

**Senate Finance Committee
Riders - Article II**

Adopted

March 27, 2023

Legislative Budget Board

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

Prepared by LBB Staff, 03/15/2023

Overview

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

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern increase appropriations by \$20,000,000 in Federal Funds in fiscal year 2024.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

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

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

**Department of Family and Protective Services
Proposed Funding and Rider
Community-based Care Incubator Funds**

Prepared by LBB Staff, 02/27/2023

Overview

Direct the Department of Family and Protective Services to provide funds to Single Source Continuum Contactors once a Community-based Care contract has been awarded to reimburse for costs that incurred prior to the contract award.

Required Action

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

_____ . **Community-based Care Incubator Funds.** Out of funds appropriated above in Strategy B.1.1, CPS Direct Delivery Staff, the Department of Family and Protective Services, shall reimburse a lump sum in an amount no more than \$2,000,000 in General Revenue for the 2024-25 biennium, among Single Source Continuum Contactors (SSCCs) once a Community-based Care (CBC) contract has been awarded, for costs that incurred prior to the contract award, in an amount not to exceed \$250,000, per SSCC contract. This only applies to SSCC contracts entered into on or after September 1, 2023, and areas where CBC is not implemented.

All unexpended balances appropriated above for this purpose in Strategy B.1.1, CPS Direct Delivery Staff, for the fiscal year ending August 31, 2024, are hereby appropriated for the same purpose for the fiscal year beginning September 1, 2024.

Department of Family and Protective Services
Proposed Funding and Rider
Curriculum for Parental Engagement and Family Preservation

Prepared by LBB Staff, 03/15/2023

Overview

The proposed rider would direct the Department of Family and Protective Services to contract with a nonprofit organization who has prior experience working with the Prevention and Early Intervention division to implement a statewide fatherhood and parental engagement curriculum and training to support family preservation.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$325,000 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:

_____. **Curriculum for Parental Engagement and Family Preservation.** Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Program, the Department of Family and Protective Services shall allocate \$325,000 in General Revenue in each fiscal year of the 2024-25 biennium for a contract with a nonprofit organization with expertise in providing curriculum-based fatherhood and parental engagement services to support family preservation, at-risk families, and reunification services. Funding shall be used for personnel, training, advertising, recruitment, and other necessary costs associated with statewide expansion.

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

Prepared by LBB Staff, 03/15/2023

Overview

Amend Department of Family and Protective Services Rider 8, Human Resources Management Plan.

Required Action

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

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

By: Senator Perry

Department of State Health Services
Proposed Rider
Oral Rabies Vaccination Bait Airdrop Program
Prepared by LBB Staff, 2/24/2023

Overview

The following rider maintains current funding levels for the Oral Rabies Vaccination Bait Airdrop Program at the Department of State Health Services.

Required Actions

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

_____. **Oral Rabies Vaccination Bait Airdrop Program.** Out of funds appropriated above in Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, the Department of State Health Services shall allocate \$842,000 in General Revenue in each fiscal year for the Oral Rabies Vaccination Bait Airdrop Program.

14.

Department of State Health Services
Proposed Rider
COVID-19 Vaccinations

Prepared by LBB Staff, 03/16/2023

Overview

Add a rider to prohibit the Department of State Health Services from using any funds to advertise or promote COVID-19 vaccinations.

Required Action

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

_____. **COVID-19 Vaccinations.** None of the General Revenue funds appropriated to the Department of State Health Services (DSHS) may be used for the purpose of promoting or advertising COVID-19 vaccinations in the 2024-25 biennium. It is also the intent of the legislature that to the extent allowed by federal law, any federal funds allocated to DSHS shall be expended for activities other than promoting or advertising COVID-19 vaccinations.


By WEST

Texas Health and Human Services Commission
Article ~~III~~ IV
**Reimbursement for Federal Substance Abuse prevention and Treatment Block
Grant Services**

Overview

Following the COVID-19 pandemic, a not insignificant number of Substance Abuse Rehabilitation Facilities in the state of Texas closed permanently. Additionally, these facilities—particularly those caring for women and children in the same setting—have seen tremendous cost increases due to inflation following the COVID-19 pandemic. After working with the Health and Human Services Commission and multiple rehab centers to ensure that these rates are modernized, the following rider has been developed in conjunction with HHSC to help ensure proper rate modernization for substance abuse rehabilitation facilities.

Required Action

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

_____ Rates: Reimbursement for Federal Substance Abuse Prevention and Treatment Block Grant Services. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) shall evaluate the rate setting methodology for reimbursement of service reimbursable to grant recipients of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) funds and shall propose reimbursement rates for these services no later than October 1, 2023 in a format that will enable HHSC to receive public comments as well as characteristics of the populations served, commercial and Medicaid reimbursement rates for similar services, and financial sustainability of reimbursement rates prior to adopting final rates.

23

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

Prepared by LBB Staff, 03/20/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to increase Medicaid ground ambulance reimbursement rates by three percent.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Aged and Medicare-Related, by \$409,559 in General Revenue and \$617,940 in Federal Funds (\$1,027,499 in All Funds) in fiscal year 2024 and \$409,559 in General Revenue and \$617,940 in Federal Funds (\$1,027,499 in All Funds) in fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Ground Ambulance Reimbursement Rates. Included in amounts appropriated above to the Health and Human Services in Strategy A.1.1, Aged and Medicare-Related, is \$409,559 in General Revenue and \$617,940 in Federal Funds (\$1,027,499 in All Funds) in fiscal year 2024 and \$409,559 in General Revenue and \$617,940 in Federal Funds (\$1,027,499 in All Funds) in fiscal year 2025 to increase the Medicaid ground ambulance by three percent.**

By Senator Hughes

**Health and Human Services Commission, Article II
Pediatric Long-Term Care Facility Rate Increase**

Overview

Provide funding to the Health and Human Services Commission to increase reimbursement for a Pediatric Long-Term Care Facility Rate Increase. Add a rider in the Health and Human Services Commission's bill pattern to identify appropriations for this purpose.

Required Action

- 1) On page XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy (either 1.1.2, Medicaid Disability Related, or 1.2.4, Nursing Facility Payments), by \$759,055 in General Revenue Funds and \$1,144,769 in Federal Funds in fiscal year 2024 and \$763,814 in General Revenue Funds and \$1,140,010 in Federal Funds in fiscal year 2025.
- 2) On page XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Funding for Medicaid Pediatric Long-Term Care Facility Rate Increase**

- (a) Included in amounts appropriated above in Strategy XX, is \$759,055 in General Revenue Funds and \$1,144,769 in Federal Funds in fiscal year 2024 and \$763,814 in General Revenue Funds and \$1,140,010 in Federal Funds in fiscal year 2025 to increase the reimbursement rate for pediatric long-term care facilities.

29

By: Hinojosa

**Health and Human Services Commission, Article II
Nursing Facility Reimbursement Rate Increase**

Overview

To provide reimbursement rate increases that will increase the wages and benefits of direct care staff.

Required Action

On page II-_____ of the Health and Human Services Commission's bill pattern, amend Rider 24:

24. ~~COVID-19 Nursing Facility Reimbursement Rate Increase Add-on-Rate~~. Included in the appropriations above are the following amounts ~~that are only available to the Health and Human Services Commission (HHSC) contingent on the conclusion of the federally declared COVID-19 public health emergency (PHE)~~:

(a) \$129,385,946 in General Revenue and \$195,052,234 in Federal Funds (\$324,438,180 in All Funds) in fiscal year 2024 and \$135,703,968 in General Revenue and \$202,541,217 in Federal Funds (\$338,245,185 in All Funds) in fiscal year 2025 in Strategy A.1.1, Aged and Medicare-Related; and

(b) \$29,569,937 in General Revenue and \$44,577,347 in Federal Funds (\$74,147,284 in All Funds) in fiscal year 2024 and \$30,032,821 in General Revenue and \$44,824,659 in Federal Funds (\$74,857,480 in All Funds) in fiscal year 2025 in Strategy A.2.4, Nursing Facility Payments.

HHSC shall only expend the funds in Subsections (a) and (b) to provide reimbursement rate increases that will increase the wages and benefits of direct care staff. HHSC shall implement the rate increases in a manner that will enable HHSC to ensure that at least 90 percent of the funds are expended for the benefit of direct care staff wages and benefits and shall return to the Comptroller of Public Accounts any amount recouped from a provider who does not utilize the funds in accordance with that purpose maintain the emergency add-on reimbursement rate increase for nursing facilities originally implemented for the duration of the PHE. HHSC may not expend funds appropriated under this section for nursing facility services until the Temporary Rate Increases for COVID-19 Response for Nursing Facilities, which were implemented on April 1, 2020, are no longer in effect. HHSC may not expend funds appropriated 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-

31

service that would not result in receipt of Federal Funds. To receive reimbursement rate increases appropriated under Subsections (a) and (b), 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 to demonstrate that at least 90 percent of the funds were expended for the purpose of direct care staff wages or benefits.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rural Hospital Grant Program

Prepared by LBB Staff, 03/19/2023

Overview

Add funding and a rider related to non-Medicaid grant programs for rural hospitals. Rider also adds reporting requirement and provides HHSC with unexpended balance authority and authority to increase full-time-equivalent authority.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations for Strategy F.3.3, Additional Advocacy Programs, by \$25,000,000 in General Revenue in each fiscal year.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations for Strategy L.1.1, HHS System Supports, by \$500,000 in General Revenue in each fiscal year.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____ **Rural Hospital Grant Program.**

- (a) **Informational Listing.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) is \$25,000,000 in General Revenue in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to provide grants for financial stabilization of rural hospitals, for maternal care operations in rural hospitals, and for alternative payment model readiness for rural hospitals; and \$500,000 in General Revenue in each fiscal year in Strategy L.1.1, HHS System Supports, to administer the program.
- (b) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of August 31, 2024, are appropriated for the same purposes for the fiscal year beginning September 1, 2024.
- (c) **Reporting Requirement.** By November 1, 2024, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy F.3.3, Additional Advocacy Programs. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of hospitals 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 Governor’s Office, the Senate Finance Committee, and the House Appropriations Committee.
- (d) **Notwithstanding the limitations in Article IX, Sec. 6.10, Limitations on State Employment Levels,** HHSC may increase the “Number of Full-Time-Equivalents (FTE)” appropriated above by 6.0 FTEs in each fiscal year to address staffing needs related to providing grants under this provision.

By: Hinojosa

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

Overview

The following action amends an existing rider to update the data reference for rural hospitals to the most recent census and to adjust the population threshold to maintain the existing classification of rural hospitals.

Required Action

On page II-49 of the Health and Human Services Commission's bill pattern, amend Rider 8, Hospital Payments:

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 \$82,961,823 in General Revenue Funds, \$98,978,587 in Interagency Contracts, and \$281,915,439 in Federal Funds (\$463,855,849 in All Funds) in fiscal year 2022 and \$80,513,680 in General Revenue Funds, \$98,978,587 in Interagency Contracts, and \$290,557,354 in Federal Funds (\$470,049,621 in All Funds) in fiscal year 2023 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) \$70,794,000 in Interagency Contracts and \$109,206,000 in Federal Funds in fiscal year 2022 and \$68,634,000 in Interagency Contracts and \$111,366,000 in Federal Funds in fiscal year 2023 for trauma care;

(b) \$30,810,413 in General Revenue Funds, \$28,184,587 in Interagency Contracts, and \$91,005,000 in Federal Funds in fiscal year 2022 and \$26,850,413 in General Revenue Funds, \$30,344,587 in Interagency Contracts, and \$92,805,000 in Federal Funds in fiscal year 2023 for safety-net hospitals;

(c) \$11,799,000 in General Revenue Funds and \$18,201,000 in Federal Funds in fiscal year 2022 and \$11,439,000 in General Revenue Funds and \$18,561,000 in Federal Funds in fiscal year 2023 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) \$11,484,360 in General Revenue Funds and \$17,715,640 in Federal Funds in fiscal year 2022 and \$12,773,550 in General Revenue Funds and \$20,726,450 in Federal Funds in fiscal year 2023 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor;

(e) \$5,371,045 in General Revenue Funds and \$8,285,311 in Federal Funds in fiscal year 2022 and \$5,371,045 in General Revenue Funds and \$8,715,095 in Federal Funds in fiscal year 2023 for rural hospitals to maintain increases to inpatient rates in addition to those identified in subsection (d); and

(f) \$23,497,005 in General Revenue Funds and \$37,502,488 in Federal Funds in fiscal year 2022 and \$24,079,672 in General Revenue Funds and \$38,383,809 in Federal Funds in fiscal year 2023 to increase 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~~ 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. 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.

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

Prepared by LBB Staff, 03/20/2023

Overview

Increase funding by \$15,650,000 in General Revenue and \$20,750,000 in Federal Funds (\$36,400,000 in All Funds) in each fiscal year at the Health and Human Services Commission (HHSC) to increase reimbursement for Medicaid services provided by rural hospitals. Amend HHSC Rider 8, Hospital Payments, Sections (c), to identify appropriations for this purpose.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in A.1.1, Aged and Medicare-Related, by \$15,650,000 in General Revenue and \$20,750,000 in Federal Funds (\$36,400,000 in All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____ **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~~\$128,049,393 in General Revenue Funds, \$72,586,320 in Interagency Contracts, and ~~\$278,870,136~~\$299,620,136 in Federal Funds (~~\$463,855,849~~\$500,255,849 in All Funds) in fiscal year 2024 and ~~\$116,333,409~~\$131,983,409 in General Revenue Funds, \$72,250,499 in Interagency Contracts, and ~~\$281,465,713~~\$302,215,713 in Federal Funds (~~\$470,049,621~~\$506,449,621 in All Funds) in fiscal year 2025 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:

- (a) \$71,784,000 in Interagency Contracts and \$108,216,000 in Federal Funds in fiscal year 2024 and \$72,216,000 in Interagency Contracts and \$107,784,000 in Federal Funds in fiscal year 2025 for trauma care;
- (b) \$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~~\$27,614,000 in General Revenue Funds and ~~\$18,036,000~~\$38,786,000 in Federal Funds in fiscal year 2024 and ~~\$12,036,000~~\$27,686,000 in General Revenue Funds and ~~\$17,964,000~~\$38,714,000 in Federal Funds in fiscal year 2025 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
- (d) \$11,644,960 in General Revenue Funds and \$17,555,04 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 increase 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 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: Hinojosa

**Health and Human Services Commission, Article II
Amend Rider
Supplemental Payment Programs Reporting and Appropriation Authority for
Intergovernmental Transfers**

Overview

The following action amends an existing rider to exempt from the full time equivalent cap for the agency certain positions that are not funded with any general revenue, but are financed with a combination of certain local funds and federal funds. These positions are necessary to provide oversight of the use of local funds in the Medicaid program and for the administration and creation of programs funded using local funds and federal funds. The number of potential positions is limited because there are limitations on funds that are authorized to be retained by HHSC for this purpose.

Required Action

On page II-58 and II-59 of the Health and Human Services Commission's bill pattern, amend Rider 15, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, subsection (h):

15. Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers. Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Public Health Providers Charity Care Pool (PHP-CCP), and other state directed payment programs, supplemental, or other payments where the source of the non-federal share is intergovernmental transfers (IGTs) or certified public expenditures (CPEs), and any successor programs.

(a) HHSC shall report quarterly:

- (1) Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and

- (2) Expenditures made in the previous quarter, aligning expenditure reporting with the CMS-64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
 - (A) the recipients of funds by program;
 - (B) the amount distributed to each recipient; and
 - (C) the date such payments were made.
- (b) HHSC shall report annually:
 - (1) Information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use;
 - (2) The total amount of IGTs used to support Medicaid;
 - (3) The total amount of CPEs used to support Medicaid;
 - (4) A summary of any survey data collected by HHSC to provide oversight and monitoring of the use of local funds in the Medicaid program; and
 - (5) All financial reports submitted to the Centers for Medicare and Medicaid Services related to programs that use local funds in the Medicaid program.
- (c) IGTs of funds from institutions of higher education are appropriated to HHSC for the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.
- (d) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGTs received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.

- (e) From funds appropriated elsewhere in the Act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report of the audit's findings annually by June 30 to the Office of the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.
- (f) HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals.
 - (1) Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue.
 - (2) If a state owned hospital is eligible and chooses to participate in a hospital directed payment program authorized under the federal Healthcare Transformation and Quality Improvement Waiver, and the amount of funds deposited by HHSC under subparagraph (1) of this provision is not equivalent to the amount deposited in state fiscal year 2023 based on the non-enhanced Federal Medical Assistance Percentages, HHSC shall calculate the difference and provide notice to the state-owned hospital, the Legislative Budget Board, the Comptroller of Public Accounts, and the Office of the Governor.
 - (3) Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, Section 51.
- (g) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Office of the Governor, and the Legislative Budget Board.
- (h) Included in the "Number of Full Time Equivalent (FTE)" appropriated above, are 42.0 FTEs for each year of the 2024-25 biennium for the implementation of the extension of the Healthcare Transformation and Quality Improvement 1115 waiver, including for increased monitoring and oversight of the use of local funds, and administration of new directed-payment programs and new supplemental payment programs. Notwithstanding the limitations of Article IX, Section 6.10, Limitations on State Employment Levels, limitations on FTEs do not apply to instances of

3710

employment in which funds are derived from Sec. 531.021135, Texas Government Code, and applicable federal funds.

