

Senate Finance Committee Decision Document
 Senator Kolkhorst, Workgroup Chair on Article II
 Members: Senators Campbell, Flores, Watson.

Decisions as of March 25, 2019 @ 6:00 PM

LBB Manager: Liz Prado

Article II Health and Human Services Total, II Health and Human Services Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Department of Family and Protective Services (530)								
Total, Outstanding Items / Tentative Decisions	\$ 333,771,934	\$ 357,331,114	\$ -	\$ -	\$ 155,051,890	\$ 163,030,976	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	1,094.1	1,155.2	0.0	0.0	403.9	396.1	0.0	0.0
Department of State Health Services (537)								
Total, Outstanding Items / Tentative Decisions	\$ 117,202,892	\$ 119,589,121	\$ -	\$ -	\$ 73,018,576	\$ 73,018,576	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	79.0	78.0	0.0	0.0	39.0	38.0	0.0	0.0
Health and Human Services Commission (529)								
Total, Outstanding Items / Tentative Decisions	\$ 3,989,345,978	\$ 7,141,047,544	\$ -	\$ -	\$ 306,513,738	\$ 472,831,553	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	2,613.3	3,034.2	0.0	0.0	199.2	579.0	0.0	0.0
Health and Human Services Cost Containment								
Total, Outstanding Items / Tentative Decisions					(350,000,000)	(900,000,000)		
Total, Full-time Equivalents / Tentative Decisions					0.0	0.0		
Special Provisions Relating to All Health and Human Services Agencies								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, Outstanding Items / Tentative Decisions	\$ 4,440,320,804	\$ 7,617,967,779	\$ -	\$ -	\$ 184,584,204	\$ (191,118,895)	\$ -	\$ -

Article II Health and Human Services Total, II Health and Human Services Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalentents / Tentative Decisions	3,786.4	4,267.4	0.0	0.0	642.1	1,013.1	0.0	0.0

Article II Health and Human Services Department of Family and Protective Services (530) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Technical Adjustments:								
1. Reinstatement base request for child care facility investigators and other direct delivery staff. (129.2/129.2 FTEs).	\$ 15,671,092	\$ 15,909,022			\$ 15,671,092	\$ 15,909,022		
2. Reinstatement base request for other direct delivery staff. (26.0/26.0 FTEs).	\$ 3,857,058	\$ 4,276,616			\$ 3,857,058	\$ 4,276,616		
3. Restore funding and capital budget authority for Seat Management. Also, revise Rider 2, Capital Budget.	\$ 3,747,882	\$ 4,114,959			\$ 3,747,882	\$ 4,114,959		
5. Revise Performance Measure Targets for the following key performance measures: Average Number of Days of TWC Foster Care Day Care per Month; Average Number of Children Provided Adoption Subsidy per Month; and Average Monthly Number of Children: Permanency Care Assistance.	\$ -	\$ -			Adopted			
Agency Requests:								
1. Funding to maintain certain caseloads. (\$88.0 million GR/\$95.2 million AF). (659.5/660.5 FTEs).								
b. Funding and staff to achieve certain 2018-19 GAA caseload ratios in Child Protective Services (CPS). (398.7/391.5 FTEs). Workgroup recommends to adopt 89.0/70.0 FTEs to achieve lower caseload per worker ratios.	\$ 51,343,462	\$ 57,005,937			\$ 10,316,938	\$ 11,463,264		

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c. Funding and staff to achieve statewide intake (SWI) caseload hold time of 8.5 minutes. (56.9/56.9 FTEs). Funding would provide FTEs in the following areas: SWI functional units (45.0); Employee Development (6.0); Workforce Management and Supporting Staff (4.0); and HHSC Administrative Support Services (1.9). Workgroup recommends to amend rider to require quarterly reports on SWI call hold times.	\$ 6,867,632	\$ 7,094,115						
d. Funding and staff to maintain average daily caseload per worker (in-home) ratio in Adult Protective Services (APS) of 30 in fiscal year 2020 and 30.9 in fiscal year 2021. (48.7/56.9 FTEs). Funding would provide FTEs in the following areas: APS Functional Units (45.0/50.0); Operations Support (2.0/2.0); HHSC Administrative Support Services (1.7/1.9). Workgroup recommends to adopt new rider to require quarterly reports on APS.	\$ 6,500,975	\$ 6,781,926			\$ 6,500,975	\$ 6,781,926		
2. Funding to meet increased demand for purchased client services and foster care payments in CPS. (\$59.7 million GR/\$66.1 million AF).								
a. Preparation for Adult Living (PAL) Purchased Services.	\$ 1,000,000	\$ 1,000,000			\$ 1,000,000	\$ 1,000,000		
b. Adoption Purchased Services.	\$ 10,649,741	\$ 10,649,741			\$ 4,000,000	\$ 4,000,000		
c. Post-Adoption/Post-Permanency Purchased Services.	\$ 3,314,277	\$ 3,314,277			\$ 3,314,277	\$ 3,314,277		
d. Other CPS Purchased Services.	\$ 11,935,002	\$ 11,993,852						

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e. Substance Abuse Purchased Services. Workgroup recommend to adopt new rider to make funds for fiscal year 2021 for substance abuse purchased services contingent on DPFS submitting a plan.	\$ 26,497,702	\$ 26,497,702			\$ 14,000,000	\$ 14,000,000		
f. Agency estimated foster care payments and caseload growth. SB 1 includes \$1,046.0 million in All Funds for foster care payments.	\$ 6,317,166	\$ 12,677,467						
3. Funding and staff to expand capacity for various agency operations. (\$10.5 million GR/\$11.5 million AF). (69.0/69.0 FTEs).								
a. DFPS contract oversight and monitoring staff. (37.0/37.0 FTEs). Funding would provide FTEs in the following areas: CPS Procurement (24.0); Program Operations (2.0); Prevention and Early Intervention (6.0); Contract Oversight and Support division (4.0); and General Counsel (1.0). Workgroup recommends to adopt 4.0 Contract Oversight and Support Division FTEs and 1.0 General Counsel FTE in each fiscal year.	\$ 5,180,957	\$ 5,588,157			\$ 754,314	\$ 813,629		
b. Funding and staff to address caseload growth and improve managerial oversight.								

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
1. New Regional Attorneys. (10.0/10.0 FTEs). Workgroups recommends to adopt 4.0/4.0 FTEs.	\$ 2,144,238	\$ 2,144,238			\$ 857,695	\$ 857,695		
2. Provide an average of \$5,500 in annual salary increases and reclassifications of 19.0 Regional Attorney IVs and 7.0 Attorney Vs. Workgroup recommends to adopt an average salary increase of \$5,000.	\$ 143,335	\$ 143,335			\$ 130,000	\$ 130,000		
c. Funding and staff to meet increased data requests and improve systems analysis. (9.0/9.0 FTEs). Funding would provide FTEs in the following areas: Data and Decision Support (5.0); Systems Improvement (2.0); and Employee Development (2.0).	\$ 1,304,746	\$ 1,436,046						
d. Funding and staff to develop a secondary trauma program and supports for caseworkers. (13.0/13.0 FTEs).	\$ 1,766,240	\$ 1,939,261						
4. Salary increase for APS and SWI frontline staff to improve retention. (\$23.1 million GR/\$23.9 million AF). Workgroup recommends to adopt new rider to allow the agency to determine raises based on merit and to decrease turnover.					\$ 10,000,000	\$ 10,316,787		
a. Provide \$12,000 for annual salary increases for frontline workers; \$2,500 annual retention bonus for investigator caseworkers; and 20 percent salary increases for supervisors.	\$ 17,224,410	\$ 17,830,652						
b. Provide \$6,000 annual salary increase for frontline staff.	\$ 4,252,528	\$ 4,329,992						

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	c. Provide annual salary increase of \$12,000 for new APS staff included in Maintain Caseload Item 1d.	\$ 1,109,172	\$ 1,148,212						
	d. Provide \$6,000 annual salary increase for new SWI staff included in Maintain certain caseloads Item 1c.	\$ 538,296	\$ 548,100						
5.	Funding and staff for CPS initiatives and operations. (\$17.9 million GR/\$19.7 million AF). (122.0/122.0 FTEs).								
	a. Preparation for Adult Living (PAL) staff and Regional Youth Specialists for independent living assessments. (18.0/18.0 FTEs). Funding would provide FTEs in the following areas: PAL Specialist (10.0); CPS Supervisor (1.0); and Regional Youth Specialists (7.0).	\$ 2,515,717	\$ 2,601,503						
	b. CPS frontline staff to meet increased workload. (non-caseworkers, 99.0/99.0 FTEs).	\$ 10,845,600	\$ 11,990,698						
	c. New rate of \$51.22 per day for Supervised Independent Living (SIL) to provide additional case management.	\$ 1,314,078	\$ 1,794,749			\$ 1,314,078	\$ 1,794,749		
	d. Funding to meet increased residential behavioral treatment slots for post-adoption/post-permanency services.	\$ 2,540,684	\$ 2,540,684			\$ 2,540,684	\$ 2,540,684		
	e. Medical services well-being staff to assist CPS staff, caregivers, and health care needs. (5.0/5.0 FTEs).	\$ 719,794	\$ 797,132						

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
6. Funding and staff for current Community-based Care (CBC) Regions 3B, 2 and 8A and four additional regions. (\$73.9 million GR/\$79.1 million AF) (87.0/147.0 FTEs). Workgroup recommends to adopt new rider to identify the amounts for each region of Community-based Care.								
a. Start-up funding for Stage I in 4 regions (\$997,000 per region) and Stage II-case management in 7 regions (amount to be determined), including current and new regions.	\$ 24,710,929	\$ 27,478,265			\$ 25,503,574	\$ 28,359,677		
b. Network support payments in current and additional CBC regions.	\$ 25,116,178	\$ 25,116,178			\$ 12,465,565	\$ 12,465,565		
c. Funding for Child and Adolescent Needs and Strengths (CANS) Assessment in each CBC region.	\$ 971,571	\$ 971,571			\$ 728,977	\$ 728,977		
d. Funding for increased contract process and outcome evaluations.	\$ 305,000	\$ 305,000			\$ 130,000	\$ 130,000		
e. Funding and staff for infrastructure and oversight in additional CBC regions. (87.0/147.0 FTEs). Funding provide FTEs in the following areas: Contract Management Staff (11.0); Case Management Oversight and Technical Support Staff (101.0); and Implementation Support (35.0). Workgroup recommends to adopt 14.0/17.0 FTEs.	\$ 15,890,692	\$ 17,585,913			\$ 2,105,177	\$ 2,329,758		

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f. Funding for additional resource transfer payments to begin Stage II-case management in Region 3B. Workgroup recommends funding for additional case management in Stage II in Regions 3B, 2 and 8A.	\$ 6,883,637	\$ 7,654,524			\$ 21,883,637	\$ 22,654,524			
7. Funding for CPS staff and investigations staff to improve outcomes and support staff. (\$9.4 million GR/\$9.7 million AF) (71.0/71.0 FTEs).									
a. Child Care Investigations staff (13.0/13.0 FTEs) to decrease average caseload and increase case closure times.	\$ 1,678,465	\$ 1,688,759			\$ 1,678,465	\$ 1,688,759			
b. Screener staff (7.0/7.0 FTEs) to reduce caseloads, turnover and improve investigation quality.	\$ 960,124	\$ 1,066,880			\$ 960,124	\$ 1,066,880			
c. Child safety specialists (8.0/8.0 FTEs) to review high risk cases.	\$ 986,423	\$ 1,096,099							
d. Child Protective Investigation risk managers (4.0/4.0 FTEs) to support investigations and program management.	\$ 571,709	\$ 635,120			\$ 571,709	\$ 635,120			
e. Crime Analysts to expand the crime analyst pilot program for caseworker safety. (34.0/34.0 FTEs).	\$ 3,948,919	\$ 4,034,313							
8. Funding and staff to expand prevention service programs. (\$30.0 million GR) (10.0/10.0 FTEs).									
a. Expand Healthy Outcomes through Prevention and Early Support (HOPES) to more regions. (2.0/2.0 FTEs).	\$ 9,704,050	\$ 9,704,994							
b. Expand Texas Nurse-Family Partnership (TNFP) to more regions. (2.0/2.0 FTEs). Workgroup recommends no FTEs	\$ 5,814,838	\$ 5,815,782			\$ 2,000,000	\$ 2,000,000			

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
	c. Expand Community Youth Development (CYD) to more regions. (1.0/1.0 FTEs).	\$ 4,223,525	\$ 4,223,999						
	d. Expand Services to At Risk Youth (STAR) to more regions. (1.0/1.0 FTEs).	\$ 9,336,217	\$ 9,336,687						
	e. Resources for Runaway Youth Hotline (RYH)/Targeted Public Awareness Campaign. (4.0/4.0 FTEs).	\$ 903,387	\$ 919,814						
9.	Additional funding for expenses that may be assessed against DFPS from MD Lawsuit. (\$22.5 million GR/\$23.5 million AF) (80.6/80.7 FTEs).								
	a. Quality Child Care Investigations staff to assess and route reports of abuse/neglect. (13.0/13.0 FTEs).	\$ 1,957,873	\$ 2,059,597			\$ 1,957,873	\$ 2,059,597		
	b. Training staff to train caseworkers and caregivers on recognizing and reporting abuse. (14.0/14.0 FTEs). Workgroup recommends to adopt 5.0/5.0 FTEs.	\$ 2,224,408	\$ 2,443,865			\$ 794,431	\$ 872,809		
	c. Additional staff to assess and aid placement staff and conservatorship workers in making placements. (24.0/24.0 FTEs). Workgroup recommends to adopt 20.0/20.0 FTEs.	\$ 3,439,987	\$ 3,818,062			\$ 2,866,656	\$ 3,181,718		
	d. Additional staff to improve timeliness of face-to-face contacts by child care investigations. (17.0/17.0 FTEs).	\$ 1,988,751	\$ 2,002,987			\$ 1,988,751	\$ 2,002,987		
	e. Training staff and systems support to improve understanding of child sexual abuse and victimization. (3.0/3.0 FTEs).	\$ 407,072	\$ 449,282			\$ 407,072	\$ 449,282		

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f. Staff for systems enhancements to track child victims. (3.6/3.7 FTEs). Workgroup recommends to adopt new rider to require implementation of system enhancements out of existing capital budget authority for IMPACT and no FTEs.	\$ 1,454,829	\$ 1,696,655							
g. Staff to create and maintain reporting and tracking requirements. (6.0/6.0 FTEs).	\$ 991,566	\$ 1,078,395			\$ 991,566	\$ 1,078,395			
h. Ongoing litigation costs.	\$ 10,000,000	\$ 10,000,000							
Agency Revisions and Additional Requests:									
10. Revise Rider 13, Reimbursement of Advisory Committee Members, to authorize the allocation of \$20,000 to the Parent Collaboration Group, instead of \$3,000 (no additional funding required, request for authority only).	\$ -	\$ -			Adopted				
11. Revise Rider 27, Informational Listing and Limitations: Foster Care Rates, to update daily payment rates for Single Source Continuum Contractors for catchment areas 8A and 2 to approved amounts and to identify a rate for new catchment areas. Cost TBD.	\$ -	\$ -			Adopted				
12. Revise Rider 28, Cash Flow Contingency, so that the cash flow contingency is no longer dependent on federal reimbursement.	\$ -	\$ -			Adopted as amended				
13. Add rider to grant DFPS appropriation authority to spend funds collected from financial penalties on residential child-care facilities for the purposes of awarding incentives. Cost TBD.	\$ -	\$ -			Adopted as amended				

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14.	Revise Rider 5, Foster Care Payments, Adoption Subsidies, and Permanency Care Assistance Payments to allow DFPS to transfer funds into or out of Strategy B.1.9, Foster Care Payments, and B.1.10, Adoption Subsidy and Permanency Care Assistance Payments, contingent on notification in lieu of requiring written approval.	\$ -	\$ -						
15.	Revise Rider 7, Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care, to allow DFPS to transfer funds into or out of Strategy B.1.3, TWC Contracted Day Care, contingent upon notification in lieu of written approval.	\$ -	\$ -			Adopted as amended			
16.	Revise Rider 10, Limitation on Transfers: CPS and APS Direct Delivery Staff, regarding CPS and APS Direct Delivery Staff, to allow DFPS to transfer funds or FTEs contingent on providing notification in lieu of written approval.	\$ -	\$ -						
17.	Revise Rider 18, Limitation on Transfers: Relative Caregiver Payments, to allow DFPS to transfer funds into or out of Strategy B.1.11, Relative Caregiver Payments, contingent upon notification in lieu of written approval.	\$ -	\$ -						
18.	Revise Rider 6, Other Reporting Requirements, to change the due date to submit its quarterly updates on certain expenditures and performance measure targets from one month after the quarter to two months.	\$ -	\$ -						
19.	Revise Rider 16, Community-based Care, to change the due date for DFPS's reports on Community-based Care from February 1 to March 31 and from August 1 to September 30.	\$ -	\$ -			Adopted			

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20. Revise Rider 25, Utilization of Appropriate Levels of Care in Foster Care; Reporting Requirements, to change the due date to submit quarterly reports on utilization trends in foster care from 30 days within the end of the fiscal quarter to 60 days.	\$ -	\$ -			Adopted			
Workgroup Revisions and Additions:								
1. Increase Commissioner salary authority to \$238,553 and related funding.					\$ 13,320	\$ 13,320		
Total, Outstanding Items / Tentative Decisions	\$ 333,771,934	\$ 357,331,114	\$ -	\$ -	\$155,051,890	\$163,030,976	\$ -	\$ -
	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalents / Tentative Decisions	1,094.1	1,155.2	0.0	0.0	403.9	396.1	0.0	0.0

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Agency Requests:								
1. Funding for the state public health laboratory (\$59.7 million in GR/\$62.1 million in AF; 12.0/11.0 FTEs).								
a. Address agency's laboratory budget shortfall for public health testing including testing with no payor source, increase in testing demand, and inflation of equipment.	\$ 17,549,338	\$ 17,549,338			\$ 17,549,338	\$ 17,549,338		
b. Fully implement X-ALD newborn screening.	\$ 5,341,229	\$ 7,727,458			\$ 7,727,458	\$ 7,727,458		
c. Continue lab repairs and renovations; purchase lab equipment and software; and hire additional staff to meet increasing lab demand (12.0/11.0 FTEs). Also, revise Rider 2, Capital Budget.								
1. Renovation for South Texas and Austin laboratories including new roofs, water proofing, boiler/chiller and HVAC repairs. Also, revise Rider 2, Capital Budget.	\$ 10,920,000	\$ 10,920,000			\$ 9,850,000	\$ 9,850,000		
2. Upgrade Laboratory Information Management Software (LIMS) applications including LabWorks and LabWare. Also, revise Rider 2, Capital Budget.	\$ 5,888,099	\$ 5,888,099			\$ 2,022,035	\$ 2,022,035		
3. Acquisition of miscellaneous laboratory equipment. Also, revise Rider 2, Capital Budget.	\$ 918,000	\$ 918,000			\$ 918,000	\$ 918,000		
4. Staff to meet increasing testing volume and ensure system maintenance and modifications.	\$ 5,035,322	\$ 5,035,322						

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d.	Purchase emergency generator for the Austin Laboratory using the Master Lease Purchase Program administered by the Texas Public Finance Authority. (Cost for outright purchase of generator is \$12.0 million.) Also, revise Rider 2, Capital Budget.	\$ 5,661,094	\$ 5,661,094			\$ 5,661,094	\$ 5,661,094		
e.	Increase salaries for 318.0 FTEs in 21 laboratory classifications to match market value, including chemists, microbiologists, molecular biologists, and medical technologists. Workgroup recommends to adopt new rider to require the agency to direct salary increase to positions with the highest turnover.	\$ 8,379,646	\$ 8,379,646			\$ 4,500,000	\$ 4,500,000		
2.	Funding and staff to address maternal mortality and morbidity in Texas (\$7.0 million in GR, 8.0/8.0 FTEs).								
a.	Implement maternal safety initiatives statewide by increasing TexasAIM efforts using the Alliance for Innovation in Maternal (AIM) Safety bundles and providing stipends to hospitals for additional equipment to full implement AIM (6.0/6.0 FTEs).	\$ 2,660,000	\$ 2,660,000			\$ 2,660,000	\$ 2,660,000		
b.	Implement a community health worker care coordination pilot program for women of childbearing age to establish and track outcomes for use of maternal care coordination during routine prenatal care (2.0/2.0 FTEs).	\$ 2,340,000	\$ 2,340,000						
c.	Increase public awareness and prevention activities by enhancing provider and community understanding about maternal health risk factors and preventative measures.	\$ 2,000,000	\$ 2,000,000						

