

Article II, Special Provisions
Summary of Recommendations - Senate

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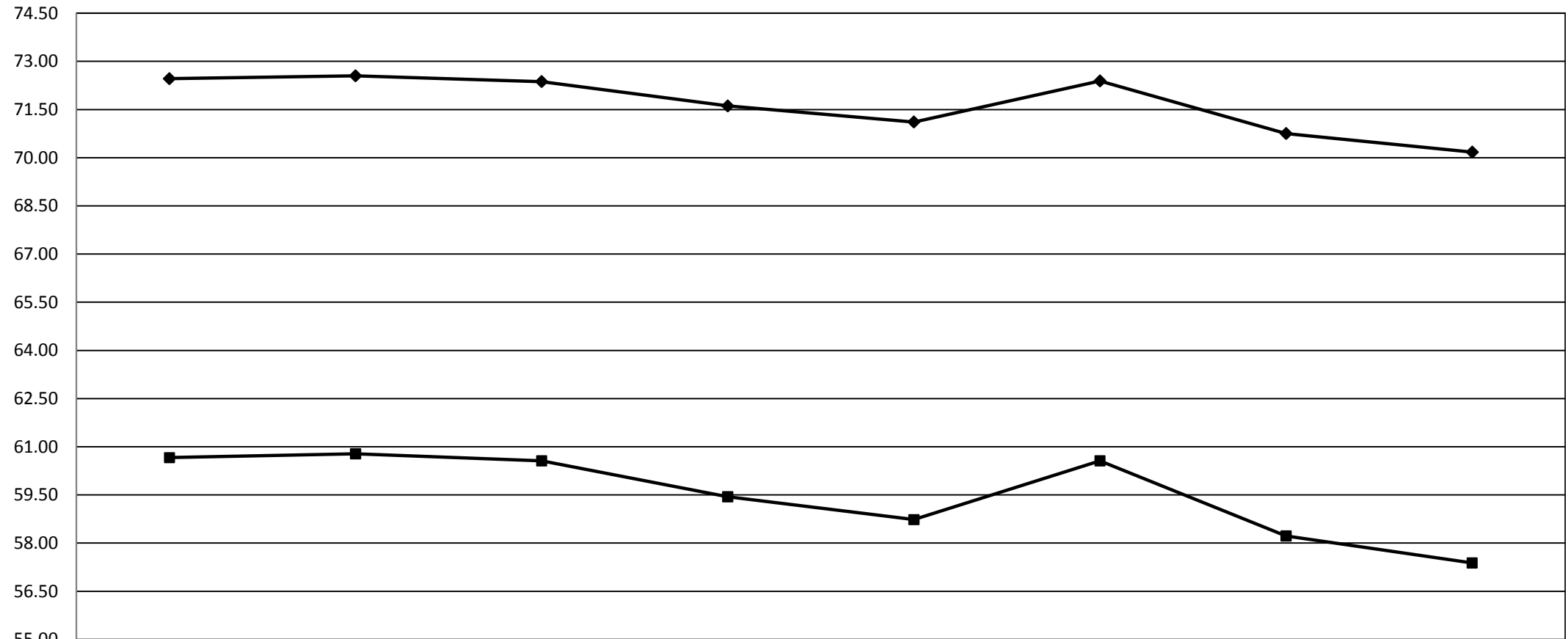
Section 3

Selected Fiscal and Policy Issues

1. **Federal Match (FMAP/EFMAP).** Actual FMAP/EFMAP (non-ARRA) for FY 2012 and the current estimate for FY 2013 are below 2010-11 for Medicaid, Children's Health Insurance Program (CHIP), and Title IV-E programs, resulting in an increased need of over \$1.0 billion in General Revenue Funds. Rate reductions and the implementation of certain managed care initiatives have been made to completely offset this additional General Revenue in the bill.

2. **Provider Rates.** Rate increases and the establishment of new rates require prior written approval by the Legislative Budget Board and the Governor. Fiscal analysis now compared to existing rates rather than appropriated funding. Reduced reporting requirements by eliminating the comprehensive annual report.

Federal Medical Assistance Percentage (FMAP) and Enhanced Federal Medical Assistance (EFMAP) for Texas



	2006	2007	2008	2009	2010	2011	2012	2013
■ FMAP Federal Year	60.66	60.78	60.56	59.44	58.73	60.56	58.22	57.38
◆ EFMAP Federal Year	72.46	72.55	72.37	71.61	71.11	72.39	70.75	70.17

Section 5

**Article II, Special Provisions
Rider Highlights**

Deleted Riders (original section number)

Sec. Title

- 10 Medicaid Managed Care Contracts (bill page II-118)
Rider is no longer needed; provisions codified in Chapter 533, Government Code.
- 46 Integrated Model of Care – Aged/Blind/Disabled Population (II-136)
Agency is complying; an integrated care model being replaced with STAR+PLUS in February 2011.
- 47 Maintenance of Certain Program Service Levels (II-136)
One-time.
- 48 Contingency Appropriation for the Reshaping of the System for Providing Services to Individuals with Developmental Disabilities (II-137)
One-time.
- 49 Client Abuse, Neglect, and Exploitation Reporting in State Schools and State Hospitals (II-138)
Agency has complied.
- 50 Advisory Committee Limitation and Reporting Requirement (II-138)
Deleted to allow greater agency flexibility.
- 51 Rio Grande State Center (II-139)
Rider is no longer needed for agency compliance.
- 52 Expansion of Community-based Services (II-139)
One-time.
- 53 Informational Listing of Stimulus Funds in Article II Agencies (II-144)
One-time.
- 54 Information on Funding Provided for One-time Attendant Wage and Provider Rate Increases (II-144)
One-time.

Modified Riders (original section number)

Multiple Riders

Updated references to state supported living centers.

2 Night Shift and Weekend Differential (II-116)

Revised to include DARS section to replace DARS rider with similar intent.

7 Disposition of State Funds Available Resulting from Federal Match Ratio Change (II-117)

Updated with actual, estimated FMAPs/EFMAPs.

14 Medicaid Informational Rider (II-119)

Updated amounts.

16 Rate Analysis and Reporting Requirements (II-122)

Revised to require prior approval for rate increases and establishment of new rates; reporting of fiscal impact based on existing rates rather than appropriated funding; eliminated comprehensive annual report.

19 General Revenue Funds for Medicaid Mental Health and Mental Retardation Services (II-125)

Revised to reflect current practice used to report General Revenue expenditures.

20 Mental Health (MH) and Mental Retardation (MR) Appropriated Receipts (II-127)

Updated revenue code titles.

21 Texas Capital Trust Fund Account No. 543 (II-128)

Updated revenue code titles.

22 Mental Health (MH) and Mental Retardation (MR) Medicare Receipts (II-129)

Updated amounts.

31 Language Interpreter Services (II-130)

Revised to reflect current practice.

45 Enterprise Support Services (II-134)

Revised to require annual reporting, notification of anticipated increases and impact of requests to exceed on assessments.