contracting with a healthcare entity located in the Rio Grande Valley designated as a level I trauma facility on or before January 1, 2022, for the construction of facilities and related infrastructure in Starr County for: research facilities; laboratory facilities; graduate medical education programs, including clinic and teaching space; medical clinics; and multispecialty clinic services.

By: _____

Health and Human Services Commission, Article II

Proposed Rider Hospital Payments

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

8. Hospital Payments. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategies in Goal A, Medicaid Client Services, is \$112,399,393 in General Revenue Funds, \$72,586,320 in Interagency Contracts, and \$278,870,136 in Federal Funds (\$463,855,849 in All Funds) in fiscal year 2024 and \$116,333,409 in General Revenue Funds, \$72,250,499 in Interagency Contracts, and \$281,465,713 in Federal Funds (\$470,049,621 in All Funds) in fiscal year 2025 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:

- (a) \$71,784,000 in Interagency Contracts and \$108,216,000 in Federal Funds in fiscal year 2024 and \$72,216,000 in Interagency Contracts and \$107,784,000 in Federal Funds in fiscal year 2025 for trauma care;
- (b) \$59,017,680 in General Revenue Funds, \$802,320 in Interagency Contracts, and \$90,180,000 in Federal Funds in fiscal year 2024 and \$60,145,501 in General Revenue Funds, \$34,499 in Interagency Contracts, and \$89,820,000 in Federal Funds in fiscal year 2025 for safety-net hospitals;
- (c) \$11,964,000 in General Revenue Funds and \$18,036,000 in Federal Funds in fiscal year 2024 and \$12,036,000 in General Revenue Funds and \$17,964,000 in Federal Funds in fiscal year 2025 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
- (d) \$11,644,960 in General Revenue Funds and \$17,555,040 in Federal Funds in fiscal year 2024 and \$13,440,200 in General Revenue Funds and \$20,059,800 in Federal Funds in fiscal year 2025 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor;
- (e) \$5,446,155 in General Revenue Funds and \$8,210,201 in Federal Funds in fiscal year 2024 and \$5,651,359 in General Revenue Funds and \$8,434,781 in Federal Funds in fiscal year 2025 for rural hospitals to maintain increases to inpatient rates in addition to those identified in Subsection (d); and
- (f) \$24,326,598 in General Revenue Funds and \$36,672,895 in Federal Funds in fiscal year 2024 and \$25,060,349 in General Revenue Funds and \$37,403,132 in Federal Funds in fiscal year 2025 to maintain increases in reimbursement for Medicaid services provided by rural hospitals.

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in Subsection (b) that targets the state's safety-net hospitals, including

those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

For purposes of Subsections (c), (d), (e) and (f), rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the ~~2010~~2020 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

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

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Rural Labor and Delivery Medicaid Add-on Payment

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

16. Rural Labor and Delivery Medicaid Add-on Payment. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.3, Pregnant Women, \$3,190,400 in General Revenue and \$4,809,600 in Federal Funds in fiscal year 2024 and \$3,209,600 in General Revenue and \$4,790,400 in Federal Funds in fiscal year 2025 for HHSC to provide a \$500 Medicaid add-on payment for labor and delivery services provided by rural hospitals.

For purposes of this rider, rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the ~~2010~~ 2020 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Health and Human Services Cost Containment

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

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

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

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Patient Driven Payment Model for Nursing Facility Services

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

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

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

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

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

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

The report shall include:

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

HHSC shall submit the report to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, House Appropriations Committee, and permanent committees in the Senate and House of Representatives with jurisdiction over health and human services by June 1 of each fiscal year.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Reimbursement of Advisory Committee Members

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

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

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Informational Listing: End-of-year Waiver Slots Funding

Prepared by LBB Staff, 03/20/2023

Overview

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

Required Action

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

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

- (a) Strategy A.1.1, Aged and Medicare-Related; Strategy A.1.2, Disability-Related, STAR+PLUS Home and Community-based Services: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 for XX end-of-year waiver slots and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (b) Strategy A.1.2, Disability-Related, Medically Dependent Children Program: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 for XX end-of-year waiver slots and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (c) Strategy A.3.1, Home and Community-based Services: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (d) Strategy A.3.2, Community Living Assistance: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2024 and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots; and
- (e) Strategy A.3.3, Deaf-Blind Multiple Disabilities: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots;
- (f) Strategy A.3.4, Texas Home Living: \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year and \$XX in General Revenue Funds and \$XX in Federal Funds (\$XX in All Funds) in fiscal year 2025 for XX end-of-year waiver slots.