Article II Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
3.	Increase quality and security of vital events records (\$3.0 million in GR, 25.0/25.0 FTEs).								
a.	Improve customer service and address record request backlog by hiring additional staff (17.0/17.0 FTEs). Workgroup recommends to adopt 11.0/11.0 FTEs.	\$ 3,037,608	\$ 3,037,608			\$ 1,965,511	\$ 1,965,511		
b.	Staff to increase security, quality, and capacity (6.0/6.0 FTEs).								
	1. \$1.3 million in capital budget authority for equipment including surveillance systems, motorized shelving, electronic inventory record tracking. Also, revise Rider 2, Capital Budget.	\$ -	\$ -			Adopted			
	2. \$250,000 in capital budget authority for repairs and renovation to provide environmental controls for protection from fire and water. Also, revise Rider 2, Capital Budget.	\$ -	\$ -			Adopted			
	3. Staff to increase surveillance system monitoring, complete inventory, and monitor security of records (6.0/6.0 FTEs). Workgroup recommends to adopt 4.0/4.0 FTEs.	\$ -	\$ -			Adopted as amended			
c.	Train medical certifiers and hire data quality analysts to improve the quality of death data (2.0/2.0 FTEs).	\$ -	\$ -			Adopted			

Article II Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
4.	Funding to increase salaries of technical, scientific, and financial personnel to match market value (\$8.8 million in GR).								
a.	Increases ranging from \$4,662 to \$15,889 for 206 public health and Texas Center for Infectious Disease (TCID) nurses.	\$ 3,033,690	\$ 3,033,690			\$ 1,516,845	\$ 1,516,845		
b.	Increases ranging from \$6,131 to \$17,146 for 153 meat safety inspectors.	\$ 3,335,520	\$ 3,335,520			\$ 1,667,760	\$ 1,667,760		
c.	Increases ranging from \$7,719 to \$14,513 for 117 financial staff.	\$ 2,434,872	\$ 2,434,872			\$ 1,217,436	\$ 1,217,436		
5.	Improve infectious disease response through the Texas Enhancement of the National Electronic Disease Surveillance System (NEDSS)(\$5.9 million in GR, 15.0/14.0 FTEs).								
a.	Funding and staff to increase surveillance and analysis capacity (7.0/7.0 FTEs).	\$ 1,610,087	\$ 1,610,087						
b.	Maintain NEDSS by purchasing servers and updating software (8.0/7.0 FTEs). Also, revise Rider 2, Capital Budget.	\$ 3,516,037	\$ 3,516,037			\$ 3,516,037	\$ 3,516,037		
c.	State funds to continue Infectious Disease Response Unit (IDRU) by supporting an IDRU coordinator, training, warehousing, equipment cache, and coordination of medical transportation assets. IDRU was previously funded with federal funds that were expected to end in fiscal year 2020.	\$ 750,000	\$ 750,000			\$ 750,000	\$ 750,000		
6.	Detect and control the spread of Tuberculosis (TB) in Texas (\$27.3 million in GR, 12.0/13.0 FTEs).								
a.	Expand contracts with local health departments to assist in screening for TB exposures.	\$ 9,200,000	\$ 9,200,000			\$ 6,000,000	\$ 6,000,000		

Article II Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Funding and staff to improve tools and inpatient capacity.									
1. Equipment for outpatient TB treatment medications, laboratory blood testing, and phlebotomy training.		\$ 13,866,296	\$ 13,866,296			\$ 2,061,927	\$ 2,061,927		
2. Staffing for consultation, field support, and technical assistance; staff for caseload management and quality tracking; and contracts for TB nurse surge capacity for large-scale TB exposures (1 2.0/1 2.0 FTEs). Workgroup recommends to adopt 8.0/8.0 FTES.		\$ 2,257,610	\$ 2,257,610			\$ 1,505,073	\$ 1,505,073		
3. Pilot program for video direct observed therapy (vDOT) for TB nurses to monitor faraway patients. Also, revise Rider 2, Capital Budget.		\$ 183,733	\$ 183,733						
c. Repairs and renovations for TCID infrastructure (0.0/1.0 FTE). Also, revise Rider 2, Capital Budget. Workgroup recommends to adopt no FTES.		\$ 1,750,182	\$ 1,750,182			\$ 950,182	\$ 950,182		
7. Improve ability to report public health data (\$4.6 million in GR, 7.0/7.0 FTEs).									
a. Funding and staff to purchase server space, query tools, and a database for health data synthesis (7.0/7.0 FTEs). Also, revise Rider 2, Capital Budget.		\$ 4,070,441	\$ 4,070,441						
b. Contract with a health communications expert to improve user-friendliness of health data.		\$ 484,208	\$ 484,208						

Article II Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
8.	Build a protective staging area and sheltering for public health emergency response vehicles (\$1.0 million in GR). Also, revise Rider 2, Capital Budget. Workgroup recommends to adopt new rider to require the agency to consider utilizing unused property at the San Antonio State Hospital campus.	\$ 979,880	\$ 979,880			\$ 979,880	\$ 979,880		
Agency Revisions and Additional Requests:									
9.	Revise Rider 6, Limitation: Use of General Revenue Associated with Maintenance of Effort. Revise rider to remove HIV Formula Care Grant from the rider requirements.	\$ -	\$ -			Adopted			
10.	Revise Rider 11, Appropriation: Contingent Revenue. Revise Rider to add General Revenue - Dedicated Account No. 524, Public Health Service Fees which would appropriate any additional revenue generated by DSHS above the Comptroller's Biennial Revenue Estimate contingent on a finding fact by the Comptroller. Cost TBD.	\$ -	\$ -			Adopted			
11.	Revise Rider 26, HIV Vendor Drug Rebates. Revise Rider to remove requirement to expend HIV Rebate revenue before using Federal Funds, General Revenue, and General Revenue - Dedicated Funds.	\$ -	\$ -			Adopted			

Article II Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
12.	Revise Special Provision Sec. 16: Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements. Revise Rider to increase appropriations of Public Health Medicaid Reimbursements Acct. No 709 (Other Funds) to Strategy A.4.1, Laboratory Services to fund the cost of Medicaid newborn screening and to revise prioritization in case revenue is insufficient to support appropriations to HHSC Strategy G.2.2, Mental Health Community Hospitals. Costs TBD.	\$ -	\$ -			Adopted as amended			
Total, Outstanding Items / Tentative Decisions		\$ 117,202,892	\$ 119,589,121	\$ -	\$ -	\$ 73,018,576	\$ 73,018,576	\$ -	\$ -
		FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalentents / Tentative Decisions		79.0	78.0	0.0	0.0	39.0	38.0	0.0	0.0

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Technical Adjustments:								
1. Adjust performance measure target for two key Office of Inspector General performance measures to align with funding decisions. Increase target for Number of Completed Provider and Recipient Investigations from 19,175 in each fiscal year to 23,299 in each fiscal year and increase the target for Total Dollars Recovered (Millions) from \$90.0 million in each fiscal year to \$106.5 million in each fiscal year to align with recommendations.	\$ -	\$ -			Adopted			
Agency Requests:								
1. Provide for Medicaid Entitlement Program Cost Growth in the 2020-21 biennium. Current recommendations for Medicaid client services are based on LBB projections and include \$23.5 billion in General Revenue and \$62.9 billion in All Funds.	\$ 1,802,104,539	\$ 3,731,844,664						
2. Provide for Medicaid Non-Entitlement Program Cost Growth in the 2020-21 biennium. Current recommendations for Medicaid non-entitlement programs (long-term care waivers and the Program of All Inclusive Care for the Elderly) are based on LBB projections and include \$1.2 billion in General Revenue and \$3.2 billion in All Funds.	\$ 55,006,386	\$ 114,397,439						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
3. Community Care Waiver Slots for Diversion and Transition from Institutionalized Settings and Reducing Community Program Interest Lists (2,476 Promoting Independence slots and 4,639 community-based services slots). (38.5/78.1 FTEs). Funding would support the diversion and transition of 2,476 Individuals with Intellectual and Developmental Disabilities (IDD) from institutional settings, such as state supported living centers, into community care programs. Funding would also add 4,639 community-based services slots over the course of the biennium. The FTEs associated with this item would support the roll out of the Promoting Independence and community-based services slots. Workgroup recommends to adopt funding for currently filled waiver slots and to provide for 1,628 additional waiver slots with new rider that would identify funds appropriated for the purpose of reducing interest lists for certain community-based waiver services. Also, Workgroup recommends to adopt 4.0/15.0 FTEs. See Workgroup Revisions and Additions Item #1.	\$ 154,472,173	\$ 403,460,497			\$ 49,944,361	\$ 137,385,821		
4. State Hospital and State Supported Living Center (SSLC) Client Services. (\$126.6 million GR/\$46.8 million AF).								
a. Uncollectable Revenue at State Hospitals. Funding would provide General Revenue to replace certain patient-related revenues that HHSC indicates that the state hospitals can no longer collect. SB 1 includes \$28.0 million in All Funds to maintain fiscal year 2018 service levels.	\$ 22,003,335	\$ 22,003,335			\$ 22,003,335	\$ 22,003,335		

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	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b. Method of Finance Swap at SSLCs. Funding would replace Federal Funds with General Revenue. According to the agency, the indirect costs for SSLCs have dropped, resulting in a loss of federal dollars. Note: Agency revised request to \$6.4 million in General Revenue.	\$ 79,858,943	\$ -						
c. State Hospital Cost Growth. Funding would provide for 1.5 percent annual cost growth at the state hospitals, Montgomery County Mental Health Treatment Facility, and UT Health Science Center at Tyler.	\$ 20,334,265	\$ 20,334,265			\$ 14,000,000	\$ 14,000,000		
d. Hepatitis C Treatment. Funding would provide curative Hepatitis C treatment for 150 individuals at state hospitals.	\$ 4,425,000	\$ 4,425,000						
5. Early Childhood Intervention (ECI) Services. (\$72.6 million GR/\$79.2 million AF).								
a. Provide for ECI Caseload and Cost Growth in the 2020-21 Biennium. Current recommendations for ECI client services are based on LBB projections and include \$60.2 million in General Revenue and \$293.6 million in All Funds.	\$ 18,679,012	\$ 25,285,915			\$ 7,000,000	\$ 9,475,951		

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	Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. ECI Provider Add-On. Funding would provide add-on payments to ECI providers. Workgroup recommends to adopt new rider to explore strategies to maximize funding. See Workgroup Revisions and Additions Item #2.	\$ 53,871,477	\$ 53,871,477			\$ 10,000,000	\$ 10,000,000		
6. Operation of New State Hospital Beds. (0.0/378.3 FTEs).								
a. Staff and Operations. (0.0/378.3). Provide 378.3 FTEs to staff 40 new beds at San Antonio State Hospital and 70 maximum security beds at Kerrville State Hospital in fiscal year 2021.	\$ 13,674,375	\$ 13,674,375			\$ 13,674,375	\$ 13,674,375		
b. Furniture, Fixtures, and Equipment. Provide capital budget authority for machinery and vehicles at newly renovated state hospital sites. Also, revise Rider 2, Capital Budget.	\$ 1,840,000	\$ 1,840,000			\$ 1,840,000	\$ 1,840,000		

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	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
7. State Hospital Planning and Construction Phase II. Funding would support Phase II of HHSC's Comprehensive Plan for State-Funded Inpatient Mental Health Services. Proposed projects for 2020-21 include: -Construction of a 100-bed non-maximum security unit at Rusk State Hospital (\$90.1 million GR/\$90.1 million AF); -Construction of a replacement campus at Austin State Hospital (\$282.7 million GR/\$282.7 million AF); -Construction of a replacement campus at San Antonio State Hospital (\$323.3 million GR/\$323.3 million AF); -Coordination and Oversight FTEs (\$5.2 million GR/\$5.2 million AF); -Planning of a new hospital in the Dallas area (\$16.5 million GR/\$16.5 million AF); -Planning of a new hospital in the Panhandle region (\$16.5 million GR/\$16.5 million AF); -Pre-planning and planning of a replacement campus at North Texas State Hospital - Wichita Falls (\$17.5 million GR/\$17.5 million AF); and -Pre-planning and planning of a replacement campus at Terrell State Hospital (\$17.5 million GR/\$17.5 million AF). Also, revise Rider 2, Capital Budget.	\$ 769,156,095	\$ 769,156,095						

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		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
8.	Provide for Caseload and Cost Growth in Women's Health Programs in the 2020-21 Biennium. SB 1 includes \$146.9 million in General Revenue and \$284.6 million in All Funds for women's health programs. Note: Agency revised request to \$57.9 million in General Revenue. Workgroup recommends to adopt \$27.0 million for Healthy Texas Women Program and \$3.0 million for Family Planning Program.	\$ 56,064,152	\$ 56,064,152			\$ 30,000,000	\$ 30,000,000		
9.	Additional Staffing, Infrastructure, and Technology to Support Procurement, Oversight, and Management of Contracts. (242.6/242.6 FTEs). (\$44.3 million GR/\$63.5 million AF).								
a.	Procurement Oversight and Execution. (86.2/86.2 FTEs). Funding would support additional staff to administer procurement and contracting functions. Funding would provide for the following FTEs: Contract Specialist (19.0); Management Analyst (19.0); Attorney (12.0); Training Specialist (12.0); Business Analyst (4.0); Director (4.0); Financial Analyst (4.0); Technical Writer (4.0); Program Specialist (2.2); Editor (2.0); Legal Assistant (2.0); Portfolio Manager (1.0); and Staff Services Officer (1.0). Workgroup recommends to adopt 47.0/47.0 FTEs.	\$ 12,305,968	\$ 16,697,743			\$ 6,988,179	\$ 9,861,289		

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	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Procurement and Contracting Process. (48.7/48.7 FTEs). Funding would support reengineering of procurement business processes, data, and systems. Funding would provide for the following FTEs: Staff Augmentation Contractor (29.0); Systems Analyst (18.0); Project Manager (1.0); and Program Specialist (0.7). Also, revise Rider 2, Capital Budget. Workgroup recommends to adopt \$10,000,000 in capital budget authority.	\$ 14,661,749	\$ 19,797,925			\$ 3,702,850	\$ 5,000,000		
c. Contract Monitoring and Oversight. (107.7/107.7 FTEs). Funding would support additional staff to perform contract administration, management, and oversight functions. Funding would provide the following FTEs: Contract Specialist (39.0); Program Specialist (24.7); Nurse (17.0); Contract Administration Manager (7.0); Data Base Administrator (5.0); Financial Analyst (3.0); Technical Writer (3.0); Director (2.0); Project Manager (2.0); Quality Assurance Specialist (2.0); Administrative Assistant (1.0); Dental Hygienist (1.0); and Reimbursement Officer (1.0). Also, revise Rider 2, Capital Budget. Workgroup recommends to adopt 43.0/43.0 FTEs.	\$ 17,346,730	\$ 26,991,104			\$ 9,173,241	\$ 16,092,974		

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
10.	Partially Restore Baseline Reductions for Eligibility Operations. Funding would partially restore baseline reductions for Integrated Eligibility and Enrollment (IEE). Current recommendations for IEE were based on fiscal year 2019 appropriated All Funds levels adjusted for an assumed 75 percent matching rate for certain eligibility operations and include \$402.7 million in General Revenue and \$1,229.6 million in All Funds, which is a decrease of \$99.6 million in General Revenue and \$99.3 million in All Funds from the 2018-19 base spending level.	\$ 59,100,944	\$ 89,752,005			\$ 28,023,751	\$ 44,876,003		
11.	Expand Mental Health Capacity at Local Mental Health and Behavioral Health Authorities (LMHAs/LBHAs). Note: SB 1 provides \$59.1 million in All Funds to expand outpatient treatment capacity at the LMHAs/LBHAs, including \$47.2 million in All Funds to expand treatment capacity for adults and \$11.8 million in All Funds to expand treatment capacity for children. HHSC is requesting for current funding to be reallocated to provide \$50.2 million in All Funds for adults and \$8.9 million in All Funds for children.	\$ -	\$ -			Adopted reallocation of \$3.0 million from Strategy D.2.2, Community Mental Hlth Svcs-Children, to Strategy D.2.1, Community Mental Health Svcs-Adults			
12.	Telecommunications Upgrade. Funding would transition telecommunications systems to IP-based services. Also, revise Rider 2, Capital Budget.	\$ 5,587,504	\$ 6,331,593			\$ 5,587,504	\$ 6,331,593		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
13.	IT Security Upgrades. (25.8/26.8 FTEs). (\$21.6 million GR/\$31.8 million AF).								
a.	<p>US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Corrective Action Plan (CAP) Compliance. (8.6/9.6 FTEs).</p> <p>Funding would support actions necessary for HHSC's compliance with a 3-year CAP proposed as part of a Resolution Agreement with HHS OCR to settle certain HIPPA violations that were discovered in 2015 by DADS. Actions include: performing a comprehensive security risk assessment of all legacy DADs HIPPA functions that were in use on April 21, 2015 and are still in use at HHSC; implementation of a risk management plan; and hiring an external assessor to report progress to OCR. Funding would provide the following FTEs: Staff Augmentation Contractor (8.0 in fiscal year 2020 and 9.0 in fiscal year 2021) and Program Specialist (0.6).</p> <p>Also, revise Rider 2, Capital Budget.</p>	\$ 14,604,202	\$ 22,458,328			\$ 14,604,202	\$ 22,458,328		

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	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. Security Risk Assessment Resources. (10.1/10.1 FTEs). Funding would support scanning of software code for vulnerabilities, completion of risk assessments, and updating of security plans for all HHS applications. Funding would provide the following FTEs: Information Technology Security Analyst (10.0) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget. Workgroup recommends to adopt 60 percent of request including 6.0/6.0 FTEs.	\$ 4,129,364	\$ 6,052,923			\$ 2,477,618	\$ 3,631,754		
c. Mitigation of Security Issues. (2.0/2.0 FTEs). Funding would provide staff to manage security certificates for websites, applications, and infrastructure. Funding would provide the following FTEs: Systems Analyst (2.0). Also, revise Rider 2, Capital Budget.	\$ 1,955,032	\$ 1,955,032						
d. Technology Control Improvements. (5.1/5.1 FTEs). Funding would support the administration of privileged account management on agency servers, databases, applications, and infrastructure components. Funding would provide the following FTEs: Systems Analyst (4.0); Business Analyst (1.0); and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 881,333	\$ 1,291,880						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
14.	Shared Health and Human Services Platform. (16.2/16.2 FTEs). (\$5.4 million GR/\$8.0 million AF).								
a.	System-wide Business Enablement Platform. (16.2/16.2 FTEs). Funding would create a system-wide business platform with a common data repository, shared service elements and resources, and applications capable of supporting multiple programs and missions. Funding would provide the following FTEs: Staff Augmentation Contractor (10.0); Programmer (2.0); Systems Analyst (1.0); Business Analyst (1.0); Data Base Administrator (1.0); and Program Specialist (0.2).	\$ 5,036,379	\$ 7,382,448						
b.	Case Management Platform. Funding would expand the new System-wide Business Enablement Platform by integrating case management services. Also, revise Rider 2, Capital Budget.	\$ 394,448	\$ 578,192						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
15.	Maintain Current Operations of the Claims Administrator. (0/12.2 FTEs) (\$8.2 million GR/\$16.3 million AF).								
a.	<p>Claims Administrator Cost Growth.</p> <p>Funding would provide for cost growth in the 2020-21 biennium to maintain current operations of the claims administrator. Variable costs of the claims administrator contract include population growth impacting the number of eligible Medicaid Clients, changes in caseload, changes to Federal and/or State regulations and statutes, costs of implementing technical system and business operation changes, re-procurement of contract services, contract management and monitoring staffing needs, and new contract amendments necessary to implement legislative mandates.</p>	\$ 8,170,227	\$ 16,340,454						
b.	<p>Medicaid Management Information Systems (MMIS) Updates. (0.0/12.2 FTEs).</p> <p>Capital budget authority would support procurement of a new MMIS framework to process fee-for-service claims for both Medicaid and non-Medicaid services. Funding would provide for procurement of a modern claims engine, implementation, and modifications to ancillary state systems to integrate them as needed.</p> <p>Request is for \$4.4 million GR / \$44.0 million AF in capital budget authority only. SB 1 includes \$4.4 million in General Revenue and \$39.6 million in Federal Funds that could be used to support this project.</p>	\$ -	\$ -			Adopted Capital Budget Authority Only			