- (i) Notwithstanding the limitations in Article IX, Section 14.03, Transfers - Capital Budget, and Rider 98, Limitations on Transfer Authority, HHSC is authorized to transfer from an existing capital budget item or non-capital budget item to a new capital budget item not present in the agency's bill pattern to implement an electronic data collection and storage tool for the collection of information to support monitoring of local funds used in the Medicaid program, provided that HHSC determines that the project is necessary to meet the state's responsibilities under the Special Terms and Conditions for the Healthcare Transformation and Quality Improvement Program 1115 waiver.

Health and Human Services Commission, Article II
Proposed Rider
Multi-Assistance Center Demonstration Project

Prepared by LBB Staff, 03/19/2023

Overview

Direct the Health and Human Services Commission to seek a waiver for the Multi-Assistance Center Demonstration project.

Required Action

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

 . **Multi-Assistance Center Demonstration Project.**

- (a) Included in amounts appropriated above to the Health and Human Services Commission is \$3,750,000 in General Revenue in each fiscal year in Strategy D.1.10, Additional Specialty Care, to support a demonstration project providing comprehensive medical, therapeutic, and non-medical services to adults and children with special needs. The funds shall assist a demonstration project utilizing a one-stop shop model, providing on-site services to adults and children with special needs in Bexar County and the South Texas region. The model shall employ staff to serve as single point of contact to coordinate and support client needs with community partners.
- (b) Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, HHSC may transfer funds among strategies in its bill pattern to efficiently implement these provisions upon prior notification to the Legislative Budget Board.
- (c) HHSC shall identify and pursue opportunities to use any available Federal or other non-General Revenue source of funds to implement this project and shall coordinate with the project on opportunities to implement the model elsewhere in the state. HHSC shall, to the extent possible, seek a waiver or other permission from the Centers for Medicare and Medicaid Services to authorize General Revenue appropriated for this initiative and expended to support Medicaid clients to be matched by Federal Funds. To the extent such Federal Funds are accessed, they shall be expended solely on this project.

Health and Human Services Commission, Article II
Proposed Rider
Prohibition of Funds

Prepared by LBB Staff, 03/19/23

Overview

Add rider to prohibit the Health and Human Services Commission from using appropriations towards certain medical treatment and procedures.

Required Action

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

_____. **Prohibition of Use of Appropriated Funds for Transgender Treatment.**

It is the intent of the Legislature that no funds appropriated to the Health and Human Services Commission, in alignment with current state Medicaid policy, be used for the provision or reimbursement of gender reassignment surgeries performed to transition individuals with gender dysphoria to the individual's desired gender under the Texas Medicaid program.

By: Senator Bryan Hughes

**Health and Human Services Commission, Article II
Proposed Rider**

Overview

Reinstates the existing Clear Process Rider in the budget, which requires a 90-day timeline for HHSC's review and coverage processes for drugs within the Texas Medicaid program.

Required Action

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

_____. **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.** The Texas Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children's Health Insurance Programs. In maintaining the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board notification, and making the product available, does not extend past the 90th day of receipt of the completed application for coverage on the Texas Drug Code Index. After the applicable Drug Utilization Review Board meeting and approval by the HHSC Executive Commissioner, HHSC will complete the public posting of medical policies associated with the product.

46

By: Senator Schwertner

Health and Human Services Commission, Article II
Proposed Rider
Database of Community Inpatient Beds

Prepared by LBB Staff, 03/01/2023

Overview

Add a rider to direct HHSC to establish a state database of community inpatient beds.

Required Action

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

Database of Community Inpatient Beds. Out of funds appropriated above in Strategy D.2.7, Community Behavioral Health Administration, the Health and Human Services Commission shall develop and implement an integrated statewide database of community inpatient beds and other resources to expedite access to care for individuals in need of behavioral health services. The database should include treatment availability, referral and communication tools, clinical decision support, capability for advanced data analytics, and electronic integration with existing behavioral health systems.

48

By: Senator Schwertner

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Medicaid and CHIP Provider Enrollment and Credentialing Portal Ongoing Costs**

Overview

Increase funding and add a rider at the Health and Human Services Commission for the ongoing costs of the Medicaid and CHIP Provider Enrollment and Credentialing Portal.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, by \$500,000 in General Revenue and \$1,500,000 in Federal Funds (\$2,000,000 in All Funds) in fiscal year 2025.
2. On Page II-XX of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to increase capital budget authority by \$500,000 in General Revenue and \$1,500,000 in Federal Funds (\$2,000,000 in All Funds) in fiscal year 2025.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

____. **Medicaid and CHIP Provider Enrollment and Credentialing Portal. Included in the amounts appropriated above to the Health and Human Services Commission in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, is \$500,000 in General Revenue and \$1,500,000 in Federal Funds (\$2,000,000 in All Funds) in fiscal year 2025 for the ongoing costs for the Medicaid and CHIP Provider Enrollment and Credentialing Portal.**

50

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Autism Services Report

Prepared by LBB Staff, 03/15/2023

Overview

Add a rider to direct HHSC to report on autism services in Medicaid.

Required Action

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

_____ . **Medicaid Autism Services Report.** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall produce a report on autism services in Medicaid that includes:

- (a) number of Medicaid clients receiving applied behavior analysis (ABA) services;
- (b) Medicaid rates paid for ABA services;
- (c) average monthly cost per child receiving ABA services in Medicaid;
- (d) number of Medicaid providers offering ABA services; and
- (e) waiting time for clients before receiving ABA services in Medicaid.

HHSC shall submit the report to the Legislative Budget Board, Governor's Office, Senate Finance Committee, House Appropriations Committee, and permanent committees in the Senate and House of Representatives with jurisdiction over health and human services by October 1, 2024.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Ellie's Law

Prepared by LBB Staff, 03/15/2023

Overview

Add funding and rider at the Health and Human Services Commission to provide the agency with additional funding and direction to fully implement changes required by Senate Bill 225, Eighty-seventh Legislature, Regular Session, 2021, also cited as Ellie's Law.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy H.2.1, Child Care Regulation, by \$1,024,221 in General Revenue Funds in fiscal year 2024.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. Ellie's Law. Included in amounts appropriated above in Strategy H.2.1, Child Care Regulation, is \$1,024,221 in General Revenue Funds in fiscal year 2024 to implement changes to child care regulation as required by Senate Bill 225, Eighty-seventh Legislature, Regular Session, 2021, also cited as Ellie's Law.

It is the intent of the Legislature that the Health and Human Services Commission (HHSC) use amounts appropriated above in Strategy H.2.1, Child Care Regulation, including the funds identified by this rider, to fully implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Alternatives to Abortion

Prepared by LBB Staff, 03/21/2023

Overview

Increase funding for the Alternatives to Abortion program by \$10.0 million in General Revenue each fiscal year.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.1.2, Alternatives to Abortion, by \$10,000,000 in General Revenue in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider:

Alternatives to Abortion.

- (a) Included in amounts appropriated above in Strategy D.1.2, Alternatives to Abortion, is ~~\$60,000,000~~ \$70,000,000 in General Revenue Funds in each fiscal year for the Alternatives to Abortion program.
- (b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining at the end of the first year of the biennium in Strategy D.1.2, Alternatives to Abortion, are appropriated to HHSC for the same purpose for the second fiscal year the biennium.
- (c) **Reporting Requirement.** HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board and the Governor's Office no later than December 1 of each year:
 - (1) total number of A2A providers, including subcontractors, by geographical region;
 - (2) description of outreach efforts by providers and HHSC;
 - (3) total number of unduplicated clients served by each provider, by gender and age;
 - (4) total number of services provided by service type;
 - (5) total expenditures, by MOF;
 - (6) total contract amounts by provider, including subcontractors; and
 - (7) any outcome measures included in contracts with providers.

Health and Human Services Commission, Article II
Proposed Rider
Interest List Elimination Plan

Prepared by LBB Staff, 03/15/2023

Overview

Add a new rider to require HHSC to develop a plan to eliminate waiver interest lists.

Required Action

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

_____ . **Interest List Elimination Plan.** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop a plan to eliminate the interest lists for the STAR+PLUS Home and Community-based Services, Home and Community-based Services, Community Living Assistance and Support Services, Deaf-Blind Multiple Disabilities, Texas Home Living, and Medically Dependent Children Program waiver programs. The plan shall include a proposed timeline with related estimated costs of releasing persons from the interest lists on a highest-need or first-come, first-served basis; recommend which, if any, interest lists could be eliminated on an immediate or priority basis; and provide current waiver programs and services to persons released from the interest lists. HHSC shall submit the plan to the Senate Finance Committee, the House Appropriations Committee, the Legislative Budget Board, and the Governor’s Office by December 31, 2024.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Supportive Housing Rental Assistance Program

Prepared by LBB Staff, 03/21/2023

Overview

Increase funding for the Supportive Housing Rental Assistance Program by \$2.0 million in General Revenue each fiscal year.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Svcs Adults, by \$2,000,000 in General Revenue in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider:

_____. **Supportive Housing Rental Assistance Program.** Out of funds appropriated above in Strategy D.2.1, Community Mental Health Svcs Adults, is \$2,000,000 in General Revenue Funds in each fiscal year to expand the Supportive Housing Rental Assistance Program.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Healthy Community Collaboratives

Prepared by LBB Staff, 03/19/2023

Overview

Provide \$8.0 million in additional funding for Healthy Community Collaboratives.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy D.2.6, Community Mental Health Grant Programs, by \$4,000,000 in General Revenue in each fiscal year.
2. 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~~ \$16,500,000 in General Revenue in each fiscal year of the biennium to provide grants for Healthy Community Collaboratives funding public/private collaboratives to address homelessness pursuant to Government Code, Section 539.002; and
- (6) \$7,500,000 in General Revenue in each fiscal year of the biennium for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families, such as programs that reduce juvenile justice involvement, relinquishment, and preventable emergency room visits.

(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.** 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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Crisis Stabilization Units

Prepared by LBB Staff, 03/19/2023

Overview

Increase funding to ensure the continued operations of the Crisis Stabilization Unit at the Tri-County Behavioral Healthcare facility, which serves Montgomery, Liberty, and Walker counties. Tri-County's Crisis Stabilization Unit, one of only four in the state and one of only two freestanding facilities, has been used to treat indigent adults in need of crisis stabilization in the community. While opening new facilities remains a priority, ensuring the long term viability of existing facilities is of equal importance.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.3, Community Mental Health Crisis Services, by \$2,500,000 in General Revenue in fiscal year 2024.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:
 - 40. Informational Listing: Additional Mental Health Funding.** Appropriations above for the Health and Human Services Commission (HHSC) include the following amounts in General Revenue:
 - (a) **HHSC Frontline Staff.**
 - (1) **Salary Increases.** \$70,665,925 in fiscal year 2024 and \$70,662,295 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and \$47,473,261 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to maintain salary increases for frontline staff at HHSC facilities.
 - (b) **Expansion of Community Inpatient Beds.**
 - (1) **State Hospital Contracted Beds.** \$10,200,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to expand contracted bed capacity by 40 beds.
 - (2) **Purchased Psychiatric Beds.** \$126,000,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for 234 additional state-purchased inpatient psychiatric beds, including 85 beds in rural communities and 149 beds in urban communities.
 - (3) **Inpatient Capacity Expansion.** \$29,500,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.
 - (c) **Step-down Housing and State Hospital Transitions.**
 - (1) **State Hospital Transition Teams.** \$2,500,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to establish state hospital transition teams to support individuals statewide who are at risk of state hospital readmission by providing coordination and support to address mental health needs in the community.

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

(d) **Crisis Services.**

- (1) **Crisis Stabilization Units.** \$18,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund six additional crisis stabilization units, and \$2,500,00 in fiscal year 2024 for the crisis stabilization unit at the Certified Community Behavioral Health Clinic that services Montgomery, Walker, and Liberty Counties, 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, to expand multisystemic therapy, which provides community-based treatment for at-risk youth with intensive needs and their families.
- (2) **Coordinated Specialty Care.** \$2,100,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to expand coordinated specialty care, which provides outpatient behavioral health services to persons experiencing an early onset of psychosis.
- (3) **Mental Health Services for the Uvalde Community.** \$5,000,000 in each fiscal year in Strategy D.2.1, Community Mental Health Services (MHS) for Adults, to partner with the Hill Country Local Mental Health Authority to provide ongoing mental health services support for the Uvalde community.

By: Senator Kolkhorst

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

Prepared by LBB Staff, 02/28/2023

Overview

Add a rider to restrict funds at any Article II agencies or at entities that receive Article II funds from being used to engage in activities in collaboration with or directed or financed by the World Health Organization or its affiliates.

Required Action

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

_____. **World Health Organization. No funds from the health and human services agencies listed in Article II of this Act may be used to engage in activities in collaboration with, directed by, or financed by the World Health Organization or its affiliates. No funds from the health and human services agencies shall be distributed to individuals or entities that engage in activities in collaboration with, directed by, or financed by the World Health Organization or its affiliates.**

111

**Senate Finance Committee
Riders - Article II**

Article XI

March 27, 2023

Legislative Budget Board

Ray West

By: Senator West

Department of Family and Protective Services
Proposed Rider
Contingency for Senate Bill 908

Prepared by LBB Staff, 02/27/2023

Overview

The Department of Family and Protective Services would be directed to, contingent upon the passage of Senate Bill 908, to begin funding the new daily rate for relative or other designated caregivers on September 1, 2023.

Required Action

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

Contingency for Senate Bill 908. Contingent on enactment of Senate Bill 908, the daily rate designated by Senate Bill 908 for relative and other designated caregivers shall go into effect September 1, 2023, and caregivers shall receive their first payment at the new rate no later than October 1, 2023.

9

By: *Stenna Campbell*

Health and Human Services Commission, Article II
Proposed Funding and Rider
Sickle Cell Education

Prepared by LBB Staff, 03/01/2023

Overview

Add funding and rider to require the Health and Human Services Commission to collaborate with the Sickle Cell Task Force to develop and implement sickle cell disease education strategies.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.1.1, HHS System Supports, by \$750,000 in General Revenue in fiscal year 2024 and by \$750,000 in General Revenue in fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Sickle Cell Disease Education. Included in amounts appropriated above in Strategy L.1.1, HHS System Supports, is \$750,000 in General Revenue Funds in each fiscal year of the biennium for the Health and Human Services Commission to collaborate with the Sickle Cell Task Force to develop and implement sickle cell disease education strategies. These strategies shall include:

- (a) Exploring methods for improving sickle cell disease education and awareness within the public school system;
- (b) Collaborating with the Texas Education Agency and sickle cell disease community-based organizations to provide information on sickle cell disease and sickle cell trait to public school districts and district staff, including school nurses, teachers, and coaches; and
- (c) Addressing sickle cell disease education for Medicaid providers, including emergency room providers.

39

Health and Human Services Commission, Article II
Community Health Worker Quality Improvement Cost

Overview

The following action would require that the Health and Human Services Commission allow STAR Medicaid providers to categorize the expense of community health worker services as a quality improvement cost.

Required Action

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

_____. **Community Health Worker Quality Improvement Cost.** It is the intent of the Legislature for the Commission to allow each Medicaid managed organization providing health care services under the STAR Medicaid managed care program to categorize services provided by a community health worker as a quality improvement cost, to the extent allowed by state and federal law.



By: _____ Senator Donna Campbell, M.D. _____

Health and Human Services Commission, Article II

Comal County Extended Observation Unit

Overview

The Comal County Commissioner’s Court approved utilization of \$8Million in funding from ARPA dollars for construction of a 15,000 square foot Extended Observation Unit/Crisis Residential Facility. The facility is being built on land owned by Comal County and is designed to have 6 beds for involuntary extended observation treatment and 10 beds for voluntary crisis residential treatment. The facility is designed to:

- Expand the continuum of behavioral health care available within the county,
- Reduce the strain on local law enforcement by reducing out of county transportation of individuals needing a behavioral health inpatient or residential setting, and
- Reducing the strain on local emergency rooms as 50% of Emergency Detention calls are currently taking place at emergency rooms.

In January 2022, the Comal County Commissioner’s Court designated \$8Million in funding for construction of a 15,000 square foot Extended Observation Unit/Crisis Residential Unit. Based upon service delivery made available through the Texas Health and Human Services code, specifically Information Item V, the Hill Country Community Mental Health and Mental Retardation Center, DBA Hill Country Mental Health and Developmental Disability Centers (HCMHDDC), the Local Mental Health Authority (LMHA) serving Comal County, seeks funding for the operation of a 16-bed psychiatric facility to be located in Comal County. The 16 beds will encompass six extended observation unit (EOU) beds and ten crisis residential beds. The facility will serve adults experiencing an acute psychiatric crisis requiring an immediate admission to the facility for a stabilization period. The facility can serve both voluntary and involuntary treatment admissions.

Required Action

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

###. Comal County Extended Observation Unit Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall allocate \$6 million of general revenue each year of the 2024-25 biennium to the local mental health authority serving Comal County for operation of the Comal County Extended Observation Unit from strategy G.2.2 Mental Health Community Hospitals. Up to \$1 million dollars of fiscal year 24 funding is authorized for purchase of equipment, furniture, or other related start-up costs for the extended observation unit.