Appropriations and end-of-year waiver slots above include an additional \$50,000,000 in General Revenue to increase waiver slots and reduce the interest lists.

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

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

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

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

- ~~(a) Out of funds appropriated above in Strategy K.1.1, Office of Inspector General, the Office of Inspector General (OIG) shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to continue to review cost avoidance and waste prevention activities employed by MCOs throughout the state, as well as OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs. The review shall include:

 - ~~(1) the strategies MCOs are implementing to prevent waste, including, but not limited to recovering overpayments, reducing Potentially Preventable Events (PPE), and conducting internal monitoring and audits;~~
 - ~~(2) the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions;~~
 - ~~(3) the allocation of resources for activities that directly or indirectly contribute to the prevention, detection, audit, inspection, or review of fraud, waste, and abuse in Medicaid managed care programs, including:

 - ~~(A) Actual expenditures for fiscal year 2024 and planned expenditures for fiscal year 2025;~~
 - ~~(B) Actual allocation of FTEs for fiscal year 2024 and the planned allocation of FTEs for fiscal year 2025 grouped by type of activity; and~~
 - ~~(C) Any other information relevant to assess the percentage of resources used to perform activities related to Medicaid managed care relative to other OIG activities.~~~~
 - ~~(4) the total incidence of fraud, waste, and abuse identified by the OIG in Medicaid managed care programs by entity, including Medicaid recipients, providers, managed care organizations, or hospitals.~~~~
- ~~(b) The Office of Inspector General shall submit a report to the Legislative Budget Board and the Office of the Governor by March 1, 2024, detailing the information related to OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs, as well as its findings and recommendations related to cost avoidance and waste prevention activities, employed by MCOs.~~

By: _____

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

Prepared by LBB Staff, 03/07/2023

Overview

Accept the agency’s request to add a new rider, On-Call Pay, to authorize compensation to employees for on-call time as amended to allow on-call pay only for staff working in mental health state hospitals and state supported living centers.

Required Action

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

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

By: _____

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

Prepared by LBB Staff, 03/20/2023

Overview

Increase funding and amend Health and Human Services Commission Rider 16, Rural Labor and Delivery Medicaid Add-on Payment, to increase the add-on rate from \$500 to \$750.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.3, Pregnant Women, by \$2,106,497 in General Revenue and \$3,175,592 in Federal Funds (\$5,282,089 in All Funds) in fiscal year 2024 and \$2,119,174 in General Revenue and \$3,162,915 in Federal Funds (\$5,282,089 in All Funds) in fiscal year 2025.

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

Rural Labor and Delivery Medicaid Add-on Payment. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.3, Pregnant Women, is ~~\$3,190,400~~\$5,296,897 in General Revenue and ~~\$4,809,600~~\$7,985,192 in Federal Funds in fiscal year 2024 and ~~\$3,209,600~~\$5,328,774 in General Revenue and ~~\$4,790,400~~\$7,953,315 in Federal Funds in fiscal year 2025 for HHSC to provide a ~~\$500~~\$750 Medicaid add-on payment for labor and delivery services provided by rural hospitals.