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
16.	Salary Increases to Increase Staff Retention. (\$54.0 million GR/\$76.6 million AF).								
a.	Salary Increases for State Supported Living Center (SSL) and State Hospital Staff. Funding would provide salary increases for direct care staff at targeted SSLCs and psychiatric nursing assistants at targeted state hospitals.	\$ 38,923,688	\$ 60,969,927			\$ 19,461,844	\$ 30,484,964		
b.	Salary Increases for Regulatory Services Staff. Funding would provide salary increases for certain regulatory services staff to reduce compensation inequity within the Regulatory Services Division.	\$ 15,030,720	\$ 15,606,932			\$ 4,000,000	\$ 4,153,342		
17.	Migrate Current Intellectual and Developmental Disability (IDD) IT Systems to Texas Medicaid and Healthcare Partnership (TMHP). (8.1/8.1 FTEs). (\$7.4 million GR/\$14.8 million AF). Texas Government Code, Chapter 534 requires that the Texas Home Living (TxHML) waiver program transition to managed care on September 1, 2020 and the Home and Community-based Services (HCS), Community Living and Support Services (CLASS), Deaf-Blind Multiple Disabilities (DBMD), and intermediate care facilities with individuals with an intellectual disability or related condition (ICFs/IID) transition on September 1, 2021. Funding would support the interface and transition of current fee-for-service processes with managed care.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
a. Migrate Client Assignment and Registration (CARE) System Functionality to TMHP. (8.1/8.1 FTEs). Funding would migrate CARE system functionality to TMHP. Funding would provide the following FTEs: Staff Augmentation Contractor (8.0) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 6,628,636	\$ 13,257,271			\$ 6,628,636	\$ 13,257,271		
b. Migrate Local Intellectual and Development Disability Authorities (LIDDA) Systems Functionality to TMHP. Funding would support electronic exchange between existing LIDDA third party client systems and state systems by migrating functionality to TMHP.	\$ 500,000	\$ 1,000,000			\$ 500,000	\$ 1,000,000		
c. Migrate Enrollment Broker System Functionality to TMHP. Funding would provide for required enrollment packets and communications between the contracted Enrollment Broker and new managed care members. Also, revise Rider 2, Capital Budget.	\$ 229,645	\$ 500,000			\$ 229,645	\$ 500,000		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
18.	Additional Funding for Medicaid Managed Care Appeals and a Fair Hearing Process. (8.1/3.0 FTEs). (\$1.3 million GR/\$3.2 million AF).								
a.	Contract with an Independent Review Organization (IRO). Funding would provide for HHSC to contract with an IRO to provide Medicaid managed care clients with the option to seek external medical review to promote resolution of client concerns.	\$ 754,518	\$ 1,923,810			\$ 754,518	\$ 1,923,810		
b.	Additional Fair Hearing Officer Staff. (3.0/1.0 FTEs). Funding would replace current non-clinical hearing officer positions with nurse hearing officers as vacancies arise, support an additional Nurse Case Reader position, and upgrade the current Case Reader position to a Nurse Case Reader. Funding would provide the following FTEs: Administrative Assistant (2.0 in fiscal year 2020) and a Nurse (1.0).	\$ 292,695	\$ 599,354						
c.	Training for Hearings Officers and Managers. Funding would provide one-time tuition and related travel expenses for 45 staff members to attend fair hearings training at the National Judicial College. Note: Exceptional Item request was withdrawn by HHSC.	\$ -	\$ -						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Post Fair Hearing Decisions Online. (5.1/2.0 FTEs). Funding would provide searchable public access to all fair hearing decisions from September 2017 onward. Funding would also provide the following FTEs: Staff Augmentation Contractor (3.0 in fiscal year 2020); Programmer (1.0); Data Base Administrator (1.0); and Program Specialist (0.1 in fiscal year 2020). Workgroup recommends to adopt 2.2/0.8 FTEs.	\$ 235,891	\$ 718,041			\$ 100,000	\$ 304,395		
19. Expand Coordinated Specialty Care for First Episode of Psychosis Statewide. (5.1/5.1 FTEs). Funding would expand coordinated specialty care statewide by providing grants to local mental health and behavioral health authorities (LMHAs/LBHAs). Coordinated specialty care provides team-based services, including psychotherapy, medication management, family education and support, case management, and work and education support for individuals with first episode of psychosis. The program is currently offered in 23 of the 39 LMHAs/LBHAs. Funding would provide the following FTEs: Program Specialist (4.1) and Contract Specialist (1.0).	\$ 10,508,256	\$ 10,508,256						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
20.	Expand Residential Treatment Center (RTC) Beds for Children. (1.0/1.0 FTE). Funding would increase the number of HHSC-funded beds in private residential treatment centers (RTCs) from 40 to 50 slots and increase the rate for RTC beds from \$260 per day to \$277 per day. The slots are for children and youth with severe emotional disturbance at risk for parental relinquishment of custody to DFPS. Funding would support the following FTEs: Program Specialist (1.0). Workgroup recommends to adopt 10 additional beds at \$260 per day and no FTEs.	\$ 2,739,695	\$ 2,739,695			\$ 1,900,600	\$ 1,900,600		
	Note: Assumes savings at the Department of Family and Protective Services related to diversions of children and youth with severe emotional disturbance from foster care services.					\$ (1,900,600)	\$ (1,900,600)		
21.	Expand Substance Use Disorder (SUD) Treatment. (17.8/17.8 FTEs). Funding would increase the current rates for SUD providers and modify the Clinical Management for Behavioral Health Services (CMBHS) system in order to implement the new rate structure. Funding would provide the following FTEs: Staff Augmentation Contractor (13.5) and Program Specialist (4.3). Also, revise Rider 2, Capital Budget.	\$ 45,756,175	\$ 45,756,175						

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		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
22.	Intellectual and Developmental Disability (IDD) Crisis Continuum of Care. (\$46.4 million GR/\$46.4 million AF).								
	a. Maintain Funding for Enhanced Community Coordination (ECC) and Transition Support Teams (TST). Funding would maintain ECC and TST for individuals with IDD. These services are provided by Local Intellectual and Developmental Disability Authorities (LIDDAs) and community providers and are currently funded by the Money Follows the Person Demonstration grant, which is set to end on December 31, 2019.	\$ 13,995,710	\$ 13,995,710						
	b. Establish Outpatient Mental Health Services at LIDDAs. Funding would establish new IDD outpatient mental health services at LIDDAs.	\$ 11,937,104	\$ 11,937,104						
	c. Expand Crisis Intervention and Respite Services. Funding would expand existing crisis intervention and respite services for individuals with IDD who are experiencing mental health crises.	\$ 20,515,152	\$ 20,515,152						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
23.	<p>Electronic Visit Verification (EVV) System. (5.1/5.1 FTEs). (\$17.4 million GR/\$64.0 million AF).</p> <p>Funding would provide for the transition of several EVV functions to the Texas Medicaid and Healthcare Partnership (TMHP) and the existing Medicaid Management Information System (MMIS).</p> <p>The federal 21st Century Cures Act expands the types of programs and services that HHSC requires for EVV to include personal care services carved out of STAR managed care, individuals participating in the consumer-directed services (CDS) option or the service responsibility option, home health services, and certain 1915(c) and 1915(i) Medicaid waiver services. EVV systems are used to document service delivery visits performed in the home or in the community.</p>								
a.	<p>EVV Vendor Fees.</p> <p>Funding would provide for payment to EVV vendors (subcontracted under TMHP) to provide EVV services to providers required to use EVV by the federal 21st Century Cures Act.</p>	\$ 7,954,081	\$ 31,816,322						
b.	<p>EVV Management.</p> <p>Funding would support management of EVV vendors and other components of EVV program management by TMHP.</p>	\$ 4,261,115	\$ 17,044,458						

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	Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. CDS Rate Increase. Funding would provide for a rate increase to CDS employers who will incur additional costs related to EVV. CDS employers will be responsible for approving attendant timesheets in the EVV systems.	\$ 3,907,925	\$ 11,200,000						
d. EVV Maintenance. Funding would support ongoing MMIS contract costs associated with system maintenance, operations, and minor modifications by TMHP.	\$ 679,587	\$ 2,718,349						
e. EVV Support Staff. (5.1/5.1 FTEs). Funding would support FTEs who will develop policy and procedures for new programs, develop new compliance measures, and develop new reporting capabilities related to expansion related to the federal 21st Century Cures Act. Funding would provide the following FTEs: Program Specialist (2.1); Contract Specialist (2.0); and Training Specialist (1.0).	\$ 593,950	\$ 1,187,900						

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		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
24.	<p>Enhance Preadmission Screening and Resident Review (PASRR) Forms and Workflows in the Long-Term Care (LTC) Online Portal. (3.1/3.1 FTEs).</p> <p>Funding would provide for modifications to the existing LTC Online Portal of the Medicaid Management Information System (MMIS) including: correcting a design deficiency which currently results in duplicative work and duplicative billings to HHSC; allowing local intellectual and developmental disability authorities (LIDDAs) to digitally record verification of specialized services provided by contracted providers; and improve usability and add functionality to ensure specialized services are appropriately assessed, recommended, authorized, verified, and delivered. Funding would provide the following FTEs: Program Specialist (2.1) and Contract Specialist (1.0).</p> <p>Also, revise Rider 2, Capital Budget.</p>	\$ 4,317,636	\$ 17,058,825						
25.	Guardianship Services. (9.2/9.2 FTEs). (\$2.1 million GR/\$2.1 million AF).								
a.	<p>Additional Staff. (9.2/9.2 FTEs).</p> <p>Funding would provide the following FTEs in the Guardianship program: Attorney (4.0); Legal Assistant (4.0); Quality Assurance Specialist (1.0); and Program Specialist (0.2).</p>	\$ 1,603,564	\$ 1,603,564						
b.	<p>Increase Rate for Contracted Guardians.</p> <p>Funding would increase the contracted rate for guardianship services from \$250 per ward per month to \$305 per ward per month.</p>	\$ 528,000	\$ 528,000						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
26.	Technology Projects at State Hospitals and State Supported Living Centers (SSLCs). (1.0/1.0 FTE). (\$31.1 million GR/\$31.1 million AF).								
a.	IT Infrastructure. Funding would support increased bandwidth and expansion of wireless networks as well as the purchase of telemedicine equipment. Also, revise Rider 2, Capital Budget.	\$ 12,028,000	\$ 12,028,000						
b.	Video Surveillance. Funding would replace outdated and disparate video surveillance systems through a single contract for video surveillance monitoring and equipment. Also, revise Rider 2, Capital Budget.	\$ 6,417,000	\$ 6,417,000						
c.	Integrated Resident Information System (IRIS) Updates. Funding would support updates to the electronic health record used by SSLCs, known as IRIS, and expand the system to the Rio Grande State Center. Also, revise Rider 2, Capital Budget.	\$ 7,762,331	\$ 7,762,331						

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d. Electronic Scheduling System. Funding would support implementation of an electronic employee scheduling system across state hospitals and SSLCs. Also, revise Rider 2, Capital Budget.	\$ 2,160,200	\$ 2,160,200			\$ 2,160,200	\$ 2,160,200		
e. Remote Access for Facility Support Staff. (1.0/1.0 FTEs). Funding would support software updates and the purchase of tablets for facility support staff who often work remotely, which will allow for real-time logging and reporting of site work and access to information that is currently only available at the employee's workstation. Funding would provide the following FTEs: Program Specialist (1.0). Also, revise Rider 2, Capital Budget.	\$ 2,748,349	\$ 2,748,349						
27. Additional Inpatient Psychiatric Beds. (4.1/4.1 FTEs). Funding would purchase an additional 75 community inpatient psychiatric beds, which provide short-term acute stabilization services for individuals with mental illness. Funding would provide the following FTEs: Program Specialist (3.1) and Contract Specialist (1.0). Workgroup recommends to adopt 20 beds and 2.0/2.0 FTEs.	\$ 39,410,480	\$ 39,410,480			\$ 10,522,035	\$ 10,522,035		

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
28. Transition Day Habilitation Services to Individualized Skills and Socialization (ISS). (32.6/32.6 FTEs). Funding would support the replacement of day habilitation services with ISS for individuals in the Home and Community-based Services (HCS), Texas Home Living (TxHmL), and Deaf-Blind Multiple Disabilities (DBMD) waiver programs. According to HHSC, the current day habilitation model used in HCS, TxHmL, and DBMD does not meet federal requirements for community integration for individuals receiving services in settings for home and community-based services, and compliance is required by March 2022. Funding would provide the following FTEs to perform regulatory functions and utilization review: Program Specialist (18.6); Administrative Assistant (4.0); Nurse (3.0); Inspector (2.0); Manager (1.0); Attorney (1.0); Legal Assistant (1.0); Training Specialist (1.0); and License and Permit Specialist (1.0). Workgroup recommends to adopt new rider to direct HHSC to develop and submit a plan to transition existing day habilitation services to more integrated services. See Workgroup Revisions and Additions #3.	\$ 112,240,875	\$ 285,464,874						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
29.	Facility Repairs and Equipment Replacement at State Supported Living Centers (SSLCs) and State Hospitals. (8.1/8.1 FTEs). (\$41.9 million GR/\$279.0 million AF).								
a.	<p>Vehicle Replacement.</p> <p>Funding would replace 478 vehicles that meet replacement criteria: 277 vehicles for SSLCs; 180 vehicles for state hospitals; and 21 vehicles for Regional Administrative Services.</p> <p>Also, revise Rider 2, Capital Budget.</p> <p>SB 1 includes \$8.1 million in General Revenue to replace 248 vehicles: 163 vehicles at SSLCs; 80 vehicles at state hospitals; and 5 other vehicles, based on a 10 year, 150,000 mile criteria for passenger vehicles, and a 10 year, 200,000 mile replacement criteria for trucks and buses.</p>	\$ 9,808,273	\$ 9,808,273						
b.	<p>Deferred Maintenance. (8.1/8.1 FTEs).</p> <p>Funding would address deferred maintenance needs at the state-owned facilities, including: critical infrastructure repair and renovation; anti-ligature projects; and roof repair and replacement. Funding would provide the following FTEs: Project Manager (5.0); Manager (2.0); Director (1.0); and Program Specialist (0.1). Funding also includes an estimated \$14.2 million in debt service.</p> <p>Also, revise Rider 2, Capital Budget.</p>	\$ 42,393,104	\$ 279,478,633						

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Laundry Equipment Replacement. Funding would replace washers, dryers, and other equipment (e.g. conveyors, presses, control consoles), carts, and vehicles necessary for laundry operations at all five regional laundries. Also, revise Rider 2, Capital Budget.	\$ 3,947,000	\$ 3,947,000			\$ 1,000,000	\$ 1,000,000		
30. Data Center Services (DCS) Projects. (48.7/36.6 FTEs). (\$22.1 million GR/\$33.4 million AF).								
a. Hardware and Software Security Currency. (6.1/6.1 FTEs). Funding would support the upgrade of DSHS and HHSC servers and system software scheduled to become out-of-support during the 2020-21 biennium. Funding would provide the following FTEs: Staff Augmentation Contractor (6.0) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 2,505,587	\$ 3,672,749						
b. Legacy Application Hardware and Software Remediation. (25.4/22.4 FTEs). Funding would enable the remediation of outdated hardware and software. Funding would provide the following FTEs: Staff Augmentation Contractor (25.0 in fiscal year 2020 and 22.0 fiscal year 2021) and Program Specialist (0.4). Also, revise Rider 2, Capital Budget.	\$ 7,292,840	\$ 10,958,950						

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	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c. Upgrade WebSphere Environment. Funding would expand the existing WebSphere environment within the Department of Information Resources (DIR) Data Center to enable the upgrade and migration of applications using older, unsupported versions of WebSphere to current versions. Also, revise Rider 2, Capital Budget.	\$ 5,007,156	\$ 7,700,000						
d. Migrate DCS Exempted Systems to DIR Data Center. Funding would support the migration of six DCS systems from third-party vendors into the DIR Data Center. Also, revise Rider 2, Capital Budget.	\$ 3,784,630	\$ 5,820,000						
e. Legacy Long Term Care Applications Modernization. (9.1/0.0 FTEs). Funding would provide for modification or enhancement of the following systems and applications: Intellectual Client Assignment and Registration System (ID CARE); Service Authorization System (SAS) and Service Authorization System Online (SASO); and Long Term Care (LTC) Provider. Also, revise Rider 2, Capital Budget.	\$ 960,058	\$ 1,476,377						

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	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
f. Migrate Third-Party Website into DIR Data Center. (8.1/8.1 FTEs). Funding would migrate externally-hosted websites to the DIR Data Center and provide additional support to properly manage domain names, security certificates, and platforms to host more than 500 HHS websites. Funding would provide the following FTEs: Systems Analyst (7.0); Project Manager (1.0); and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 2,578,932	\$ 3,780,261						
31. New Performance Management and Analytics System (PMAS). (13.0/5.0 FTEs). Funding would support development and implementation of an integrated performance management system. Funding would provide the following FTEs: Staff Augmentation Contractor (13.0 in fiscal year 2020 and 5.0 in fiscal year 2021). Also, revise Rider 2, Capital Budget.	\$ 3,914,080	\$ 7,828,160						

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
32.	Add New License Types to the Child-Care Licensing Automated Support System (CLASS). (11.7/5.6 FTEs). Funding would provide for the addition of the following license types to CLASS: continuum-of-care residential operations, specialized child-care home; cottage home operations, and general residential operations. Funding would provide the following FTEs: Staff Augmentation Contractor (11.7 in fiscal year 2020 and 5.6 in fiscal year 2021). Also, revise Rider 2, Capital Budget.	\$ 3,720,552	\$ 3,720,552						
33.	Expand Court Appointed Special Advocates (CASA) and Child Advocacy Centers (CAC) Capacity. (\$12.5 million GR/\$12.5 million AF).								
a.	Increase CAC Capacity. Funding would increase CAC capacity, resulting in an estimated 68,000 children being served in fiscal year 2020 and 80,000 children being served in fiscal year 2021.	\$ 8,000,000	\$ 8,000,000			\$ 4,000,000	\$ 4,000,000		
b.	Increase CASA Capacity. Funding would increase CASA capacity, resulting in an estimated 33,800 children being served in fiscal year 2020 and 36,500 children being served in fiscal year 2021.	\$ 4,500,000	\$ 4,500,000			\$ 2,500,000	\$ 2,500,000		
34.	Increase the Maximum Rate for Home Delivered Meals (HDM). Funding would increase the rate for HDM from \$4.95 per meal to \$5.42.	\$ 7,789,946	\$ 7,789,946						

