

Conference Committee

Article II Riders

Recommended for Adoption

As of 5-19-15

Department of Aging and Disability Services
Amended Rider
Rider 10, Appropriation Transfer between Fiscal Years

Prepared by LBB Staff: 5/20/2015

Required Action

On page II-XX of the bill pattern for the Department of Aging and Disability Services Bill Pattern amend the following rider:

10. Appropriation Transfer between Fiscal Years. In addition to the transfer

authority provided elsewhere in this Act, the Department of Aging and Disability Services (DADS) may transfer appropriations made for the fiscal year ending August 31, 2017 to the fiscal year ending August 31, 2016, subject to the following conditions provided by this section:

- a. Transfers under this section may be made only:
 - (1) if costs associated with providing Long Term Care Medicaid services exceed the funds appropriated for these services for fiscal year 2016, or
 - (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity, or
 - (3) if appropriated receipts generated through the HD-intellectual disability related programs required to fund appropriations contained in this Act for fiscal year 2016 are less than those contained in the method of finance for the department for fiscal year 2016.
- b. Transfers may not exceed \$50,000,000 in General Revenue.
- c. A transfer authorized by this section must receive ~~written~~ the prior written approval of the Governor and the Legislative Budget Board. The request must be received by August 31, 2016.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to transfer the funds and forwards its 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 15 business days.

- d. The Comptroller of Public Accounts shall cooperate as necessary to assist the

By: _____

completion of a transfer and spending made under this section.

e. DADS is authorized to make a one-time adjustment to transfers made under this section if funds moved from fiscal year 2017 exceed the amount needed in fiscal year 2016 and contingent on providing prior notification to the Legislative Budget Board, the Comptroller of Public Accounts and the Governor by October 31, 2016.

f. A one-time adjustment as described in section (e) may occur after October 31, 2016 only upon prior written approval by the Governor and the Legislative Budget Board. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

By _____

Department of Assisitive and Rehabilitative Services
Proposed Rider Amendment
Unexpended Balances within the Biennium: ECI Respite Services

Prepared by LBB Staff, 5/8/15

Overview

Amends House rider to limit unexpended balance authority to \$60,000.

Required Action

- 1) On page II-27 of the House Bill, amend the following rider as follows:
 - 26. Unexpended Balances within the Biennium: ECI Respite Services.** Any unexpended and unobligated balances remaining in an amount not to exceed \$60,000 as of August 31, 2016 from appropriations made to the Department of Assisitive and Rehabilitative Services (DARS) in Strategy A.1.2, ECI Respite Services, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

By _____

Department of Assisitive and Rehabilitative Services
Proposed Rider Amendment
Unexpended Balances within the Biennium: Autism Program

Prepared by LBB Staff, 5/8/15

Overview

Amends House rider to limit unexpended balance authority to \$60,000.

Required Action

1) On page II-27 of the House Bill, amend the following rider as follows:

27. Unexpended Balances within the Biennium: Autism Program. Any unexpended and unobligated balances remaining in an amount not to exceed \$60,000 as of August 31, 2016 from appropriations made to the Department of Assisitive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

**Department of Family and Protective Services
Proposed Rider Amendment
Prevention Outcomes**

Prepared by LBB Staff, 5/6/15

Overview

Amend the Senate rider to remove reporting requirement #4 and to reflect funding decision.