For purposes of this rider, rural hospitals are defined as (1) hospitals located in a county with ~~60,000~~65,000 or fewer persons according to the ~~2010~~2020 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

By: _____

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

Prepared by LBB Staff, 03/19/2023

Overview

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

Required Action

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

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

By: _____

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

Prepared by LBB Staff, 03/19/2023

Overview

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

Required Action

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

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

By: _____

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

Prepared by LBB Staff, 03/14/2023

Overview

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

Required Action

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

_____.
Funding for the Unwinding of Continuous Medicaid Coverage. Included in the amounts appropriated above is \$26,261,933 in General Revenue and \$51,727,232 in Federal Funds (\$77,989,165 in All Funds) in fiscal year 2024 and \$5,738,067 in General Revenue and \$11,973,655 in Federal Funds (\$17,711,722 in All Funds) in fiscal year 2025 to provide funding for temporary full-time equivalents and to support the increased workload for the Eligibility Support Services contractor due to the unwinding of continuous Medicaid coverage. It is the intent of the Legislature that full-time equivalent positions added to temporarily assist in the unwinding of continuous Medicaid coverage be phased out by May 31, 2024.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
2-1-1 Texas Information & Referral Network (TIRN)

Prepared by LBB Staff, 03/15/2023

Overview

Add a new rider to direct HHSC on how to spend funding related to 2-1-1 Texas Information & Referral Network (TIRN).

Required Action

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

_____.
2-1-1 Texas Information & Referral Network (TIRN). Out of funds appropriated above, the Health and Human Services Commission shall allocate the following amounts for improvement of 2-1-1 TIRN:

- (a) \$375,000 in General Revenue and \$379,420 in Federal Funds (\$754,420 in All Funds) in each fiscal year in Strategy I.1.1, Integrated Eligibility and Enrollment, for staff retention and hiring at contracted Area Information Centers; and
- (b) \$375,000 in General Revenue and \$684,143 in Federal Funds (\$1,059,043 in All Funds) in each fiscal year Strategy I.3.1, TERS & Eligibility Support Tech, to improve 2-1-1 analytics and functionality.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Community Attendant Services Base Wage

Prepared by LBB Staff, 03/20/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to increase the base wage for services provided by community attendants to \$11.00.

Required Action

1. On Page II-XXX of the Health and Human Services Commission bill pattern, increase appropriations in Goal A, Medicaid Client Services,
2. On page II-XXX of the Health and Human Services Commission bill pattern, add the following rider:

_____.

Information on Funding Provided for Attendant Wages, Included in amounts appropriated above to the Health and Human Services Commission in Goal A, Medicaid Client Services, and Strategy F.1.2, Non-Medicaid Services, is \$901,886,738 in General Revenue and \$1,391,449,185 in Federal Funds to increase the base wage for personal attendant services to \$11.00 per hour in fiscal years 2024 and 2025.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Deaf-Blind Multiple Disabilities Case Management

Prepared by LBB Staff, 03/15/2023

Overview

Add a new rider to direct HHSC on how to spend funding related to Deaf-Blind Multiple Disabilities case management.

Required Action

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

_____. **Deaf-Blind Multiple Disabilities Case Management.** Out of funds appropriated above in Strategy A.3.3, Deaf-Blind Multiple Disabilities, the Health and Human Services Commission shall allocate \$181,994 in General Revenue and \$281,214 in Federal Funds (\$463,208 in All Funds) in fiscal year 2024 and \$184,588 in General Revenue and \$278,620 in Federal Funds (\$463,208 in All Funds) in fiscal year 2025 for Deaf-Blind Multiple Disabilities case management billing reform.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rates for Wellness Visits and Women’s Health Related Surgeries

Prepared by LBB Staff, 03/20/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to increase reimbursement rates for wellness visits and women’s health related surgeries.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.5, Children, by \$19,429,986 in General Revenue and \$30,022,767 in Federal Funds (\$49,452,753 in All Funds) in fiscal year 2024 and \$17,326,338 in General Revenue and \$26,152,554 in Federal Funds (\$43,478,892 in All Funds).
2. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.3, Pregnant Women, by \$1,483,494 in General Revenue and \$2,292,258 in Federal Funds (\$3,775,752 in All Funds) in fiscal year 2024 and \$1,488,696 in General Revenue and \$2,247,054 in Federal Funds (\$3,735,750 in All Funds).
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Rates: Wellness Visits for Kids and Women’s Health Related Surgeries. Included in amounts appropriated above to the Health and Human Services Commission are the following amounts for reimbursement rate increases:

