

HOUSE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON
ARTICLE II



Rider Packet
Adopted

March 11, 2019

Department of Family and Protective Services, Article II
Proposed Funding and Rider
At-Risk Prevention Programs and Services

Prepared by LBB Staff, 03/08/2019

Overview

Add a rider to restore the existing rider language in the Department of Family and Protective Services, as requested by the Agency. DFPS administers the Statewide Youth Services Program, and the rider below directs the expenditure of a portion of the funds for at-risk prevention programs.

Required Action

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

- XX.** **At-Risk Prevention Programs and Services.** Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate for the state fiscal biennium beginning September 1, 2019, \$3,050,000 in All Funds for one or more competitively procured established statewide networks of community-based prevention programs that provide evidence-based programs delivered by trained full-time staff, and address conditions resulting in negative outcomes for children and youth. Any vendor selected to deliver these services must provide dollar-for-dollar matching funds. All other funding appropriated in Strategy C.1.4, Other At-Risk Prevention Programs, shall be used for child abuse and neglect prevention programs in accordance with the strategic plan developed by the department under Section 265.005 of the Texas Family Code.

Department of State Health Services, Article II
Proposed Rider
Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds

Prepared by LBB Staff, 02/28/2019

Overview

Add a rider authorizing the appropriation of revenue collected in excess of estimated amounts to the Department of State Health Services from certain permanent tobacco funds.

Required Action

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

XX. Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds.
Included in the amounts appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement (Account No. 5044), Permanent Fund for Children and Public Health (Account No. 5045), and Permanent Fund for Emergency Medical Services and Trauma Care (Account No. 5046) is an amount estimated to be \$0 in each fiscal year of the 2020-21 biennium from interest earned from the funds, collected after September 1, 2019. Revenue collected in excess of the amounts estimated above is appropriated to the Department of State Health Services (DSHS), contingent on certification by a Comptroller's finding of fact that additional revenue is available for appropriation in Account No. 5044, Account No. 5045, and Account No. 5046 for the given fiscal year.

Any unexpended balances remaining as of August 31, 2020 from the appropriations made in this rider are appropriated to DSHS for the fiscal year beginning September 1, 2020 for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

Department of State Health Services
Proposed Funding and Rider
Cost Analysis of Certain Vaccine Preventable Diseases

Prepared by LBB Staff, 3/8/2019

Overview

Add a rider requiring the Department of State Health Services to conduct a study on the costs to local and state health institutions for investigating and responding to outbreaks involving certain vaccine preventable diseases.

Required Action

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

- XX. Cost Analysis of Outbreak Involving Certain Vaccine Preventable Diseases.** Out of the funds appropriated above, the Department of State Health Services (DSHS) shall study and assess the economic costs and costs to the department and local public health organizations incurred in responding to vaccine preventable diseases outbreaks. The study shall include the direct costs associated with prophylaxis and treatment of exposed individuals in management of the outbreak. The study shall also include the indirect costs associated with the response phase of an outbreak, which may include factors such as: (1) staff hours expended by the department and local public health organizations to track and investigate the exposure and risk of each person that has been potentially exposed during the outbreak; (2) the value of hours spent for public outreach/education; (3) the impact on businesses relating to lost hours and absenteeism rates; (4) the impact on schools relating to dismissals or early childhood program closures; and (5) any other potential downstream impacts. Not later than September 1, 2020, the department shall: (1) prepare all findings from the study; (2) submit the findings to the relevant House and Senate committees; and (3) submit the findings to the Public Health Funding and Policy Committee.

Department of State Health Services, Article II
Proposed Funding and Amended Rider
Unexpended Balances Between and Within the Biennia: Permanent Tobacco Funds

Prepared by LBB Staff, 02/28/2019

Overview

Increase General Revenue appropriations to the Department of State Health Services in Strategy B.2.1, EMS and Trauma Care Systems, by \$378,965 for the biennium. Amend Rider 30 in the Department of State Health Services bill pattern to provide the agency unexpended balance authority within the biennium for certain permanent tobacco funds.

Required Action

On page II-24 of the Department of State Health Services bill pattern, increase General Revenue appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$157,082 in fiscal year 2020 and \$221,883 in fiscal year 2021.