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
35.	Provide Enhanced Family Violence Program Services. Funding to provide additional legal, mental health, and economic stability services to survivors of family violence.	\$ 6,000,000	\$ 6,000,000			\$ 5,000,000	\$ 5,000,000		
36.	Attendant Wage Increases. Funding would provide rate increases for community attendant services to increase the base wages for community attendants. Workgroup recommends to adopt \$9.1 million in General Revenue/\$23.2 million in All Funds for the Community Care Rate Enhancement Program and new rider to identify the appropriations, and to amend Rider 120 related to a strategic plan for recruitment and retention of community attendants. See Workgroup Revisions and Additions #4 and #5.	\$ 150,027,792	\$ 389,392,689			\$ 9,086,240	\$ 23,167,848		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
37.	<p>Specialty Services for Individuals with Intellectual and Developmental Disability (IDD). (35.0/69.7 FTEs).</p> <p>Funding would support creation of clinics within six state supported living centers (SSLCs) (three in fiscal year 2020 and three in fiscal year 2021) to provide clinical services to community members with IDD.</p> <p>Funding would provide the following FTEs in fiscal year 2020: Registered Therapist (7.5); Nurse (6.0); Physician (3.0); Dentist (3.0); Dental Hygienist (3.0); Orthopedic Equipment Tech (3.0); Manager (3.0), Administrative Assistant (3.0); Psychiatrist (1.5); Dental Assistant (1.5); and Program Specialist (0.5). Funding would provide for nearly double the FTEs in fiscal year 2021: Registered Therapist (15.0); Nurse (12.0); Physician (6.0); Dentist (6.0); Dental Hygienist (6.0); Orthopedic Equipment Tech (6.0); Manager (6.0); Administrative Assistant (6.0); Psychiatrist (3.0); Dental Assistant (3.0); and Program Specialist (0.7).</p>	\$ 9,343,070	\$ 9,343,070						
38.	<p>Response to Foster Care Litigation.</p> <p>Funding would be used to contract for a study of residential child care licensing inspector workloads and cover HHSC's portion of the cost of special monitors overseeing the agency's compliance with court rulings.</p> <p>This is a placeholder request.</p>	\$ -	\$ -						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
39.	Additional Services for Individuals with Intellectual and Developmental Disabilities (IDD) and High Medical Needs (HMN) in the Home and Community-based Services (HCS) Waiver Program. (3.0/1.0 FTEs). (\$8.6 million GR/\$22.4 million AF).								
a.	Medical Services for Individuals with IDD and HMN in HCS. (1.0/1.0 FTE). Funding would provide services to meet specialized needs of individuals with IDD and HMN in HCS. Funding would allow development of a HMN support service designed to increase one-to-one medical interventions, transfers, feedings, and other activities of daily living, and nursing tasks delegated by a registered nurse. Funding would provide for the following FTEs: Nurse (1.0).	\$ 7,084,551	\$ 18,635,308						
b.	Dental Services for Individuals with IDD and HMN in HCS. (2.0/0.0 FTEs). Funding would allow individuals in HCS who reach the dental services cap of \$2,000 per year and meet criteria for health and safety needs to access adaptive aid funds (capped at \$10,000 per year) to cover additional dental services. Funding would also provide the following FTEs: Staff Augmentation Contractor (2.0 in fiscal year 2020).	\$ 1,473,797	\$ 3,749,023						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
40.	Additional Regulatory Services FTEs. (87.6/87.6 FTEs). (\$12.6 million GR/\$12.8 million AF).								
a.	Investigate Illegal Child Care Operations. (35.8/35.8 FTEs). Funding would reinstate a unit within the Child Care Licensing Program to proactively search and investigate illegal child care operations. Funding would provide the following FTEs: Inspector (35.0) and Program Specialist (0.8). Workgroup recommends to adopt 20.0/20.0 FTEs and a new rider to identify the funding and FTEs for a unit to proactively investigate illegal child care operations. See Workgroup Revisions and Additions #6.	\$ 3,632,008	\$ 3,632,008			\$ 2,029,055	\$ 2,029,055		
b.	Facility and Community-Based Regulation. (20.4/20.4 FTEs). Funding would provide the following FTEs to serve as Health Care Quality Compliance and Architecture Staff, Substance Abuse Facility Investigators and Inspectors, and Enforcement Staff: Nurse (9.0); Inspector (3.0); Investigator (3.0); Program Specialist (2.4); Architect (2.0); and Administrative Assistant (1.0).	\$ 4,425,969	\$ 4,425,969						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c. Long-Term Care Licensing and Credentialing. (17.2/17.2 FTEs). Funding would provide the following FTEs to perform licensing and credentialing activities for the long-term care program: License and Permit Specialist (14.0); Administrative Assistant (1.0); Financial Analyst (1.0); Quality Assurance Specialist (1.0); and Program Specialist (0.2).	\$ 2,369,013	\$ 2,439,666						
d. Complaint and Incident Intake. (6.1/6.1 FTEs). Funding would provide the following FTEs for the Complaint and Incident Intake program: Protective Services Intake Specialists (3.0); Quality Assurance Specialist (2.0); Administrative Assistant (1.0); and Program Specialist (0.1).	\$ 779,457	\$ 843,450						
e. Regulatory Staff Training. (8.1/8.1 FTEs). Funding would provide the following FTEs to serve as Provider Investigations Trainers and Health Care Quality Trainers: Training Specialist (5.0) and Program Specialist (3.1).	\$ 1,369,270	\$ 1,459,055						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
41.	Enhance Background Checks. (20.2/13.1 FTEs). (\$2.6 million GR/\$2.6 million AF).								
a.	Automate National Sex Offender Registry (NSOR) Searches. (15.2/10.1 FTEs). Funding would enhance the Childcare Licensing Automation Support System (CLASS) to interface with DPS to make search requests to NSOR. Funding would provide the following FTEs: Inspector (10.0); Staff Augmentation Contractor (5.0 in fiscal year 2020); and Program Specialist (0.2 in fiscal year 2020 and 0.1 in fiscal year 2021). Also, revise Rider 2, Capital Budget.	\$ 1,901,009	\$ 1,901,009			\$ 1,901,009	\$ 1,901,009		
b.	Enhance Long-term Care Background Checks. (5.0/3.0 FTEs). Funding would transition background checks for certified nurse aides, medication aides, and nursing facility administrators from initial name-based checks to ongoing fingerprint-based checks. Funding would also automate the process of receiving fingerprint results from Department of Public Safety (DPS). Funding would provide the following FTEs: Staff Augmentation Contractor (2.0 in fiscal year 2020) and Program Specialists (3.0). Also, revise Rider 2, Capital Budget.	\$ 729,902	\$ 729,902			\$ 729,902	\$ 729,902		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
42.	Ensure Quality Long-term Care Services. (15.3/15.3 FTEs). (\$1.3 million GR/\$3.3 million AF).								
a.	Expand Quality Monitoring Program. (11.2/11.2 FTEs). Funding would expand the Quality Monitoring Program to all assisted living facilities (ALFs) and intermediate care facilities for individuals with an intellectual disability (ICFs/IID). The Quality Monitoring Program conducts onsite visits to identify conditions that could be detrimental to residents' health, safety, and welfare. Funding would provide the following FTEs: Nurse (6.0); Qualified Intellectual Disability Professional (2.0); Manager (1.0); Behavior Analyst (1.0); Administrative Assistant (1.0); and Program Specialist (0.2).	\$ 874,146	\$ 2,399,186						
b.	Maintain Quality Reporting Unit. (4.1/4.1 FTEs). Funding would maintain the Quality Reporting Unit, which reports 1915(c) waiver performance measures and performs other reporting requirements. The unit is currently funded by the Money Follows the Person Demonstration grant, which is set to expire on December 1, 2019.	\$ 443,740	\$ 887,479						

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
43.	Provide Oversight of Intellectual and Developmental Disability (IDD) Community Programs. (5.1/5.1 FTEs). (\$1.7 million GR/\$6.0 million AF).								
a.	Review Critical Incident Reports. (5.1/5.1 FTEs). Funding would provide for the following FTEs to review critical incident reports and follow-up with service providers across waiver programs in STAR+PLUS, STAR Kids, Deaf-Blind Multiple Disabilities, and Community Living and Support Services: Program Specialist (4.1) and Manager (1.0).	\$ 422,551	\$ 845,102			\$ 422,551	\$ 845,102		
b.	Establish a Centralized Data Repository for Critical Incident Reports. Funding would establish a data warehouse capable of receiving critical incident data, including abuse, neglect, and exploitation data, from disparate systems. HHSC indicates that they will be out of compliance with federal regulations due to the lack of a centralized data repository to track, analyze, and monitor data across waiver programs. Also, revise Rider 2, Capital Budget.	\$ 1,288,855	\$ 5,155,420			\$ 1,288,855	\$ 5,155,420		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
44.	<p>Expand Real-time Data Sharing Among Jails, Local Mental Health Authorities (LMHAs), Local Behavioral Health Authorities (LBHAs), and Local Intellectual and Developmental Disability Authorities (LIDDAs). (2.0/0.0 FTEs).</p> <p>Funding would modify the Clinical Management for Behavioral Health Services (CMBHS) system so jails, LMHAs, LBHAs, and LIDDAs concurrently receive real-time notification if a person with a history of mental health and/or intellectual and developmental disability (IDD) services is booked into jail. Currently, jails receive real-time notifications if a person who is booked has a history of mental health services. The jail must then notify the LMHA or LBHA. No notifications are made for individuals with a history of IDD services.</p> <p>Also, revise Rider 2, Capital Budget.</p>	\$ 435,265	\$ 435,265			\$ 435,265	\$ 435,265		
45.	<p>Add Intensive Behavioral Intervention (IBI) as a Medicaid Benefit.</p> <p>Funding would add IBI as a Medicaid state plan benefit for members under the age of 20. Funding also provides for the one-time cost of adding a provider type for certain IBI providers.</p>	\$ 75,411,433	\$ 192,635,697						

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
46.	Expand Mortality Reviews to Intellectual and Developmental Disability (IDD) Community Programs. Funding would expand mortality reviews to individuals with IDD who, at the time of death or at any time in the 24-hour period before the person's death, received services through an IDD community waiver program. Mortality reviews are currently only performed for individuals in state supported living centers (SSLCs). Funding would provide for the agency to contract with an independent entity (Texas A&M University Health Science Center) to develop a web-based review and reporting system, conduct reviews, and collect and analyze data. Funding would also provide for additional costs associated with server hosting and maintenance for the HHSC reporting portal. Also, revise Rider 2, Capital Budget.	\$ 2,116,818	\$ 4,233,636						
47.	Centralized Accounting and Payroll/Personnel System (CAPPS) Upgrades. (14.2/20.3 FTEs). (\$7.6 million GR/\$8.5 million AF).								
a.	CAPPS Financials Upgrades. (5.1/8.1 FTEs). Funding would support upgrades to the PeopleSoft CAPPS Financials system. Funding would provide the following FTEs: Staff Augmentation Contractor (5.0 in fiscal year 2020 and 8.0 in fiscal year 2021) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 2,843,234	\$ 3,683,040						

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	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b. CAPPS Human Capital Management (HCM) Upgrades. (4.1/4.1 FTEs). Funding would support upgrades to the PeopleSoft CAPPS HCM system. Funding would provide the following FTEs: Staff Augmentation Contractor (4.0) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 911,211	\$ 1,030,769						
c. Replace the Materials and Inventory Management System (MIMS). (5.1/8.1 FTEs). Funding would migrate inventory management for state supported living centers and state hospitals from MIMS to CAPPS Financials. Funding would provide the following FTEs: Staff Augmentation Contractor (5.0 in fiscal year 2020 and 6.0 in fiscal year 2021); Systems Analyst (2.0 in FY 2021); and Program Specialist (0.1). Also, revise Rider 2, Capital Budget.	\$ 3,821,642	\$ 3,821,642						
48. Maintain Funding for Housing Navigation and Local Contact Agency Services. (1.0/1.0 FTE). Funding would maintain housing support and case management services for older adults and individuals with disabilities. These services are provided by Aging and Disability Resource Centers and are currently funded by the Money Follows the Person Demonstration grant, which is set to end on December 31, 2019. Funding would also increase housing navigation. Funding would provide the following FTEs: Program Specialist (1.0).	\$ 3,531,787	\$ 3,531,787						

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
49.	Seat Management. Funding would provide computer managed services, including hardware and software. Also, revise Rider 2, Capital Budget. SB 1 includes \$19.5 million in General Revenue and \$39.9 million in All Funds for Seat Management.	\$ 6,344,386	\$ 9,756,392						
50.	New Health, Developmental, and Independence Services (HDIS) Case Management System. Funding would support implementation of an electronic case management system for the following programs: Comprehensive Rehabilitation Services (CRS); Blindness Education, Screening, and Treatment (BEST); Blind Children's Vocational Discovery and Development Program (BCVDDP); Kidney Health Care; Children with Special Health Care Needs (CSHCN); Hemophilia Assistance; and Title V Fee for Service Maternal and Child Health Program. Also revise Rider 2, Capital Budget.	\$ 1,903,720	\$ 1,903,720						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
51.	Maintain Funding for Programs of All-Inclusive Care for the Elderly (PACE). (1.0/1.0 FTE). (\$8.6 million GR/\$21.7 million AF).								
a.	<p>PACE Cost Growth.</p> <p>Funding would support cost growth in the PACE program for 1,271 slots at the existing three PACE sites. Funding would also provide for three expansion sites (each serving up to 150 participants) as authorized by HHSC Rider 53, Program of All-inclusive Care for the Elderly (PACE) (2018-19 General Appropriations Act).</p> <p>Current recommendations for PACE are based on LBB projections and include \$34.8 million in General Revenue and \$89.8 million in All Funds to support 1,271 PACE slots.</p>	\$ 8,457,140	\$ 21,580,432						
b.	<p>Support for New PACE Sites (1.0/1.0 FTE).</p> <p>Funding would provide the following FTE to meet additional workload associated with new PACE sites: Program Specialist (1.0).</p>	\$ 97,370	\$ 140,221						
52.	<p>Expand Long-term Care (LTC) Ombudsman Services to Assisted Living Facilities (ALFs).</p> <p>Funding would support expansion of LTC Ombudsman services in ALFs.</p>	\$ 728,128	\$ 728,128						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Office of Inspector General									
53.	Medicaid Fraud & Abuse Detection System (MFADS) Enhancements. Note: Exceptional Item request was withdrawn by the OIG.	\$ -	\$ -						
54.	<i>OIG Priority 1:</i> Reengineering of the Automated System for the Office of Inspector General (ASOIG). (15.2/6.6 FTEs). Funding would support reengineering of ASOIG, which is used to track and monitor overpayments and fraud referrals. General Investigations uses ASOIG when investigating allegations of overpayments to clients enrolled in certain public benefit programs. Funding would also provide for the following FTEs to support ongoing maintenance and requests made by OIG to support new programs or data and additional investigations methods or processes: Staff Augmentation Contractor (8.0 in fiscal year 2020); Systems Analyst (4.0 in fiscal year 2020 and 3.5 in fiscal year 2021); Business Analyst (1.0); Program Specialist (2.2). Also, revise Rider 2, Capital Budget.	\$ 1,819,300	\$ 3,080,119						
55.	<i>OIG Priority 2:</i> Additional General Investigations Staff (10.0/10.0 FTEs). Funding would support additional General Investigations staff. Workgroup recommends to adopt 5.0/5.0 FTEs.	\$ 751,597	\$ 1,523,488			\$ 375,799	\$ 761,744		

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Texas Civil Commitment Office									
56.	<p><i>TCCO Priority 1: Caseload Growth.</i></p> <p>Funding would support projected caseload growth from 370 in fiscal year 2019 to 409 in fiscal year 2020 and 444 in fiscal year 2021. TCCO is required to provide supervision and treatment to all civilly committed sexually violent predators (SVPs) and there is no longer a limit to the annual number of civil commitments for sexually violent offenses due to SB 746, Eighty-fourth Legislature, 2015, which shifted jurisdiction for prosecuting civil commitment cases from the centralized Special Prosecution Unit to the individual's county of last conviction for a sexually violent offense.</p>	\$ 2,400,193	\$ 2,400,193			\$ 2,400,193	\$ 2,400,193		
57.	<p><i>TCCO Priority 2: Increased Facility Capacity.</i></p> <p>Funding would support expanded capacity to house SVPs either at the existing Texas Civil Commitment Center (TCCC) in Littlefield, Texas, or at a second contracted facility. TCCO indicates that the TCCC will reach capacity in fiscal year 2019 at 346 SVPs. The cost estimate is based on the difference between the start-up per diem rate of the current contract (\$128.70) and the current daily per diem rate (\$85.58) for capacity above 346 SVPs.</p>	\$ 1,951,611	\$ 1,951,611			\$ 1,951,611	\$ 1,951,611		
58.	<p><i>TCCO Priority 3: Offsite Healthcare for Civilly Committed Sexually Violent Predators (SVPs).</i></p> <p>Funding would support offsite medical care for SVPs above the \$25,000 offsite costs covered under the current contract for the Texas Civil Commitment Center.</p>	\$ 535,474	\$ 535,474						

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
59.	TCCO Priority 4: Case Manager Career Ladder. Funding would support implementation of a career ladder for Case Managers based on classification and years of services with TCCO as required by Government Code, Sec. 420A.009.	\$ 60,960	\$ 60,960						
Agency Rider Revisions and Additional Requests:									
1.	Restore Base Request for FTE Authority. (1,887.9/1,887.9 FTEs).	\$ -	\$ -						
2.	Restore Base Request for Clinical Management for Behavioral Health Services (CMBHS) Roadmap Enhancements Phase 3. Funding would support updates to CMBHS, which is a web-based electronic health record for state-contracted community mental health and substance abuse service providers. Also, revise Rider 2, Capital Budget. Request is for \$6.5 million in General Revenue and \$13.1 million in capital budget authority. SB 1 includes \$6.5 million in Federal Funds that could be used to support this project.	\$ 6,532,812	\$ 6,532,812						
3.	Authority for additional 26.0 FTEs for the Office of Inspector General (OIG). Request is for FTE authority only. SB 1 includes 602.2 FTEs for the OIG, which is a decrease of 149.0 FTEs from the 2019 budgeted level.	\$ -	\$ -			Adopted			

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
CAPITAL BUDGET									
1.	Capital Budget Authority for Healthcare Provider's Guide to Breastfeeding Website and Mobile Application. Request is for capital budget authority only. SB 1 includes \$360,000 in Federal Funds that could be used to support this project.	\$ -	\$ -						Adopted to Article XI
2.	Capital Budget Authority for MyTexasWIC Mobile Shopping Application. Request is for capital budget authority only. SB 1 includes \$500,000 in Federal Funds that could be used to support this project.	\$ -	\$ -						Adopted to Article XI
3.	Capital Budget Authority for WIC Chatbot Messenger. Request is for capital budget authority only. SB 1 includes \$950,000 in Federal Funds that could be used to support this project.	\$ -	\$ -			Adopted			
4.	Capital Budget Authority for WIC Mosaic. Request is for capital budget authority only. SB 1 includes \$40,000,000 in Federal Funds that could be used to support this project.	\$ -	\$ -			Adopted			

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Workgroup Revisions and Additions:								
1. New Rider - Expansion of Community-based Services. Rider would identify funds appropriated for the purpose of reducing the interest list for certain community-based waiver services. See also Exceptional Item #3.					Adopted			
2. New Rider - Early Childhood Intervention Funding Maximization. Rider would direct HHSC to explore strategies to maximize funding for early childhood intervention services. See also Exceptional Item #5b.					Adopted			
3. New Rider - Transition of Day Habilitation Services. Rider would direct HHSC to develop and submit a plan to transition existing day habilitation services to more integrated services. See also Exceptional Item #28.					Adopted			
4. Revise Rider 120, Recruitment and Retention Strategies, to require HHSC to develop an annual strategic plan for recruitment and retention of community attendants. See also Exceptional Item #36.					Adopted			
5. New Rider - Rate Enhancement for Community Attendant Wages. Rider would identify funding for the community care rate enhancement program. See also Exceptional Item #36.					Adopted			
6. New Rider - Illegal Child Care operations Investigation Unit. Rider would identify funding and FTEs for a unit to proactively investigate illegal child care operations. See also Exceptional Item #40a.					Adopted			
7. Revise Rider 21, Health and Human Services Cost Containment, to set a target of \$350.0 million in General Revenue savings and direct HHSC to seek to maximize certain federal flexibility in the Medicaid program.					Adopted			

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
8.	Additional funding for Alternatives to Abortion program.					\$ 10,000,000	\$ 10,000,000		
9.	Increase Executive Commissioner salary authority to \$274,982 and related funding.					\$ 16,964	\$ 16,964		
Total, Outstanding Items / Tentative Decisions		\$ 3,989,345,978	\$ 7,141,047,544	\$ -	\$ -	\$ 306,513,738	\$ 472,831,553	\$ -	\$ -
		FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalents / Tentative Decisions		2,613.3	3,034.2	0.0	0.0	199.2	579.0	0.0	0.0

Article II Health and Human Services Special Provisions Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 <u>2020-21 Biennial Total</u>		Pended Items <u>2020-21 Biennial Total</u>		Adopted <u>2020-21 Biennial Total</u>		Article XI <u>2020-21 Biennial Total</u>	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Agency Requests:								
1. See Health and Human Services Commission riders								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Senate Finance Committee Decision Document - Health and Human Services Commission Riders
 Senator Kolkhorst, Workgroup Chair on Article II
 Members: Senators Campbell, Flores, Watson.