Required Action

1) On page II-41 of the Senate Bill, amend the following rider as follows:

35. **Prevention Outcomes.** Included in the amount appropriated above in Goal C, Prevention Programs, is ~~\$121,702,665~~ \$115,735,737 in All Funds for the 2016-17 biennium. Not later than December 1, 2016, the Department of Family and Protective Services shall report on the effectiveness of the prevention programs. Specifically, DFPS shall report the number of families served for each prevention program, how the additional appropriations provided in the 2016-17 biennium, which is a ~~\$46,060,494~~ \$35,030,861 increase from the 2014-15 biennium, are being expended, and whether:
- 1) Parents abuse or neglect their children during or up to 3 years after receiving services;
 - 2) Youth are referred to juvenile courts during or after services;
 - 3) Protective factors in parenting have increased (based on a validated pre and post survey);
 - 4) ~~The length of time in foster care has been reduced;~~
 - 5) 4 The programs focused on children ages three and under helped to reduce the number of child fatalities;
 - 6) 5 The parents receiving the services had any prior CPS involvement; and
 - 7) 6 Any other outcome measures DFPS determines are appropriate based on the Strategic Plan for PEI required in SB 206, or similar legislation.

The report shall be provided to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

**Department of Family and Protective Services
Proposed Rider Amendment
Parental Child Safety Placement Caseworkers**

Prepared by LBB Staff, 5/6/15

By _____

Overview

Amend the funding amounts and FTEs in the House parental child safety placements caseworker rider to reflect the conference funding decisions and to clarify what the funding provides for.

Required Action

1) On page II-41 of House Bill, amend the following rider as follows:

37. **Parental Child Safety Placement Caseworkers.** Included in the amounts appropriated above in strategy B.1.1, CPS Direct Delivery Staff, is ~~\$4,000,000~~ \$2,550,034 in General Revenue Funds and ~~\$356,974 in Federal Funds~~ \$2,868,698 in All Funds in fiscal year 2016 and ~~\$7,000,000~~ \$1,932,704 in General Revenue Funds and ~~\$669,434 in Federal Funds~~ \$2,131,302 in All Funds in fiscal year 2017 for ~~50.2~~ 30.3 FTEs per fiscal year and for implementing a pilot project that ensures consistent and frequent contact with the caregivers of children who are in parental child safety placements (PCSP). ~~caseworkers in fiscal year 2016 and 104.5 PCSP caseworkers in fiscal year 2017.~~ In implementing this pilot, The Department of Family and Protective Services (DFPS) shall also:

- a. develop guidelines for caseworkers for parental child safety placements;
- b. develop a tracking system for these placements; and
- c. report to the Legislative Budget Board (LBB) by December 1, 2016 on whether improved outcomes were achieved by these placements, along with a recommendation to expand or cease the project.

~~Funding for fiscal year 2017 for PCSP caseworkers is contingent upon the findings of the report and thus requires prior written approval of the Legislative Budget Board before fiscal year 2017 funding identified above may be expended.~~

The report to the Legislative Budget Board should include information on the number of children diverted from foster care as a result of a PCSP, the number of children that are able to remain in their home communities due to a PCSP, the ability of family members or other designated caregivers to provide for the children, length of time in the PCSP, and the number of case closures due to a PCSP, the number of families receiving legal assistance, and any other information or outcomes DFPS determines appropriate.

By _____

**Department of Family and Protective Services
Proposed Rider Amendment
CASA Family Finding Collaboration**

Prepared by LBB Staff, 5/6/15

Overview

Amend the House rider to modify the reporting date and to require the development of a measure tool for outcomes.

Required Action

On page II-42 of the House Bill, amend the following rider as follows:

38. CASA Family Finding Collaboration. Out of funds appropriated above in strategy B.1.2, CPS Program Support, the Department of Family and Protective Services (DFPS) shall allocate \$226,800 in General Revenue Funds in fiscal year 2016 and \$321,800 in General Revenue Funds in fiscal year 2017 for a contract with a statewide organization for volunteer advocate programs authorized under Texas Family Code, Section 264.604. Funding shall be used for personnel, developing curriculum, training and other necessary costs to support family finding efforts in order to increase permanency options and other beneficial outcomes for children and youth in state custody.

DFPS shall enter into a memorandum of understanding with volunteer advocates programs to specify the respective roles of volunteer advocates programs and local CPS offices. DFPS shall develop a method to evaluate the success of this effort in improving child outcomes.