Required Action

On page II-39 of the Department of State Health Services bill pattern, revise the following rider:

30. **Unexpended Balances Between and Within the Biennia: Permanent Tobacco Funds.** Included in the amounts appropriated above are unexpended balances remaining as of August 31, 2019, in an amount not to exceed \$100,000 from the Permanent Fund for Children and Public Health (Account No. 5045) in Strategy A.1.1, Public Health Preparedness and Coordinated Services, and in an amount not to exceed \$350,000 from the Permanent Fund for Emergency Medical Services and Trauma Care (Account No. 5046) in Strategy B.2.1, EMS and Trauma Care Systems, for the same purpose for the biennium beginning September 1, 2019.

Any unexpended balances remaining as of August 31, 2020 from the appropriations made in this rider are appropriated to the Department of State Health Services (DSHS) for the fiscal year beginning September 1, 2020 for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

Department of State Health Services, Article II
Proposed Rider
Adult Safety Net Program

Prepared by LBB Staff, 03/06/2019

Overview

Prepare a rider that would authorize the Department of State Health Services to make available adult safety net vaccines to local health departments to immunize Medicare-D patients that may not otherwise be immunized.

Required Action

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

XX. **Adult Safety Net Program.** Out of the funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services (DSHS) may make available adult safety net vaccines to local health departments to immunize Medicare-D patients whose insurance does not cover the vaccine at the time of presentation at the local health department.

Funds appropriated in Strategy A.2.1, Immunize Children and Adults in Texas, may not be expended to make available adult safety net vaccines for the purposes of this rider without prior written approval from the Legislative Budget Board and the Governor. Additional information requested by the Legislative Budget Board related to this approval shall be provided in a timely manner and shall be prepared in a format specified by the Legislative Budget Board. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the LBB shall interrupt the counting of the 30 business days.

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

Prepared by LBB Staff, 03/05/2019

Overview

Provide \$10,000,000 in additional funding to the Health and Human Services Commission for child advocacy programs.

Required Action

- 1) On page II-45 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.2, Child Advocacy Programs, by \$5,000,000 in General Revenue-Dedicated Sexual Assault Program Account No. 5010 in each fiscal year of the 2020-21 biennium.
- 2) On page II-87 of the Health and Human Services Commission bill pattern, amend the following rider:

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

- a. Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$16,968,163 in General Revenue, ~~and~~ \$10,229,844 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$10,000,000 in General Revenue-Dedicated Sexual Assault Program Account No. 5010 for the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.
- b. Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$16,171,157 in General Revenue, \$10,229,844 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$27,000 in License Plate Trust Fund Account No. 0802 for the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.
- c. Any unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining as of August 31, 2020, are appropriated for the same purposes for the fiscal year beginning September 1, 2020.
- d. It is the intent of the Legislature that amounts appropriated above in Strategy F.3.2, Child Advocacy Programs, to HHSC provide funding identified by this rider to Child Advocacy Center Programs and Court Appointed Special Advocate Programs to ensure a continuity of services without disruption.

- e. Within 100 days after the close of each fiscal year, HHSC shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Compensation to Victims of Crime Fund Account No. 0469, and oversight activities conducted relating to the child advocacy programs. The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

Health and Human Services Commission, Article II
Proposed Performance Measure
Medication-Assisted Treatment

Prepared by LBB Staff, 02/25/2019

Overview

Add new key outcome measure and targets to record the percent of individuals receiving indigent care substance abuse services who are receiving medication-assisted treatment to treat an opioid use disorder.

Required Action

On page II-50 of the Health and Human Services Commission bill pattern, amend Rider 1, Performance Measure Targets, to add the following new key outcome measure:

D. Goal: ADDITIONAL HEALTH-RELATED SERVICES

Outcome (Results/Impact):

<u>Percent of Adults Admitted for Opioid Use Disorder</u>	<u>35%</u>	<u>35%</u>
<u>Who are Receiving Medication-Assisted Treatment</u>		

Health and Human Services Commission, Article II
Proposed Rider
Mental Health Grant Programs for Justice-Involved Individuals

Prepared by LBB Staff, 02/19/2019

Overview

Identify funding for mental health grant programs for justice-involved individuals purpose included in Health and Human Services Commission Strategy D.2.3, Community Mental Health Crisis Services. Require the agency to have community collaboratives report to the Statewide Behavioral Health Coordinating Council on the projects served by the grant funding, as required by Article IX, Section 10.04, Statewide Behavioral Health Strategic plan and Coordinated Expenditures.