Decisions as of March 25, 2019 @ 6:00 PM

LBB Analyst: Samantha Brock, Mike Diehl, and Rustin Dudley

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
Technical Adjustments:								
1. Amend Rider 96, Appropriations Limited to Revenue Collections, to update direct and indirect program costs.					Adopted			
Agency Rider Requests:								
MEDICAID								
1. Amend Rider 3, Cash Basis Expenditures Authorization, to provide HHSC authority to expend Medicaid appropriations in Strategy D.1.1, Women's Health Programs, without regard to date of service.								
2. Amend Rider 4, Hospital Uncompensated Care, to remove the reporting requirement for uncompensated care costs.					Adopted as amended to delete the definition of uncompensated care and to authorize HHSC to use the most accurate data available for each hospital			
3. Amend Rider 5, Cost Comparison Report, to change "Intermediate Care Facilities for Individuals with Intellectual Disabilities" to "Intermediate Care Facilities for Individuals with an Intellectual Disability."					Adopted			
4. Amend Rider 11, Hospital Payments, to delete language defining rural hospitals and specifying several forms that reimbursement to rural hospitals may take. HHSC is requesting to make this language a separate stand-alone rider (see Rider request #15).								
5. Delete Rider 12, Medicaid Medical Transportation. Or, if retained, amend the rider in the following ways: 1) change report content to the pre-audit average cost per trip for the most recent fiscal year and the final average cost per trip for the prior year; and 2) require the report be submitted 180 days after the end of each fiscal year rather than 120 days.					Adopted as amended to include agency proposed amendments			

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
<p>6. Amend Rider 16, Appropriation Authority for Certain Intergovernmental Transfers, in the following ways: 1) require HHSC to provide prior notification before expending IGT received from institutions of higher education in an amount above appropriations by October 1 of each fiscal year; 2) require HHSC to request to expend Appropriated Receipts - Match for Medicaid No. 8062 in excess of appropriated amounts by October 1 of each fiscal year; 3) specify that HHSC may provide notification of or request to expend estimated amounts; 4) remove the requirement that HHSC submit with the request a written agreement from the governmental entity that is transferring the funding that the funding will be spend in the manner for which it is being requested; and 5) add language to require funds transferred from state-owned hospitals that are not required for disproportionate share payments or uncompensated care payments be deposited to the General Revenue Fund as unappropriated revenue.</p> <p>Workgroup recommends to delete and move provisions to new rider. See Workgroup Revisions and Additions #1.</p>								
<p>7. Amend Rider 18, Supplemental Payment Program Reporting, to require HHSC to submit a quarterly report no later than 75 days from the end of each fiscal quarter instead of no later than 60 days from the end of each fiscal quarter. Also amend rider to reflect changes to the Network Adequacy Improvement Program and remove language requiring that the annual independent audit of supplemental payment programs include a review of regional affiliations.</p> <p>Workgroup recommends to delete and move provisions to new rider. See Workgroup Revisions and Additions #1.</p>								
8. Delete Rider 22, Policies for Certain Hospital Stays.						Adopted		
9. Reinstate former Rider 3, Pediatric Care in Nursing Facilities.								
10. Reinstate former Rider 6, Nursing Home Program Provisions.						Adopted		

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
11. Reinstatement former Rider 9, Limited Medicaid Coverage for Clients with Medicare Part D Benefit for Certain Excluded Medicare Part D Drug Categories.					Adopted			
12. Reinstatement former Rider 30, General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services, and amend to move reports required by the rider to HHSC Rider 111, Other Reporting Requirements.					Adopted			
13. Reinstatement former Rider 32, Interest List Reduction.								
14. Reinstatement former Rider 56, Exemption from Waiver Rate Reductions.								
15. Add new Rider X, Rural Hospital Definition, to define rural hospitals for the purposes of any funds appropriated in Article II, including supplemental payment programs administered by HHSC (see Rider request #4).								
CHILDREN'S HEALTH INSURANCE PROGRAM								
16. Amend Rider 23, Use of Additional CHIP Experience Rebates, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								
17. Reinstatement former Rider 64, CHIP Enrollment.								
BEHAVIORAL HEALTH								
18. Amend Rider 29, Mental Health Outcomes and Accountability, to allow funds recouped from Local Mental Health and Behavioral Health Authorities to be used for technical assistance or redistributed as incentive payments.					Adopted			
19. Amend Rider 31, Healthy Community Collaboratives, to reinstate language allowing HHSC to allocate \$10.0 million in General Revenue to fund Healthy Community Collaboratives in rural areas contingent upon the availability of local matching funding pursuant to Government Code Sec. 539.002. Also, reinstate language requiring HHSC to coordinate with the Texas Department of Housing and Community Affairs for certain grants awarded to a collaborative.					Adopted			

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
20. Amend Rider 32, Mental Health Peer Support Re-entry Program, to change reporting requirement from projected population served to actual population served, as the pilot program was implemented in the 2018-19 biennium.					Adopted			
21. Amend Rider 33, Quarterly Reporting of Waiting Lists for Mental Health Services, to change the report deadline to 90 days after the end of each fiscal quarter.								
22. Delete Rider 35, Funding for Mental Health Programs, as funding is included in the base for this purpose in the 2020-21 biennium.					Adopted			
23. Amend Rider 37, Mental Health for Veterans Grant Program, to clarify that the program also serves veterans' family members.					Adopted			
24. Contingent upon former Rider 182, Unexpended Balance Authority within the Biennium for Eligibility Determination Services and Community Mental Health Crisis Services, not being reinstated, add new Rider X to provide unexpended balance authority for appropriations for the Community Mental Health Grant Program and the Mental Health Grant Program for Justice-Involved Individuals.					Adopted			
WOMEN'S HEALTH								
25. Amend Rider 41, Funding for Abstinence Sexual Education, to delete the definition of abstinence education.								
26. Amend Rider 43, Funding for Medicaid Family Planning and Family Planning Instruction, to remove limitation on provision of prescriptions drugs to minors without parental consent, or add language to indicate that the limitation applies to the extent allowed by federal law.								
27. Amend Rider 46, Breast and Cervical Cancer Services Program: Providers, to remove authority for HHSC to compensate providers who are otherwise ineligible to participate in the Breast and Cervical Cancer Services program if a sufficient number of providers cannot be located.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
28. Delete Rider 49, Medical Treatments, or amend language to indicate that appropriations may not be expended on medical, dental, psychological, or surgical treatment of minors without parental consent to the extent allowed by federal law.								
OTHER CLIENT SERVICES								
29. Amend Rider 51, Reporting on Early Childhood Intervention, to remove requirement for HHSC to submit information within 30 calendar days of reaching certain milestones and requirement to report on initial contract amounts.								
30. Amend Rider 53, Limitations on Federal Funds Appropriations for Early Childhood Intervention Services, to change the amount of IDEA Part C Federal Funds identified as being appropriated for early childhood intervention services each fiscal year and to provide authority for HHSC to request to expend IDEA Part C Federal Funds in excess of appropriated amounts.								
31. Amend Rider 58, High Performance Bonus for Administration of the Supplemental Nutritional Assistance Program (SNAP), to identify the authority to receive and expend high performance bonuses as Article IX, Sec. 13.11, Definition, Appropriation, Reporting, and Audit of Earned Federal Funds.								
32. Amend Rider 63, Pediatric Health Tele-Connectivity Resource Program for Rural Texas, to provide HHSC authority to transfer unexpended and unobligated balances from the first year of the biennium to the second year of the biennium.					Adopted			
33. Reinstate former Rider 122, Supplemental Nutritional Assistance Program Funds Appropriated.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
FACILITIES									
34.	Amend Rider 67, Disposition of Construction Appropriation Related to Intellectual Disability, to expand the applicability of the rider to state hospitals and all construction appropriations (current rider is only applicable to construction projects at state supported living centers funded with General Obligation Bond Proceeds). Additionally, allow HHSC to use construction appropriations for salaries of HHSC employees (current rider is restricted to engineers and architects) and change the cap on General Obligation Bond Proceeds used for administrative expenses from \$300,000 per fiscal year to no more than 10 percent of appropriated funds.								
35.	Amend Rider 69, State Supported Living Center Oversight, to allow agency to transfer funds to Strategy G.1.1, State Supported Living Centers, with notification only. If requirement for approval is maintained, HHSC is requesting to remove ability to stop the counting of business days for a request submitted under the authority provided in the rider.								
36.	Move Special Provisions Sec. 19, Prohibition on Use of Appropriations for the Private Operation of a State Hospital, to HHSC bill pattern.								
37.	Move Special Provisions Sec. 21, New or Additional Facilities, to HHSC bill pattern.								
38.	Move Special Provisions Sec. 25, Barber and Cosmetology Services, to HHSC bill pattern and amend to remove reference to DSHS.								
39.	Move Special Provisions Sec. 26, State-Owned Housing, to HHSC bill pattern, and amend to remove reference to DSHS.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
OFFICE OF INSPECTOR GENERAL								
40. Add new Rider X, OIG Capital IT Projects Unexpended Balances, to provide HHSC authority to transfer unexpended and unobligated balances related to OIG's Medicaid Fraud Detection System (MFDS) capital budget project from fiscal year 2019 to fiscal year 2020. Note: Rider request was withdrawn by OIG.								
41. Add new Rider X, OIG: Unexpended Balances Between Fiscal Years Within the Biennium, to allow HHSC to transfer unexpended and unobligated balances in Strategy K.1.1, Office of Inspector General, from fiscal year 2020 to fiscal year 2021.								
TEXAS CIVIL COMMITMENT OFFICE								
42. Amend Rider 79, Administrative Attachment: Texas Civil Commitment Office, to specify that quarterly status reports shall be submitted 30 days after the end of each quarter.					Adopted			
REVENUE								
43. Amend Rider 87, Use of Certain Additional Medicaid Revenue, to reinstate rider language from the 2018-19 General Appropriations Act.								
44. Amend Rider 89, Appropriation of Donations: Blindness Education Screening and Treatment, to remove the \$60,000 limit on unexpended balances. Cost TBD					Adopted as amended to raise limit to \$100,000			
45. Amend Rider 90, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
46. Amend Rider 91, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								
47. Reinstatement former Rider 157, Appropriation: Quality Assurance Fees.								
TRANSFERS								
48. Amend Rider 98, Limitations on Transfer Authority, to allow HHSC to transfer funds from Medicaid client service strategies to Strategy B.1.1, Medicaid Contracts and Administration, to pay for certain contingency contracts that generate revenue for Medicaid client services in an amount greater than assumed in the General Appropriations Act.					Adopted as amended			
49. Amend Rider 99, Appropriation and Unexpended Balances: Affordable Housing for the Elderly, to increase the amount appropriated for promoting affordable housing for the elderly from \$454,000 to \$500,000 for the biennium.	\$ 46,000	\$ 46,000						
50. Amend Rider 99, Appropriation Transfers between Fiscal Years, to change the date by which HHSC may make a one-time adjustment to transfers with notification only from October 31 to November 30.								
51. Reinstatement former Rider 182, Unexpended Balance Authority within the Biennium for Eligibility Determination Services and Community Mental Health Crisis Services.								
52. Reinstatement former Rider 185, Unexpended Balances within the Biennium: ECI Respite Services, and amend to remove the \$60,000 limit on transfers of unexpended balances from the first year of the biennium to the second year of the biennium.								
53. Reinstatement former Rider 188, Unexpended Balances: Consumer Protection Services.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
ADMINISTRATION									
54.	Amend Rider 111, Other Reporting Requirements, to only require HHSC to notify the LBB and the Governor about emerging issues that could result in a significant loss in federal revenue, as opposed to an issue that could result in the loss of more than \$1 million in federal revenue. Also, amend the rider to require that the monthly financial report be due 45 days from the end of the month instead of 30 days from the end of the month.								
55.	Amend Rider 112, Reimbursement of Advisory Committee Members, to increase the cap on the amount of funding that can be used to reimburse advisory committee members for travel and to add the following committees: 1) Texas State Board of Examiners of Professional Counselors; 2) Texas State Board of Social Worker Examiners; 3) Council on Sex Offender Treatment; 4) Texas State Board of Examiners of Marriage and Family Therapists; 5) Aging and Disability Resource Center Advisory Committee; 6) Aging Texas Well Advisory Committee; 7) Mental Health Condition and Substance Use Disorder Parity Work Group; 8) STAR Kids Managed Care Advisory Committee; 9) Texas Brain Injury Advisory Council; and 10) Texas Respite Advisory Committee.					Adopted as amended to change reimbursement cap and include certain advisory committees			
56.	Delete Rider 130, Enhanced Eligibility Screening Tools.								
57.	Reinstate former Rider 218, Ensure Network Adequacy.								
58.	Move Special Provision Sec. 8, Caseload and Expenditure Reporting Requirements, to the HHSC bill pattern.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
SPECIAL PROVISIONS								
59. Amend Sec. 4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds, to reinstate language related to Money Follows the Person Demonstration and delete reference to amounts assumed in the bill for Community First Choice federal funds.								
60. Amend Sec. 14, Rate Limitations and Reporting Requirements, to increase threshold for notification of a new or increased rate for an orphan drug from \$500,000 to \$1,000,000 in General Revenue. Also, raise the notification threshold for rate changes reported in the Quarterly Notification from \$500,000 to \$1,000,000 in General Revenue or TANF Federal Funds.								
61. Reinstating former Sec. 23, Waiver Program Cost Limits.					Adopted as amended to reinstate authorization to exceed the individual cost limit for certain waiver programs			
62. Add new Sec. X, Gift and Donation Funded Capital Budget Expenditures to exempt HHSC, DSHS, and DFPS from capital budget restrictions when funds are received in the form of gifts or donations to the agency that are designated solely for the purchase of specific capital items in excess of amounts identified in Rider 2, Capital Budget.								
63. Add new Sec. X, Unexpended Balance Authority - Interagency Contracts for Capital Projects, to provide HHSC, DFPS, and DSHS, with unexpended balance authority for Interagency Contract funds for capital projects listed in Rider 2, Capital Budget. Also, limit the amount of the unexpended balances to the amount of the unexpended balances in IAC authority appropriated to HHSC in fiscal year 2021 for each project.								

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
64. Add new Sec. X, Federally Funded Capital Projects, to authorize HHSC, DSHS, and DFPS to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item not present in the agency's bill pattern for certain 100 percent federally funded capital projects unless the request is disapproved by the Legislative Budget Board and the Governor within 30 business days.								
65. Reinstate former Sec. 40, Transfer Authority Related to Health and Human Services Consolidation.								
Workgroup Revisions and Additions:								
1. New Rider - Supplemental Payment Reporting and Appropriation Authority for Intergovernmental Transfers. Rider would consolidate certain supplemental payment program reporting requirements.					Adopted			
2. New Rider - Strategic Planning for Vacant or Underutilized FTE Positions. Rider would require HHSC to develop a strategic plan to transition vacant or underutilized FTEs to high priority agency functions or achieve cost savings through FTE reductions.					Adopted			
Total, Outstanding Items / Tentative Decisions	\$ 46,000	\$ 46,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Other Reporting Requirements

Prepared by LBB Staff, 03/20/2019

Overview

Revise Rider 6, Other Reporting Requirements, to include quarterly reports for Strategy A.1.1, Statewide Intake and Strategy D.1.1, APS Direct Delivery Staff.

Required Action

On page II-7 of the Department of Family and Protective Services bill pattern, amend the following rider:

___6___ **Other Reporting Requirements.**

- a. **Federal Reports.** The Department of Family and Protective Services (DFPS) shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:
 - (1) Notification of proposed State Plan amendments or waivers for the Foster Care and Adoption Assistance program, the Child Welfare Services program, and any other federal grant requiring a state plan. State plan amendments and waiver submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.
 - (2) A copy of each report or petition submitted to the federal government relating to the Foster Care and Adoption Assistance program, the Child Welfare Services program, and any other federal grant requiring a state plan, including federal petition disapprovals, expenditure reports, cost allocation revisions and any loss of federal funding due to noncompliance with federal regulation.
- b. **Federal Issues.** DFPS shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1 million in federal revenue assumed in the appropriations act.
- c. **Monthly Financial Reports.** DFPS shall submit the following information to the Legislative Budget Board and the Governor no later than 30 calendar days after the close of each month:
 - (1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.
 - (2) A report detailing revenues, expenditures, and balances for earned federal funds as of the last day of the prior month.
 - (3) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate.
 - (4) A report providing a breakdown of the budgeted versus actual Child Protective Services Direct Delivery Full-time Equivalents (FTE) by case stage and by region.
 - (5) Select Child Protective Services performance measures continued from the fiscal year 2017 critical needs reports, as determined by the Legislative Budget Board.
 - (6) Any other information requested by the Legislative Budget Board or the Governor.

The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.

- d. **Quarterly Updates.** DFPS shall submit the following information to the Legislative Budget Board and the Governor on a quarterly basis for each month in fiscal years 2017 through 2021 beginning September 1, 2019: program expenditures and projected expenditures by method of finance, and performance measure targets for Strategies A.1.1, Statewide Intake; B.1.1, CPS Direct Delivery Staff; B.1.3, Texas Workforce Commission (TWC) Contracted Day Care; B.1.9, Foster Care Payments; B.1.10, Adoption Subsidy and Permanency Care Assistance Payments; ~~and~~ B.1.11, Relative Caregiver Payments; and D.1.1, APS Direct Delivery Staff. DFPS shall also submit data used to calculate the performance measure actuals for Strategy A.1.1, Statewide Intake, Strategy B.1.1, CPS Direct Delivery Staff and Strategy D.1.1, APS Direct Delivery Staff as well as other statewide intake data related to call abandonment.

- e. **Litigation Involving Child Welfare Services Providers.** DFPS shall notify the Legislative Budget Board and the Governor in a timely manner about any pending litigation against DFPS or against any entity providing child welfare services under contract with DFPS, and the subject matter of the litigation.

The reports shall be prepared and submitted within 30 days of the end of each quarter in a format specified by the Legislative Budget Board.

- f. **Monthly Data and Forecasts.** Notwithstanding Article II, Special Provisions, Sec. 8, Caseload and Expenditure Reporting Requirements, DFPS shall submit actual and projected caseloads and related expenditure amounts to the Legislative Budget Board and the Governor, for foster care, adoption assistance, permanency care assistance, relative caregiver, community-based care, and day care. Data for other programs shall be submitted upon request of the Legislative Budget Board or the Governor. The data shall be submitted in a format specified by the Legislative Budget Board. At the request of the Legislative Budget Board or the Governor supporting documentation detailing the sources and methodologies utilized to develop any caseload or expenditure projections and any other supporting material must be provided.

By: _____

Department of Family and Protective Services, Article II

Proposed Rider

Limitations: Substance Abuse Purchased Services Appropriations

Prepared by LBB Staff, 03/22/2019

Overview

Add a rider to make funds for substance abuse purchased services in fiscal year 2021 contingent upon the Department of Family and Protective Services submitting a plan.

Required Action

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

_____.

Limitations: Substance Abuse Purchased Services Appropriations.

Appropriations above in Strategy B.1.7, Substance Abuse Purchased Services for fiscal year 2021 include \$7,000,000 in General Revenue that is contingent upon the Department of Family and Protective Services (DFPS) developing and implementing a plan to control costs and remain within appropriations for the 2020-21 biennium.

The plan may include evaluating policies relating to the utilization of substance abuse purchased services to ensure they are appropriate and cost-effective and the re-procurement or renegotiation of contracts related to drug testing to ensure the best value for the state.

Not later than February 1, 2020, DFPS shall submit the plan to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Speaker of the House, and the Lieutenant Governor.

By: Campbell

Department of Family and Protective Services, Article II
Proposed Rider
Adult Protective Services (APS) and Statewide Intake Staff (SWI) Salaries

Prepared by LBB Staff, 03/15/2019

Overview

Add rider to require the Department of Family and Protective Services to award salary increases for Adult Protective Services Caseworkers for merit and to increase retention.

Required Action

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

XX. **Adult Protective Services (APS) and Statewide Intake (SWI) Salaries.** In order to increase employee retention, out of funds appropriated above in Strategy A.1.1, Statewide Intake and Strategy D.1.1, APS Direct Delivery Staff, the Department of Family and Protective Services shall direct funds for pay raises for APS caseworkers and SWI frontline staff to any rate within the employee's salary group range for appropriate merit increases and retention strategies.

By: Campbell

Department of Family and Protective Services, Article II

Proposed Rider

Community-based Care Appropriations

Prepared by LBB Staff, 03/22/2019

Overview

Add a rider to require the Department of Family and Protective Services to implement Community-based Care (CBC) in two new regions and to implement Stage II in three regions in the 2020-21 biennium.

Required Action

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

_____,
Community-based Care (CBC) Appropriations. Included in appropriations above in Strategy B.1.1, CPS Direct Delivery Staff and B.1.9, Foster Care Payments funding to implement Stage I of CBC in two new regions and to implement Stage II in three regions in the 2020-21 biennium. The Department of Family and Protective Services shall provide status reports on the implementation on October 1 and April 1 of each year to the Legislative Budget Board and the Governor.

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
IMPACT System Enhancements

Prepared by LBB Staff, 03/22/2019

Overview

Add a rider to require the Department of Family and Protective Services to implement Information Management Protecting Adults and Children in Texas (IMPACT) system enhancements related to tracking child victims and history assessments.

Required Action

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

_____.
Information Management Protecting Adults and Children in Texas (IMPACT) System Enhancements. Out of funds appropriated above in Strategy F.1.1, Agency-wide Automated Systems, the Department of Family and Protective Services shall allocate \$1,454,829 in General Revenue (\$1,696,655 in All Funds) for the following system enhancements to improve data collection:

- a. track information on child victims of sexual aggression by another child or adult;
- b. create an automatic notification to primary caseworkers for abuse or neglect reports that will not be investigated by child care investigators; and
- c. expand tracking of history assessments including initiations of face-to-face contact and case closures.