- (a) \$19,429,986 in General Revenue and \$30,022,767 in Federal Funds (\$49,452,753 in All Funds) in fiscal year 2024 and \$17,326,338 in General Revenue and \$26,152,554 in Federal Funds (\$43,478,892 in All Funds) in fiscal year 2025 in Strategy A.1.5, Children, to increase the Medicaid reimbursement rates for wellness visits for kids and other office visits, including evaluation and management services, by three percent.
- (b) \$1,483,494 in General Revenue and \$2,292,258 in Federal Funds (\$3,775,752 in All Funds) in fiscal year 2024 and \$1,488,696 in General Revenue and \$2,247,054 in Federal Funds (\$3,735,750 in All Funds) in Strategy A.1.3, Pregnant Women, to increase the Medicaid reimbursement rates for birth and women’s health related surgeries by three percent.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Paving Facility Campuses

Prepared by LBB Staff, 03/19/2023

Overview

Add a rider to direct HHSC to work with the Texas Department of Transportation to find federal funding for paving of HHSC’s state supported living centers and mental health state hospitals.

Required Action

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

Paving Facility Campuses. The Health and Human Services Commission (HHSC) shall coordinate with the Texas Department of Transportation to identify and utilize up to \$25,000,000 in available federal funding from the Inflation Reduction Act of 2022 (Pub. L. 117–169) or other federal acts to maintain and construct roads, parking lots, sidewalks, trails, and other paving at HHSC facilities including state supported living centers and mental health state hospitals.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
State Lease Contracts

Prepared by LBB Staff, 03/22/2023

Overview

Add rider at the Health and Human Services Commission (HHSC) to express intent that HHSC work with the Texas Facilities Commission concerning contracts for state leases.

Required Action

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

Contracts for State Leases. Included in amounts appropriated above in Strategy L.2.2, Regional Program Support, is \$10,000,000 in General Revenue Funds and \$2,275,361 in Federal Funds in each fiscal year of the biennium for cost increases for state leases.

It is the intent of the Legislature that the Health and Human Services Commission shall coordinate with the Texas Facilities Commission to identify ways to reduce costs for state leases, including, but not limited to lowering costs associated with Consumer Price Index escalation.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Offsite Healthcare Costs

Prepared by LBB Staff, 03/14/2023

Overview

Amend Rider 82, Texas Civil Commitment Office, to allow for the Texas Civil Commitment Office to transfer funding from fiscal year 2025 to fiscal year 2024 for healthcare costs.

Required Action

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

82. **Texas Civil Commitment Office.**

- (a) Full Time Equivalents (FTEs). The number of FTEs for the Texas Civil Commitment Office (TCCO) is 37.0 in each year of the biennium.
- (b) Any unexpended balances remaining on August 31, 2024, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, 2024, contingent upon the agency providing written notification to the Legislative Budget Board and the Office of the Governor at least 30 days prior to making the transfer.
- (c) Quarterly Reports. TCCO shall submit quarterly status reports to the Legislative Budget Board and the Office of the Governor 30 days after the end of each quarter that include the number and placement of civilly committed individuals and the number and outcome of civil commitment trials within the reporting period. Additional information shall be included at the request of the Legislative Budget Board.
- (d) Appropriation Transfers Between Fiscal Years. TCCO may transfer appropriations made for the fiscal year ending August 31, 2025, to the fiscal year ending August 31, 2024, subject to the following conditions:
 - (1) Transfers under this rider may be made only if expenditures to supervise and treat civilly committed individuals exceed the funds appropriated for these services due to higher than anticipated caseloads in fiscal year 2024, including to cover expenditures to provide health care not covered under contract; and
 - (2) A transfer authorized by this rider must receive prior written approval of the Legislative Budget Board and the Office of the Governor.
- (e) Health Care Costs. Included in amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, is \$771,080 in General Revenue in each fiscal year of the biennium for TCCO to provide health care not covered under contract to civilly committed residents of a housing facility either operated by or contracted for by TCCO. TCCO shall submit a report to the Legislative Budget Board and the Office of the Governor on medical costs covered under contract for the Texas Civil Commitment Center, and health care costs that are not covered under contract within 60 days of the end of each fiscal quarter. The format and content of the report shall be prescribed by the Legislative Budget Board

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Cost Containment

Prepared by LBB Staff, 03/20/2023

Overview

Amend the Health and Human Services Cost Containment rider to reflect reduction of \$350.0 million in General Revenue and savings related to Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.