Not later than ~~August 31, 2016~~ December 1, 2016, DFPS shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services on the success of these CASA family finding services on improving child permanency outcomes.

By _____

**Department of Family and Protective Services
Proposed New Rider
Compensation Effectiveness**

Prepared by LBB Staff, 5/1/15

Overview

Add a new rider that requires the agency to report on the effectiveness of the merit salary increases, paying down of overtime to 140 hours, and mentoring stipends on improving recruitment and retention rates by region.

Required Action

- 1) On page II-42 of the House Bill and page II-42 of the Senate Bill, add the following rider:

____. **Compensation Effectiveness.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by December 1, 2016 on the effectiveness of the merit salary increases, paying down of overtime hours to 140 hours, and mentoring stipends on improving recruitment and retention rates by region.

Art. II, Department of State Health Services
Delete Existing Rider and Add New Rider
Breast and Cervical Cancer Services Program

Prepared by LBB Staff, 05/06/2015

Required Actions

1. On page II-70 of the Department of State Health Services bill pattern, delete the following rider:

77. Breast and Cervical Cancer Services Program.

~~a. To the extent allowed by federal law, the Department of State Health Services (DSHS) shall allocate funds appropriated above in Strategy B-1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program using a methodology that prioritizes distribution and reallocation to first award public entities that provide breast and cervical cancer screenings, including state/county/local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide breast and cervical cancer screenings as part of comprehensive primary and preventative care; and thirdly, non-public entities that provide breast and cervical cancer screenings but do not provide comprehensive primary and preventative care. The department shall ensure the distribution and allocation methodology for funds in Strategy B-1.2, Women and Children's Health Services appropriated for the Breast and Cervical Cancer Services Program does not severely limit or eliminate access to services to any region.~~

~~b. Implementation of the funding methodology in subsection (a) is contingent upon DSHS submitting a plan to demonstrate that this funding method will not result in a loss of federal funds. The plan shall be submitted to the Legislative Budget Board and the Governor 30 days prior to any expenditure of the funds under the funding methodology outlined in subsection (a). If the agency is unable to demonstrate that the funding methodology outlined in subsection (a) would not result in the loss of federal funds, then the funding methodology outlined in subsection (a) shall not be implemented. In that case, DSHS shall still continue to provide breast and cervical cancer screening services through performance based contracts with local providers through a competitive provider application process.~~

2. On page II-71 of the Department of State Health Services bill pattern, add the following new rider:

~~1. **Breast and Cervical Cancer Services Program.** Funds appropriated above may only be expended by the Department of State Health Services in Strategy B.1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program, to compensate providers that would be eligible to participate in the Texas Women's Health Program, including providers that would be otherwise eligible, but for the sole reason of providing a different service package than required to participate in the Texas Women's Health Program. If the department is unable to locate a sufficient number of eligible providers in a certain region, the department may compensate other local providers for the provision of breast and cervical cancer screening services.~~

Department of State Health Services
Amend House Rider 80
Funding for Infectious Diseases including Ebola
Prepared by LBB Staff: 5/20/2015

By: DAVIS

Required Action

1. On page II-70 of the bill pattern for the **Department of State Health Services** Bill Pattern amend the following rider:

80. Contingency for Ebola Funds: Funding for Infectious Diseases including Ebola

- a. Out of funds appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, and Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) is allocated \$6,650,000 in General Revenue each fiscal year for the purposes of ~~ebola~~prevention, planning and treatment of infectious diseases, including Ebola, specifically in the following areas: epidemiology surveillance and response; infectious disease response training exercises; laboratory response; and communications and coordination.
- b. If DSHS receives federal funds above \$20,270,483 during the 2016-17 biennium related to ebola prevention, planning and treatment, the agency shall transfer an amount of General Revenue equal to that of the federal funds received to Strategy A.1.1, Public Health Preparedness and Coordinated Services, Strategy A.3.1, Chronic Disease Prevention, and Strategy A.3.2, Reduce Use of Tobacco Products, to be spent on pediatric asthma management, adult potentially preventable hospitalizations, diabetes prevention and control, expanded tobacco prevention services, and funding for the Texas Emergency Medical Task Force. The allocation to each of the programs shall be determined by DSHS.