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Reimbursement of Advisory Committee Members

Prepared by LBB Staff, 03/18/2019

Overview

Revise Rider 13, Reimbursement of Advisory Committee Members to authorize the allocation of \$20,000 to the Parent Collaboration Group.

Required Action

On page II-12 of the Department of Family and Protective Services bill pattern, amend the following rider:

- 13. **Reimbursement of Advisory Committee Members.** Out of funds appropriated above in Strategies B.1.2, CPS Program Support; B.1.6, PAL Purchased Client Services; and E.1.1, Central Administration, and pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, is not to exceed the amounts stated below per fiscal year and is limited to the following advisory committees:

Parent Collaboration Group	\$3,000 <u>\$20,000</u>
Promote Adoption of Minority Children Advisory Committee	\$19,200
Youth Leadership Council	\$22,800
Family and Protective Services Council	\$15,000

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

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Informational Listing and Limitations: Foster Care Rates

Prepared by LBB Staff, 03/18/2019

Overview

Revise Rider 27, Informational Listing and Limitations: Foster Care Rates to update the daily payment rates for the Single Source Continuum Contractors for regions 2 and 8A to the approved amounts and to identify a rate for new regions.

Required Action

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

27. **Informational Listing and Limitations:** Foster Care Rates. Amounts appropriated above in Strategy B.1.9, Foster Care Payments are intended to provide the following per child per day rate in fiscal year 2020 and fiscal year 2021:

- a. Basic Foster Family: \$27.07
- b. Basic Child Placing Agency: \$48.47
- c. Basic Residential: \$45.19
- d. Moderate Foster Family: \$47.37
- e. Moderate Child Placing Agency: \$85.46
- f. Moderate Residential: \$103.03
- g. Specialized Foster Family: \$57.86
- h. Specialized Child Placing Agency: \$109.08
- i. Specialized Residential Facility: \$197.69
- j. Intense Foster Family: \$92.43
- k. Intense Child Placing Agency: \$186.42
- l. Intense Residential Facility: \$277.37
- m. Intense Plus: \$400.72
- n. Treatment Foster Care: \$277.37
- o. Intensive Psychiatric Transition Program: \$374.33
- p. Emergency Care Services: \$129.53

Amounts appropriated above in Strategy B.1.9, Foster Care Payments, are intended to provide the following daily rates for Single Source Continuum Contractors:

- q. Region 3B: Blended Rate of \$86.24 and Exceptional Rate of \$490.75 in fiscal year 2020 and fiscal year 2021; ~~----~~

r. ~~All other regions~~ Region 2: Blended Rate of \$85.72 72.91 in fiscal year 2020 and Blended Rate of \$72.51 in fiscal year 2021; and Exceptional Rate of \$460.37 490.75 in fiscal year 2020 and fiscal year 2021;

s. Region 8A: Blended Rate of \$86.36 and Exceptional Rate of \$460.37 in fiscal year 2020 and fiscal year 2021; and

t. All other regions: Blended Rate of \$84.03 in fiscal year 2020 and fiscal year 2021; Exceptional Rate of \$460.37 in fiscal year 2020 and fiscal year 2021.

Out of funds appropriated above in Strategy B.1.9, Foster Care Payments, the Department of Family and Protective Services (DFPS) is required to reimburse foster families at least \$27.07 per day per child during the 2020-21 biennium.

None of the funds appropriated above to the DFPS may be used to reimburse a provider for foster care services in an amount that exceeds the applicable foster care reimbursement rate, as established by the Health and Human Services Commission for a child at that service level, approved by the Legislative Budget Board and the Governor, unless DFPS is unable to locate a provider that is willing and able to provide a safe and appropriate placement at the applicable rate.

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Cash Flow Contingency

Prepared by LBB Staff, 03/04/2019

Overview

Revise Rider 28, Cash Flow Contingency, to no longer require the agency to receive federal reimbursement prior to utilizing General Revenue funds for cash flow purposes.

Required Action

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

28. **Cash Flow Contingency.** The Department of Family and Protective Services (DFPS) may temporarily utilize General Revenue funds appropriated in all Strategies in Goal E, Indirect Administration, and in all Strategies in Goal F, Agency-wide Automated Systems, for temporary cash flow needs, pending the receipt of federal reimbursement, in an amount not to exceed 75 percent of the amount as specified in the Notification Letter of Federal Award or contract to be received in each fiscal year of the biennium. ~~The General Revenue amounts utilized above in the General Revenue method of finance for these two strategies must be repaid upon receipt of federal reimbursement and shall be utilized only for the purpose of temporary cash flow needs.~~ The transfer and reimbursement of funds shall be made under procedures established by the Comptroller of Public Accounts to ensure all borrowed funds are reimbursed to the Treasury on or before August 31, 2021. In the event that cash flow contingency amounts are not returned in a timely manner, the Legislative Budget Board may direct that the Comptroller of Public Accounts lapse the related amounts. DFPS shall report all transfers of General Revenue to the Legislative Budget Board and the Governor in the required Monthly Financial Report.

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Contractor Penalties and Incentives

Prepared by LBB Staff, 03/04/2019

Overview

Add rider to appropriate to the Department of Family and Protective Services, financial penalties from contractors collected under section 40.045(f)(2) of the Human Resources Code in fiscal years 2019, 2020 and 2021 for the 2020-21 biennium, and provide incentives to other contractors who exceed performance measures.

Required Action

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

XX. **Contractor Penalties and Incentives.** The Department of Family and Protective Services (DFPS) is appropriated in Strategy B.1.2, CPS Program Support for the 2020-21 biennium, any revenue collected as of August 31, 2019 and any revenue collected in each fiscal year of the 2020-21 biennium from Revenue Object Code 3770 as Appropriated Receipts from financial penalties collected from contractors under section 40.058(f)(2) of the Human Resource Code for failing to meet specified performance outcomes. Amounts appropriated from Appropriated Receipts from Revenue Object Code 3770 shall be used to award incentives to contractors who exceed contractually specified performance outcomes. Incentive amounts may be paid only from available funds collected for this purpose in Revenue Object Code 3770. DFPS shall report all revenue collected in Revenue Object Code 3770 to the Legislative Budget Board and the Governor in the required Monthly Financial Report. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, 2020 are appropriated for the same purposes for the fiscal year beginning September 1, 2020.

By: _____

Department of Family and Protective Services, Article II Rider Revision

Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care

Prepared by LBB Staff, 03/11/2019

Overview

Revise Rider 7, Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care, to allow transfers into Strategy B.1.3, TWC Contracted Day Care, with the prior written approval of the Legislative Budget Board and the Governor.

Required Action

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

7. **Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care.** (a) Notwithstanding Article IX, Sec. 14.01, Appropriation Transfers; Article IX, Sec. 14.03, Transfers - Capital Budget; and Article II, Special Provisions Sec. 6, Limitations on Transfer Authority in this Act, the Department of Family and Protective Services (DFPS) may not transfer funds ~~into~~ out of Strategy B.1.3, TWC Contracted Day Care, and may only transfer funds into Strategy B.1.3, TWC Contracted Day Care, with the prior written approval of the Legislative Budget Board and the Governor.

To request approval, DFPS shall submit a written request to the Legislative Budget Board and the Governor. A request to transfer funds into Strategy B.1.3, TWC Contracted Day Care, must be submitted 30 days of the date upon which DFPS produces a forecast indicating a need for additional funds and determines they are unable to operate within available appropriations. A request to transfer funds into Strategy B.1.3, TWC Contracted Day Care, must also be submitted at least 90 days prior to when expenditures are expected to exceed appropriations. A request must include the following information:

- (1) a detailed explanation of the need for day care services and the steps that have been taken to address the need without exceeding the amounts appropriated above;
- (2) the sub-strategies affected by the increase in expenditures; and
- (3) the method of financing and impact on performance levels by fiscal year, including a comparison to performance targets included in this Act.

No expenditure in excess of appropriations made above in Strategy B.1.3, TWC Contracted Day Care, may be made until approved. A request shall be considered disapproved unless the Legislative Budget Board and the Governor issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

(b) Funds appropriated above in Strategy B.1.3, TWC Contracted Day Care, may be used only to acquire child day care services through TWC.

Expenditures for administrative overhead payments to TWC and local workforce boards in connection with any agreement to provide child day care services shall not

exceed 5.0 percent of all amounts paid for child day care services out of funds appropriated above in Strategy B.1.3, TWC Contracted Day Care.

By: _____

Department of Family and Protective Services
Proposed Rider
Community-based Care

Prepared by LBB Staff, 03/18/2019

Overview

Revise Rider 16, Community-based Care, to change the due date for reports on Community-based Care from February 1 to March 31 and from August 1 to September 30 of each fiscal year of the biennium.

Required Action

On page II-12 of the Department of Family and Protective Services bill pattern, amend the following rider:

16. **Community-based Care.** Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.2, CPS Program Support, the agency shall:

- a. Report selected performance measures identified by the Legislative Budget Board that will allow for comparative analysis between the legacy foster care and the Community-based Care systems. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted ~~February 1 and August 1~~ September 30 of each fiscal year of the biennium. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's webpage in order to ensure transparency with stakeholders. The report shall contain: the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and related impact occurring in the Community-based Care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the Community-based Care system.
- b. Ensure that all tasks, related FTEs, and associated funding to be transferred from DFPS to a Single Source Continuum Contractor (SSCC) are clearly identified and agreed upon by DFPS and the SSCC prior to each subsequent rollout.
- c. Develop an annual progressive intervention plan and contingency plan for the continuity of foster care service delivery in the event that a Community-based Care contract is terminated. This plan should be published on the DFPS website prior to the first day of each fiscal year.

By: _____

Department of Family and Protective Services, Article II
Proposed Rider
Utilization of Appropriate Levels of Foster Care; Reporting Requirements

Prepared by LBB Staff, 03/18/2019

Overview

Revise Rider 25, Utilization of Appropriate Levels of Foster Care; Reporting Requirements, to change the due date to submit quarterly reports on utilization trends in foster care from 30 days within the first quarter to 60 days.

Required Action

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

25. **Utilization of Appropriate Levels of Care in Foster Care; Reporting Requirements.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall submit a plan to ensure foster children are placed in the most appropriate level of care. The plan shall address steps DFPS will take to avoid increased costs of foster care from children moving to more expensive levels when they become available or from higher than anticipated utilization of new levels including intense plus and treatment foster family rates. Additionally, the plan shall address reducing utilization of child-specific contracts when additional options for placement become available. DFPS shall submit the plan to the Legislative Budget Board no later than December 1, 2019.

Additionally, DFPS shall monitor utilization trends and provide quarterly reports to the Legislative Budget Board identifying any significant changes in distribution of children by level of care, including the fiscal impact of those changes. For any quarterly report with a negative fiscal impact, the report must identify any steps DFPS plans to take to mitigate the fiscal impact. Quarterly reports must be submitted within ~~30~~ 60 days of the end of the fiscal quarter.

DFPS shall prepare a report comparing the distribution of children across levels of care prior to and after implementation of new levels. The report shall be submitted to the Legislative Budget Board no later than December 1, 2020.

By: _____

Department of State Health Services
Proposed Funding and Rider
Increase Salaries to Retain Trained Laboratory Staff

Prepared by LBB Staff, 3/22/2019

Overview

Add rider to direct the Department of State Health Services to award salary increases for chemists, data entry operators, laboratory technicians, microbiologists, molecular biologists, and medical technologists to increase retention for trained laboratory staff.

Required Action

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

XX. **Increase Salaries for Trained Laboratory Staff.** Included in the amounts appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) shall allocate \$2,250,000 in General Revenue in each fiscal year of the 2020-21 biennium to increase retention of trained laboratory staff. DSHS shall direct funds for salary increases to trained laboratory staff, including chemists, data entry operators, laboratory technicians, microbiologists, molecular biologists, and medical technologists, with prioritization given to laboratory position classifications with the highest turnover rate.

By: _____

Department of State Health Services
Proposed Funding and Rider
Protective Staging Area for Emergency Response Vehicles

Prepared by LBB Staff, 3/22/2019

Overview

Add rider which directs the Department of State Health Services to build a protective staging area and sheltering for public health emergency response vehicles at the Texas Center for Infectious Disease.

Required Action

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

XX. **Protective Staging Area for Emergency Response Vehicles.** Included in the amounts appropriated above in Strategy A.2.5, Texas Center for Infectious Disease (TCID), is \$979,880 in General Revenue in fiscal year 2020 to build a protective staging area and sheltering for public health emergency response vehicles. The agency may consider utilizing unused property on the San Antonio State Hospital Campus.

By: _____

Department of State Health Services
Proposed Funding and Rider
Revise Rider 6

Prepared by LBB Staff, 3/21/2019

Overview

Revise Rider 6 to remove HIV Formula Care Grant from rider requirements.

Required Action

On page II-30 of the Department of State Health Services bill pattern, amend the following rider:

- 6. **Limitation: Use of General Revenue Associated with Maintenance of Effort.** The Department of State Health Services (DSHS) may change the allocation of General Revenue associated with Maintenance of Efforts (MOEs) for the Maternal and Child Health Services block grant, ~~and for the HIV Formula Care Grant~~ from amounts specified above, contingent upon submission and approval of a written request to the Legislative Budget Board and the Governor. The request shall include the following information:
 - a. a detailed explanation of the need for reclassification of the funds; and
 - b. the impact the reclassification will have on current and future MOE requirements.

DSHS is also directed to provide annual federal reports associated with the MOEs for the aforementioned block grants to the Legislative Budget Board and the Governor.

Further, DSHS shall not take action or inaction to increase the state's MOE requirement for any federal grant without prior approval of the Legislative Budget Board and the Governor.

By: _____

**Department of State Health Services
Proposed Funding and Rider
Revise Rider 11**

Prepared by LBB Staff, 03/18/19

Overview

Amend rider 11 to add General Revenue – Dedicated Public Health Services Fee Account No. 524 to the rider to appropriate additional revenue above the Comptroller’s Biennial Revenue Estimate.

Required Action

On page II-31 of the Department of State Health Services bill pattern, amend the following rider:

11. **Appropriation: Contingent Revenue.** The Department of State Health Services (DSHS) is appropriated for the purposes identified below any additional revenue generated by DSHS above the amounts identified in fiscal year 2020 or fiscal year 2021 in the Comptroller of Public Account’s Biennial Revenue Estimate (BRE) for each of the accounts or revenue object identified below. An appropriation from an account or revenue object shall be made available to DSHS once certified by a Comptroller’s finding of fact that the amount in the BRE for the account or revenue object for the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year 2020 or fiscal year 2021 and does not include any balances that have accrued in the account or revenue object code.

By March 1st each year, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts contained in the BRE for each of the accounts listed below, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available for each account.

- a. Account No. 341, Food and Drug Retail Fees, for restaurant inspections. Revenue
- b. Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities.
- c. Account No. 5021, Certification of Mammography Systems, for the purpose of certification of mammography facilities.
- d. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections.
- e. Account No. 5022, Oyster Sales, for oyster plant inspections.
- f. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities.
- g. Revenue Objects 3123, 3555, and 3573 in the General Revenue Fund for environmental regulation.
- h. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records.
- i. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers.
- i. Account No. 524, Public Health Services Fee, for Laboratory activities.

By: _____

Department of State Health Services
Proposed Funding and Rider
Revise Rider 26

Prepared by LBB Staff, 03/18/19

Overview

Revise Rider 26 to revise requirement to expend HIV Rebate revenue before using Federal Funds, General Revenue Funds, and General Revenue – Dedicated Funds.

Required Action

On page II-37 of the Department of State Health Services bill pattern, amend the following rider:

26. **HIV Vendor Drug Rebates.** Included in amounts appropriated above in Strategy A.2.2, HIV/STD Prevention, is all rebate revenue earned via the HIV Medication Program and deposited under the Comptroller's Revenue Object Code No. 3552, estimated to be \$26,000,000 in HIV Vendor Drug Rebates Account No. 8149 (Other Funds) each fiscal year of the 2020-21 biennium to administer the HIV/STD program in accordance with the applicable federal law.

Any unexpended and unobligated balances remaining as of August 31, 2019 in HIV Vendor Drug Rebates Account No. 8149 (Other Funds), are appropriated for the fiscal year beginning September 1, 2019 for the same purpose.

Any unexpended and unobligated balances remaining from amounts ~~sequestered~~ appropriated in HIV Vendor Drug Rebates Account No. 8149 (Other Funds) in this rider as of August 31, 2020 are appropriated for the fiscal year beginning September 1, 2020 for the same purpose.

For expenditures which may be funded with rebates, General Revenue Funds, or General Revenue-Dedicated Funds, rebates should be expended first to the extent possible while ensuring the Maintenance of Effort is met with General Revenue expenditures. DSHS shall expend all rebate revenue for an authorized expenditure for the HIV Medication Program prior to expending any other method of finance, including General Revenue Funds or any General Revenue Dedicated Funds for the same purpose.

No later than November 1 of each fiscal year, DSHS shall report to the Legislative Budget Board the amount of unexpended balances of rebate revenue from the previous fiscal year and the agency's planned use of these balances.

By: _____

Special Provisions Relating to All Health and Human Services Agencies

Amended Rider

Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements

Prepared by LBB Staff, 3/20/2019

Overview

Amend Special Provisions Relating to All Health and Human Services Agencies Section 16 to appropriate additional funds from Public Health Medicaid Reimbursements Account No. 709 to the Department of State Health Services for the implementation of additional newborn screening tests.

Required Action

On page II-143 of the bill pattern for Special Provisions Relating to All Health and Human Services Agencies, Article II, amend Section 16:

Sec. 16. Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements.

- (a) **Appropriations.** Included in the amounts appropriated above for the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) are the following amounts of Public Health Medicaid Reimbursements (Account No. 709):
- (1) Department of State Health Services
 - (i) Strategy A.4.1, Laboratory Services: \$22,729,752 in fiscal year 2020 and \$23,905,218 in fiscal year 2021;
 - (ii) Strategy B.2.2, Texas Primary Care Office: \$144,921 in fiscal year 2020 and \$225,576 in fiscal year 2021;
 - (iii) Strategy D.1.1, Agency Wide IT Projects: \$74,537 in fiscal year 2020 and \$90,097 in fiscal year 2021;
 - (iv) Strategy E.1.1, Central Administration: \$366,935 in each fiscal year;
 - (v) Strategy E.1.2, IT Program Support: \$65 in fiscal year 2020 and \$100 in fiscal year 2021;
 - (vi) Strategy E.1.3, Other Support Services: \$12,953 in fiscal year 2020 and \$20,162 in fiscal year 2021; and
 - (vii) Strategy E.1.4, Regional Administration: \$1,955 in fiscal year 2020 and \$3,043 in fiscal year 2021.
 - (viii) Contingent on the implementation of a newborn screening test the Department of State Health Services has not included from the Recommended Uniform Screening Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children in the agency's testing panel as of September 1, 2019 and pursuant to Section 33.011 of the Health and Safety Code, an amount not to exceed \$10,000,000 is appropriated to Strategy A.4.1, Laboratory Services for the 2020-21 biennium, upon prior written approval of the Legislative Budget Board and the Governor.
 - (2) Health and Human Services Commission
 - (i) Strategy A.4.1, Non-Full Benefit Payments: \$18,604,179 in fiscal year 2020 and \$18,604,181 in fiscal year 2021;
 - (ii) Strategy G.2.1, Mental Health State Hospitals: \$47,944,002 in fiscal year 2020 and \$46,663,989 in fiscal year 2021; and
 - (iii) Strategy G.2.2, Mental Health Community Hospitals: \$10,120,701 in fiscal year 2020 and \$10,120,699 in fiscal year 2021.

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

(1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, DSHS or HHSC may expend the Public Health Medicaid Reimbursement funds thereby made available only upon prior written approval from the Legislative Budget Board and the Governor. Notwithstanding Article IX, §14.01, Appropriation Transfers, and Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, transfers of Public Health Medicaid Reimbursement revenues may be made only upon prior written approval from the Legislative Budget Board and the Governor. A request to expend additional Public Health Medicaid Reimbursement funds or transfer Public Health Medicaid Reimbursement funds shall include the following information:

- (i) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts in section (a) above, and whether this additional revenue will continue in future years;
- (ii) the reason for and the amount of any transfer of Public Health Medicaid Reimbursement revenue;
- (iii) detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- (iv) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;
- (v) the impact of the expenditure on performance levels, and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- (vi) the impact of the expenditure on the capital budget.

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

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

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Expansion of Community-based Services

Prepared by LBB Staff, 03/20/2019

Overview

Add a rider identifying funds appropriated for the purpose of reducing interest list for certain community-based waiver services.