82

By: Johnson/Whitmire

Health and Human Services Commission, Article II
Psychiatric Residential Youth Treatment Facilities Certificate

Overview

The following action adds a new rider that directs \$1,535,000 for implementation of a quality standards certification for psychiatric residential youth treatment facilities.

Required Action

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

- ____. **Psychiatric Residential Youth Treatment Facilities Certificate.** From funds appropriated above in Strategy H.2.1, Child Care Regulation, is \$1,325,000 in General Revenue for fiscal year 2024 and \$210,000 in General Revenue for fiscal year 2025 to develop and implement a quality standards certification process to certify that a psychiatric residential youth treatment facility meets certain standards, pursuant to Health and Safety Code, Chapter 577A.

Health and Human Services Commission, Article II
Proposed Rider
Rural Behavioral Health Redesign

Overview

Using existing appropriated funds under Strategy G.2.1 and redirect them to provide funding to the Health and Human Services Commission in fiscal year 2024 and fiscal year 2025 for community-based rural behavioral health.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, reduce appropriations in Strategy G.2.1, Mental Health State Hospitals, by \$318,444,000 in General Revenue in fiscal year 2024 and \$413,844,000 in General Revenue in fiscal year 2025.
2. On Page II-XX of the Health and Human Services Commission bill pattern, add a new Strategy D.2.8, Rural Behavioral Health Redesign, and increase funding for the new strategy by \$318,444,000 in General Revenue in fiscal year 2024 and \$413,844,000 in General Revenue in fiscal year 2025.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

Rural Behavioral Health Redesign. Out of funds appropriated above in Strategy D.2.8, Rural Behavioral Health Redesign, the Health and Human Services Commission (HHSC) shall contract directly with the Local Mental Health Authorities (LMHAs) in each of the regions below to expend \$318,444,000 in General Revenue in fiscal year 2024 and \$413,844,000 in General Revenue in fiscal year 2025 to increase allocated funding to enhance behavioral health services and related infrastructure in specified rural areas. The LMHAs in each of the regions listed below shall be responsible for considering local need in assembling an enhanced array of behavioral health services. Each LMHA must provide and/or contract for an enhanced continuum of adult and child/adolescent behavioral health services in their respective regions for the specific purpose of expanding services available for citizens and decreasing the economic burden on law enforcement, medical hospitals/emergency rooms and other public systems. To the extent feasible, LMHAs must engage with academic institutions to enhance the regional workforce and/or provide opportunities for future workforce training and development. Subject to local need, enhanced or added services may include but are not limited to the following: inpatient psychiatric hospitalization (civil and forensic) (short and longer-term), extended observation, crisis respite and/or stabilization, walk-in crisis services, jail/emergency room diversion services, outpatient and jail-based competency restoration services, transitional housing, outpatient clinical services, co-responder programs (LMHA and law enforcement), multisystemic therapy teams, coordinated specialty care, peer-run club houses and substance use disorder services.

Included in amounts appropriated above to HHSC in Strategy D.2.8, Rural Behavioral Health Redesign are the following amounts in General Revenue by region:

- (a) \$157,650,000 in fiscal year 2024 and \$208,150,000 in fiscal year 2025 to increase community behavioral health services in the Amarillo region;
- (b) \$9,000,000 in fiscal year 2024 and \$11,900,000 in fiscal year 2025 to increase community behavioral health services in the Abilene region;

88

- (c) \$33,744,000 in fiscal year 2024 and \$51,744,000 in fiscal year 2025 to increase community behavioral health services in the Concho Valley region;
- (d) \$35,000,000 in fiscal year 2024 and \$50,000,000 in fiscal year 2025 to increase community behavioral health services in the Lubbock region;
- (e) \$62,000,000 in fiscal year 2024 and \$62,400,000 in fiscal year 2025 to increase community behavioral health services in the Midland/Odessa region; and
- (f) \$21,050,000 in fiscal year 2024 and \$29,650,000 in fiscal year 2025 to increase community behavioral health services in the Big Spring region.

8801

**Health and Human Services Commission
Proposed Funding and Rider
Expansion of community inpatient beds and crisis services.**

Overview

Increases appropriations to the Health and Human Services Commission for expansion of community inpatient beds and crisis services.

Required Action

_____ . Central Texas Community Inpatient Expansions. Appropriations above for the Health and Human Services Commission (HHSC) include the following amounts in General Revenue:

- (a) Expansion of Community Inpatient Beds.
Inpatient Capacity Expansion. \$15,000,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to increase inpatient capacity.

- (d) Crisis Services.
(1) Crisis Stabilization Units. \$8,000,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), for expanded crisis and diversionary services.

89

Kelly Harwood
By _____

**Health and Human Services Commission, Article II
Tarrant Area State Hospital**

Overview

The following action adds a new rider that directs \$15,500,000 for the planning of a new state hospital in the Tarrant County area. The rider will direct the Health and Human Services Commission to grant \$15,500,000 in funds for a study and planning grant for a new state hospital in Tarrant County. These funds will be used by the commission to study and plan for the development of a new state hospital in Tarrant County.

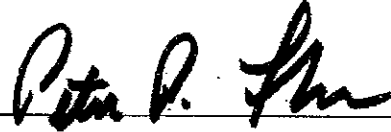
Required Action

On page II-83 of Health and Human Services Commission bill pattern, add the following new rider:

_____ . Tarrant Area State Hospital. (a) Included in amounts appropriated above in Strategy G.2.1, Mental Health State Hospitals is \$15,500,000 for the state fiscal year ending August 31, 2024, for the planning of a new state hospital in the Tarrant area.

(b) It is the intent of the legislature that any unexpended funds allocated under Subsection (a) of this rider or any unexpended and unobligated funds allocated elsewhere in this bill for state hospital planning and construction may be used during the state fiscal biennium ending August 31, 2025, for the planning, land acquisition, and construction of the new state hospital in the Tarrant area described by Subsection (a) of this rider.

By:



Health and Human Services Commission, Article II
Bell County Diversion Center

Overview

Bell County operates a jail with a rated bed capacity of 1,184. Bell County's jail is currently over capacity and Bell County is contracting with 9 other counties around the State to house these excess inmates. Conservatively, approximately 30% of the jail population (400 plus inmates) on any given day are inmates with mental health issues. Many of these inmates have committed low level offenses and are in jail simply because law enforcement had no place else to take them. Hospital emergency rooms experience the same issues, as law enforcement will sometimes take individuals they have taken into custody to the ER.

Our local mental health authority (Central Counties Services, 'CCS') is funded, primarily, by the Texas Department of Health and Human Services and does provide some outpatient mental health services to the population at issue. Outpatient Mental Health Services funding from TDHHS to CCS in the last biennium budget was \$19,551,676. However, CCS has a very limited presence within the criminal justice system in Bell County and no diversion center (because one does not exist in Bell County). Discussions with CCS and our areas two largest health care providers (Baylor Scott & White and AdventHealth Care) have been ongoing over the past couple of years to try and develop a solution that will mitigate the number of individuals with mental health issues, that commit low level offenses, that are booked into the jail and/or admitted to the area hospital ER's.

As a result of those discussions, Bell County purchased a former private health care facility in August of 2022 with the intent to operate a diversion center. The cost for the acquisition of the facility was \$3,500,000. Bell County bore 100% of the acquisition cost. Bell County has been in discussions with CCS, Baylor Scott & White and AdventHealth Care relative to the operation and maintenance of the diversion center. The diversion center will be a 16 bed crisis residential care facility, intended to provide a place where first responders can take individuals with apparent mental health issues (and who do not represent a threat to themselves or others and have committed a low level offense). The preliminary annual operating budget is estimated to be at \$2,000,000. Between Bell County, CCS, Baylor Scott & White, and Advent HealthCare, we are committed to \$1,500,000 toward the annual operating expense. But, we are \$500,000 short (on an annual operating budget basis).

99

Required Action

- 1) On page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.6, Community Mental Health Grant Programs by \$500,000 million in general revenue in fiscal year 2024 and fiscal year 2025.

- 2) On page II-104 of the Health and Human Services Commission bill pattern, add the following rider:
_____ . Bell County Diversion Center Grant. Out of funds appropriated in Strategy D.2.6, Community Mental Health Grant Programs, \$500,000 each year of the biennium shall be allocated for the purpose of operating a diversion center. The center will be a 16 bed mental health crisis residential care facility, intended to provide a place where first responders can take individuals who have committed a low level offense and have apparent mental health issues who do not represent a threat to themselves or others.

99a

Health and Human Services Commission, Article II
Proposed Funding and Rider
Additional Mental Health Community Hospital Beds in Aransas Pass

Overview

Provide funding to the Health and Human Services Commission to lease 60 additional inpatient psychiatric beds in a mental health community hospital in the city of Aransas Pass, Texas, for individuals who are on civil or forensic commitments and individuals with chronic long-term mental health needs. Add a rider in the Health and Human Services Commission bill pattern to identify appropriations for this purpose.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals, by \$15,000,000 in General Revenue Funds in fiscal year 2024 and \$15,000,000 in General Revenue Funds in fiscal year 2025.

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

Additional Mental Health Community Hospital Beds in Aransas Pass. Included in amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$15,000,000 in General Revenue Funds in each fiscal year of the biennium for the Health and Human Services Commission to lease 60 additional inpatient psychiatric beds to serve individuals who are on civil or forensic commitments and individuals with chronic long-term mental health needs. The beds shall be located in a mental health community hospital in the city of Aransas Pass, Texas, that is centrally located to serve individuals residing in Aransas, Nueces, and San Patricio counties.

101

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for Senate Bill 1282

Prepared by LBB Staff, 03/01/2023

Overview

Add a contingency rider to appropriate \$150.0 million to the Mental Health Enterprise Fund contingent on the passage of SB 1282.

Required Action

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

____. Contingency for Senate Bill 1282. Contingent upon enactment of Senate Bill 1282, or similar legislation relating to the establishment of the Texas Mental Health Care Enterprise Fund and the granting of license reciprocity to certain mental health professionals, by the Eighty-eighth Legislature, Regular Session, \$150,000,000 in General Revenue shall be appropriated to the Texas Mental Health Care Enterprise Fund in fiscal year 2024 and allocated to the Health and Human Services Commission to implement the provisions of the legislation. Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes for the second fiscal year of the biennium.

103

Cal Alvarado

By: Senator Alvarado

[Signature]

Health and Human Services Commission
Proposed Funding and Rider
Healthy Students Healthy Futures Demonstration Project

Prepared by LBB Staff, 02/27/2023

Overview

Add a contingency rider to allocate \$20.0 million to support a demonstration project that provides comprehensive preventative, primary, and behavioral health care; health care can include medical, dental, therapeutic, and non-medical services, such as nutrition security, to children attending underserved schools. The funds shall assist a demonstration project that utilizes a one-stop shop model, with on-site services to adults and children within underserved Texas school districts (OR the Harris county and the southeast Texas region). The model shall employ staff to serve as a single point of contact to coordinate and support client needs with community partners. The goal of the project is to support children to be healthy and ready to learn. Underserved schools are defined as 50 percent of students that are uninsured and/or 50 percent of students on the free or reduced lunch program in the school district.

Required Action

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

Contingency for Senate Bill XX. Contingent upon enactment of Senate Bill XX, or similar legislation relating to the establishment of a demonstration project for school-based clinics for children attending underserved schools, by the Eighty-eighth Legislature, Regular Session, the Health and Human Services Commission is appropriated \$10,000,000 in General Revenue in each fiscal year to implement the provisions of the legislation.

HHSC shall report on the key project outcomes of the demonstration project and best practices to implement the model elsewhere in the state to the Legislative Budget Board and the Governor's Office by August 31, 2025.

Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, and Article IX, Section 14.01, Appropriation Transfers, HHSC may transfer funds among strategies in its bill pattern to efficiently implement these provisions upon prior notification to the Legislative Budget Board. HHSC shall identify and pursue opportunities to use any available federal or other non-General Revenue sources of funding to implement the project.

104

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for Senate Bill 1365

Prepared by LBB Staff, 03/01/2023

Overview

This rider would appropriate an additional \$300,000,000 in fiscal year 2024 from the Coronavirus State Fiscal Recovery Fund (42 U.S.C. Section 802) established under the American Rescue Plan Act of 2021 (Pub. L. No. 117-2) and deposited to the credit of the Coronavirus Relief Fund No. 325 for the purpose of HHSC administering a grant program to fund the provision by children's hospitals of mental and behavioral health services to children in this state.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.6, Community Mental Health Grant Programs, by \$300,000,000 in Federal Funds from the Coronavirus State Fiscal Recovery Fund in Federal Funds Method of Finance 325 fiscal year 2024.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Contingency for Senate Bill 1365. Contingent upon enactment of Senate Bill 1365, or similar legislation relating to a grant program to fund the provision by children's hospitals of mental and behavioral health services to children in this state, by the Eighty-eighth Legislature, Regular Session, the Health and Human Services Commission (HHSC) is appropriated \$300,000,000 in fiscal year 2024 from the Coronavirus State Fiscal Recovery Fund (42 U.S.C. Section 802) established under the American Rescue Plan Act of 2021 (Pub. L. No. 117-2) and deposited to the credit of the Coronavirus Relief Fund No. 325 in Strategy D.2.6, Community Mental Health Grant Programs, to implement the provisions of the legislation.

105

Health and Human Services Commission
Proposed Rider
Contingency for Legislation for Transfer of Sunrise Canyon Hospital Complex to Lubbock Regional MHMR Center

Prepared by LBB Staff, 02/13/2023

Overview

Add a rider relating to the transfer of certain state property from the Health and Human Services Commission to Lubbock Regional MHMR Center d/b/a StarCare Specialty Health Care System.

Required Action

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

_____ **Contingency for Legislation for the Transfer of Sunrise Canyon Hospital Complex to Lubbock Regional MHMR Center. Contingent on enactment of legislation requiring the Health and Human Services Commission (HHSC) to transfer the Sunrise Canyon Hospital Complex to Lubbock Regional MHMR Center. HHSC shall make the transfer not later than November 30, 2023, out of funds appropriated above.**

106

By: Senator Hughes
For: Senator Blanco

Health and Human Services Commission
Proposed Rider
El Paso Psychiatric Center

Prepared by LBB Staff, 02/17/2023

Overview

Increase funding and add a rider to fund pre-planning, planning, land acquisition, and initial construction of a new inpatient facility and redesign of the El Paso Psychiatric Center (EPPC) to expand capacity and more efficiently meet current and future behavioral health care needs in the El Paso region.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs and Renovation, by \$50,000,000 in General Revenue in fiscal year 2024.
2. On Page II-XX of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$50,000,000 in General Revenue with unexpended balance authority for El Paso Psychiatric Center construction.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

El Paso Psychiatric Center. Out of funds appropriated above in Strategy G.4.2, Facility Capital Repairs and Renovation, HHSC shall utilize \$50,000,000 in fiscal year 2024 for the pre-planning, planning, land acquisition, and initial construction of a new inpatient facility and redesign of the El Paso Psychiatric Center to expand capacity and more efficiently meet current and future behavioral health care needs in the El Paso region.

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes for the second fiscal year of the biennium.

8

107

By: Bryan Coyle

**SPECIAL PROVISIONS RELATING TO
ALL HEALTH AND HUMAN SERVICES AGENCIES, Article 2
Proposed Funding and Rider
Montgomery County Mental Health Treatment Facility**

Overview

Since 2011, the State has contracted with Montgomery County for 100 forensic hospital beds at the Montgomery County Mental Health Treatment Facility. The facility takes patients from all over the state directly off the Forensic State Hospital Waiting List. The following action would provide an 8% operational increase each fiscal year to account for rising costs to the facility

Required Action

1. On page II-73 of Senate Bill 1 as Introduced, within Health and Human Services Commission bill pattern, amend the following rider:

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

(a) HHSC Frontline Staff.

(1) Salary Increases. \$70,665,925 in fiscal year 2024 and \$70,662,295 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and \$47,473,261 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to maintain salary increases for frontline staff at HHSC facilities. **(b) Expansion of Community Inpatient Beds.** (1) State Hospital Contracted Beds. \$10,200,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to expand contracted bed capacity by 40 beds. \$1,245,701 in fiscal year 2024 and \$1,345,357 in fiscal year 2025 in Strategy G.2.2, Mental Health Community Hospitals for operational expense increases at the Montgomery County Mental Health Treatment Center.

(2) Purchased Psychiatric Beds. 126,000,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for 234 additional state-purchased inpatient psychiatric beds, including 85 beds in rural communities and 149 beds in urban communities.

(3) Inpatient Capacity Expansion. \$29,500,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.

1 of 1

108

By: Buanda Cephtor

**SPECIAL PROVISIONS RELATING TO
ALL HEALTH AND HUMAN SERVICES AGENCIES, Article 2
Proposed Funding and Rider
Montgomery County Mental Health Treatment Facility**

Overview

Since 2011, the State has contracted with Montgomery County for 100 forensic hospital beds at the Montgomery County Mental Health Treatment Facility. The facility takes patients from all over the state directly off the Forensic State Hospital Waiting List. The land and facility are prepared for a 100-bed expansion for an estimated cost of \$45 million. These additional beds would also take forensic beds directly off the waitlist from all over the state.