By: _____

Department of State Health Services, Art. II
Proposed Rider
Community Planning Grants for Hazardous Chemical Events

Prepared by LBB Staff, 05/06/2015

Overview

Add a new rider to explicitly appropriate funds from the fund balance in the Workplace Chemicals List Account No. 5020 to DSHS budget strategy A.1.1. Public Health Preparedness and Coordinated Services for the purpose of providing grants to communities to create and execute emergency response plans for hazardous chemical events per statutory authority in Health and Safety Code Chapters 502, 505, 506 and 507. Limitations in DSHS Rider 12 may prevent use of the funds without this rider. The rider supports decisions made by the conference committee to fund these grants at \$4 million for the biennium.

Required Action

On page II-70 of the Department of State Health Services bill pattern, add the following rider:

_____. **Community Planning Grants for Hazardous Chemical Events.** Included in amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, is \$2,000,000 in fiscal year 2016 and \$2,000,000 in fiscal year 2017 from the fund balance in the Workplace Chemicals List Account No. 5020 for the purpose of providing grants to communities to create and execute emergency response plans for hazardous chemical events per statutory authority in Health and Safety Code Chapters 502, 505, 506 and 507.

By: _____

Art. II, Department of State Health Services
Proposed Rider
Community-Based Crisis and Treatment Facilities Review

Prepared by LBB Staff, 05/14/2015

Overview

Add a new rider to evaluate contract funding requirements and standards governing community-based crisis and treatment facilities for persons with mental health and substance abuse disorders.

Required Action

On page II-71 of the Department of State Health Services bill pattern, add the following rider:

_____. **Community-Based Crisis and Treatment Facilities Review.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall conduct a comprehensive review of contract funding requirements and standards governing community-based crisis and treatment facilities for persons with mental health and substance abuse disorders. As part of the review, DSHS behavioral health program staff and regulatory staff, in collaboration with the Health and Human Services Commission and stakeholders, shall identify best practices for and unnecessary barriers to the effective delivery of mental health and substance abuse services by community-based crisis and treatment facilities. No later than December 1, 2016, the department shall submit a report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report shall include a summary of activities related to the review, and recommendations for any changes to statutes or regulatory requirements needed to ensure the safe, effective, and efficient treatment of persons with mental health disorders, substance abuse disorders, or co-occurring mental health and substance abuse disorders in community settings.

By: _____

Art. II, Department of State Health Services
Proposed Rider
Public Health System Inventory and Action Plan

Prepared by LBB Staff, 05/14/2015

Overview

Add a new rider to require the Department of State Health Services to develop an inventory of public health duties and an action plan for improving the public health system.

Required Action

On page II-71 of the Department of State Health Services bill pattern, add the following rider:

_____. **Public Health System Inventory and Action Plan.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall collaborate with the Public Health Funding and Policy Committee and other stakeholders to develop a comprehensive inventory of the roles, responsibilities, and capacity relating to public health services delivered by DSHS and local health entities and authorities. DSHS shall use this information to establish statewide priorities for improving the state’s public health system and to create a public health action plan, with regional goals and strategies, to effectively use state funds to achieve these priorities. DSHS shall complete the inventory no later than March 1, 2016, and submit the action plan to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than November 30, 2016.

By: _____

Art. II, Department of State Health Services
Proposed Rider
Behavioral Health Services Provider Contracts Review

Prepared by LBB Staff, 05/15/2015

Overview

Add a new rider to evaluate and improve performance measurement and contracting processes for behavioral health services.