Required Action

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

XX. Expansion of Community-based Services.

- (a) Appropriations made above to the Health and Human Services Commission (HHSC) for the purpose of reducing interest lists include \$24,792,919 in General Revenue (\$66,661,790 in All Funds) for the following additional waiver slots:
- (1) 60 Medically Dependent Children's Program slots;
 - (2) 240 Community Living and Support Services slots;
 - (3) 1,320 Home and Community-based Services slots; and
 - (4) 8 Deaf-Blind Multiple Disabilities slots.
- (b) All waiver slots identified in subsection (a) are end-of-year targets for fiscal year 2021. Appropriations assume equal rollout throughout the 2020-21 biennium. HHSC shall take any action necessary to ensure that persons are enrolled in waiver services as intended by appropriations and shall provide a plan for achieving this goal. The plan shall be submitted by October 1, 2019, and progress reports related to achieving enrollment goals shall be submitted on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify the number of persons enrolled in each type of slot, planned enrollment for the remainder of the 2020-21 biennium, any issues with enrollment identified by the agency, and how the agency plans to address those issues to achieve the targets by the end of fiscal year 2021. The plan and subsequent progress reports shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.
- (c) Notwithstanding Special Provisions Relating to All Health and Human Services Agencies, Sec. 4(c), Limitations on Use of Available General Revenue Funds, in the event that increased Federal Funds become available due to availability of enhanced match under the Money Follows the Person demonstration, HHSC may expend the General Revenue Funds made available to further reduce interest lists in the strategies where the funds are made available.
- (d) HHSC may consider factors such as length of time on the interest list, size of interest list, demographics, average cost, and crisis stabilization in providing services to interest list clients on a program-specific basis.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Early Childhood Intervention Funding Maximization

Prepared by LBB Staff, 03/20/2019

Overview

Add a rider directing the Health and Human Services Commission to explore strategies to maximize funding for early childhood intervention services.

Required Action

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

- XX.** **Early Childhood Intervention Funding Maximization.** Out of funds appropriated above in Strategy D.1.4, ECI Respite and Quality Assurance, the Health and Human Services Commission (HHSC) shall develop a plan for maximizing funding available to providers of early childhood intervention (ECI) services. Strategies in the plan may include:
- (a) Evaluating the Medicaid rate for Specialized Skills Training;
 - (b) Restructuring ECI provider contracts to ensure expenditure of ECI appropriations, which may include adjusting the maximum reimbursable value to allow expenditure of appropriated funds for quality or incentive payments to ECI providers;
 - (c) Coordinating with the Texas Education Agency to explore the feasibility of drawing down additional Federal Funds to be transferred to HHSC for ECI services; and
 - (d) Any additional strategies identified by HHSC.
- HHSC shall submit the plan by September 1, 2019, and progress reports related to maximizing funding available to providers of ECI services on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify strategies HHSC has implemented and the impact of the strategies; strategies HHSC plans to implement and a timeframe for implementation; and any challenges in maximizing funding available to providers of ECI services identified by the agency. The plan and subsequent progress reports shall be submitted 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: _____

Health and Human Services Commission, Article II
Proposed Rider
Plan to Transition Day Habilitation Services

Prepared by LBB Staff, 03/20/2019

Overview

Add a rider directing the Health and Human Services Commission to develop and submit a plan to transition existing day habilitation services to more integrated services.

Required Action

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

XX. Transition of Day Habilitation Services. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, and in accordance with state and federal laws and regulations, the Health and Human Services Commission (HHSC) shall develop a plan to replace current day habilitation services in waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community. HHSC shall submit the plan, including recommendations and an estimate of fiscal impact, by January 1, 2021 to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Finance Committee and House Appropriations Committee.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Strategic Plan for Recruitment and Retention of Community Attendants

Prepared by LBB Staff, 03/20/2019

Overview

Amend rider to require the Health and Human Services Commission to develop an annual strategic plan for recruitment and retention of community attendants.

Required Action

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

120. ~~Recruitment and Retention Strategies~~**Strategic Plan**. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop ~~recruitment and retention strategies for community attendants~~an annual strategic plan for the recruitment and retention of community attendants.
- The plan shall include the following:
- (a) data on the number of community attendants currently providing home- and community-based services by program;
 - (b) demographics of attendants providing home- and community-based services, including whether the community attendant is a full-time or part-time employee;
 - (c) projections on workforce needs over the next decade; and
 - (d) innovative ideas for the recruitment and retention of community attendants, which may include the following:
 - (1) wage and benefits incentives;
 - (2) including recruitment and retention of community attendants in Medicaid Managed Care Network Adequacy Standards;
 - (3) increasing the use of consumer directed services;
 - (4) training people with disabilities to be community attendants;
 - (5) options to develop internships for students in the health-related fields such as medicine, nursing, occupational therapy, physical therapy and others; and
 - (6) recruiting retired seniors to work as community attendants;

In development of the strategic plan, HHSC shall work in consultation with the Aging and Disability Resource Center Advisory Committee, State Medicaid Managed Care Advisory Committee, Texas Council on Consumer Direction and any other advisory committees and stakeholders as determined by the Executive Commissioner of HHSC.

HHSC shall submit a report by August 31, 2020 to the Legislative Budget Board and the Governor's Office reflecting actual expenditures, cost savings, and accomplishments implementing recruitment and retention strategies for community attendants. HHSC shall submit the strategic plan and recommendations for implementation of the plan by November 1, 2020 to the Governor, Lieutenant Governor, Speaker of the House, the Senate Finance Committee, the House Appropriations Committee, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services.

By: _____

Health and Human Services Commission
Proposed Rider
Community Care Rate Enhancement Program

Prepared by LBB Staff, 03/22/2019

Overview

Add a rider identifying funding provided for rate enhancements across community-based programs.

Required Action

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

XX. Information on Funding Provided for Rate Enhancements Across Community-based Programs. Included in amounts appropriated above in Strategies in Goal A, Medicaid Client Services, is \$9,086,240 in General Revenue and \$14,081,608 in Federal Funds for the 2020-21 biennium to fully fund the rate enhancement programs for community care and intellectual and developmental disabilities providers. Funds are intended to increase attendant compensation and may only be used to increase the number of participant levels or enroll additional providers in existing levels.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Illegal Child Care Operations Investigation Unit

Prepared by LBB Staff, 03/20/2019

Overview

Add a rider identifying funding and FTEs for a unit to proactively investigate illegal child care operations.

Required Action

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

XX. **Illegal Child Care Operations Investigation Unit.** Included in amounts appropriated above in Strategy H.2.1, Child Care Regulation, is \$1,097,458 in General Revenue in fiscal year 2020 and \$931,597 in General Revenue in fiscal year 2021 for the purpose of the Health and Human Services Commission (HHSC) establishing and operating a unit to proactively investigate illegal child care operations. Included in the “Number of Full-Time-Equivalents (FTEs)” identified above are 20.0 FTEs per fiscal year allocated to Strategy H.2.1, Child Care Regulation, to establish and operate the unit. Of these FTEs, HHSC shall designate no less than 17.0 as investigators.

By: _____

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

Prepared by LBB Staff, 03/13/2019

Overview

Amend Rider 21, Health and Human Services Cost Containment, to set a target of \$350,000,000 in General Revenue Funds in savings and direct HHSC to seek to maximize certain federal flexibility in the Medicaid program.

Required Action

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

- 21. **Health and Human Services Cost Containment.** The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the 2020-21 biennium throughout the health and human services system. These initiatives shall include increasing fraud, waste, and abuse prevention and detection; seeking to maximize federal flexibility under the Medicaid program in compliance with Government Code, Chapter 537; and achieving other programmatic and administrative efficiencies. HHSC shall provide a plan to the Legislative Budget Board to implement cost containment initiatives by December 1, 2019.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Hospital Uncompensated Care

Prepared by LBB Staff, 03/20/2019

Overview

Amend Rider 4, Hospital Uncompensated Care, to remove the definition of uncompensated care and to authorize HHSC to use the most accurate data available for each hospital.

Required Action

On page II-57 of the Health and Human Services Commission bill pattern, amend the following rider:

4. **Hospital Uncompensated Care.** No funds appropriated above for medical assistance payments may be paid to a hospital if the Health and Human Services Commission (HHSC) determines that the hospital has not complied with the commission's reporting requirements. HHSC shall ensure that the reporting of uncompensated care ~~(defined to include bad debt, charity care and unreimbursed care)~~ by Texas hospitals is consistent for all hospitals and subjected to a standard set of adjustments that account for payments to hospitals that are intended to reimburse uncompensated care. These adjustments are to be made in such a way that a reliable determination of the actual cost of uncompensated care in Texas is produced.

The commission shall conduct an appropriate number of audits to assure the accurate reporting of uncompensated hospital care costs.

HHSC shall submit a biennial report on uncompensated care costs to the Governor and Legislative Budget Board no later than December 1, 2020, which details the impact of patient specific and lump sum supplemental payments funding as offsets to uncompensated costs, impact of health care reform efforts on the funding streams that reimburse uncompensated care, and assess the need for those funding streams in future biennia. HHSC may report by hospital type. Although HHSC must report on all Texas hospitals, HHSC may use the most accurate data available for each hospital.

By: _____

Health and Human Services Commission, Article II

Proposed Rider Cost Comparison Report

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 5, Cost Comparison Report, to change references to Intermediate Care Facilities for Individuals with Intellectual Disabilities to Intermediate Care Facilities for Individuals with an Intellectual Disability.

Required Action

On page II-57 of the Health and Human Services Commission bill pattern, amend the following rider:

5. **Cost Comparison Report.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop a report analyzing state and federally funded residential and nonresidential services in the Home and Community-based Services (HCS) waiver program, the Texas Home Living waiver program, and Intermediate Care Facilities for Individuals with ~~an Intellectual Disabilities~~ Disability (ICFs-IID).
 - a. The report shall include the following:
 - (1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICFs-IID, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICFs-IID only);
 - (2) a comparison of severity across settings; and
 - (3) the total number of persons, by LON, who transitioned from state-operated ICFs-IID to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.
 - b. With respect to the cost to the state per person residing in a state operated ICF-IID facility, HHSC shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-operated ICFs-IID, non-state operated ICFs-IID facilities, and the HCS and Texas Home Living waivers, HHSC shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICFs-IID, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. HHSC shall identify the types of costs included in each category.
 - c. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF-IID services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF-IID or waiver within 60 days of discharge. In that case, the Medicaid costs incurred during discharge will be counted toward the ICF-IID costs.

The report shall be submitted to the Legislative Budget Board and Governor, and shall be posted on the Commission's website no later than August 31, 2020.

By: _____

Health and Human Services Commission, Article II

Proposed Rider Medicaid Medical Transportation

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 12, Medicaid Medical Transportation, to modify information contained in the report and change the due date from 120 days after the end of each fiscal year to 180 days after the end of each fiscal year.

Required Action

1) On page II-61 of the Health and Human Services Commission bill pattern, amend the following rider:

12. Medicaid Medical Transportation.

- a. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall determine unmet transportation need based on information available from Medicaid client surveys to estimate the percentage of clients who did not use the Medical Transportation Program and experienced either a difficult or very difficult time obtaining transportation to medical appointments. HHSC shall notify the Legislative Budget Board and the relevant standing committees of the Legislature within 90 days of completing survey data collection if unmet transportation needs exceed 16 percent of total Medicaid clients. The notification must outline how the agency will address unmet transportation needs.

- b. ~~To track the cost efficiency of the program, HHSC shall report the average cost per trip provided through the program for each fiscal year in the biennium to the Legislative Budget Board and post on the Commission's website not later than 120 days after the end of each fiscal year. HHSC shall report to the Legislative Budget Board and post on the Commission's website not later than 180 days before the end of each fiscal year. Each report must include the pre-audit coverage cost per trip of the most recent year, and the final average cost per trip of the prior year.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Policies for Certain Hospital Stays

Prepared by LBB Staff, 03/18/2019

Overview

Delete Rider 22, Policies for Certain Hospital Stays.

Required Action

1) On page II-65 of the Health and Human Services Commission bill pattern, delete the following rider:

~~22. Policies for Certain Hospital Stays. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, and to the extent allowed by state and federal law, the Health and Human Services Commission shall ensure there are policies, including for managed care services, that specify criteria that do not permit classification of hospital services, including those related to behavioral health, as either inpatient or outpatient for purposes of reimbursement based solely on the duration of the stay.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Nursing Home Program Provisions

Prepared by LBB Staff, 03/18/2019

Overview

Reinstate former Rider 6, Nursing Home Program Provisions.

Required Action

1) On page II-XX of the Health and Human Services Commission bill pattern, reinstate the following former rider:

XX. Nursing Home Program Provisions.

- a. Tending Home Income Eligibility Cap. It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).
- b. Nursing Home Bed Capacity Planning. It is the intent of the Legislature that the Health and Human Services Commission shall control the number of Medicaid beds, decertify unused Medicaid beds, and reallocate some or all of the decertified Medicaid beds, taking into account a facility's occupancy rate.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Limited Medicaid Coverage for Clients with Medicare Part D Benefit for Certain Excluded Medicare Part D Categories

Prepared by LBB Staff, 03/18/2019

Overview

Reinstate former Rider 9, Limited Medicaid Coverage for Clients with Medicare Part D Benefit for Certain Excluded Medicare Part D Categories.

Required Action

1) On page II-XX of the Health and Human Services Commission bill pattern, reinstate the following former rider:

XX. Limited Medicaid Coverage for Clients with Medicare Part D Benefit for Certain Excluded Medicare Part D Drug Categories. It is the intent of the Legislature that from funds appropriated above in Strategy A.1.6, Medicaid Prescription Drugs, the Health and Human Services Commission shall continue to provide Medicaid coverage for dual eligible clients. The Health and Human Services Commission shall recoup funds for these expenditures from Part D drug plans that are determined to be responsible for the dual eligible clients' drug costs. It is also the intent of the Legislature that from funds appropriated above in Strategy A.1.6, Medicaid Prescription Drugs, the Health and Human Services Commission shall continue to provide Medicaid coverage for certain categories of drugs not covered under the federal Medicare Part D program, under §1935(d)(2) of the Social Security Act, for full dual eligible clients. This coverage is limited to only those categories of excluded Medicare Part D drugs that continue to be eligible for federal Medicaid matching funds and that are currently covered under the Medicaid Vendor Drug Program (e.g., certain prescribed over-the-counter medications, smoking cessation medications and vitamins).

By: _____

Health and Human Services Commission, Article II

Proposed Rider

General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services

Prepared by LBB Staff, 03/18/2019

Overview

Reinstate former Rider 30, General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services.

Required Actions

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

XX. General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services. For the purposes of this section and appropriation authority for the Medicaid mental health (MH) and intellectual disability (ID) program responsibilities of the Health and Human Services Commission (HHSC), the following subsections provide governance relating to appropriate use, classification and expenditure of funds:

a. **General Revenue Match for Medicaid.** ABEST Method of Financing Code 758 - GR Match for Medicaid shall be used to report General Revenue expenditures and request General Revenue appropriations for the state's share of Medicaid payments for the following Medicaid MH and ID services:

(1) Community-based Intermediate Care Facilities for individuals with intellectual disabilities (ICF/IID) that are privately operated through contractual arrangements between private providers and HHSC;

(2) Community-based Intermediate Care Facilities for individuals with intellectual disabilities (ICF/IID), also known as Bond Homes, that are operated by HHSC;

(3) Home and Community-based Services (HCS) authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and HHSC;

(4) Texas Home Living services authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and HHSC;

(5) Mental health services provided through contracts with Behavioral Health Organizations;

(6) Rehabilitation Services as approved in the State Medicaid Plan which are provided by Mental Health Authorities and IDD Local Authorities;

(7) Targeted Case Management Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD Local Authorities;

(8) Service Coordination Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD Local Authorities;

(9) Salaries and operating costs related to direct program administration and indirect administration of the HHSC; and

(10) Home and Community-based Services authorized by a 1915(c) Youth Empowerment Services (YES) federal waiver and provided through contractual arrangements between provider agencies and HHSC.

b. **General Revenue Certified as Match for Medicaid.** The Health and Human Services Commission (HHSC) shall use ABEST Method of Financing code 8032 - General Revenue Certified as Match for Medicaid to identify General Revenue funds requested and reported as

expended for the purpose of drawing Federal Funds and to document that State funds have been spent for Medicaid mental health and intellectual disability services and administrative expenditures for the following services:

(1) Intermediate care facilities for individuals with intellectual disabilities that are operated by the State and known as "state supported living centers";

(2) Services delivered in state hospitals operated by HHSC including inpatient services for clients under the age of 21 and services that qualify under the federally approved Institutions for Mental Diseases (IMD) option for clients over the age of 65; and

(3) Medicaid Administrative Claims as approved in the State Medicaid Plan which are based on certain activities of Mental Health Authorities and IDD Local Authorities.

c. **Medicaid Federal Funds.** HHSC shall report expenditures and request legislative appropriations for federal Medicaid matching funds for client services, program administration and agency indirect administration. Automated Budgeting and Evaluation System of Texas (ABEST) Method of Financing Code (MOF) 555 and Medicaid CFDA 93.778 shall be used for the following:

(1) Federal Funds drawn from the U.S. Centers for Medicare and Medicaid Services (CMS) using General Revenue funds classified as General Revenue Match for Medicaid (ABEST MOF Code 758), General Revenue Certified as Match for Medicaid (ABEST MOF Code 8032), Tobacco Settlement Receipts Match for Medicaid (ABEST MOF Code 8024) or Tobacco Receipts Certified as Match for Medicaid (ABEST MOF Code 8023);

(2) Federal Funds drawn from CMS using the departments' certification of local, non-profit expenditures made by the Mental Health Authorities and IDD Local Authorities on behalf of Medicaid-eligible individuals;

(3) Federal Funds received from CMS for services rendered to certain Medicaid-eligible individuals over the age of 65 by federally recognized Institutions for Mental Diseases (IMD Medicaid option) based on billings from state hospitals operated by HHSC to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain Medicaid payments; and

(4) Federal Funds received from CMS for general Medicaid health services including the Comprehensive Care Program for children based on billings from the state hospitals and state supported living centers operated by HHSC to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain Medicaid payments.

d. **Appropriation authority and accounting for Federal Funds for Medicaid Mental Health and Intellectual Disability Services.** Amounts defined as Medicaid Federal Funds shall be used as a first source, and General Revenue which was not used as matching funds shall not be used to fund Medicaid-eligible services. In the event that these revenues should be greater than the amounts included above in Federal Funds for mental health and intellectual disability services for HHSC, HHSC is appropriated and authorized to expend these Federal Funds made available, subject to the following requirements:

(1) Amounts made available shall be expended prior to utilization of any General Revenue made available for the same purpose; and

(2) In the event General Revenue has been expended prior to the receipt of Medicaid Federal Funds, HHSC shall reimburse General Revenue upon receipt of the revenue. This process shall be completed on a monthly basis in order to not have an excess balance of Medicaid Federal Funds.

e. **Responsibility for proportionate share of indirect costs and benefits.** Nothing in this provision shall exempt HHSC from provisions of Article IX of this Act which apply equally to direct recoveries of benefits and indirect costs and to amounts recovered through an approved rate structure for services provided.

f. **Exclusive Appropriation Authority.** The preceding subsections of this provision shall be the exclusive appropriation authority for Medicaid mental health and intellectual disability services Federal Fund receipts from the above identified sources, and none of these receipts shall be appropriated by a provision of Article IX of this Act.

2) On page II-113 of the Health and Human Services Commission, amend subsection (c) of the following rider:

111. Other Reporting Requirements.

(6) Expenditures of General Revenue for Medicaid federal matching purposes by the method of financing codes 758 - GR Match for Medicaid, 8032 - GR Certified Match for Medicaid, and the amounts of local, non-profit expenditures certified as state match for Medicaid Federal Funds by the departments HHSC for services provided by Mental Health Authorities and IDD Local Authorities, and the amounts of Medicaid Federal Funds drawn and expended; and

(67) Any other information requested by the Legislative Budget Board or the Governor.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Mental Health Outcomes and Accountability

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 29, Mental Health Outcomes and Accountability, to authorize HHSC to utilize certain funds recouped from Local Mental Health and Behavioral Health Authorities to be used for technical assistance or redistributed as incentive payments.