Required Action

1. On page II-73 of Senate Bill 1 as Introduced, within Health and Human Services Commission bill pattern, amend the following rider:

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

(a) HHSC Frontline Staff.

(1) Salary Increases. \$70,665,925 in fiscal year 2024 and \$70,662,295 in fiscal year 2025 in Strategy G.1.1, State Supported Living Centers, and \$47,473,261 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to maintain salary increases for frontline staff at HHSC facilities. **(b) Expansion of Community Inpatient Beds.** (1) State Hospital Contracted Beds, \$10,200,000 in each fiscal year in Strategy G.2.1, Mental Health State Hospitals, to expand contracted bed capacity by 40 beds.

(2) Purchased Psychiatric Beds. ~~\$171,000,000~~ [~~\$126,000,000~~] in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to maintain existing capacity and for ~~284~~ [234] additional state-purchased inpatient psychiatric beds, including 85 beds in rural communities and 149 beds in urban communities. ~~From the amounts appropriated, \$43,000,000 shall be used for the expansion of the Montgomery County Mental Health Facility.~~

1 of 2

109

(3) Inpatient Capacity Expansion. \$29,500,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.

2 of 2

109a

**Senate Finance Committee
Riders - Article II**

Not Adopted

March 27, 2023

Legislative Budget Board

By: Hinojosa

**Department of Family and Protective Services, Article II
Proposed Funding and Rider
Technology Network**

Overview

Add funding and a new rider at the Department of Family and Protective Services to support the implementation and expansion of a technology network that connects the faith community and other strategic child-serving stakeholders with qualifying vulnerable children and families in crisis to support the needs of the families.

Required Actions

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy C.1.4, Other At-Risk Prevention Programs, by \$1,413,750 in FY 2024 and \$2,359,500 in FY 2025 in General Revenue.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

Technology Network. Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall expend \$1,413,750 in FY 2024 and \$2,359,500 in FY 2025 in General Revenue to support the implementation and expansion of a technology network that connects the faith community and other strategic child-serving stakeholders with qualifying vulnerable children and families in crisis to support the needs of the families.

By: Senator Hinojosa

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

Prepared by LBB Staff, 03/02/2023

Overview

This rider would provide additional funding to the Nurse-Family Partnership program.

Required Action

1. On page II-2 of the Department of Family and Protective Services bill pattern, increase appropriations by \$7,740,000 in General Revenue each fiscal year of the 2024-25 biennium.
2. On page II-18 of the Department of Family and Protective Services bill pattern amend the following rider:

38. Texas Home Visiting Program and Nurse Family Partnership Program.

Included in amounts appropriated above to the Department of Family and Protective Services (DFPS) in Strategy C.1.5, Home Visiting Programs, is:

- (a) \$294,319 in General Revenue Funds and \$17,509,136 in Federal Funds in each fiscal year for services in the Texas Home Visiting Program; and
- (b) ~~\$4,170,899~~ \$11,910,899 in General Revenue Funds and \$14,865,549 in Federal Funds in each fiscal year for services in the Nurse Family Partnership Program. \$3,060,000 in Funds in each fiscal year shall be used for expansion of Nurse-Family Partnership services into currently unserved geographic areas of the state. \$4,680,000 in Funds in each fiscal year shall be used to ensure inflationary adjustments to program budgets to first bring salary line items to market rate and additionally provide adequate funding for other budget line items which should include but need not be limited to mileage for home visits, basic assistance for clients, funds for training and ongoing professional education for nurses.
- (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).
- (d) DFPS shall ensure that three Full Time Equivalent program specialists are dedicated to the Nurse Family Partnership Programs, funded either through the Texas Home Visiting Program or the Texas Nurse Family Partnership Program line items.

By: Whitmire

**Department of Family and Protective Services
Proposed Funding and Rider
Enhanced Support of CPS Children After Family Reunification**

Overview

Friends of the Children is a 30-year-old National organization impacting generational change by empowering youth facing the greatest obstacles through relationships with full-time, salaried, professional mentors – called “Friends” – for 12.5 years, from kindergarten through high school graduation. Friends identify youth least likely to graduate and most likely to become teen parents and most likely to become part of the juvenile justice system and then support these youth in achieving high school graduation while avoiding the juvenile justice system and avoiding becoming a teen parent. The intervention of a Friend saves the state hundreds of thousands of dollars per child.

The first Texas chapter of Friends of the Children opened in Austin in 2017 and currently serves 134 children, with an additional 50 children enrolling in the Spring of 2023. The vast majority of funding (over 95%) for Friends Austin comes from private, philanthropic donors. However, beginning in fiscal year 2020, Friends Austin began receiving a state appropriation through DFPS to fund a pilot program to enroll high-risk children exiting foster care into the program.

To-date, no child within the pilot has reentered the foster care system. Building on the success in Austin, Friends of the Children Texas recently opened a chapter in Houston and plans to open

a chapter in Dallas in fiscal year 2024, using predominately private funds. State appropriations at each chapter would allow for an expansion of the pilot program that began in Austin to serve high-risk children exiting foster care in Houston and Dallas.

The below action would provide rider language and \$4,500,000 in General Revenue funding to continue and expand the pilot to Houston and Dallas,

Required Action

- (1) On Department of Family and Protective Services’s bill pattern in Senate Bill 1, increase general revenue appropriations in Strategy C.1.4, Other At-Risk Prevention Programs, by \$1,500,000 in General Revenue in fiscal year 2024 and \$3,000,000 in General Revenue in 2025.
- (2) Add the following rider to Department of Family and Protective Services bill pattern:

5

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

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

By: Senator Bryan Hughes

Department of Family and Protective Services, *Article II*
Proposed Funding and Rider
Southeast Texas Children and Family Services

Prepared by LBB Staff, 03/02/2023

Overview

The proposed rider would direct the Department of Family and Protective Services to work with a non-profit organization to assist in the implementation of a demonstration project to provide services.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$3,000,000 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:

Southeast Texas Children and Family Services. Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services (DFPS) shall allocate \$3,000,000 in General Revenue each fiscal year of the 2024-25 biennium to support a demonstration project providing comprehensive family strengthening services to families in Harris and Jefferson counties, including kinship and adoptive families.

DFPS shall use the funds to contract with a Texas-based nonprofit organization that has provided community-based child abuse prevention services in each of the two counties for at least 10 years to develop and support community hubs for family strengthening services.

Services provided will include assisting with basic needs, comprehensive case management, parenting education, financial and educational empowerment, youth development, individual and family counseling, support groups, and referrals to community partners for additional services including but not limited to substance abuse treatment, housing, healthcare, and legal assistance. The project will also engage faith communities, community-based organizations, primary and secondary schools, higher education institutions, vocational schools, businesses, and other private and public agencies to outreach to families and youth in need and to provide services and support to them.

By: Hinojosa

**Department of State Health Services, Article II
Proposed Funding and Rider
Regional Advisory Councils**

Overview

Add funding and a new rider at the Department of State Health Services to support the state's 22 Regional Advisory Councils in managing regional emergency health care systems.

Required Actions

1. On page II-24 of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$7,000,000 in General Revenue in fiscal year 2024 and by \$7,000,000 in General Revenue in fiscal year 2025.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Regional Advisory Councils.

- (a) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, DSHS shall provide \$2,500,000 in each fiscal year of the biennium out of General Revenue Funds to fund Regional Advisory Council outreach and education programs.
- (b) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, DSHS shall provide \$2,500,000 in each fiscal year of the biennium out of General Revenue Funds to fund Regional Advisory Council mass casualty incident training.
- (c) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, DSHS shall provide \$2,000,000 in each fiscal year of the biennium out of General Revenue Funds to fund Regional Advisory Council data collection that will support quality improvement initiatives for better patient outcomes.

10

By Senator Hughes

**Department of State Health Services, Article II
Regional Advisory Councils**

Overview

Add funding and a new rider at the Department of State Health Services to support the state's 22 Regional Advisory Councils in managing regional emergency health care systems.

Required Actions

1. On page II-24 of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$7,000,000 in General Revenue Funds in fiscal year 2024 and by \$7,000,000 in General Revenue in fiscal year 2025.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Regional Advisory Councils.

- (a) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, the Department of State Health Services shall provide \$2,500,000 in General Revenue Funds in fiscal year 2024 and \$2,500,000 in General Revenue Funds in fiscal year 2025 to fund Regional Advisory Council outreach and education programs.
- (b) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, the Department of State Health Services shall provide \$2,500,000 in General Revenue Funds in fiscal year 2024 and \$2,500,000 in General Revenue Funds in fiscal year 2025 to fund Regional Advisory Council mass casualty incident training.
- (c) Out of the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, the Department of State Health Services shall provide \$2,000,000 in General Revenue Funds in fiscal year 2024 and \$2,000,000 in General Revenue Funds in fiscal year 2025 to fund Regional Advisory Council data collection to support quality improvement initiatives for better patient outcomes.

By Senator Hughes

**Department of State Health Services, Article II
Emergency Medical Task Force**

Overview

Add funding and a new rider at the Department of State Health Services to direct funds to the Emergency Medical Task Force (EMTF) program units and its State Coordinating Office to restore funding for the state's disaster emergency medical response capability. The EMTF program acts as the state's disaster medical safety net, leveraging relationships with professional medical and EMS personnel from across the state to provide needed assistance when a local jurisdiction's medical and EMS personnel need augmentation or have been incapacitated or overwhelmed by a natural disaster or emergency. For instance, the EMTF provided critical, life-saving emergency services throughout the COVID-19 pandemic, in the aftermath of the Uvalde CISD shooting, in response to Hurricane Harvey, and after the recent tornado event in Deer Park. The program has depended on federal grant money to fund its ongoing activities and those funds have steadily decreased despite a steady increase in the activation of the EMTF units. Just like the state provides financial outlays to support Texas Task Force-1 and Texas Task Force-2 to act as the state's search and rescue safety net, this would provide similar stability to the emergency medical safety net.

Required Action

- 1) On page II-24 of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.1, Public Health Preparedness, by \$7,400,000 in General Revenue Funds in fiscal year 2024 and in fiscal year 2025.
- 2) On page II-36 of the Department of State Health Services bill pattern, amend Rider 26 as follows:

Emergency Medical Task Force.

- (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall provide ~~\$1,000,000~~ \$3,000,000 in each fiscal year of the biennium out of General Revenue Funds to fund ongoing programs, exercises, and readiness for the Emergency Medical Task Force (EMTF).
- (b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$250,000~~ \$700,000 in each fiscal year of the biennium out of General Revenue Funds to fund the management of the EMTF program.
- (c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$1,250,000~~ \$2,500,000 in each fiscal year of the biennium out of General Revenue Funds for the replacement of critical emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.

12

By: Senator Perry

Department of State Health Services
Proposed Rider
Federally-Qualified Health Centers

Prepared by LBB Staff, 02/13/2023

Overview

Add a rider to appropriate an additional \$200.0 million in General Revenue in the biennium to the Department of State Health Services for federally-qualified health centers (FQHCs)

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.2, Texas Primary Care Office, by \$100,000,000 in General Revenue in each fiscal year.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider.

Federally-Qualified Health Centers. Out of funds appropriated above in Strategy B.2.2, Texas Primary Care Office, the Department of State Health Services shall expend \$100,000,000 in General Revenue each fiscal year for the following:

- a. \$20,000,000 in each fiscal year to establish new or expand existing federally-qualified health centers (FQHCs) and FQHC look-alikes. Grants provided shall expand sites, services, and capacity to existing FQHCs and support non-profit organizations seeking to become FQHCs for planning, grant writing, initial operating costs, and initial capital costs;
- b. \$20,000,000 in each fiscal year to increase comprehensive primary and preventative women's health services provided at FQHCs;
- c. \$20,000,000 in each fiscal year to increase the delivery of integrated primary and behavioral health care services at FQHCs;
- d. \$20,000,000 in each fiscal year for grants to start-up or stabilize school-based health centers by existing FQHCs; and
- e. \$20,000,000 in each fiscal year for comprehensive primary and preventative care services for uninsured Texans at FQHCs.

13

By: Senator Hinojosa

Department of State Health Services
Proposed Funding and Rider
Texas Center for Nursing Workforce Studies and Advisory Committee

Prepared by LBB Staff, 03/02/2023

Overview

Increase funding and FTEs and add a new rider at the Department of State Health Services (DSHS) for the Texas Center for Nursing Workforce Studies to study and report on nursing workforce issues related to clinical site training, nursing residency, and nursing workforce retention. Add four new committee members to the Texas Center for Nursing Workforce Studies Advisory Committee with clinical expertise in a variety of clinical nursing sites.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.5, Health Data and Statistics, by \$800,000 in General Revenue in fiscal year 2024.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Texas Center for Nursing Workforce Studies and Advisory Committee. Included in the amounts appropriated above in Strategy A.1.5, Health Data and Statistics, is \$800,000 in General Revenue in fiscal year 2024 for the Texas Center for Nursing Workforce Studies (TCNWS) to study and report on nursing workforce issues related to clinical site training, nursing residency, and nursing workforce retention. The Department of State Health Services (DSHS) is provided an additional 2.0 FTEs to conduct the study. DSHS shall submit a report to the legislature on the results of the study with recommendations for any legislative or other actions no later than September 1, 2024.

It is the intent of the legislature for the Texas Center for Nursing Workforce Studies Advisory Committee (TCNWSAC) to add four new committee members with clinical nursing expertise from a variety of clinical nursing sites including urban and rural settings.

15.

By: Senator Hinojosa

Department of State Health Services
Proposed Funding and Rider
Limb Salvage Institute

Prepared by LBB Staff, 03/02/2023

Overview

Increase funding and add a new rider at the Department of State Health Services (DSHS) to provide funding for the establishment of a Limb Salvage Institute that includes a freestanding clinic and outpatient surgical facility staffed by a multi-disciplinary team of highly trained medical experts and vascular surgeons that specialize in caring for complex and non-healing wounds and in treatments and procedures that prevent amputation.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$7,500,000 in General Revenue in fiscal year 2024.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Limb Salvage Institute. Included in the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, is \$7,500,000 in General Revenue in fiscal year 2024 for the establishment of a Limb Salvage Institute that is designed to include a freestanding clinic and outpatient surgical facility with a multi-disciplinary medical staff that specializes in caring for complex and non-complex healing wounds and in treatments and procedures that prevent amputation. It is the intent of the legislature that the Department of State Health Services give preference to a grant applicant that is a healthcare entity located in Hidalgo County and has been designated as a Level 1 trauma facility since at least January 1, 2022.

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes for the second fiscal year of the biennium.

16

By: Hinojosa

**Department of State Health Services, Article II
Proposed Funding and Rider
Perinatal Data System**

Overview

Add funding and a new rider at the Department of State Health Services for a perinatal data system.

Required Actions

1. On page II-24 of the Department of State Health Services bill pattern, increase appropriations in Strategy B.1.1, Maternal and Child Health, by \$5,000,000 in General Revenue in fiscal year 2024.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Perinatal Data System. Included in appropriations above in Strategy B.1.1, Maternal and Child Health, is \$5,000,000 in General Revenue in fiscal year 2024 for the Department of State Health Services (DSHS) to contract for a data system to capture timely, patient-centric data for the purpose of identifying areas for improvement in the delivery of perinatal care. The department shall enter into an interagency contract with University of Texas System for the purpose of establishing a perinatal data system to support the quality improvement efforts of the Texas Collaborative for Healthy Mothers and Babies. DSHS shall include in the contract sufficient parameters to enable the Collaborative, in consultation with stakeholders, to provide data system oversight, determine the data elements necessary to achieve its perinatal quality improvement objective, and provide guidance on access to and use of data in the system, consistent with state and federal law. Information obtained from the data system shall not be used by any entity to limit reimbursement or for regulatory purposes.

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

18

J. J. Hingji

By: Senator LaMantia

**Department of State Health Services
Proposed Funding and Rider
Health Programs for Persons with Intellectual Disabilities**

Prepared by LBB Staff, 03/03/2023

Overview

Increase funding and a rider at the Department of State Health Services (DSHS) to provide grants to organizations that provide statewide screenings and education for people with intellectual disabilities.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.1.2, Children with Special Needs: Children with Special Health Care Needs, by \$1,000,000 in General Revenue in each year of the 2024-25 biennium.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Health Programs for Persons with Intellectual Disabilities. Included in the amounts appropriated above in B.1.2, Children with Special Needs: Children with Special Health Care Needs, is \$1,000,000 in General Revenue in each year of the 2024-25 biennium to provide grants to organizations that provide statewide screenings and education in screenings and education that includes health history, physical exams, vision/eye health, audiology, dentistry, nutrition, physical therapy, and podiatry for people with intellectual disabilities.

19

Zaffirini

By: Senator Zaffirini

**Department of State Health Services
Proposed Funding and Rider
Border Laboratory Capacity**

Prepared by LBB Staff, 02/27/2023

Overview

Increase funding and add a new rider at the Department of State Health Services (DSHS) to direct funds to the City of Laredo Health Department to improve border laboratory capacity to receive a Laboratory Response Network certification.