Required Action

1. On page II-61 of the Health and Human Services Commission bill pattern, amend Rider 21, Health and Human Services Cost Containment as outlined below:

_____.

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

- (a) increasing fraud, waste, and abuse prevention and detection;
- (b) seeking to maximize federal flexibility under the Medicaid program ~~in compliance with Government Code, Chapter 537;~~
- (c) achieving other programmatic and administrative efficiencies; and
- (d) savings from services that include Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.

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

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Informational Listing: Additional Mental Health Funding

Prepared by LBB Staff, 03/22/2023

Overview

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

Required Action

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

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

(a) **HHSC Frontline Staff.**

- (1) **Salary Increases.** ~~\$70,665,925~~ \$98,075,062 in fiscal year 2024 and ~~\$70,662,295~~ \$98,074,155 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and ~~\$47,473,264~~ \$65,003,596 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to maintain salary increases for frontline staff at HHSC facilities.

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

- (1) **State Hospital Contracted Beds.** \$4,197,500 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to contract for 20 competency restoration beds; and ~~\$10,200,000~~ \$4,068,000 in each fiscal year in Strategy ~~G.2.1, Mental Health State Hospitals,~~ G.2.2, Mental Health Community Hospitals, to expand contracted bed capacity by 4016 beds;
- (2) **John S. Dunn Behavioral Sciences Center.** \$4,730,400 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to increase funding for 144 beds at the John S. Dunn Behavioral Sciences Center; and \$6,132,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to expand state hospital capacity at the John S. Dunn Behavioral Sciences Center by 24 beds. It is the intent of the Legislature that the additional beds be dedicated to addressing the state hospital forensic waitlist.
- (3) **Purchased Psychiatric Beds.** ~~\$126,000,000~~ \$109,665,384 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for 234 additional state-purchased inpatient psychiatric beds, including 85 beds in rural communities and 149 beds in urban communities. HHSC shall expend \$5,840,000 of this funding in each fiscal year for the Intensive Psychiatric Stabilization Program dedicated to children in Department of Family and Protective Services (DFPS) conservatorship and shall prioritize an additional 20 contracted beds for children in DFPS conservatorship. It is the intent of the legislature that the Intensive Psychiatric Stabilization Program shall first serve children statewide with the highest priority.
- (4) **Inpatient Capacity Expansion.** ~~\$29,500,000~~ \$45,834,616 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.

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

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

(1) **State Hospital Transition Teams.** \$2,500,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to establish state hospital transition teams to support individuals statewide who are at risk of state hospital readmission by providing coordination and support to address mental health needs in the community.

(2) **Step-Down Housing Expansion.** \$8,500,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to expand step-down housing programs statewide to identify, assess, and transition patients with acute mental health and/or medical needs from hospitals to community settings with appropriate supports.

(d) **Crisis Services.**

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

(2) **Crisis Respite Units for Youth.** \$5,750,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund four additional crisis respite units that serve youth and to pilot three peer-run units.

(3) **Youth Mobile Crisis Outreach Teams.** \$4,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to establish youth mobile crisis outreach teams to reduce the risk of hospitalization from acute mental health illness and transition youth into care.

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

(1) **Multisystemic Therapy.** \$15,225,000 in each fiscal year in Strategy ~~D.2.1, Community Mental Health Services (MHS) for Adults, D.2.2, Community Mental Health Services (MHS) for Children,~~ to expand multisystemic therapy, which provides community-based treatment for at-risk youth with intensive needs and their families.

(2) **Coordinated Specialty Care.** \$2,100,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to expand coordinated specialty care, which provides outpatient behavioral health services to persons experiencing an early onset of psychosis.

(3) **Mental Health Services for the Uvalde Community.** \$5,000,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to partner with the Hill Country Local Mental Health Authority to provide ongoing mental health services support for the Uvalde community.

(4) **Youth Empowerment Services (YES) Waiver Rates.** \$600,000 in each fiscal year in Strategy D.2.5, Behavioral Health Waiver and Plan Amendment, to increase rates for the YES waiver.