Required Action

On page II-71 of the Department of State Health Services bill pattern, add the following rider:

_____. **Behavioral Health Services Provider Contracts Review.** Out of funds appropriated above, the Department of State Health Services (DSHS), in collaboration with the Health and Human Services Commission (HHSC), shall conduct a review to identify improvements to performance measurement, contract processing, and payment mechanisms for behavioral health services contracts with DSHS. In conducting the review, DSHS shall solicit stakeholder input and may use funds appropriated above to seek the assistance of a third party with expertise in health purchasing. DSHS shall complete the review and report findings no later than December 1, 2016 to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The review and report must include:

- a. identification of performance measures and other requirements not necessary by a state or federal requirement that could be eliminated from contracts;
- b. a review of the metrics and methodology associated with the withholding of allocations made under DSHS Rider 61, Mental Health Outcomes and Accountability;
- c. consideration of performance measures and contracting strategies similar to those used for managed care organizations;
- d. consideration of best practices in performance measurement and contracting, including incentive payments and financial sanctions that are aligned with the models used by the Health and Human Services Commission for purchasing health care services; and
- e. a proposal for a publicly available web-based dashboard to compare performance of behavioral health services providers contracted with DSHS.

By: _____

Health and Human Services Commission
Amended Rider
Women's Health Programs
Prepared by Legislative Budget Board Staff, 5/8/2015

Overview

Amend Rider 78, Women's Health Programs, in the Health and Human Services Commission bill pattern to specify that the approval is required only for funds specified in this rider and to remove the Governor's approval requirement.

Required Action

On page II-96 of the Senate Committee substitute to House Bill 1, Health and Human Services Commission bill pattern, amend the following rider:

Rider 78. Women's Health Programs. Included in amounts appropriated above to the Health and Human Services Commission in Strategy D.2.3, Women's Health Services, for the 2016-17 biennium is \$50,000,000 from General Revenue Funds to increase access to women's health and family planning services. ~~No funds~~ The \$50,000,000 identified in this rider section may not be expended without the prior written approval of the Legislative Budget Board ~~and the Governor~~. To request approval to expend funding, the Health and Human Services Commission shall submit a written request to the Legislative Budget Board ~~and the Governor~~. The request shall include the amount of funding to be expended by agency, strategy, and fiscal year; how the funds will be expended; and the expected number of additional persons to be served with the additional funding. Any unexpended balances from fiscal year 2016 are appropriated for the same purpose in fiscal year 2017; expenditure of these balances is subject to the approval requirements identified in this rider.

By: _____

Health and Human Services Commission
Proposed Rider
Additional Services for Individuals with Intellectual and Developmental Disabilities

Prepared by LBB Staff, 5/6/2015

Overview

The amended rider would direct the Health and Human Services Commission to pursue adding services to the Community First Choice program in order to maximize federal funds. Funding amounts are updated and limited to fiscal year 2017 to reflect decisions of the conference committee.

Required Actions:

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

_____. **Funding for Additional Services Provided to Individuals with Intellectual and Developmental Disabilities.** Appropriations above in Goal B, Medicaid, include \$12,324,228~~19,798,674~~ in General Revenue Funds (\$31,544,106~~46,114,579~~ in All Funds) for fiscal year 2017~~the 2016-17 biennium~~ to provide respite care and non-medical transportation to individuals with intellectual and developmental disabilities enrolled in the STAR+PLUS program. If allowable, the Health and Human Services Commission shall add these services to Community First Choice in order to maximize federal funding.

By: _____

Health and Human Services Commission
Amended Rider
Report on the Vendor Drug Program
Prepared by LBB Staff, 5/8/2015

Overview

The amended Rider 85, Report on the Vendor Drug Program, to modify the report due date to December 1, 2016.

Required Actions:

On page II-97 of the Senate Committee substitute to House Bill 1, Health and Human Services Commission bill pattern, amend the following rider:

85. **Report on the Vendor Drug Program.** Out of funds appropriated above to the Health and Human Services Commission, the agency shall evaluate new delivery models for cost-effectiveness, increased competition, and improved health outcomes. The Commission shall report findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by ~~December 1, August 31, 2016~~ and include in the report efforts undertaken to make the current models more effective.