Laredo has a biosafety laboratory level III (BSL III) that was built in partnership with DSHS with the intent of becoming a Laboratory Response Network (LRN) to enhance laboratory capacity on the Texas/Mexico Border. This certification will also facilitate Food Emergency Response Network (FERN) approval to reduce the risk of foodborne threats.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.4.1, Laboratory Services, by \$250,000 in General Revenue in each fiscal year.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Border Laboratory Capacity. Included in the amounts appropriated above in Strategy A.4.1, Laboratory Services is \$250,000 in General Revenue in each fiscal year of the 2024-25 biennium. It is the intent of the legislature that the identified funds are to be distributed to the City of Laredo Health Department to improve laboratory capacity to receive a Laboratory Response Network certification.

20

By: Senator Hughes
For: Senator Blanco

Department of State Health Services
Proposed Funding and Rider
Rural County Ambulances

Prepared by LBB Staff, 03/01/2023

Overview

Increase funding and add a rider to fund the acquisition and maintenance of ambulances in emergency services districts located in medically underserved rural counties. DSHS will have discretion to identify eligible recipients.

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$5,000,000 in General Revenue in fiscal year 2024.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider.

Rural County Ambulances. Included in the amounts appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, the Department of State Health Services shall expend \$5,000,000 in General Revenue to fund the acquisition and maintenance of ambulances in emergency services districts located in medically underserved rural counties.

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes for the second fiscal year of the biennium.

7

21

J. J. Huie
By _____

**Health and Human Services Commission, Article II
Medicaid Dental – Access to Oral Health Care**

Overview

The following action adds a new rider that directs approximately \$190 million in General Revenue per year of the 2024-25 biennium to Health Steps (EPSDT) Dental. The corresponding Federal Funds match is also appropriated per year of the 2024-25 biennium. Health Steps (EPSDT) Dental is Texas's Medicaid dental program which provides comprehensive oral health care to over four million eligible Texas children.

Texas has not adjusted funding to Medicaid dental since 2007. For Texas' Medicaid dental program to be effective, funding must be adjusted to ensure continued dentist participation. Adequate funding provides access to oral health care for millions of Texas children.

Use the Consumer Price Index and inflation to fund in today's dollars what the legislature appropriated to the Medicaid dental program in 2007 (roughly a 40% adjustment to stabilize funding to the amount the legislature appropriated in 2007). It takes roughly \$1.40 today to match \$1 in 2007.

Required Action

On page II-40 of Health and Human Services bill pattern, add the following new rider:

____. **Health Steps (EPSDT) Dental.** In addition to funds appropriated above in Strategy A.1.7. Health Steps (EPSDT) Dental, approximately \$190 million in General Revenue is appropriated per year of the 2024-25 biennium. The corresponding Federal Funds match is also appropriated per year of the 2024-25 biennium.

22
1

By: Hinojosa

Health and Human Services Commission, Article II
Proposed New Rider
Ronald McDonald House Charities South Texas

Overview

Increase appropriations in the bill pattern for the Health and Human Services Commission by \$500,000 in fiscal year 2024 from General Revenue to provide a grant to the Ronald McDonald House Charities South Texas.

Funds will be used to construct a new house in Corpus Christi to better accommodate increased occupancy rates and reduce the waiting list for families needing services.

Required Action

On page I, - ___ of the bill pattern for the Health and Human Services Commission in Senate Bill 1, add the following new rider:

- ____. **Ronald McDonald House Charities South Texas.** Out of the amounts appropriated above to the Health and Human Services Commission, \$500,000 in General Revenue in fiscal year 2024 shall be used to provide a grant to the Ronald McDonald House Charities South Texas to construct a home in Corpus Christi.

24

By: Senator Hinojosa

Health and Human Services Commission, Article II
Proposed Funding and Rider
Program Transparency and Integrity for Incarcerated Texans

Prepared by LBB Staff, 03/01/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission for the acquisition and monitoring of data related to incarcerated individuals.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in I.1.1, Integrated Eligibility and Enrollment, by \$2,500,000 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:

Medicaid Transparency and Integrity for Incarcerated Texans. Included in appropriations above in Strategy I.1.1, Integrated Eligibility and Enrollment, is \$2,500,000 in General Revenue each fiscal year to acquire and monitor incarceration information from external data providers, including third-party vendors of commercial systems, to assist in the agency's internal investigations related to eligibility determinations for Medicaid and Medicare. Data should include real-time snapshots of county jail offender data as well as near real-time release information.

25

By: Senator Hinojosa/Eckhardt

Health and Human Services Commission
Proposed Rider
Opioid Overdose Prevention

Prepared by LBB Staff, 02/20/2023

Overview

Add a rider to appropriate an additional \$20.0 million in the biennium to the Health and Human Services Commission to fund opioid overdose prevention (naloxone).

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.4, Substance Abuse Services, by \$10,000,000 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.

Opioid Overdose Prevention. Out of funds appropriated above in Strategy D.2.4, Substance Abuse Services, the Health and Human Services Commission shall expend \$10,000,000 in General Revenue each fiscal year for opioid overdose prevention through the purchase and distribution of naloxone.

26

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rider 24, COVID-19 Nursing Facility Rate Amendment

Prepared by LBB Staff, 03/01/2023

Overview

Amend Health and Human Services Commission Rider 24, COVID-19 Nursing Facility Add-on Rate, to remove references to the Public Health Emergency and maintain the add-on rate for the 2024-25 biennium.

Required Action

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

COVID-19 Nursing Facility Add-on Rate **Stabilization**. Included in the appropriations above are the following amounts that are only available to the Health and Human Services Commission (HHSC) contingent on the conclusion of the federally declared COVID-19 public health emergency (PHE):

- (a) \$129,385,946 in General Revenue and \$195,052,234 in Federal Funds (\$324,438,180 in All Funds) in fiscal year 2024 and \$135,703,968 in General Revenue and \$202,541,217 in Federal Funds (\$338,245,185 in All Funds) in fiscal year 2025 in Strategy A.1.1, Aged and Medicare-Related; and
- (b) \$29,569,937 in General Revenue and \$44,577,347 in Federal Funds (\$74,147,284 in All Funds) in fiscal year 2024 and \$30,032,821 in General Revenue and \$44,824,659 in Federal Funds (\$74,857,480 in All Funds) in fiscal year 2025 in Strategy A.2.4, Nursing Facility Payments.

~~HHSC shall only expend the funds in Subsections (a) and (b) to maintain the emergency add-on reimbursement rate increase for nursing facilities originally implemented for the duration of the PHE. HHSC may not expend funds appropriated under this section for nursing facility services until the Temporary Rate Increases for COVID-19 Response for Nursing Facilities, which were implemented on April 1, 2020, are no longer in effect. HHSC may not expend funds appropriated 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.~~

To receive reimbursement rate increases appropriated under Subsections (a) and (b), 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.

28

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rider 25, Patient Driven Payment Model for Nursing Facility Services

Prepared by LBB Staff, 03/01/2023

Overview

Amend Health and Human Services Commission Rider 25, Patient Driven Payment Model for Nursing Facility Services, to correct the fiscal year reference.

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~~2023, the Health and Human Services Commission (HHSC) must develop and implement a Texas version of the Patient Driven Payment Model (PDPM) methodology for the reimbursement of long-term stay nursing facility services in the Medicaid program to achieve improved care for long-term stay nursing facility services, excluding services provided by a pediatric care facility or any state-owned facilities.

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

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

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

20

By: Hinojosa

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

Overview

The following action amends an existing rider to update the data reference for rural hospitals to the most recent census and to adjust the population threshold to maintain the existing classification of rural hospitals. It also includes updated estimates to maintain the current add-on payment for labor and delivery services for FY2024 and FY2025

Required Action

On page II-53 of the Health and Human Services Commission's bill pattern, amend Rider 16, Rural Labor and Delivery Medicaid Add-on Payment:

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, is ~~\$4,124,543~~ ~~\$3,146,400~~ in General Revenue and ~~\$6,373,148~~ ~~\$4,853,600~~ in Federal Funds in fiscal year ~~20224~~ and ~~\$4,183,330~~ ~~\$3,050,400~~ in General Revenue and ~~\$6,314,361~~ ~~\$4,949,600~~ in Federal Funds in fiscal year ~~20235~~ 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~~ 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.

35

By Senator Hughes

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

Overview

Add \$31,300,000 in General Revenue Funds and \$41,500,000 in Federal Funds (\$72,800,000 All Funds) to Strategies in Goal A, Medicaid Client Services, to reimburse rural hospitals at cost in Medicaid as required by SB 170 (86R). Amend language in Rider 8, Hospital Payments, accordingly.

Required Actions

1. On page II-40 of the Health and Human Services Commission bill pattern, increase appropriations in Strategies in Goal A, Medicaid Client Services, by \$15,650,000 in General Revenue in fiscal year 2024 and \$15,650,000 in General Revenue in fiscal year 2025 and by \$20,750,000 in Federal Funds in fiscal year 2024 and \$20,750,000 in Federal Funds in fiscal year 2025.
2. On page II-55 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~~ \$128,049,393 in General Revenue Funds, ~~\$72,586,320~~ in Interagency Contracts, and ~~\$278,870,136~~ \$299,620,136 in Federal Funds (~~\$463,855,849~~ \$500,255,849 in All Funds) in fiscal year 2024 and ~~\$116,333,409~~ \$131,983,409 in General Revenue Funds, ~~\$72,250,499~~ in Interagency Contracts, and ~~\$281,465,713~~ \$302,215,713 in Federal Funds (~~\$470,049,621~~ \$506,449,621 in All Funds) in fiscal year 2025 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:
 - (a) \$71,784,000 in Interagency Contracts and \$108,216,000 in Federal Funds in fiscal year 2024 and \$72,216,000 in Interagency Contracts and \$107,784,000 in Federal Funds in fiscal year 2025 for trauma care;
 - (b) \$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 increase 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 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: Senator Donna Campbell, M.D.

**Health and Human Services Commission, Article II
Multi-Assistance Center Demonstration Project (MAC)**

Overview

Increase funding for The Multi- Assistance Center Demonstration Project MAC to support two full years of navigation services, and direct HHSC to pursue a Federal waiver to allow appropriated General Revenue to be matched as appropriate with Federal funds for Medicaid clients, receipt of which would reduce the GR appropriation.

Required Action

Amend Senate Bill 1 as introduced:

- a. Increase appropriations in Strategy D.1.10, Additional Specialty Care, in the Health and Human Services bill pattern, by \$3,750,000 in General Revenue in 2024 and 2025.
- b. Amend Rider 65 to read as follows:

Rider 65 Multi-Assistance Center Demonstration Project.

(a) Included in amounts appropriated above to the Health and Human Services Commission is ~~\$3,750,000~~ \$7,500,000 in General Revenue in each fiscal year in Strategy D.1.10, Additional Specialty Care, to support a demonstration project providing comprehensive medical, therapeutic, and non-medical services to adults and children with special needs. The funds shall assist a demonstration project utilizing a one-stop shop model, providing on-site services to adults and children with special needs in the Bexar County and the South Texas region. The model shall employ staff to serve as single point of contact to coordinate and support client needs with community partners.

(b) HHSC shall identify and pursue opportunities to use any available Federal or other non-General Revenue source of funds to implement this project and shall coordinate with the project on opportunities to implement the model elsewhere in the state. HHSC shall, to the extent possible, seek a waiver or other permission from The Center for Medicaid Services to authorize General Revenue appropriated for this initiative and expended to support Medicaid clients be matched by Federal funds. To the extent such Federal funds are accessed, they shall be expended solely on this project; contingent on receipt of Federal matching funds. General Revenue appropriations made for this purpose in Strategy D.1.10 may be reduced such that project All Funds appropriations total \$15,000,000 for the biennium.

(c) Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, HHSC may transfer funds among strategies in its bill pattern to efficiently implement these provisions upon prior notification to the Legislative Budget Board. HHSC shall identify and pursue opportunities to use any available Federal or other non-General Revenue source of funds to implement this project.

38

By: Senator Hinojosa

Health and Human Services Commission, Article II
Proposed Funding and Rider
Updated Calculation of Medical Education Add-On for Reimbursement of Certain Teaching Hospitals

Prepared by LBB Staff, 03/01/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to fund updates of the education adjustment factor used to calculate the medical education add-on for teaching hospitals that provide behavioral health and physical health services.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in A.4.1, Non-Full Benefit Payments, by \$XX in General Revenue and \$XX in Federal Funds (\$XX in All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Updated Calculation of Medical Education Add-On for Reimbursement of Certain Teaching Hospitals. Included in amounts appropriated above in A.4.1, Non-Full Benefit Payments, is \$XX in General Revenue and \$XX in Federal Funds (\$XX in All Funds) in each fiscal year to be used by the Health and Human Services Commission for costs associated with any updates under Section 32.0285 of the Human Resources Code for the education adjustment factor used to calculate the medical education add-on for teaching hospitals that provide behavioral health and physical health services.

41

By: Hinojosa

Health and Human Services Commission, Article II

Proposed Rider

Trauma Recovery Centers Pilot Program

Overview

Add a rider to appropriate an additional \$2.5 million in the biennium to the Health and Human Services Commission to implement a Trauma Recovery Centers Pilot Program.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.3, Community Mental Health Crisis Services, by \$1,250,000 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.

TRAUMA RECOVERY CENTER PILOT PROGRAM: Out of funds appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, the Health and Human Services Commission (HHSC) in partnership with a Local Mental Health Authority shall allocate \$1,250,000 in General Revenue each fiscal year to implement a Trauma Recovery Centers (TRC) pilot program.

A qualified entity shall provide services that are focused on providing and addressing the impact of trauma to victims of sexual assault, domestic violence, battery, crimes of violence, vehicular assault, and human trafficking, as well as family members of homicide victims. Qualified entities must offer evidence-based and evidence-informed mental health services and support services that include individual and group treatment, medication management, substance abuse treatment, case management, and assertive outreach.

A participating entity in partnership with a Local Mental Health Authority shall provide 100 percent match of the grant amount.

HHSC shall submit a report to the Office of the Governor's Office and the Legislative Budget Board on the program that includes the total population served and client outcome measures by December 1, 2025.

42

Bob Hall

By: Senator Hall

Health and Human Services Commission
Proposed Rider
Gender reassignment surgeries on minors

Overview

Prohibit the expenditure of funds to hospitals that perform gender transitioning surgeries on minors.

Required Action

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

Gender reassignment surgeries on minors. None of the funds appropriated to the Health and Human Services Commission may be used for the purpose of performing gender transitioning surgeries on minors.

In this section, "Gender transitioning surgery" means, for the purpose of transitioning a child's biological sex as determined by the sex organs, chromosomes, and endogenous profiles of the child:

(1) a surgery that sterilizes the child, including:

- (A) castration;
- (B) vasectomy;
- (C) hysterectomy;
- (D) oophorectomy;
- (E) metoidioplasty;
- (F) orchiectomy;
- (G) penectomy;
- (H) phalloplasty; and
- (I) vaginoplasty;

(2) or a mastectomy of a female

(3) or breast augmentation of a male.

44

By Peter P. Gu

Health and Human Services Commission, Article II
211 Texas Information and Referral Network

Overview

The following action adds a new rider that directs \$2.3 million for each year of the biennium for increased 211 call center staffing and operations and implementation of technology and communication enhancements.

Required Action

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

_____ 211 Texas Information and Referral Network. Out of funds appropriated above in Strategy I.1.1 Integrated Eligibility and Enrollment, \$2.3 million for each year of the biennium shall be appropriated for the 211 Texas Information and Referral Network (TIRN) to fully maximize and leverage 211's capabilities statewide

From that amount, at least \$1.1 million each fiscal year shall be allocated directly to Area Information Centers (AICs) to support increased call center staffing and operations, and \$300,000 each year of the biennium shall be allocated to HHSC to maintain staffing levels at fiscal years 2021 and 2022 levels and to support efficiencies and innovation of the TIRN network. Additionally, \$900,000 each year of the biennium is allocated to implement technology and communication enhancements, including texting, enhanced taxonomy and search functions for 211 Texas resource database, and two-way Application Programming Interface (API) for multidirectional communications and other measures required by national accreditation standards and designed to better connect specialized populations with available state and local services, including Texans impacted by disasters, pregnant women on Medicaid, veterans, and families with young children. Any funds unused for technology improvements shall go directly to AICs for operational support.

The commission shall submit a biennial report to the legislature, no later than December 1, 2024 regarding the operations of the TIRN, including the effectiveness of the network and any improvements made to the network, during the preceding two state fiscal years as well as the existing needs and gaps in services in communities in this state that could be addressed through additional improvements to the network.

45

By Senator Hughes

**Health and Human Services Commission, Article II
Service Coordination Efficiency**

Overview

This rider will provide direction to the Health and Human Services Commission to ensure the efficient use of Service Coordinators within Medicaid managed care programs.

Required Actions

At the appropriate place in Article II, insert the following rider:

Service Coordination Efficiency. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall ensure efficient and cost-effective Service Coordination within Medicaid managed care programs. The state shall make every effort to ensure that Service Coordination requirements optimize resources, allow Service Coordinators to practice within the full scope of their license, and promote efficiency.