(5) **Community Resource Coordination Groups (CRCGs).** \$1,421,000 in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to expand coverage of CRCGs statewide.

(g) Behavioral Health Administration.

- (1) **Contracted Inpatient Bed Administration.** \$585,121 in fiscal year 2024 and \$546,259 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new contracted inpatient beds.
- (2) **Community Mental Health Grant Programs Administration.** \$535,658 in fiscal year 2024 and \$485,025 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for community mental health grant programs.
- (3) **Budget Execution Order Sustainability.** \$411,332 in fiscal year 2024 and \$365,585 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area.
- (4) **Crisis Services Administration.** \$345,191 in fiscal year 2024 and \$321,875 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for community mental health crisis services.
- (5) **Innovation Grants Administration.** \$88,079 in fiscal year 2024 and \$80,306 in fiscal year 2025 in Strategy D.2.7, Community Behavioral Health Administration, for administration and oversight funds for new funding for innovation grants.

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider

Mental Health Grant Program for Justice-Involved Individuals

Prepared by LBB Staff, 03/15/2023

Overview

Direct HHSC to issue a needs and capacity assessment in fiscal year 2024 to solicit grant proposal for the Mental Health Grant Program for Justice-Involved Individuals.

Required Action

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

_____. **Community Mental Health Grant Programs.**

- (a) **Informational Listing.** Included in amounts appropriated above in Strategy D.2.6, Community Mental Health Grant Programs, is the following:
 - (1) \$10,000,000 in General Revenue in each fiscal year of the biennium for a grant program for mental health services for veterans and their families established pursuant to Government Code, Section 531.0992;
 - (2) \$40,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment established pursuant to Government Code, Section 531.0993;
 - (3) \$5,000,000 in General Revenue in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county established pursuant to Government Code, Section 531.09935;
 - (4) \$27,500,000 in General Revenue in each fiscal year of the biennium for a community mental health grant program established pursuant to Government Code, Section 531.0991;
 - (5) \$12,500,000 in General Revenue in each fiscal year of the biennium to provide grants for Healthy Community Collaboratives pursuant to Government Code, Section 539.002; and
 - (6) \$7,500,000 in General Revenue in each fiscal year of the biennium for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families, such as programs that reduce juvenile justice involvement, relinquishment, and preventable emergency room visits.
- (b) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of the first fiscal year of the biennium in Strategy D.2.6, Community Mental Health Grant Programs, are appropriated for the same purposes for the second fiscal year of the biennium.
- (c) **Reporting Requirement.** By November 1, 2024, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy D.2.6, Community Mental Health Grant Programs. The report shall include the following: the

number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of individuals served by each grant program, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, the Office of the Governor, the Senate Finance Committee, and the House Appropriations Committee.

(d) Other Requirements.

(1) Contingent upon the availability of local matching funds pursuant to Government Code, Section 539.002, \$10,000,000 in General Revenue for the biennium from the amount identified above in Subsection (a)(5) may be allocated to fund Healthy Community Collaboratives in rural areas. HHSC shall consider funding received by a collaborative from the Texas Department of Housing and Community Affairs prior to releasing funds in Subsection (a)(5) to the collaborative.

(2) HHSC shall issue a needs and capacity assessment in fiscal year 2024 to solicit grant program proposals for the funding identified in Subsection (a)(2) and prioritize proposals with a use described by Government Code, Section 531.0993(f)(3).

By: _____

Health and Human Services Commission, Article II

**Proposed Rider
Title IV-E Funding**

Prepared by LBB Staff, 03/22/2023

Overview

Add rider at Health and Human Services Commission to require collaboration between HHSC and Department of Family and Protective Services concerning federal Title IV-E funding.