Required Action

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

XX. **Mental Health Grant Program for Justice-Involved Individuals.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.2.3, Community Mental Health Crisis Services, is \$25,000,000 in General Revenue in each fiscal year of the 2020-21 biennium for the purpose of administering the grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait times for forensic commitment established pursuant to Government Code § 531.0993. Also included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$5,000,000 in General Revenue in each fiscal year of the 2020-21 biennium for a mental health jail diversion program in Harris County. HHSC shall ensure that grant recipients contribute funding pursuant to the requirements of Government Code § 531.0993(c) and § 531.09935(d).

Pursuant to Article IX, Sec. 10.04(b), HHSC shall require certain community collaboratives that receive state grant funding, identified above, to present twice annually to the Statewide Behavioral Health Coordinating Council on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Therapy Services Reporting

Prepared by LBB Staff, 02/28/2019

Overview

Amend Health and Human Services Commission Rider 17, Medicaid Therapy Services Reporting.

Required Action

On page II-63 of the bill pattern for the Health and Human Services Commission, amend the following rider:

17. **Medicaid Therapy Services Reporting.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall submit, on a quarterly basis, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:
- a. Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
 - b. Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
 - c. Provider and member appeals by disposition received by HHSC Health Plan Management;
 - ed. The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
 - de. The utilization of pediatric acute care therapy services by therapy type and provider type;
 - ef. The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
 - fg. The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the quarterly reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board no later than 30 days after the end of each fiscal quarter. HHSC shall use a standardized, statistically valid and reliable process to obtain all data used in the report and shall ensure that any sample data included is representative of the statewide population of therapy clients and providers by type. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items f. and g., using feedback obtained from an industry workgroup.

Health and Human Services Commission, Article II
Proposed Rider
Cost Effectiveness of DSRIP Projects

Prepared by LBB Staff, 02/28/2019

Overview

Add a rider requiring the Health and Human Services Commission to submit a report on the cost effectiveness of Delivery System Reform and Incentive Payment projects.

Required Action

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

- XX. Cost Effectiveness of Delivery System Reform and Incentive Payment Projects.**
Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Admin, the Health and Human Services Commission (HHSC) shall evaluate the cost effectiveness of all Delivery System Reform and Incentive Payment (DSRIP) projects. HHSC shall report on the evaluation and findings and make a recommendation on whether or not the state should continue to provide funding to each DSRIP project after the discontinuation of federal financial participation to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by October 1, 2020.

Health and Human Services Commission, Article II
Proposed Rider
Healthy Texas Women Program Provider List Improvement Strategic Plan

Prepared by LBB Staff, 02/27/2019

Overview

Add a rider directing the Health and Human Services Commission to develop a strategic plan to improve the accuracy of the Healthy Texas Women Program provider list.

Required Action

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

XX. Healthy Texas Women Program Provider List Improvement Strategic Plan. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a strategic plan to improve the accuracy of Healthy Texas Women Program (HTW) provider list on the HTW website. The strategic plan shall include methods to ensure the provider list contains:

- (a) Only providers who are enrolled in HTW and are taking patients;
- (b) Current provider contact information;
- (c) Only addresses where services are rendered and not provider administrative offices; and
- (d) Easily accessible and understandable information.

HHSC shall submit the strategic plan to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by November 1, 2020.

Health and Human Services Commission, Article II
Proposed Rider
Evaluation of Client Transition into Women's Health Programs

Prepared by LBB Staff, 02/27/2019

Overview

Add a rider directing the Health and Human Services Commission to evaluate the transition of women from Medicaid and CHIP to the Healthy Texas Women Program and Family Planning Program.

Required Action

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

- XX.** **Evaluation of Client Transition into Women's Health Programs.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall work with Managed Care Organizations (MCOs) to evaluate the current transition process for women who lose eligibility for Medicaid or CHIP and are eligible for the Healthy Texas Women Program (HTW) or Family Planning Program (FPP) and ways to improve the transition process. The evaluation shall examine:
- (a) Methods of communicating information regarding loss of Medicaid/CHIP eligibility and potential eligibility for HTW/FPP to clients by MCOs and HHSC;
and
 - (b) Ways in which HHSC and MCOs can make clients aware of any other programs they may be newly eligible for.

HHSC shall report on the evaluation and findings to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by June 1, 2020.