Prior to implementing a material change in Service Coordination requirements, the Health and Human Services Commission shall complete an analysis of the estimated cost impact, level of effort to implement, and expected benefit of the change to the population being served. The analysis shall also:

1. Identify the need or deficiency being addressed and detail the outcome or measurement data supporting the proposed change;
2. Consider the impact upon the state's existing workforce, particularly with regard to the availability of required nursing resources and the burden on other health care settings;
3. Solicit and consider the input of contracted managed care organizations; and
4. Assess the feasibility of allowing members to choose telehealth options for Service Coordination activities.

HHSC shall submit a written report detailing the impact of each proposed change to the Legislative Budget Board and the Governor.

It is the intent of the Legislature that Medicaid managed care organizations retain the flexibility to maximize nurse workforce resources and determine Service Coordination staffing credentials as appropriate for the population served and in accordance with applicable licensing standards and regulations.

47

By Senator Schwertner

Health and Human Services Commission
Health Information Exchange Image Enablement

Overview

To promote a robust health data infrastructure, Texas should ensure that Health Information Exchanges (HIEs) in Texas deploy image enablement.

Image enablement will result in better patient outcomes and lower healthcare costs. In addition, patients will benefit from a seamless continuum of care to assist in first-time-right diagnosis and reduce radiation exposure rates.

The health care system and state Medicaid program cost savings are achieved by significantly reducing repeat procedures and duplicate imaging claims.

Currently, the Office of E-Health at the Health and Human Services Commission (HHSC) provides leadership to and acts as a single point of coordination for health information technology initiatives in Texas.

The amendment and Rider will provide for a one-time appropriation of \$30 million in the fiscal year 2024 for HHSC to distribute grant funding to health information exchanges in Texas to deploy image enablement.

Required Action

1. On page II-41, amend Strategy D.1.14., Primary Health & Specialty Care Adm, by increasing the appropriation for an additional \$30 million in fiscal year 2024.
2. Add the following appropriately numbered Rider to Article II, Health and Human Services Commission:

Health Information Exchange Image Enablement. Out of funds appropriated above in Strategy D.1.14., Primary Health & Specialty Care Adm, and no later than December 31, 2023, the Health and Human Services Commission shall distribute a total of \$30 million in grant funding to the Texas Health Services Authority established by Chapter 182, Health & Safety Code, and to local or regional health information exchanges, as defined by Section 531.901(4), Government Code, in an amount not to exceed \$0.75 per patient covered, as verified by an electronic Master Patient Index (eMPI) implemented within their network, to expand and enhance their existing infrastructures to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows.

49

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Offsite Healthcare Costs

Prepared by LBB Staff, 02/16/2023

Overview

Add a rider to appropriate an additional \$4.3 million in General Revenue in the biennium to the Texas Civil Commitment Office for offsite healthcare costs.

Required Action

1. On Page II-XX of the Health and Human Services bill pattern, increase appropriations in Strategy M.1.1., Texas Civil Commitment Office, by \$2,161,210 in General Revenue in each fiscal year of the biennium.
2. On page II-XX of the Health and Human Services bill pattern, amend the following rider:

____. **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; 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 ~~\$771,986~~ \$2,932,290 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.

51

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Reinstatement of 5.0 Percent Reduction

Prepared by LBB Staff, 02/16/2023

Overview

Add a rider to appropriate an additional \$1.9 million in General Revenue in the biennium to the Texas Civil Commitment Office to reinstate the 5.0 percent reduction from the 2022-2023 biennium.

Required Action

1. On Page II-XX of the Health and Human Services bill pattern, increase appropriations in Strategy M.1.1, Texas Civil Commitment Office, by \$933,345 in General Revenue in fiscal year 2024 and \$933,346 in General Revenue in fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

Reinstatement of 5.0 Percent Reduction. Included in amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, the Texas Civil Commitment Office is appropriated \$933,345 in General Revenue in fiscal year 2024 and \$933,346 in General Revenue in fiscal year 2025 to restore the 5.0 percent reduction made during the 2022-23 biennium.

52

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Contract Rate Adjustment Costs

Prepared by LBB Staff, 02/16/2023

Overview

Add a rider to appropriate an additional \$1.5 million in General Revenue in the biennium to the Texas Civil Commitment Office for a 3.0 percent increase in per diem rates for contracted services.

Required Action

1. On Page II-XX of the Health and Human Services bill pattern, increase appropriations in Strategy M.1.1., Texas Civil Commitment Office, by \$686,973 in General Revenue in fiscal year 2024 and \$784,073 in General Revenue in fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

Contracted Rate Adjustment Costs. Out of funds appropriated above in Strategy M.1.1., Texas Civil Commitment Office, the Texas Civil Commitment Office shall expend \$686,973 in General Revenue in fiscal year 2024 and \$784,073 in General Revenue in fiscal year 2025 to provide a 3.0 percent increase in per diem rates for contracted services providing continuous operations of treatment and supervision programs.

53

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Additional Case Manager FTEs

Prepared by LBB Staff, 02/16/2023

Overview

Add a rider to appropriate an additional \$0.5 million in General Revenue in the biennium to the Texas Civil Commitment Office for an additional 4.0 case manager FTEs.

Required Action

1. On Page II-XX of the Health and Human Services bill pattern, increase appropriations in Strategy M.1.1., Texas Civil Commitment Office, by \$288,889 in General Revenue in fiscal year 2024 and \$258,915 in General Revenue in fiscal year 2025.
2. On Page II-XX of the Health and Human Services bill pattern, increase the Number of Full-Time Equivalents (FTE) by 4.0 in each fiscal year.
3. On page II-XX of the Health and Human Services bill pattern, amend the following rider:

Texas Civil Commitment Office.

- (a) **Full Time Equivalents (FTEs).** The number of FTEs for the Texas Civil Commitment Office (TCCO) is ~~37.0~~ 41.0 in each year of the biennium.
- (b) Any unexpended balances remaining on August 31, 2024, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, 2024, contingent upon the agency providing written notification to the Legislative Budget Board and the Office of the Governor at least 30 days prior to making the transfer.
- (c) **Quarterly Reports.** TCCO shall submit quarterly status reports to the Legislative Budget Board and the Office of the Governor 30 days after the end of each quarter that include the number and placement of civilly committed individuals and the number and outcome of civil commitment trials within the reporting period. Additional information shall be included at the request of the Legislative Budget Board.
- (d) **Appropriation Transfers Between Fiscal Years.** 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; 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.

54

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

Additional Case Manager FTEs. Included in the amounts appropriated above in Strategy M.1.1., Texas Civil Commitment Office, the Texas Civil Commitment Office is appropriated \$288,889 in General Revenue in fiscal year 2024 and \$258,915 in General Revenue in fiscal year 2025 for salaries and wages to hire an additional 4.0 case managers to expand coverage for additional areas in which community-based sexually violent predators can reside.

549

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Applied Behavior Analysis Technician Services Rates

Prepared by LBB Staff, 02/27/2023

Overview

Add a rider directing the Health and Human Services Commission to utilize funds to ensure that the Medicaid reimbursement rate for Applied Behavior Analysis technician services is at least \$60.00 per hour.

Required Action

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

_____. Applied Behavior Analysis. Out of funds appropriated to the Health and Human Services Commission (HHSC) in Strategy A.1.2, Disability-Related, and Strategy A.1.5, Children, HHSC shall ensure that the Medicaid reimbursement rate for Applied Behavior Analysis technician services is at least \$60.00 per hour.

55

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Rider
Limitations on Usual and Customary Calculations for Pharmacy Reimbursement

Prepared by LBB Staff, 02/24/2023

Overview

Add a new rider stating the Legislature intends that the Health and Human Services Commission modify its requirements for pharmacies seeking reimbursement from the Medicaid Vendor Drug Program.

Required Action

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

Limitations on Usual and Customary Calculations for Pharmacy Reimbursement. It is the intent of the Legislature that the Health and Human Services Commission shall not require pharmacies to include the price paid by consumers through third-party discount plans when determining a pharmacy's Usual and Customary (UAC) price calculation for Medicaid reimbursement.

50

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Texas Medical Policy and Procedure Manual

Prepared by LBB Staff, 02/13/2023

Overview

Add a rider directing the Health and Human Services Commission to update the Texas Medical Policy and Procedure Manual.

Required Action

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

____. Medicaid Industry Technology Updates. The Health and Human Services Commission shall analyze and update the Texas Medical Policy and Procedure Manual (TMPPM) based on industry standards and practices and the Centers for Medicare and Medicaid Services updated guidelines to improve access for Medicaid members to such benefits as durable medical equipment, wheelchairs, adaptive supplies and equipment and other supplies and equipment provided to Medicaid members. This shall include specific guidelines related to children with special health care needs supplies and equipment. This review shall be completed biannually and shall include input from members, providers, and health plans.

57

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Nutrition Incentives

Prepared by LBB Staff, 02/13/2023

Overview

Provide \$6,000,000 in General Revenue Funds in fiscal year 2024 and unexpended balance authority to the Health and Human Services Commission (HHSC) to provide for grant funding to organizations implementing nutrition incentive programs. Add a new rider to identify appropriations for this purpose.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy I.I.1, Integrated Eligibility and Enrollment, by \$6,000,000 in General Revenue Funds in fiscal year 2024.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Nutrition Incentives. Included in the amounts appropriated above to the Health and Human Services Commission is \$6,000,000 in General Revenue Funds in fiscal year 2024 in Strategy I.I.1, Integrated Eligibility and Enrollment, for grants to organizations implementing nutrition incentive programs that qualify for federal funds under Section 4205, Agriculture Improvement Act of 2018 (7 U.S.C. Section 7517). Any organization selected for grant funding must have demonstrated experience designing and implementing successful nutrition incentive programs that connect low-income consumers and agricultural producers, offer administrative and technological support to retailer participants to support uptake and participation in the program, and operate in at least two counties.

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium in Strategy I.I.1, Integrated Eligibility and Enrollment, are appropriated for the same purposes for the second fiscal year of the biennium.

58

By: Sen. Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Funding for Enhanced Capacity at Family Violence Shelters

Overview

Add \$4.65 million in General Revenue in each year of the fiscal year of the 2024-25 biennium to Strategy F.3.1 Family Violence Services to fund enhanced capacity and services to survivors seeking shelter and community education and prevention programming.

Required Action

1. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.1, Family Violence Services by \$4,650,000 in General Revenue Funds in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Enhanced Capacity for Family Violence Services. Included in the amounts appropriated above in Strategy F.3.1 is \$4.65 million in General Revenue in each year of the 2024-25 biennium. It is the intent of the Legislature that funding shall be distributed in a manner consistent to Chapter 51 of the Human Resources Code to existing family violence centers and special nonresidential projects and provide enhanced capacity for shelter services and legal, mental health, housing, and economic stability services to victims of family violence and to offer community education and prevention programming.

59

By: 

Health and Human Services Commission, Article II
Proposed Funding and Rider
Medicaid Therapy Services for Children

Overview

Increase funding and add a rider at the Health and Human Services Commission to increase reimbursement for Medicaid therapy services provided to children by home health agencies under Texas Health Steps, Comprehensive Care Program.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$26,413,525 in General Revenue, and \$39,628,542 Federal Funds (\$66,042,067 All Funds) for the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____ Funding for Medicaid Therapy Services for Children. Included in the amounts appropriated above in Goal A, Medicaid Client Services, is \$13,165,486 in General Revenue and \$19,855,547 in Federal Funds for fiscal year 2024 and \$13,248,039 in General Revenue and \$19,772,995 in Federal Funds for fiscal year 2025 for the Health and Human Services Commission to increase reimbursement for Medicaid therapy services provided to children by licensed Home and Community Support Services Agencies.

Medicaid Provider Rate Increases. It is the intent of the Legislature that, when Medicaid provider rates are increased as a result of a legislative appropriation, managed care organizations reimburse the full amount of the appropriated funds to providers, to the extent allowed by federal laws and regulations.





By: Senator Zaffirini

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Funding for the Program of All-Inclusive Care for the Elderly (PACE) Existing Sites**

Prepared by LBB Staff, 02/24/2023

Overview

Increase funding and add a rider for existing Program of All-Inclusive Care for the Elderly (PACE) sites.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.3.5, Program of All-Inclusive Care for the Elderly (PACE), by \$5,438,090 in General Revenue and \$8,402,811 in Federal Funds (\$13,840,901 in All Funds) in fiscal year 2024 and by \$5,438,090 in General Revenue and \$8,116,471 in Federal Funds (\$13,554,561 in All Funds) in fiscal year 2025.
2. On Page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Funding for the Program of All-Inclusive Care for the Elderly (PACE) Existing Sites. Included in the amounts appropriated above to the Health and Human Services Commission is \$5,438,090 in General Revenue and \$8,402,811 in Federal Funds (\$13,840,901 in All Funds) in fiscal year 2024 and \$5,438,090 in General Revenue and \$8,116,471 in Federal Funds (\$13,554,561 in All Funds) in fiscal year 2025 in Strategy A.3.5, Program of All-Inclusive Care for the Elderly (PACE), for existing PACE sites.



Zaffirini

By: Senator Zaffirini

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Establishment of Additional Program of All-Inclusive Care for the Elderly (PACE) Sites**

Prepared by LBB Staff, 02/24/2023

Overview

Add a rider to authorize and direct HHSC to procure contracts to establish three additional Program of All-Inclusive Care for the Elderly (PACE) sites and to transfer funds within Goal A, Medicaid Client Services, to fund client services. The rider would authorize up to \$16,250,000 to be transferred to fund start-up and operational costs of three new PACE sites (\$5.4 million per site) and is contingent on any new site being qualified pursuant to state and Federal requirements.

Required Action

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

Establishment of Additional Program of All-Inclusive Care for the Elderly (PACE) Sites.

- (a) The Health and Human Services Commission (HHSC) is authorized to procure and implement contracts to establish three additional PACE sites in geographical areas not currently served by the program. Prior to finalizing a contractual agreement, HHSC shall determine that any entity to be contracted with satisfies procurement and contracting requirements established by HHSC and is approved by the Centers for Medicare and Medicaid Services (as described in 42 CFR, Part 460, Subpart B of the Code of Federal Regulations) to be a provider agency.
- (b) HHSC is authorized and directed to transfer General Revenue Funds appropriated to Strategy A.1.1, Aged and Medicare-related, or Strategy A.1.2, Disability-Related, such amounts as may be necessary, along with qualifying federal matching funds, to support up to 300 slots in each of the three additional PACE sites during the 2024-25 fiscal biennium. The total General Revenue Funds amount transferred for this purpose may be used to fund start-up and operational costs and may not exceed \$16,250,000 in any fiscal year. The capitation rate to be paid for each site shall be determined pursuant to agency rate methodology for the PACE program without application of the budget reduction factor.

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- (c) This transfer shall be executed notwithstanding HHSC, Rider 98, Limitations on Transfer Authority. Further, this authorization fulfills the requirements of Special Provisions Relating to All Health and Human Services Agencies, Section 12, Rate Limitations and Reporting Requirements.
- (d) The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board (LBB) and the Governor's Office of the certification and the transfer of amounts within 30 business days of the date on which any transfer occurs.
- (e) On the request of HHSC, LBB, or the Governor's Office, PACE providers shall provide any requested information on actual cost, caseload, and services.

Angela Paxton

By: Senator Paxton

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Texas Perinatal and Pediatric Hospice Workgroup**

Prepared by LBB Staff, 03/02/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to support the formation of the Texas Perinatal and Pediatric Hospice Workgroup for the purpose of ensuring that all Texas children with a terminal illness have access to specialized perinatal and pediatric hospice services within their community.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in B.1.1, Medicaid & CHIP Contracts & Administration, by \$7,500,000 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:

Texas Perinatal and Pediatric Hospice Workgroup. Included in amounts appropriated above in B.1.1, Medicaid & CHIP Contracts & Administration, is \$7,500,000 in General Revenue in each fiscal year to support the formation of the Texas Perinatal and Pediatric Hospice Workgroup for the purpose of ensuring that all Texas children with a terminal illness have access to specialized perinatal and pediatric hospice services within their community, with a specific focus on the development of services in rural and underserved communities.

- (a) The Texas Perinatal and Pediatric Hospice Workgroup will improve access to perinatal and pediatric hospice through the following initiatives:
 - (1) design and implementation of a perinatal hospice demonstration project that informs the submission of a state plan amendment and/or Medicaid Waiver request for the inclusion of perinatal hospice services in the Texas Medicaid Hospice Program;
 - (2) creation of children's hospitals/hospice provider partnerships tasked with the development and support of a regional network of perinatal and pediatric hospice providers throughout Texas;
 - (3) revision of regulations for the Texas Medicaid Hospice Program to ensure issues related to perinatal and pediatric services are addressed, including the development of a perinatal/pediatric hospice family satisfaction survey and creation of guidelines for the implementation of the federal "Concurrent Care for Children" Requirement.
- (b) The Texas Perinatal and Pediatric Hospice Workgroup will operate under the leadership of the HHS Executive Commissioner and consist of the following members:
 - (1) the Chief Medicaid and CHIP Services Officer and/or their assigned representative(s); and
 - (2) the Chief Medical Director for Medicaid and CHIP Services and/or their assigned representative(s).