By: _____

Health and Human Services Commission
New Rider
Monitor the Integration of Behavioral Health Services
Prepared by Legislative Budget Board Staff, 5/15/2015

Overview

Add a new rider requiring HHSC to monitor the integration of behavioral health services into Medicaid managed care.

Required Action

On page II-97 of the Committee Substitute to House Bill 1 in the Health and Human Services Commission bill pattern, add the following new rider.

_____. **Monitor the Integration of Behavioral Health Services.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall monitor the implementation of Government Code, Section 533.00255(b), which integrates behavioral health services into the Medicaid managed care program. HHSC shall prioritize monitoring managed care organizations that provide behavioral health services through a contract with a third party.

By: _____

Health and Human Services Commission
New Rider
Evaluation of Medicaid Data
Prepared by Legislative Budget Board Staff, 5/15/2015

Overview

Add a new rider requiring HHSC review managed care organization data and develop a dashboard of Medicaid indicators.

Required Action

On page II-97 of the Committee Substitute to House Bill 1 in the Health and Human Services Commission bill pattern, add the following new rider.

_____. **Evaluation of Medicaid Data.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall annually evaluate data submitted by managed care organizations to determine whether the data continues to be useful or if additional data, such as measurements of recipient services, is needed to oversee contracts or evaluate the effectiveness of Medicaid. HHSC shall develop a dashboard by October 1, 2016, that identifies a concise number of Medicaid indicators, including key data, performance measures, trends, and problems, for agency leadership to oversee Medicaid and compare the performance of managed care organizations.

By: _____

Health and Human Services Commission

New Rider

Provider Enrollment Portal

Prepared by Legislative Budget Board Staff, 5/19/2015

Overview

Add a new rider authorizing HHSC to develop a centralized internet portal for providers to enroll in Medicaid, contingent upon the availability of matching federal funds.

Required Action

On page II-97 of the Committee Substitute to House Bill 1 in the Health and Human Services Commission bill pattern, add the following new rider.

_____. **Provider Enrollment Portal.** Contingent upon prior written approval by the Legislative Budget Board of a request containing a detailed funding estimate, the Health and Human Services Commission may establish a centralized Internet portal through which providers may enroll in Medicaid. The commission may also designate and share information with a centralized credentialing entity and coordinate with the managed care organizations to use the centralized credentialing entity to collect and share information.

If it does not result in a loss of federal funds, the commission may consolidate the provider enrollment and the credentialing entity within the centralized Internet portal. If it is determined to be cost effective, the commission may use funds appropriated above to designate a third party to develop the single consolidated Medicaid provider enrollment and credentialing process.

**Health and Human Services Commission
Proposed New Rider
NAIP/MPAP Payments**

Prepared by LBB Staff, 5/18/15

By _____

Overview

Add a new informational rider that lists NAIP and MPAP payments.

Required Action

- 1) On page II-97 of the House Bill and page II-98 of the Senate Bill, add the following rider:

____. **NAIP/MPAP Payments Informational Listing.** The following is an informational listing of estimated Network Access Improvement Program (NAIP) and Nursing Facility Minimum Payment Amounts Program (MPAP) payments. This rider is informational only and does not make any appropriations. The actual amounts will vary dependent upon the amount of non-state funds used as intergovernmental transfers and upon the number of entities choosing to participate. The funds are not included in this Act.

	<u>FY2016</u>	<u>FY2017</u>
MPAP, All Funds	\$560,134,465	\$560,134,465
NAIP, All Funds	\$527,733,532	\$527,733,532

By: _____

Health and Human Services Commission
Proposed Rider Amendment
Network Access Improvement Program Report

Prepared by Legislative Budget Board Staff, 5/11/2015

Overview

Amend Rider 66, Network Access Improvement Program Report, to add public hospitals to the report.