By: Sheffield

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

Prepared by LBB Staff, 03/06/2019

Overview

Add a rider identifying appropriations for a rate increase for the Home Delivered Meals program.

Required Action

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

XX. Home Delivered Meals Program. Included in amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, is \$3,894,973 in General Revenue in each fiscal year of the 2020-21 biennium to increase the maximum rate for Home Delivered Meals to \$5.42 per meal.

Health and Human Services Commission, Article II
Proposed Rider
Transfer of Unused Long-Acting Reversible Contraceptive Devices

Prepared by LBB Staff, 03/06/2019

Overview

Add a rider directing the Health and Human Services Commission to coordinate with the State Board of Pharmacy to determine the feasibility of establishing a process for transferring unused long-acting reversible contraceptive devices to another Medicaid or Healthy Texas Women client.

Required Action

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

- XX.** **Transfer of Unused Long-acting Reversible Contraceptive Devices.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Admin, and Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall coordinate with the State Board of Pharmacy to determine the feasibility of implementing a process in which unused long-acting reversible contraceptive devices prescribed for clients enrolled in Medicaid or the Healthy Texas Women (HTW) program can be transferred to another Medicaid or HTW client. If feasible and cost-effective, HHSC, with prior written approval from the Legislative Budget Board and Governor, may implement the process.

Health and Human Services Commission, Article II
Proposed Rider
Long-Acting Reversible Contraception Bulk Purchasing

Prepared by LBB Staff, 03/06/2019

Overview

Add a rider identifying appropriations the Health and Human Services Commission may expend on contracts with Healthy Texas Women and Family Planning Program providers for the purpose of purchasing and maintaining a supply of long-acting reversible contraception devices and supplies in provider offices and clinics.

Required Action

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

XX. Long-Acting Reversible Contraception Bulk Purchasing.

- (a) Out of funds appropriated above in Strategy D.1.1, Women's Health Programs, the Health and Human Services Commission (HHSC) may expend up to \$4,000,000 in General Revenue for the Healthy Texas Women (HTW) program and \$4,000,000 in General Revenue for the Family Planning Program (FPP) during the 2020-21 biennium for contracts with program providers for the purpose of allowing providers to purchase and maintain a supply of long-acting reversible contraception (LARCs) devices and related supplies within their office or clinic.
- (b) HHSC shall construct a tiered funding methodology and disperse funding in the following order: providers serving clients in rural and medically underserved areas or serving populations with historical underutilization; providers who demonstrate historical barriers to purchasing LARCs; and providers generally seeking to increase LARC utilization. HHSC shall base all funding allocations for this purpose on historical utilization and overall clients served.
- (c) HHSC shall develop a mechanism to properly account for utilization of stocked LARC devices and supplies purchased with funds identified in subsection (a).
- (d) HHSC shall place a set percentage of contracted funds used for the purpose described in subsection (a) at risk for each contracted HTW and FPP provider. Funds placed at risk are subject to recoupment. Unexpended or recouped funds and unused devices shall be redistributed, to the extent allowable and feasible, to other contractors for the purpose described in subsection (a) according to a methodology developed by HHSC
- (e) HHSC shall research the availability of federal funds to supplement state funds to assist in maintaining LARCs and related supplies in HTW and FPP provider offices and clinics.
- (f) Amounts identified in subsection (a) related to the HTW program are a portion of, not in addition to, appropriations for the HTW Cost Reimbursement program identified in HHSC Rider XX, Healthy Texas Women Cost Reimbursement Program, and are subject to the provisions of that rider.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Mobile Stroke Units

Prepared by LBB Staff, 03/06/2019

Overview

Prepare a rider which identifies funding appropriated to the Health and Human Services Commission for mobile stroke units.

Required Action

- 1) On page II-44 of the Health and Human Services Commission bill pattern, increase funding in Strategy D.1.10, Additional Specialty Care, by \$500,000 in General Revenue in fiscal year 2020 and \$500,000 in General Revenue in fiscal year 2021.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. **Mobile Stroke Unit Funding.** Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$500,000 in General Revenue in fiscal year 2020 and \$500,000 in General Revenue in fiscal year 2021 for the Health and Human Services Commission to provide funding for services provided by mobile stroke units.

By: Sheffield

Health and Human Services Commission, Article II
Proposed Rider
Unexpended Balance Authority for Family Violence Services

Prepared by LBB Staff, 03/06/2019

Overview

Prepare a rider providing unexpended balance authority for Health and Human Services Commission Strategy F.3.1, Family Violence Services.