WJ

- (c) HHSC will also utilize the standard grant funding process to contract with the following additional entities:
 - (1) an academic healthcare/public health research partner; and
 - (2) up to three children's hospitals/hospice provider partnerships.
- (d) HHSC shall submit a report to the Legislative Budget Board and Governor's Office no later than September 1, 2025 with information on the progress in improving access to perinatal and pediatric hospice services and an economic analysis that examines the impact of the expansion of perinatal and pediatric hospice services on the total cost of care for Medicaid and CHIP patients.
- (e) HHSC may transfer funds among strategies to implement the provisions outlined in this rider upon prior written notification to the Legislative Budget Board. Any unobligated and unexpended balances remaining at the end of the first fiscal year of the biennium are appropriated to HHSC for the same purpose the second fiscal year of the biennium.

Wla

By: Whitmire/Alvarado

Health and Human Services Commission, Article II
Rates: Intermediate Care Facilities and Certain Waivers

Overview

HHSC estimates that \$107.9 million General Revenue per year (\$215.8 million over the FY 2024-25 biennium) is the amount necessary to increase direct care wages for IDD services to an average of \$15.00/hour. This increase would specifically apply to direct care wages in the following programs and related services:

Community-based Intermediate Care Facilities

- Residential Services (Group Homes)

Home and Community-based Services (HCS) Waiver

- Residential Services (Group Homes)
- Individualized Skills and Socialization Services (replacing Day Habilitation Services)
- Community First Choice
- Supported Home Living Services

Texas Home Living (TxHmL)

- Individualized Skills and Socialization Services (replacing Day Habilitation Services)
- Community First Choice
- Community Support Services

Required Action

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

Rates: Intermediate Care Facilities and Certain Waiver Providers. (a) Included in amounts appropriated above in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID); Strategy A.3.1. Home and Community-based Services (HCS); and Strategy A.3.4. Texas Home Living Waiver (TxHmL), is \$215.8 million in General Revenue over the biennium to: (1) maintain rate increases authorized by House Bill 1, Eighty-Sixth Legislature, Health and Human Services Commission Rider 44, Rate Increases: Intermediate Care Facilities and Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) Waiver Providers; and (2) provide for rate increases for intermediate care facilities and these two waivers in the direct care portion of those rates.

(b) It is the intent of the Legislature that the Health and Human Services Commission assume direct care staff wages of \$15.00 per hour on average, before benefits, in the methodology for these services.

By: *Zaffarini*

**Health and Human Services Commission, Article II
Competitive And Integrated Employment Initiative**

Overview

Add a new rider that provides funding for the Health and Human Services Commission (HHSC) to implement Senate Bill 50, 87th Session, which directs the executive commissioner of the Health and Human Services Commission (HHSC) to develop a process to assess the goals, competitive and integrated opportunities, and related employment services available to persons receiving services through Medicaid waiver programs and use the identified goals and services to direct the persons' plans of care.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations by \$2,500,000 in General Revenue in fiscal year 2024 and by \$2,500,000 in General Revenue in fiscal year 2025 to implement Senate Bill 50, 87th Session, which directs the executive commissioner to develop a process to assess the goals, competitive and integrated opportunities, and related employment services available to persons receiving services through Medicaid waiver programs and use the identified goals and services to direct the persons' plans of care.

69

By: Senator Perry /Schwertner/Springer / Hall / Paxton/Wes

Health and Human Services Commission, Article
Proposed Funding and Rider
Private Duty Nursing

Angela Paxton

Prepared by LBB Staff, 02/15/2023

Overview

Provide funding to the Health and Human Services Commission in fiscal year 2024 and fiscal year 2025 for a 40.0 percent rate increase and a \$6.00 increase for holiday and overtime pay for private duty nursing services.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.2, Disability-Related, by \$150,937,901 in General Revenue and \$227,637,221 in Federal Funds (\$378,575,122 in All Funds) in fiscal year 2024 and \$151,884,339 in General Revenue and \$226,690,783 in Federal Funds (\$378,575,122 in All Funds) fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Private Duty Nursing.

- (a) Included in amounts appropriated above to the Health and Human Services Commission is \$135,182,686 in General Revenue Funds and \$203,875,970 in Federal Funds (\$339,058,656 in All Funds) in fiscal year 2024 and \$136,030,333 in General Revenue Funds and \$203,028,323 in Federal Funds (\$339,058,656 in All Funds) in fiscal year 2025 in Strategy A.1.2, Medicaid Disability-Related, in each fiscal year to provide a 40.0 percent rate increase for Texas Health Steps private duty nursing services; and
- (b) Included in amounts appropriated is \$15,755,215 in General Revenue Funds and \$23,761,251 in Federal Funds (\$39,516,466 in All Funds) in fiscal year 2024 and \$15,854,006 in General Revenue Funds and \$23,662,460 in Federal Funds (\$39,516,466 in All Funds) in fiscal year 2025 in Strategy A.1.2, Medicaid Disability-Related, in each fiscal year to increase the hourly wage by \$6.00 for holiday and overtime pay for private duty nursing services.

70

By: Paul Bellerose

Health and Human Services Commission, Article II and Health-Related Provisions, Article IX

Proposed Funding and Rider Project Baby Dillo

Overview

Add funding at the Health and Human Services Commission for a critically ill newborn whole genome sequencing demonstration. Add rider in Article IX directing use of the funds and requiring a report.

Required Action

- 1) On page ## of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.10, Additional Specialty Care, by \$2,000,000 in General Revenue in fiscal year 2024 and by \$2,000,000 in General Revenue in fiscal year 2025.
- 2) On page IX-XX of the Article IX bill pattern, add the following rider:

XX. Project Baby Dillo Critically Ill Newborn Whole Genome Sequencing (WGS) Demonstration.

(a) Included in funds appropriated elsewhere in this Act, the Health and Human Services Commission is appropriated \$4,000,000 in General Revenue for the one-time purpose of demonstrating improved clinical outcomes and cost savings associated with the utilization of Whole Genome Sequencing for low-income neonatal and pediatric intensive care patients. To administer the demonstration, HHSC shall expend \$2,000,000 per year with the University of Texas Health Science Center at Houston for program administration, clinical referral partners, and sequencing. The University of Texas Health Science Center at Houston shall coordinate with the Baylor College of Medicine Human Genome Sequencing Center, the Health and Human Services Commission, the Department of State Health Services, participating clinical referral sites within Texas, and patient representatives to collaborate on the development and implementation of the demonstration.

(b) The project team shall meet quarterly to carry out coordination activities as described above.

(c) The project team lead shall submit a report to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the standing committee of each house of the Legislature with primary jurisdiction over

pediatric health issues and post on its Internet website a written report no later than December 1, 2024, describing:

- 1) the activities and objectives of the demonstration, including an analysis of the cost effectiveness of the activities and a description of the health outcomes achieved and anticipated for cases;
- 2) the health-related institutions of higher education and participating clinical referral partners that receive funding under the demonstration; and
- 3) any recommendations based on the activities of the demonstration, including recommendations related to improving the availability of genetic services and workforce.

719

By: Senators Perry, Hinojosa, Flores, West,
Whitmire, Zaffirini / *Paxton*

Angela Paxton

Health and Human Services Commission, Article II
Proposed Funding and Rider
Medicaid Community Care

Prepared by LBB Staff, 03/01/2023

Overview

Increase funding and add a rider at the Health and Human Services Commission to increase reimbursement for Medicaid services provided by Community Attendants.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$1,562,392,926 in General Revenue \$2,453,925,289 in Federal Funds (\$4,016,318,215 All Funds) for the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Funding for Medicaid Services Provided by Community Attendants.

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Goal A, Medicaid Client Services, is \$1,146,393,602 in General Revenue and \$1,799,004,854 in Federal Funds (\$2,945,398,456 in All Funds) for an increase in the base wage for community attendant services to \$12.00 per hour for the biennium.
- (b) Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$116,304,179 in General Revenue and \$183,201,580 in Federal Funds (\$299,505,759 in All Funds) to increase service support funding for Home and Community Services Agency Community Attendant services.
- (c) Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$299,695,145 General Revenue and \$471,718,855 in Federal Funds (\$771,414,000 in All Funds) for HHSC to include an increase of \$0.03 for each level in the rate enhancement program for Community Attendants. Funds include full rate enhancement for attendant programs not included in the rate enhancement such as Medically Dependent Children Program/ Personal Attendant Services, Personal Care Services, Respite.
- (d) Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, subsection (a)(1)(A) regarding transfers from strategies in Goal A, Medicaid Client Services, to strategies in other goals, HHSC may transfer funds appropriated for attendant wages in Goal A, Medicaid Client Services, in each year of the biennium to increase the base wage for community attendants as outlined in this rider.

72

By: Senators Perry, Hinojosa, Flores, West,
Whitmire, Zaffirini

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rates for Intermediate Care Facilities and Certain Waivers

Prepared by LBB Staff, 03/01/2023

Overview

Increase funding and add a rider to increase rates for intermediate care facilities and the Home and Community-Based Services and Texas Home Living waivers.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$215,800,000 in General Revenue for the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Rates: Intermediate Care Facilities and Certain Waiver Providers.

- (a) Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) in Goal A, Medicaid Client Services, is \$215,800,000 in General Revenue over the biennium to do the following:
 - (1) maintain rate increases authorized by House Bill 1, Eighty-sixth Legislature, Health and Human Services Commission, Rider 44, Rate Increases: Intermediate Care Facilities and Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) Waiver Providers; and
 - (2) provide for rate increases for intermediate care facilities and the Home and Community-Based Services and Texas Home Living waivers in the direct care portion of those rates.
- (b) It is the intent of the Legislature that HHSC assume direct care staff wages of \$15.00 per hour on average, before benefits, in the methodology for these services.

73

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities
Prepared by LBB Staff, 02/13/2023

Overview

Add a rider to appropriate an additional \$10,100,000 in General Revenue Funds to the Health and Human Services Commission for Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), by \$1,800,000 in General Revenue Funds in each fiscal year.
2. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.3.1, Home and Community-based Services, by \$3,250,000 in General Revenue Funds in each fiscal year.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Emergency Telemedicine Services for Individuals with Intellectual and Developmental Disabilities (IDD). Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) are the following amounts to provide access to emergent and urgent clinical and care coordination services via telemedicine by board certified emergency room physicians who have specialized IDD training:

- (a) \$1,800,000 in General Revenue Funds in each fiscal year in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID); and
- (b) \$3,250,000 in General Revenue Funds in each fiscal year in Strategy A.3.1, Home and Community-based Services.

74

These services would be limited to individuals receiving residential services through the Home and Community-based Services (HCS) program. The services shall be evidence-based and aim to improve health outcomes for the IDD population by reducing unnecessary emergency room visits and treating individuals in place. Services provided under this rider must show cost-savings as prescribed by Rider 21, Health and Human Services Cost Containment, and reported to the Legislative Budget Board.

4. 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 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 identified in Rider XX, 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.

74a

Zaffirini

By: Senator Perry/Zaffirini

Health and Human Services Commission, Article II
Proposed Funding and Rider
Interest List Reduction for Home and Community-based Services Waivers

Prepared by LBB Staff, 02/27/2023

Overview

Increase funding and add a rider to direct the Health and Human Services Commission to utilize funds for waiver slots and interest list reduction and require a strategic plan and reasonable timeline for continuing maintenance and reduction of interest lists for Home and Community-based Services waivers.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in A.1.1, Aged and Medicare-related, by \$250,000,000 in General Revenue and \$386,294,222 in Federal Funds (\$636,294,222 in All Funds) in fiscal year 2024 and by \$250,000,000 in General Revenue and \$373,130,608 in Federal Funds (\$623,130,608 in All Funds) in fiscal year 2025.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Interest List Reduction for Home and Community-based Services Waivers.

- (a) Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) is \$250,000,000 in General Revenue and \$386,294,222 in Federal Funds (\$636,294,222 in All Funds) in fiscal year 2024 and \$250,000,000 in General Revenue and \$373,130,608 in Federal Funds (\$623,130,608 in All Funds) in fiscal year 2025 in Strategy A.1.1, Aged and Medicare-related, for the sole purpose of funding waiver slots and reducing the waiver interest lists.
- (b) Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, and Article IX, Section 14.01, Appropriation Transfers, HHSC may transfer funds within Goal A, Medicaid Client Services for Home and Community-based Services Waiver Interest List Reduction.
- (c) HHSC, in consultation and collaboration with the STAR Kids Advisory Committee and the Intellectual and Developmental Disability System Redesign Advisory Committee, shall apply the funds to reduce the waiver interest lists, and increase nursing facility diversion slots for those at highest risk of hospitalization or institutionalization.
- (d) HHSC shall report to the Legislative Budget Board not later than September 1, 2024, outlining the usage and results of these funds.
- (e) The amounts identified in Subsection (a) shall be expended only for the specific purposes listed above and are not to be expended on any other item of appropriation without the prior written approval of the Legislature, the Legislative Budget Board, and the Governor's Office.

75

By: Hinojosa

Health and Human Services Commission, Article II
Proposed Funding and Rider
Private Duty Nursing Rate Increase

Overview

The following action adds a new rider that establishes a new rate enhancement program for Private Duty Nursing to ensure that appropriated funds are directed to wages and benefits of nurses providing direct client care.

Required Action

On page _____ of the Health and Human Services Commission's bill pattern, add the following new rider:

_____ . Private Duty Nursing Rate Increase; Establishing Contingency Requirements for Expenditure of Funds. (a) Out of the amounts appropriated above, the Texas Health and Human Services Commission is appropriated in Goal A, Medicaid, \$XXX in general revenue funds and \$xxx in federal funds for fiscal year 2024 for reimbursement increases for private duty nursing services to increase wages and benefits paid to nurses providing direct client care. Contingent upon notification by HHSC of the adoption of agency rules that create accountability requirements and incentivize increased wages and benefits for nurses providing private duty nursing services, the amounts of \$xxx in general revenue funds and \$xxx in federal funds appropriated above may be expended for fiscal year 2025 for reimbursement increases for private duty nursing services.

(b) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) is \$665,952 in General Revenue and \$665,952 in Federal Funds and 8.2 FTEs for the 2024-25 biennium for the development of rules described in subsection (a) and for the administration of the accountability requirements related to the rate increases for private duty nursing services.

(c) HHSC shall make the notification to the Governor and the Legislative Budget Board by July 1, 2024, and the notification must be accompanied by supporting documentation detailing how the agency will ensure that providers will comply with the new wage rules, as well as any other supporting materials specified by the Governor or the Legislative Budget Board. These funds are appropriated for the purpose of improving the quality of care for Medicaid beneficiaries who require more individual and continuous care than is available from a visiting nurse or than is routinely provided by the nursing staff of a hospital or skilled nursing facility.

77

By: Hinojosa

**Health and Human Services Commission, Article II
Proposed Rider
Matching Federal Funds for Rural Hospitals**

Overview

The following action adds General Revenue for use as the non-federal share and matching federal funds for rural hospital supplemental payment programs and adds a rider to the Health and Human Services Commission's bill pattern to identify funding provided.

Required Action

____. (1) On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations for Strategy A.1.5, Children, by \$XXXXXX in general revenue funds, and \$XXXX in federal funds, in fiscal year 2024 and \$XXXXXX in general revenue funds, and \$XXXX federal funds, in fiscal year 2025.

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

____. **Matching Federal Funds for Supplemental Payment Programs for Rural Hospitals.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.5, Children, is \$XXXXXX in General Revenue and \$XXXX in Federal Funds in fiscal year 2024 and \$XXXXXX in General Revenue and \$XXXX in Federal Funds in fiscal year 2025 for HHSC to apply for appropriate matching Federal Funds for supplemental payment programs for rural hospitals, contingent upon federal approval and to the extent allowed by law.

(a) For the purposes of this provision, supplemental payment programs including, but are not limited to, the Uncompensated Care (UC) Pool, and other state directed payment programs, supplemental payment programs, or other payments where the source of the non-federal share in fiscal year 2023 was intergovernmental transfers (IGTs), and any successor program authorized under the federal Healthcare Transformation and Quality Improvement Waiver, that provide funding to rural hospitals.

(b) Appropriation authority for matching Federal Funds is provided by Article IX, Sec. 13.01, Federal Funds/Block Grants. Amounts appropriated by this provision include an estimated

\$XXXX in Federal Funds in fiscal year 2024 and \$XXXX in Federal Funds in fiscal year 2025 for the purposes described herein.

- (c) Notwithstanding the limitations in Article IX, Section 6.10, Limitations on State Employment Levels. HHSC may increase the "Number of Full-Time-Equivalents (FTE)" appropriated above by 1.0 FTEs in each fiscal year to address staffing needs related to applying for matching Federal Funds.

A handwritten signature in black ink, appearing to be 'J. B. A.', located in the bottom right corner of the page.

By: J. J. Huijz

***Health and Human Services Commission, Article II
Rate Review for Intermediate Care Facilities and Certain Waivers***

Overview

Multiple states are moving towards utilization of a modeled rate structure for IDD programs and services because of the unique cost structures and factors that exist when Medicaid is the sole payer for these services.

Required Action

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

In addition to the amounts appropriated above in Goal L.1.1 HHS System Supports, is \$500,000 in General Revenue Funds, and \$500,000 in Federal Funds in Fiscal Year 2024, for the Health and Human Services Commission (HHSC) to produce a report no later than June 1, 2024 that analyzes and recommends policy and regulatory requirements for the delivery of client services in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Strategy A.3.1. Home and Community-based Services (HCS) and Strategy A.3.4. Texas Home Living Waiver, and models the appropriate level of reimbursement rates necessary to comply with those policy and regulatory requirements.