Required Action

On page II-94 of the Health and Human Services bill pattern, amend the following rider:

66. Network Access Improvement Program Report. The Health and Human Services Commission (HHSC) shall submit a report each time a new round of Network Access Improvement Program (NAIP) proposals are approved, which includes a list of participating public health related institutions (HRD), public hospitals, and managed care organization (MCO) partnerships, the anticipated amount paid to each MCO by HHSC and the anticipated amount paid to each HRI and public hospital by an MCO, and a summary of each partnership (including program methodology, targeted goals and performance metrics, and the payment structure). Each report shall be submitted to the Governor and the Legislative Budget Board 45 days prior to contract effective date.

Health and Human Services Commission
Amended Rider
Rider 7, Appropriation Transfers Between Fiscal Years

Prepared by LBB Staff: 5/20/2015

By: _____

Required Action

On page II-78 of the bill pattern for the Health and Human Services Commission amend the following rider:

7. Appropriation Transfers between Fiscal Years. In addition to the transfer authority provided elsewhere in this Act and in order to provide for unanticipated events that increase costs associated with providing Medicaid or CHIP services for eligible clients, the Health and Human Services Commission (HHSC) is authorized to transfer General Revenue from funds appropriated in Medicaid or CHIP strategies in fiscal year 2017 to fiscal year 2016 and such funds are appropriated to the commission for fiscal year 2016. Such transfers may only be made subject to the following:

- a. Transfers under this section may be made only:
 - (1) if costs associated with providing Medicaid or CHIP services exceed the funds appropriated for these services for fiscal year 2016, or
 - (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity.

- b. A transfer authorized by this section must receive the prior written approval of the Governor and the Legislative Budget Board. The request must be received by August 31, 2016.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to transfer the funds and forwards its 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 15 business days.

- c. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.

- d. HHSC is authorized to make a one-time adjustment to transfers made under this section if funds moved from fiscal year 2017 exceed the amount needed

in fiscal year 2016 and contingent on providing prior notification to the Legislative Budget Board, the Comptroller of Public Accounts, and the Governor by October 31, 2016.

e. A one-time adjustment as described in section (d) may occur after October 31, 2016 only upon prior written approval by the Governor and the Legislative Budget Board. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

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By: _____

Article II Special Provisions
New Rider
Contingency for SB 208
Prepared by Legislative Budget Board Staff, 5/15/2015

Overview

Add a new rider to the Article II Special Provisions bill pattern allocating \$9,169,077 in General Revenue for fiscal year 2017 contingent on the enactment of SB 208.

Required Action

On page II-xx of the Article II Special Provisions bill pattern, add the following new rider:

Sec. ____. **Contingency Rider for SB 208.** Contingent on the enactment of SB 208, or similar legislation relating to the continuation and functions of the Texas Workforce Commission, by the Eighty-fourth Legislature, Regular Session, the following amounts are included in appropriations elsewhere in Article II of this Act.

- a. \$5,031,368 in General Revenue Funds in fiscal year 2017 at the Health and Human Services Commission (HHSC) in Strategy A.2.1, Consolidated System Support, to support the HHSC cost allocation plan.
 - 1. Notwithstanding the general transfer provisions of this Act, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of this general revenue funding within and between health and human services agencies as listed in Chapter 531, Government Code, in order to ensure funding is appropriately allocated to each HHS agency that is subject to assessments for enterprise support services.
 - 2. The Executive Commissioner of the Health and Human Services Commission shall submit written notification to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the names of originating and receiving strategies and the method of financing for each strategy by fiscal year. Annual assessments and expenditures related to these costs will be reported under the requirements in HHS Special Provisions, Sec. 40 Enterprise Support Services.
- b. \$2,024,328 in General Revenue Funds in fiscal year 2017 at the Department of Assistive and Rehabilitative Services (DARS) to maintain services in the Deaf and Hard of Hearing Services program and \$2,113,381 to provide field support staff (33.0 full-time equivalents) for Comprehensive Rehabilitation Services, Children’s Blindness Services, and Independent Living Services.