Required Action

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

- XX.** **Unexpended Balances within the Biennium: Family Violence Services.** Any unexpended and unobligated balances remaining as of August 31, 2020 from appropriations made to the Health and Human Services Commission (HHSC) in Strategy F.3.1, Family Violence Services, are appropriated to HHSC for the fiscal year beginning September 1, 2021, for the same purposes relating to the provision of family violence services.

By: Sheffield

Health and Human Services Commission, Article II
Proposed Rider
Clear Process for Including Prescription Drugs on the Texas Drug Code Index

Prepared by LBB Staff, 03/06/2019

Overview

Reinstate a rider from the 2018-19 General Appropriations Act related to process for including prescription drugs in the Medicaid and the Children's Health Insurance Programs.

Required Action

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

XX . **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.**
The 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.

Health and Human Services Commission, Article II
Proposed Rider
Hepatitis C Treatment Access

Prepared by LBB Staff, 03/06/2019

Overview

Add a rider directing the Health and Human Services Commission to prepare and submit a report on the cost-effectiveness of implementing a model allowing the state to pay a flat monthly rate for unlimited access to medications or other bulk purchasing or negotiating opportunities to treat individuals with Hepatitis C who are eligible to have prescription drugs provided with state funds.

Required Action

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

- XX.** **Hepatitis C Treatment Access.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC), in cooperation with the Texas Department of Criminal Justice, Employees Retirement System, and Teachers Retirement System, shall explore the feasibility of implementing a model allowing the state to pay a flat monthly rate for unlimited access to medications or other bulk purchasing or negotiating opportunities to treat individuals with Hepatitis C who are eligible to have prescription drugs provided with state funds. HHSC shall prepare and submit a report on the cost-effectiveness and projected savings of implementing such a model to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than July 1, 2020. If feasible and cost effective, HHSC, with prior written approval from the Legislative Budget Board and the Governor, may implement this model.

Health and Human Services Commission, Article II
Proposed Rider
Regional Advisory Council Diversion Evaluation

Prepared by LBB Staff, 03/05/2019

Overview

Add a rider requiring the Health and Human Services Commission to evaluate the feasibility of implementing a diversion program to achieve Medicaid cost savings.

Required Action

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

- XX.** **Regional Advisory Council Diversion Evaluation.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the feasibility of requiring trauma service area regional advisory councils to implement a program to allow emergency medical services providers to navigate medically stable psychiatric emergency detention patients to the most appropriate setting. As part of the evaluation, HHSC shall consider the potential for Medicaid cost savings and options for providing reimbursement to the regional advisory councils or emergency medical services providers with those savings. If determined feasible and cost-effective, HHSC, with prior written approval from the Legislative Budget Board and the Governor, may implement the program. HHSC shall report to the Governor and the Legislative Budget Board on the results of the evaluation, including any recommendations or implementation plans, no later than October 31, 2020.

Health and Human Services Commission, Article II
Proposed Rider
Emergency Medical Services Enhanced Payment Model

Prepared by LBB Staff, 03/06/2019

Overview

Prepare a rider which requires the Health and Human Services Commission to conduct a study of the feasibility of establishing an enhanced payment program for non-state government operated public providers of ground emergency medical transportation services, contingent on federal approval.

Required Action

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

XX. Emergency Medical Services Enhanced Payment Model. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall conduct a study on the feasibility and cost-effectiveness of establishing an enhanced payment model for non-state government-operated public providers of ground emergency medical transportation services, which includes Medicaid fee-for-service supplemental payments and an enhanced Medicaid Managed Care fee schedule for public ambulance providers. If HHSC determines that an enhanced payment model is feasible and necessary, and receives federal approval to operate such a payment model, HHSC may receive and expend any inter-governmental transfer funds that may be required to support the enhanced payments

By: Raymond

Health and Human Services Commission, Article II
Proposed Rider
Change in Ownership Processing Timeliness

Prepared by LBB Staff, 03/06/2016

Overview

Add a rider directing the Health and Human Services Commission to study the agency's process for completing nursing facility change of ownership.