Required Action

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

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

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Family Resources Website

Prepared by LBB Staff, 03/15/2023

Overview

Provide \$1.0 million in additional funding to expand the Family Resources website at FamilyResources.texas.gov.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy D.1.14, Primary Health and Specialty Care Administration, by \$500,000 in General Revenue in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Family Resources Website. Out of funds appropriated above in Strategy D.1.14, Primary Health and Specialty Care Administration, the Health and Human Services Commission shall expend \$500,000 million each fiscal year to expand the one-stop Family Resources website.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Assessment of Residential Child Care Standards

Prepared by LBB Staff, 03/15/2023

Overview

Add a new rider to direct the Health and Human Services Commission to conduct an assessment of residential child care minimum standards.

Required Action

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

_____. Assessment of Residential Child Care Standards. Out of funds appropriated above, the Health and Human Services Commission may enter into an agreement with an independent third party to conduct an assessment of residential child care minimum standards, as outlined in Texas Administrative Code Title 26, Chapter 748, that make recommendations to:

- (a) Remove, alter, or re-weight standards that do not protect the health and safety of children and create barriers to attracting quality residential child care providers and foster or kinship families; and
- (b) Ensure standards are focused on child health and safety to the greatest extent possible.

By: Senator Kolkhorst

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

Prepared by LBB Staff, 03/01/2023

Overview

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

Required Action

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

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

By: _____

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

Prepared by LBB Staff, 03/17/2023

Overview

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

Required Action

1. On Page II-XXX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.2, Non-Medicaid Services, by \$5,000,000 in General Revenue in each fiscal year.
2. On page II-XXX of the Health and Human Services Commission bill pattern, add the following rider:

Home-Delivered Meals. Out of funds appropriated above in Strategy F.1.2, Non-Medicaid Services, the Health and Human Services Commission shall expend \$5,000,000 in General Revenue each fiscal year to expand services in the Home-Delivered Meals program.

By: _____

**Article II, Special Provisions Relating to All Health and Human
Services Agencies
Proposed Rider
Salary Differentials**

Overview

Adopt Health and Human Services Commission agency request to amend Special Provisions Sec. 2, Salary Differentials, to clarify that clinical, testing, and support personnel at the Health and Human Services Commission and Department of State Health Services are eligible.

Required Action

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

_____. **Sec. 2. Salary Differentials.**

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

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

(b) **Eligible personnel.** The authority provided in Subsection (a) applies to the following personnel:

- (1) clinical, testing, and support personnel at the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS);
- (2) data processing or printing operations personnel at HHSC, DSHS, and the Department of Family and Protective Services (DFPS); and
- (3) Statewide Intake personnel at DFPS.

By: _____

Article II, Special Provisions Relating to All Health and Human Services Agencies Proposed Rider

Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements

Overview

Adopt Department of State Health Services agency request to amend Special Provisions Sec. 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements, to separate the finding of fact to transfer funds into the Newborn Screening Preservation Account from the request to expend funds from the account. Additionally, provide capital budget and unexpended balance authority to accompany a request to expend funds from the account.

Required Action

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

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

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

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

(A) Strategy A.4.1, Non-Full Benefit Payments: \$69,245,724 in fiscal year 2024 and \$69,245,724 in fiscal year 2025.
 Revenue from Account No. 709 shall be distributed first to the item(s) in subsection (a)(1) until the full amount of those appropriations is satisfied.
 Revenue from Account No. 709 shall be distributed to the appropriate agency within ten business days of receipt.

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

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

(1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above in a fiscal year, the funds are transferred to appropriated to DSHS to reimburse the cost of performing newborn screening and to the Newborn Screening Preservation Account, established in Health and Safety Code, Section 33.052. If this occurs, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts appropriated and any increased costs, along with sufficient information to reflect how the estimate was determined. If the Comptroller

finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect additional revenue ~~up to \$12,000,000~~ for the year ~~biennium~~ to be made available to DSHS and deposited to the Newborn Screening Preservation Account 5183 in amounts in excess of \$12,000,000 for the biennium, ~~may be made available only upon prior written approval from the Legislative Budget Board and the Governor.~~

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

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

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

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

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

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

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

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

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

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

~~(2)(6)~~ In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a), a reduction shall be made in HHSC Strategy A.4.1, Non-Full Benefit Payments.

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

- (1) fund DSHS increased cost for the test; and
- (2) deposited to the credit of Newborn screening Preservation Account, established in Health and Safety Code, Section 33.052.