Required Action

1) On page II-68 of the Health and Human Services Commission bill pattern, amend the following rider:

29. **Mental Health Outcomes and Accountability.** Out of funds appropriated above in Goal D, Additional Health-related Services, Strategies D.2.1, Community Mental Health Svcs - Adults, D.2.2, Community Mental Hlth Svcs - Children, and D.2.3, Community Mental Health Crisis Svcs, the Health and Human Services Commission (HHS) shall place ten percent (10%) of the General Revenue quarterly allocation from each Local Mental Health Authority (LMHA) and Local Behavioral Health Authority (LBHA) at risk. Funds placed at risk shall be subject to recoupment for failure to achieve outcome targets set by HHS. Funds that have been recouped for failure to achieve outcome targets may be used for technical assistance ~~and/or~~ redistributed as an incentive payment according to a methodology developed by HHS. Performance shall be assessed and payments made on a six-month interval.

By: _____

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

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 31, Health Community Collaboratives, to reinstate certain language from the 2018-19 General Appropriations Act.

Required Action

1) On page II-70 of the Health and Human Services Commission bill pattern, amend the following rider:

31. **Healthy Community Collaboratives.** Out of General Revenue appropriated above, the Health and Human Services Commission (HHSC) shall allocate an amount not to exceed \$25,000,000 in General Revenue over the biennium in Strategy D.2.3, Community Mental Health Crisis Svcs, to fund grants to Healthy Community Collaboratives pursuant to Government Code §§539.001-.008; Contingent upon the availability of local matching funds pursuant to Government Code §539.002, \$10,000,000 in General Revenue from the amount identified above may be allocated to fund Healthy Community Collaboratives in rural areas. If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then HHSC shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.

Any unexpended balances remaining as of August 31, 2020, are appropriated to HHSC for the same purposes in the fiscal year beginning September 1, 2020. HHSC shall use funds for these purposes to the extent allowed by state law. HHSC shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2020.

By: _____

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

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 32, Mental Health Peer Support Re-entry Program, to change the content of the report.

Required Action

1) On page II-70 of the Health and Human Services Commission bill pattern, amend the following rider:

31. **Mental Health Peer Support Re-entry Program.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) through a Memorandum of Understanding shall allocate up to \$1,000,000 in General Revenue for the 2020-21 biennium from Strategy D.2.1, Community Mental Health Svcs-Adults, to maintain a mental health peer support re-entry program. HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall operate a program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

HHSC shall submit a report to the Governor's Office and the Legislative Budget Board on the program that includes the total population ~~to be~~ served and client outcome measures by December 1, 2020.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Funding for Mental Health Programs

Prepared by LBB Staff, 03/18/2019

Overview

Delete Rider 35, Funding for Mental Health Programs.

Required Action

1) On page II-74 of the Health and Human Services Commission bill pattern, delete the following rider:

- 35. ~~**Funding for Mental Health Programs.** Included in amounts appropriated above in Strategy D-2.1, Community Mental Health Services for Adults, is \$871,348 in General Revenue in each fiscal year of the 2020-21 biennium to continue funding for recovery-focused clubhouse at fiscal year 2019 service levels. Also included in amounts appropriated above in Strategy D.2.2; Community Mental Health Services for Children, \$4,178,875 in General Revenue in each fiscal year of the 2020-21 biennium for relinquishment prevention slots, including \$328,131 in General Revenue for program support and administration.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Mental Health for Veterans Grant Program

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 37, Mental Health for Veterans Grant Program, to clarify that the program also serves veterans’ family members.

Required Action

1) On page II-74 of the Health and Human Services Commission bill pattern, delete the following rider:

37. **Mental Health for Veterans Grant Program.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall allocate \$20,000,000 in fiscal year 2020 in General Revenue to operate a grant program to support community mental health programs providing services and treatment to provide mental health services for to veterans and their families. HHSC shall submit a report on the effectiveness of the grants, the number of grants awarded, and the number of veterans served to the Legislative Budget Board and the Governor by December 1, 2020. Any unexpended balances in the Mental Health for Veterans Grant Program remaining on August 31, 2020, in Strategy L.1.1, HHS System Supports, are appropriated for the same purpose for the fiscal year beginning September 1, 2020, contingent upon prior written notification to the Legislative Budget Board and the Governor.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Community Mental Health Grant Programs

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 38, Mental Health Grant Program for Justice-Involved Individuals, and add new rider to permit the transfer of unexpended and unobligated balances for the Mental Health Grant Program for Justice-Involved Individuals and for the Community Mental Health Grant Program.

Required Action

1) On page II-75 of the Health and Human Services Commission bill pattern, amend the following rider:

38. **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. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, 2020, are appropriated for the fiscal year beginning September 1, 2020, for the same purpose. 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.

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

XX. Unexpended Balance Authority within the Biennium for the Community Mental Health Grant Program. Included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$20,000,000 in General Revenue in each fiscal year of the 2020-21 biennium for the Community Mental Health Grant Program. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, 2020, are appropriated for the same purposes for the fiscal year beginning September 1, 2020.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Pediatric Health Tele-Connectivity Resource Program

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 63, Pediatric Health Tele-Connectivity Resource Program for Rural Texas, to provide the agency with authority to transfer unexpended and unobligated balances from the first year of the biennium to the second year.

Required Action

On page II-86 of the Health and Human Services Commission bill pattern, amend the following rider:

- 63. **Pediatric Health Tele-Connectivity Resource Program for Rural Texas.** Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$1,210,808 in General Revenue and \$1,289,193 in Federal Funds in fiscal year 2020 and \$1,234,177 in General Revenue and \$1,265,823 in Federal Funds in fiscal year 2021 to establish a pediatric tele-connectivity resource program for rural Texas pursuant to Chapter 541 of the Government Code.

Any unexpended balances in General Revenue or Federal Funds as of August 31, 2020, are appropriated for the fiscal year beginning September 1, 2020, to establish a pediatric telemedicine connectivity resource program for rural Texas pursuant to Chapter 541 of the Government Code.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Administrative Attachment: Texas Civil Commitment Office

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 79, Administrative Attachment: Texas Civil Commitment Office, to specify that quarterly status reports shall be submitted 30 days after the end of each quarter.

Required Action

On page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

79. **Administrative Attachment: Texas Civil Commitment Office.** Amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, are to be used by the Texas Civil Commitment Office (TCCO), an independent agency which is administratively attached to the Health and Human Services Commission. The number of full-time equivalents (FTEs) for TCCO is 35.0 in each fiscal year of the biennium.
- (a) Any unexpended balances remaining on August 31, 2020, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, 2020, contingent upon the agency providing written notification to the Legislative Budget Board and the Governor at least 30 days prior to making the transfer.
 - (b) TCCO shall submit quarterly status reports 30 days after the end of each quarter to the Legislative Budget Board and the Governor 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.
 - (c) TCCO is authorized to transfer appropriations made for the fiscal year ending August 31, 2021, to the fiscal year ending August 31, 2020, 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 2020; and
 - (2) A transfer authorized by this rider must receive prior written approval of the Legislative Budget Board and the Governor.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Blindness, Education, Screening, and Treatment Program

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 89, Appropriation of Donations: Blindness Education Screening and Treatment, to raise limit on transfer of unexpended and unobligated balances from \$60,000 to \$100,000.

Required Action

On page II-97 of the Health and Human Services Commission bill pattern, amend the following rider:

89. **Appropriation of Donations: Blindness Education Screening and Treatment.** Included in the amounts above in Strategy F.2.2, Blindness Education, Screening, and Treatment (BEST) Program, is \$430,000 in General Revenue in fiscal year 2020 and \$430,000 in General Revenue in fiscal year 2021 for the BEST Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year 2020 and fiscal year 2021, in amounts not to exceed \$860,000 as provided by §521.421 (j) or §521.422 (b), Transportation Code, are appropriated to the Health and Human Services Commission (HHSC) for purposes related to the BEST Program. Any revenue collected in the BEST Program above the amount appropriated each fiscal year is appropriated to HHSC for the same purpose. Any unexpended and unobligated balances remaining in an amount not to exceed ~~\$60,000~~\$100,000 as of August 31, 2019, are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, 2019, and any unexpended balances remaining as of August 31, 2020 are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, 2020. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Limitations on Transfer Authority

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 98, Limitations on Transfer Authority, to allow for transfers with prior notification between Goal A, Medicaid Client Services, and Strategy B.1.1, Medicaid Contracts & Administration, for the purpose of paying for increased fees for certain contingency contracts when revenues exceed the amount assumed in appropriations.

Required Action

On page II-104 of the Health and Human Services Commission bill pattern, amend the following rider:

98. Limitations on Transfer Authority.

(a) Limitations on Transfers for Goal A, Medicaid Client Services, and Goal C, CHIP Client Services.

- (1) Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, and Article II, Special Provisions § 6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this subsection.
 - (A) Goal A, Medicaid Client Services. Transfers may be made between strategies in Goal A, Medicaid Client Services (excluding Strategies A.3.1, Home and Community-based Services; A.3.2, Community Living Assistance (CLASS); A.3.3, Deaf-Blind Multiple Disabilities; A.3.4, Texas Home Living Waiver; and A.3.5, All-Inclusive Care-Elderly), subject to the notification requirements in subsection (a)(2) of this rider. Transfers may not be made to strategies in Goal A, Medicaid Client Services in other goals nor from strategies in Goal A, Medicaid Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Governor pursuant to subsection (a)(3) of this rider.
 - (B) Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A). Transfers may not be made between strategies listed in this subsection, and may not be made to or from strategies listed in this subsection without prior approval from the Legislative Budget Board and the Governor pursuant to subsection (a)(3) of this rider.
 - A.3.1, Home and Community-based Services;
 - A.3.2, Community Living Assistance (CLASS);
 - A.3.3, Deaf-Blind Multiple Disabilities;
 - A.3.4, Texas Home Living Waiver; and
 - A.3.5, All-Inclusive Care-Elderly.
 - (C) Goal C, CHIP Client Services. Transfers may be made between strategies in Goal C, CHIP Client Services, subject to the notification requirements in subsection (a)(2) of this rider. Transfers may not be made to strategies in Goal C, CHIP Client Services, from strategies in other goals nor from strategies in Goal C, CHIP Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Governor pursuant to Subsection (a)(3) of this rider.
- (2) Notification Requirements. Authority granted by this subsection to transfer funds without written approval is contingent upon a written notification from HHSC to the Legislative

Budget Board and the Governor at least 30 business days prior to the transfer, and shall include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
 - (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
 - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.
- (3) Requests for Transfers that Require Approval. To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts (CPA). The request shall include the following information:
- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
 - (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
 - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.
- (4) Cash Management. Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

The CPA shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the CPA that the requirements of this provision have not been satisfied.

- (b) Limitations on Transfers within/between Other Goals. Notwithstanding Article IX, § 14.01, Appropriation Transfers, and Article IX, § 14.03, Transfers - Capital Budget, HHSC is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority between strategies, subject to the following requirements:

- (1) Authority granted by this subsection to transfer funding, FTEs, or capital budget authority is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 business days prior to the transfer. Notification provided under this subsection must include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (B) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
- (D) the capital budget impact.

- (2) Notwithstanding Article II, Special Provisions § 6, Limitations on Transfer Authority, Article IX, §14.01, Appropriations Transfers, Article IX, § 14.03, Transfers - Capital Budget, and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$100,000; or transfers in any amount into or out of: (1) Strategies in Goal B, Medicaid and CHIP Contracts and Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy D.1.4, ECI Respite and Quality Assurance; (5) Strategy D.1.6, Autism Program; (6) Strategy F.3.2, Child Advocacy Programs; (7) Strategy G.1.1, State Supported Living Centers; and (8) Strategies in Goal I, Enterprise Oversight and Policy, are subject to the prior written approval of the Legislative Budget Board and the Governor.

- (A) To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (i) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
 - (ii) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
 - (iii) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
 - (iv) the capital budget impact.
- (3) Notwithstanding subsection (b)(2) of this rider, transfers may be made between strategies in Goal L, HHS Enterprise Oversight and Policy. HHSC shall provide notification of all transfers pursuant to subsection (b)(1) of this rider.
- (4) Notwithstanding subsection (a)(1)(A) and subsection (b)(2) of this rider, and contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.5, Children, transfers may be made from Strategy A.1.5, Children, to Strategy B.1.1, Medicaid Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Governor within 30 calendar days of making a transfer.
- ~~(4)~~ In addition to the notice required by this subsection, the total of all transfers from a strategy may not exceed the lesser of \$1,000,000 or 20.0 percent of the originating item of appropriation for funding for the fiscal year without prior written approval of the Legislative Budget Board and the Governor.
- (c) In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

By: _____

Health and Human Services Commission

Proposed Rider Amendment

Reimbursement of Advisory Committee Members

Prepared by LBB Staff, 03/18/2019

Overview

Amend Rider 112, Reimbursement of Advisory Committee Members, to provide the Health and Human Services Commission authority to reimburse members of six additional advisory committees for travel reimbursement and increase the cap on the amount the agency can expend on travel reimbursement for advisory committee members. Also, correct reference to the Nursing Facility Administrators Advisory Committee.

Required Action

On page II-114 of the Health and Human Services Commission bill pattern, amend the following rider:

112. **Reimbursement of Advisory Committee Members.** Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed a total of ~~\$164,032~~ \$242,532 each fiscal year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, State Medicaid Managed Care Advisory Committee, Intellectual and Developmental Disability System Redesign Advisory Committee, Drug Utilization Review, Behavioral Health Advisory Committee, Perinatal Advisory Council, Policy Council for Children and Families, Texas Council on Consumer Direction, Texas Autism Council, Nursing Facility Administrators Advisory Committee, Early Childhood Intervention Advisory Council, Board for Evaluation of Interpreters, Joint Committee on Access and Forensic Services, Palliative Care Interdisciplinary Advisory Council, and Texas Medical Disclosure Panel, Aging and Disability Resource Center Advisory Committee, Aging Texas Well Advisory Committee, Mental Health Condition and Substance Use Disorder Parity Work Group, STAR Kids Managed Care Advisory Committee, Texas Brain Injury Advisory Council, Texas Respite Advisory Committee.

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

By: _____

Health and Human Services Commission, Article II

New Rider

Waiver Program Cost Limits

Prepared by LBB Staff, 03/20/2019

Overview

Add a new rider authorizing HHSC to use General Revenue funds in certain Medicaid waiver programs to exceed the individual cost limit in certain circumstances.

Required Action

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

Sec. XX. Waiver Program Cost Limits.

- (a) Out of funds appropriated above in Goal A. Medicaid Client Services, for the Medically Dependent Children Program, Community Living Assistance and Support Services, Deaf-Blind Multiple Disabilities, Home and Community-based Services, and STAR+PLUS Community Based Alternatives waivers, and subject to the terms of subsection (3) below, the Health and Human Services Commission (HHSC) may use General Revenue Funds to pay for services if:
- (1) the cost of such services exceeds the individual cost limit;
 - (2) federal financial participation is not available to pay for such services; and
 - (3) HHSC determines that:
 - (A) the person's health and safety cannot be protected by the services provided within the individual cost limit established for the program; and
 - (B) there is no other available living arrangement in which the person's health and safety can be protected at that time, as evidenced by:
 - (i) an assessment conducted by clinical staff of HHSC; and
 - (ii) supporting documentation, including the person's medical and service records.
- (b) Out of funds appropriated above in Goal A. Medicaid Client Services, for the waiver programs identified in subsection (a) above, and subject to the terms of subsection (c) below, HHSC is authorized to use General Revenue Funds to continue to provide services to a person who was receiving medical assistance waiver program services on September 1, 2005, at a cost that exceeded the individual cost limit specified in the medical assistance waiver program if:
- (1) federal financial participation is not available to pay for such services; and
 - (2) continuation of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.

- (c) Authority provided in this rider is contingent upon HHSC submitting a report in writing to the Legislative Budget Board and Governor on October 1 of each year. The report shall include the number of clients by program which exceeds cost limits and the unmatched General Revenue associated with each by fiscal year.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Supplemental Payment Program Reporting and Appropriation Authority for
Intergovernmental Transfers

Prepared by LBB Staff, 03/20/2019

Overview

Add a rider that consolidates certain supplemental payment program reporting requirements at the Health and Human Services Commission.

Required Action

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

XX. Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental Transfers.

Out of funds appropriated above in Strategy B.1.1, Medicaid 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 Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), supplemental payments where the source of the non-federal share is Local Provider Participation Funds (LPPF), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, 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:

 - i. the recipients of funds by program,
 - ii. the amount distributed to each recipient; and
 - iii. the date such payments were made.

- (b) Intergovernmental transfers (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.

- (c) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT 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.

(d) 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 that annually by June 30 to 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.

(e) 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. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.

(f) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.

(g) HHSC shall also evaluate the impact of reductions in funding available under the federal Healthcare Transformation and Quality Improvement Waiver. HHSC shall report on the evaluation and findings to the Governor, the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the members of the Senate Finance Committee and House Appropriations Committee by October 1, 2020.

2) On page II-62 of the Health and Human Services Commission bill pattern, delete the following rider:

16. Appropriation Authority for Certain Intergovernmental Transfers.

(a) ~~Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.4.3, Transformation Payments, is \$44,770,231 in fiscal year 2020 and \$46,084,694 in fiscal year 2021 in Interagency Contracts for intergovernmental transfers (IGT) of funds from institutions of higher education, to be used as the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 115 Waiver.~~

(1) ~~In an effort to maximize the receipt of federal Medicaid funding, HHSC is authorized to receive and expend IGT in addition to the funds identified in subsection (a).~~

(2) ~~Authorization to expend additional IGT is contingent upon HHSC providing prior written notification to the Legislative Budget Board and the Governor.~~

(b) ~~In addition to amounts appropriated above from Appropriated Receipts Match for Medicaid No. 8062, HHSC is authorized to receive and expend additional IGT received as Appropriated Receipts Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers.~~

(1) ~~For authorization to expend the funds, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include:~~

(A) ~~The total amount requested and the strategy allocation of the additional IGT, by fiscal year;~~

- (B) ~~The impact to the rate of premium for which the IGT will be used (subject to approval pursuant to Special Provisions, §14, Rate Limitations and Reporting Requirements);~~
 - (C) ~~The specific purpose and program for which the funds will be used; and~~
 - (D) ~~Written agreement from the governmental entity that is transferring the funds that the funding will be spent in the manner for which it is being requested.~~
 - (2) ~~The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date on which the staff of the Legislative Budget Board concludes its review of the request to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.~~
- 3) On page II-63 of the Health and Human Services Commission bill pattern, delete the following rider:

18. Supplemental Payment Program Reporting.

- (a) ~~Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall report on expenditures for supplemental payment programs including the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), the Quality Incentive Payment Program (QIPP), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver and any successor programs.~~
 - (1) ~~HHSC shall submit a quarterly report to the Legislative Budget Board and the Governor, due no later than 60 days from the end of each fiscal quarter, that includes for all supplemental payment programs:~~
 - (A) ~~Total expenditures made in the previous quarter by method of financing;~~
 - (B) ~~The amount of non-federal share by program and source;~~
 - (C) ~~The amount distributed to each recipient, by program;~~
 - (D) ~~The date such payments were distributed; and~~
 - (E) ~~Prospective payment estimates for the upcoming quarter, by program.~~
 - (2) ~~In addition to the quarterly report required by subsection (a)(1), and prior to the contract effective date for NAIP, HHSC shall submit an annual report to the Legislative Budget Board and the Governor on approved NAIP proposals that includes:~~
 - (A) ~~A list of participating public health related institutions (HRI's), public hospitals, and managed care organization partnerships;~~
 - (B) ~~The anticipated amount paid to each MCO by HHSC and the anticipated amount paid to each HRI and public hospital by an MCO; and~~
 - (C) ~~A summary of each partnership, including program methodology, targeted goals and performance metrics, and the payment structure.~~

~~(b) HHS shall have an annual independent audit of supplemental payment programs conducted, including a review of regional affiliations, uncompensated care claims for insured and uninsured individuals, and contractual agreements and shall complete and issue an annual report with findings. The report shall be distributed to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Finance Committee and House Appropriations Committee no later than June 30 of each year.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Strategic Planning for Vacant or Underutilized FTE Positions

Prepared by LBB Staff, 03/19/2019

Overview

Add a rider directing the Health and Human Services Commission to develop a strategic plan for the repurposing or redistribution of vacant or underutilized FTEs and to track and report on how the agency redistributes and repurposes vacant or underutilized FTE positions.

Required Action

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

XX. Strategic Planning for Vacant or Underutilized FTE Positions. Out of funds appropriated above in Strategy L.1.1, HHS System Support, the Health and Human Services Commission (HHSO) shall develop a strategic plan to transition vacant or underutilized full-time equivalent positions (FTEs) to high priority agency functions including contract oversight and management, or to achieve cost savings by reducing vacant or underutilized FTEs. HHSO shall submit the strategic plan by August 31, 2020, and shall report associated data regarding the commission’s redistribution, repurposing, or reduction of FTE positions by August 31 of each fiscal year 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.