Required Action

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

- XX.** **Change in Ownership Processing Timeliness.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall review the agency's process for completing nursing facility change of ownership, including timeframes for application processing, survey, contracting, licensure, and payments following the completed change of ownership. HHSC shall submit a report detailing the agency's current processes and timeframes and recommendations for improving the change of ownership process to reduce the duration a nursing facility provides services without Medicaid reimbursement to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by March 1, 2020.

Health and Human Services Commission, Article II
Proposed Rider
Study on Substance Use Treatment Services

Prepared by LBB Staff, 03/06/2019

Overview

Require the Health and Human Services Commission to conduct a study on reimbursement rates for substance use treatment services and produce a report with findings and recommendations.

Required Action

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

- XX. **Study on Substance Abuse Treatment Services.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate the reimbursement methodology and payment rate for substance use treatment services provided under Strategy D.2.4, Substance Abuse Services. In its evaluation, HHSC shall consider best practices for each level of care. HHSC shall report its initial findings to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by November 1, 2020 and include in the report recommendations to improve current payment rates for substance use treatment services.

Health Related Provision, Article IX
Proposed Rider Amendment
Strategic Planning for Substance Abuse Services

Prepared by LBB Staff, 03/06/2019

Overview

Amend Article IX, Section 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, to require the Statewide Behavioral Health Coordinating Council to create a sub-plan for substance abuse in the existing statewide behavioral health strategic plan.

Required Action

On page IX-57 of Article IX, amend the following section:

Sec. 10.04. Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

- (a) **Informational Listing - Behavioral Health and Substance Abuse Services Appropriations.** The following is an informational listing of appropriations for behavioral health services made elsewhere in this Act.

Behavioral health services are programs or services directly or indirectly related to the research, prevention, or detection of mental disorders and disabilities, and all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from alcoholism or drug addiction. Certain non-behavioral health-related costs which could not be disaggregated from other healthcare costs are also included in the listing below.

	Fiscal Year 2020	Fiscal Year 2021
Article I		
Trusted Programs, Office of the Governor	\$31,701,616	\$121,083,087
Veterans Commission	\$5,789,000	\$5,789,000
Article II		
Department of Family and Protective Services	\$26,423,236	\$26,423,236
Department of State Health Services	\$2,661,560	\$2,661,558
Health and Human Services Commission	\$1,483,431,249	\$1,471,475,629
Texas Civil Commitment Office	\$154,611	\$154,611
Article III		
Texas Education Agency	\$36,228,500	\$750,000
Texas School for the Deaf	\$63,863	\$63,864
University of Texas - Health Science Center Houston	\$8,000,000	\$8,000,000
University of Texas - Health Science Center Tyler	\$4,000,000	\$4,000,000
Texas Tech University Health Sciences Center	\$10,000,000	\$10,000,000
Article IV		
Supreme Court of Texas	\$1,000,000	\$1,000,000
Court of Criminal Appeals	\$318,500	\$318,500
Article V		
Commission on Jail Standards	\$185,856	\$185,856
Department of Criminal Justice	\$257,894,349	\$257,894,356
Juvenile Justice Department	\$87,744,719	\$87,720,100
Military Department	\$966,700	\$944,900
Article VIII		
State Board of Dental Examiners	\$131,928	\$131,928

Board of Pharmacy	\$243,004	\$243,005
Board of Veterinary Medical Examiners	\$45,000	\$45,000
Optometry Board	\$36,000	\$36,000
Board of Nursing	\$1,005,458	\$1,005,458
Medical Board	\$542,492	\$542,492
Total	\$1,958,567,641	\$2,000,468,580

Method of Financing

General Revenue	\$1,511,873,588	\$1,494,773,717
General Revenue - Dedicated	\$14,143,771	\$14,143,771
Federal Funds	\$322,136,382	\$411,517,851
Other Funds	\$110,413,900	\$80,033,241
Subtotal	\$1,958,567,641	\$2,000,468,580

Estimated Medicaid Expenditures (All Funds)	\$1,674,457,760	\$1,733,515,041
Estimated CHIP Expenditures (All Funds)	\$53,124,970	\$58,574,456
Total	\$3,686,150,371	\$3,792,558,077

Medicaid and CHIP amounts in this table reflect estimated expenditures and may not align with the appropriations made elsewhere in this Act for Medicaid and CHIP.