79

Page 1 of 2

(a) The report shall be an analysis conducted by a third party with experience in developing home and community-based services reimbursement models, and utilize provider expenditure, claims and accounting data; regulatory and programmatic requirements; occupancy and utilization rates; client acuity; staffing ratios, qualifications and training requirements; relevant inflationary factors; minimum wage requirements, wage compression, and other reliable state and federal data to develop a component-based model of reimbursement.

(ii) HHSC may not expend funds appropriated under in Strategy A.2.7, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Strategy A.3.1. Home and Community-based Services (HCS) and Strategy A.3.4. Texas Home Living Waiver, to any provider selected to achieve a statistically valid sample who has not complied with submitting data required under this section.

Page 2 of 2

79a
122

(3) **Inpatient Capacity Expansion.** \$29,500,000 in each fiscal year in Strategy G.2.2, Mental Health Community Hospitals, to contract for an additional 150 competency restoration beds.

3/27

(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

8/17

By: _____

Zaffirini

Health and Human Services Commission
Proposed Rider
Local Mental Health and Intellectual and Developmental Disability Workforce
Stabilization

Prepared by LBB Staff, 03/01/2023

Overview

Add a rider and funding to authorize \$155.8 million million in General Revenue for the biennium for a Maintenance of Critical Services exceptional item such as the one used by the Legislature in 2009 with a targeted increase in appropriations to address increased operational costs and personnel shortages in the Local MH/IDD Authority System.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Svc - Adults, by \$155,805,409 in General Revenue in fiscal year 2024.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

Local Mental Health and Intellectual and Developmental Disability Workforce Stabilization. Out of funds appropriated above in Strategy D.2.1, Community Mental Health Svc - Adults, the Health and Human Services is allocated \$155,805,409 in General Revenue in fiscal year 2024 for workforce stabilization at Local Mental Health Authorities (LMHAs), Local Behavioral Health Authorities (LBHAs) and Local Intellectual and Developmental Disability Authorities (LIDDAs). Funding shall be distributed to LMHAs, LBHAs, and LIDDAs to address increased operational costs and personal shortages across the state.

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes for the second fiscal year of the biennium.

Notwithstanding the limitations in Rider 98, Limitations on Transfer Authority, and Article IX, Section 14.01, Appropriation Transfers, HHSC may transfer funds among the following strategies in its bill pattern to efficiently implement these provisions upon prior notification to the Legislative Budget Board:

- (a) Strategy D.2.1, Community Mental Health Svc - Adults;
- (b) Strategy D.2.2, Community Mental Health Svc - Children;

- (c) Strategy D.2.6, Community Mental Health Grant Programs;
- (d) Strategy F.1.3, Non-Medicaid IDD Community Svcs;
- (e) Strategy I.2.1, Long-term Care Intake & Access; and
- (f) Strategy G.2.2, Mental Health Community Hospitals.

5/27



By: Senator Zaffirini

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for Legislation Relating to a Technology Grant Program for Freestanding Psychiatric Hospitals

Prepared by LBB Staff, 03/02/2023

Overview

This rider would provide \$50.0 million for a grant program for freestanding psychiatric hospitals to retain technology as it relates to electronic health digital systems contingent upon legislation passing to establish the program.

Required Action

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

Contingency for Legislation Relating to a Technology Grant Program for Freestanding Psychiatric Hospitals. Contingent upon enactment of legislation establishing a grant program for freestanding psychiatric hospitals to retain technology as it relates to electronic health digital systems, the Health and Human Services Commission (HHSC) is appropriated \$50,000,000 in fiscal year 2024 in General Revenue in Strategy D.2.6, Community Mental Health Grant Programs, to implement the provisions of the legislation.

86

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Institutions of Mental Disease exclusion Waiver

Prepared by LBB Staff, 02/13/2023

Overview

Add a rider to direct the Health and Human Services Commission to pursue an 1115 demonstration waiver to eliminate the institutions of mental disease exclusion to increase access to inpatient treatment for adults with severe mental illness.

Required Action

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

_____. Institutions of Mental Disease Exclusion Waiver. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall prepare and submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.

87

By: Senator Perry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intensive Outpatient Program and Partial Hospitalization Program

Prepared by LBB Staff, 02/24/2023

Overview

Increase funding and add a rider to add Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) as a Medicaid covered services to allow for a standard rate for contracting and uniformity in access statewide.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Goal A, Medicaid Client Services, by \$XX in General Revenue and \$XX in Federal Funds (\$XX in All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Intensive Outpatient Program and Partial Hospitalization. Included in amounts appropriated above is \$XX in General Revenue and \$XX in Federal Funds (\$XX in All Funds) in each fiscal year in Goal A, Medicaid Client Services, to provide reimbursement for Intensive Outpatient (IOP) and Partial Hospitalization Programs to treat behavioral health issues. It is the intent of the legislature that HHSC implement IOP and PHP as soon as practicable.

90

By: Senator Perry

Health and Human Services Commission
Proposed Rider
Sunrise Canyon Community Hospital Bed-Day Rate

Prepared by LBB Staff, 02/15/2023

Overview

Increase funding and add a rider to set the bed-day rate for Sunrise Canyon Community Hospital at a rate equivalent to or greater than the maximum bed-day rate established by HHSC to fund Local Mental Health Authorities to purchase local community psychiatric inpatient services (currently \$700 per day).

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals, by \$7,655,000 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.

Sunrise Canyon Community Hospital Bed-Day Rate. The Health and Human Services Commission (HHSC) shall set the bed-day rate used to calculate Sunrise Canyon Community Hospital's General Revenue allocation at a rate equivalent to or greater than the maximum bed-day rate established by HHSC to fund Local Mental Health Authorities to purchase local community psychiatric inpatient services. Out of funds appropriated above in Strategy G.2.2, Mental Health Community Hospitals, HHSC shall allocate an amount not less than \$7,655,000 in General Revenue in each fiscal year to fund Sunrise Canyon Community Hospital at the set rate.

91

By: Brandon Ceptor

Health and Human Services Commission, Article 2
Proposed Funding and Rider
Tri-County Behavioral Healthcare

Overview

The following action would increase the funding allocated for crisis stabilization units from \$18 million to \$20.5 million to ensure the continued operations of the Crisis Stabilization Unit at the Tri-County Behavioral Healthcare facility, which serves Montgomery, Liberty, and Walker counties. Tri-County's Crisis Stabilization Unit, one of only four in the state and one of only two freestanding facilities, has been used to treat indigent adults in need of crisis stabilization in the community. While opening new facilities remains a priority, ensuring the long term viability of existing facilities is of equal importance.

Required Action

1. On page II-73 of Senate Bill 1 as Introduced, within Health and Human Services Commission bill pattern, amend the following rider:

(d) Crisis Services

- (1) **Crisis Stabilization Units.** ~~\$18,000,000~~ \$20,500,000 in each fiscal year in Strategy D.2.3, Community Mental Health Crisis Services (CMHCS), to fund six additional crisis stabilization units, including \$2,500,000 in fiscal year 2024 for the crisis stabilization unit at the Certified Community Behavioral Health Clinic that serves Montgomery, Walker, and Liberty counties to provide a short-term alternative to hospital admission to reduce acute symptoms of mental illness.

By: Charles Perry

Health and Human Services Commission

Proposed Rider

Trauma Recovery Centers Pilot Program

Overview

Add a rider to appropriate an additional \$2.5 million in the biennium to the Health and Human Services Commission to implement a Trauma Recovery Centers Pilot Program.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.3, Community Mental Health Crisis Services, by \$1,250,000 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.

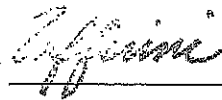
TRAUMA RECOVERY CENTER PILOT PROGRAM: Out of funds appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, the Health and Human Services Commission (HHSC) in partnership with a Local Mental Health Authority shall allocate \$1,250,000 in General Revenue each fiscal year to implement a Trauma Recovery Centers (TRC) pilot program. A qualified entity shall provide services that are focused on providing and addressing the impact of trauma to victims of sexual assault, domestic violence, battery, crimes of violence, vehicular assault, and human trafficking, as well as family members of homicide victims. Qualified entities must offer evidence-based and evidence-informed mental health services and support services that include individual and group treatment, medication management, substance abuse treatment, case management, and assertive outreach.

A participating entity in partnership with a Local Mental Health Authority shall provide 100 percent match of the grant amount.

HHSC shall submit a report to the Office of the Governor's Office and the Legislative Budget Board on the program that includes the total population served and client outcome measures by December 1, 2025.

95



By 

**Texas Health and Human Services Commission
Frontline Staff Salary Increases**

Overview

The following adds a new rider that directs \$192,000,000 in additional funding for salaries increases for staff members of Local Mental Health Authorities (LMHAs). This funding would go a long way in increasing the service capacity of the 39 LMHAs currently operating in Texas. This request for salary increases is in-line with requests from several mayors across the state looking to expanding LMHA workforces through competitive pay increases that would help recruit more talent and increase the overall number of LMHA employees. Despite nearly 3 million Texans living in rural areas of the state, 28% of our rural counties are without even a single hospital. There is an opportunity to address this underserved population by expanding Local Mental Health Authorities (LMHA). There are currently 39 LMHAs in operation, these healthcare authorities serve highest-need individuals suffering from serious mental illnesses. In addition to crisis services, LMHAs pool local resources to provide adults and children with medication, counseling, case management, treatment, and supports.

Required Action

1. On Page II-73 of the Health and Human Service Commission's bill pattern, add the following rider:

(a) HHSC Frontline Staff.

(1) Salary Increases. \$96,000,000 in fiscal year 2024 and \$96,000,000 in fiscal year 2025 for Local Mental Health Authorities (LMHAs).

By: Peter P. Florn

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Mental Health Community Hospital Beds in Bexar County**

Overview

Provide \$31 million in general revenue funding to the Health and Human Services Commission in each fiscal year of the 2024-2025 biennium for Strategy G.2.2, Mental Health Community Hospitals, to fund:

- A. An additional 100 purchased psychiatric beds (PPBs) in Bexar County to increase community inpatient bed capacity; and
- B. Market flexibility of the bed day rate to allow the local mental health authority to pay market rate.


Required Action

- 1) On page XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals by \$31 million in general revenue in each fiscal year.
- 2) On page XX of the Health and Human Services Commission bill pattern, add the following rider:

_____ **Funding for Mental Health Community Hospital Beds in Bexar County.** Out of funds appropriated above in Strategy G.2.2., Mental Health Community Hospitals, the Health and Human Services Commission shall allocate \$31 million in each fiscal year to the local mental health authority serving Bexar County for the purpose of funding an additional 100 purchased psychiatric beds (PPBs) to increase community inpatient bed capacity. It is the intent of the Legislature that this funding will allow flexibility for an increase in the bed day rate to allow the local mental health authority to pay a market rate for PPBs.

97

By:



**Health and Human Services Commission, Article II
Proposed Funding and Rider
Bexar County Psychiatric Center**

Overview

Provide \$300 million in funding to the Health and Human Services Commission to support a one-time investment for the planning of, acquisition of land for, and construction of a Psychiatric Center in Bexar County that will provide comprehensive inpatient care and outpatient services to patients and their families in Bexar County and surrounding area.

An investment of \$16 million for planning and \$284 million for land acquisition and construction of a 227-bed Psychiatric Center will provide comprehensive and accessible care for individuals in need of comprehensive inpatient care, outpatient treatment, medical services, as well as on-site support programs for families.

Required Action

- 1) On page XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Capital Repair and Renovation at SSLCs, State Hospitals, and Other, by \$300 million in general revenue in fiscal year 2024.

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

_____. **Funding for Psychiatric Center in Bexar County.** Out of funds appropriated above in Strategy G.4.2, Capital Repair and Renovation at SSLCs, State Hospitals, and Other, the Health and Human Services Commission shall allocate \$16 million for planning and \$284 million for the purpose of acquisition of land for, and construction of a 227-bed Psychiatric Center in Bexar County to provide comprehensive and accessible care for individuals in need of inpatient care, outpatient treatment, medical services, and on-site support programs for families. Any unexpended and unobligated balances remaining as of August 31, 2024, are appropriated for the same purposes for the fiscal year beginning September 1, 2024.

98

By: Hinojosa

**Health and Human Services Commission, Article II
Use of Unused San Antonio State Hospital Property**

Overview

The following action adds a new rider that directs HHSC, Bexar County, and the City of San Antonio to establish a partnership for comprehensive land use and program planning.

The Texas Legislature has invested more than \$1 billion for replacement and renovation of several state psychiatric hospitals across Texas. One of these projects, at the San Antonio State Hospital, will result in a full replacement of the current state hospital with a new, state of the art facility. The new state hospital is slated to begin operations in March 2024.

As a result of operations moving into the new state hospital building, much of the current footprint of the SASH campus will be vacant, providing an opportunity for collaborative land use planning to ensure that the land and usable buildings are utilized to further advance the mission of HHSC and the state hospital system.

An Interim Report from the Bexar County Task Force on Criminal Justice and Behavioral Health was presented to Bexar County Commissioners Court on February 8, 2022. As a result of that presentation, and at the direction of Bexar County Commissioners and the Bexar County Sheriff, Bexar County and University Health have engaged with Meadows Mental Health Institute and HOK Architects to assess the cost to build and operate new mental health facilities and step-down or supportive housing on the current SASH site after SASH operations move into the new hospital building.

Rider direction is needed for HHSC, Bexar County, and the City of San Antonio to establish a partnership for comprehensive land use and program planning.

Required Action

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

. Unused San Antonio State Hospital Land. HHSC shall engage in land use and program planning with Bexar County and the City of San Antonio to utilize unused land and buildings on the San Antonio State Hospital campus for the purpose of the provision of mental health services. Planning should include community outreach and input and consider the full mental health continuum of care in services considered for inclusion on the property.

100

Roger West

By: Senator West

**Health and Human Services Commission
Proposed Funding and Rider
Dallas State Hospital Equipment Support**

Prepared by LBB Staff, 03/02/2023

Overview

The 87th Legislature appropriated funds to HHSC to partner with UT Southwestern Medical Center (UTSW) to design and construct a state psychiatric hospital to serve the Dallas-Ft. Worth area, the largest metro area in the state without a state hospital. UTSW has designed a facility to leverage the State’s investment to both expand the mental health provider workforce and for patients, to:

- Increase availability of state-of-the-art care by renowned clinical faculty who will concurrently advance the research needed to develop the next generation of treatments, and
- Apply the breadth of UTSW’s multidisciplinary team approach and use of available technologies for better patient outcomes and use of resources.

Inclusion of a 3T MRI in the facility is essential to the diagnosis and care of the complex patients expected to be cared for in the Dallas hospital – including medical/psychiatric case referrals from across Texas. Space within the facility has been identified and designed to accommodate the MRI that will serve both adult and pediatric patients (with a pediatric hospital wing made possible by a donation to the State from Children’s Health). UTSW has secured federal and other funding support, but a need of \$4.5 million remains as follows:

Total Project Cost (instrument/infrastructure)	\$ 8,000,000
<u>Funding secured: Federal FY22 Congressionally</u>	
<u>Funded Project</u>	<u>\$ (1,500,000)</u>
Balance needed	\$ 6,500,000
Sources for Balance Needed:	
UT Southwestern contribution	\$ (1,000,000)
<u>Children’s Health contribution</u>	<u>\$ (1,000,000)</u>
<u>State Appropriations Request (one-time cost)</u>	<u>\$ 4,500,000</u>

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs and Renovation, by \$4,500,000 in General Revenue in fiscal year 2024.

102

2. On Page II-XX of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$4,500,000 in General Revenue for the purchase of a 3T MRI at the new state hospital in Dallas.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider.

Dallas State Hospital Equipment Support. Out of funds appropriated above in Strategy G.4.2, Facility Capital Repairs and Renovation, the Health and Human Services Commission is allocated \$4,500,000 in General Revenue in fiscal year 2024 to complete the purchase of a 3T MRI to improve patient care and service delivery at the new state hospital in Dallas. Any unexpended balances remaining at the end of the first fiscal year of the biennium are appropriated for the same purpose for the second fiscal year of the biennium.

102a

By: Burton Crighton

**SPECIAL PROVISIONS RELATING TO
ALL HEALTH AND HUMAN SERVICES AGENCIES, Article 2
Proposed Funding and Rider
Montgomery County Mental Health Treatment Facility**

Overview

Current regulations prohibit a sheriff from contracting with entities to provide forensic services using state funds without going through an LMHA. The current pilot program for jail-based competency restoration requires either state-based or county-based programs to be operated by an LMHA. This severely limits a sheriff's ability to establish proven programs to restore competency in jail settings.

Since 2015, language has been printed in each GAA that prohibits the state from contracting with a private entity to build or operate a state hospital. This requires the state to take on the burden of constructing and operating a facility.

Required Action

1. On page II-119 of House Bill 1 as Introduced, within Health and Human Services Commission bill pattern, repeal the following rider:

Sec. 16. Prohibition on Use of Appropriations for the Private Operation of a State Hospital. No funds appropriated by this Act shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.