- (b) **Statewide Behavioral Health Coordinating Council.** Each agency identified in subsection (a) of this provision, with the exception of Article IV and Article VIII, shall designate an individual to serve as a member of the statewide behavioral health coordinating council, established by Article IX Section 10.04(b), 2016-17 General Appropriations Act (GAA), Eighty-fourth Legislature, 2015, and may use funds appropriated by this Act to support that council. In addition to the agencies identified in subsection (a) of this provision, the Texas Department of Housing and Community Affairs, and the Texas Workforce Commission shall each designate an individual to serve as a representative on the council. Any other state agency or institution that receives funding in this Act and provides specific behavioral health services may participate in the meetings and discussions of the coordinating council. The Mental Health Statewide Coordinator at the Health and Human Services Commission (HHSC) shall serve as chair of this council. The coordinating council shall meet at least once quarterly during fiscal years 2020 and 2021, or more frequently if determined necessary by the Mental Health Statewide Coordinator at HHSC.

HHSC shall require certain community collaboratives that receive state grant funding to present twice annually on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding. These community collaboratives shall include community collaboratives as defined by Government Code Chapter 539; community recipients of a grant for veterans' mental health pursuant to Government Code 531.0092; recipients of a grant through the Mental Health Grant Program for Justice-Involved Individuals; and recipients of a grant through the Community Mental Health Grant Program. It is the intent of the Legislature that these presentations serve as an opportunity to increase collaboration for the effective expenditure of behavioral health funds between state and local entities. No provision of this Act may be construed as granting the statewide behavioral health coordinating council authority over local projects implemented by the collaboratives listed above.

- (c) **Statewide Behavioral Health Strategic Plan.** The purpose of the statewide behavioral health coordinating council shall be to implement the five-year Statewide Behavioral Health Strategic Plan published May 1, 2016 per Article IX Section 10.04(b), 2016-17 GAA, Eighty-fourth Legislature, 2015. The Statewide Behavioral Health Coordinating Council shall submit an annual report to the Governor, and the Legislative Budget Board including the progress of the strategic plan's implementation no later than December 1 of fiscal years 2020 and 2021. The report shall include coordinating council agency participation and how the strategic plan's implementation serves to coordinate programs and services to eliminate redundancy, utilize best practices in contracting standards, perpetuate identified, successful models for mental health and substance abuse treatment, ensure optimal service delivery, and identify and collect comparable data on results and effectiveness. The coordinating council shall annually update the inventory of behavioral health programs and services. The

inventory shall describe how the identified programs, services, initiatives, and expenditures further the goals of the Statewide Behavioral Health Strategic Plan. HHSC shall make available the five-year strategic plan update and the inventory of programs on HHSC's website no later than December 1 of each year.

The Council shall also collaborate with the Board of Pharmacy and the Medical Board to create a sub-plan related to substance abuse. The sub-plan shall include challenges of existing prevention, intervention, and treatment programs, evaluation of substance use disorder prevalence, service availability, gaps in current services, and strategies for working with state agencies to expand treatment capacity.

- (d) **Coordination of Behavioral Health Expenditures.** The coordinating council shall submit to the Executive Commissioner of HHSC for approval a coordinated statewide expenditure proposal for each agency, which shall include the appropriation amounts identified in subsection (a) of this provision. The expenditure proposal shall describe how the identified appropriations at each agency or institution would be spent in accordance with, and to further the goals of the approved statewide behavioral health strategic plan. HHSC shall submit the coordinated statewide behavioral health expenditure proposal to the Legislative Budget Board by September 1, 2019 for fiscal year 2020 and by July 1, 2020 for fiscal year 2021. The plan shall be considered to be approved unless the Legislative Budget Board issues a written disapproval by November 1, 2019 for fiscal year 2020, or by September 1, 2020 for fiscal year 2021.

Notwithstanding any other appropriation authority granted by this Act, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related funds identified in subsection (a) by a particular agency if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's expenditure proposal has not satisfied the requirements of this provision. If fiscal year 2020 or fiscal year 2021 General Revenue-Related funds are used to provide services required by federal law, are related to court-ordered treatment, or required as the result of administrative proceedings, the funding for these services shall still be included in the proposal, but these funds shall not be contingent upon approval.

The coordinated expenditure proposal shall be developed in a format specified by the Legislative Budget Board, and shall, at a minimum, include expenditures related to each program identified in the program inventory required by subsection (c) of this provision, identified by fund type. Behavioral health-related Medicaid expenditures shall also be included as a separate line item for each agency.