By: _____

**Special Provisions, Article II
Amended Rider**

Sec. 36 Limitation on Unexpended Balances: General Revenue for Medicaid

Prepared by LBB Staff: 5/20/2015

Required Action

On page II-113 of the bill pattern for the Special Provisions, Article II amend the following rider:

Sec. 36 Limitation on Unexpended Balances: General Revenue for Medicaid.

Unexpended balances in General Revenue Funds appropriated for the Medicaid program (GR Match for Medicaid and GR Certified as Match for Medicaid) to the Health and Human Services Commission, the Department of Aging and Disability Services, and the Department of State Health Services for fiscal year 2016 are appropriated for the same purposes to the respective agencies for fiscal year 2017 only upon prior written approval by the Legislative Budget Board and the Governor.

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor by August 31, 2016. ~~April 1, 2016~~ At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

- a. The following information shall be provided for fiscal year 2016:
 - (1) a detailed explanation of the cause(s) of the unexpended balance(s);
 - (2) the amount of the unexpended balance(s) by strategy; and
 - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act.
- b. The following information shall be provided for fiscal year 2017:
 - (1) a detailed explanation of the purpose(s) for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
 - (2) the amount of the expenditure by strategy;
 - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act; and
 - (4) the capital budget impact.

~~An agency shall submit a revised written request by October 1, 2016 if the amount of the estimated unexpended balance(s) varies by more than five percent from the amount estimated in the original request.~~

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 3015 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 3015 business days.

The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

The agencies are authorized to make a one-time adjustment to the amount of the unexpended balance, contingent on providing prior notification to the Legislative Budget Board and the Governor by October 31, 2016.

By: _____

Special Provisions, Article II
Amended Rider
Sec. 43 Rate Limitations and Reporting Requirements

Prepared by LBB Staff: 5/20/2015

Required Action

On page II-117 of the House committee substitute bill pattern for the Special Provisions, Article II amend the following rider to 1) include oral medications as subject to the section and 2) to reduce the number of days for LBB and Governor consideration of requests under this provision from 30 days to 15 days.

Sec. 43. Rate Limitations and Reporting Requirements. Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency in Article II of this Act as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision.

For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology), including for oral medications, that account for significant expenditures, made by a health and human services agency in Article II of this Act. "Fiscal impact" is defined as an increase in expenditures due to either a rate change or establishment of a new rate, including the impact on all affected programs. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission (HHSC) pursuant to other provisions in this Act and should specify General Revenue-related Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be reported at an aggregate level and acute care services may be reported by rate category.

a. **Notification of Change to Managed Care Rates.**

- (1) No later than 45 calendar days prior to implementation of a change to premium rates for managed care organizations (MCO) contracting with HHSC, the Executive Commissioner of the HHSC shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:
 - (i) a schedule showing the original and revised rate, which should include information on the rate basis for the MCO reimbursements to providers;
 - (ii) a schedule and description of the rate-setting process for all rates listed for subsection (1); and
 - (iii) an estimate of the fiscal impact, by agency and by fiscal year, including the amount of General Revenue Funds, TANF Federal Funds, and All Funds for each rate change listed for subsection (1).
- (2) Within seven days of the submission requirements listed above in subsections (1) through (iii), the Executive Commissioner of the HHSC shall submit a schedule identifying an estimate of the amount of General Revenue Funds, TANF Federal Funds, and All Funds by which expenditures at such rate levels would exceed appropriated funding.

- b. **Quarterly Notification.** With the exception of statutorily required pricing updates on oral medications, and on a quarterly basis, HHSC shall provide notice of changed rates for:

- (1) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates;
- (2) revised rates occurring as a result of a biennial calendar fee review;
- (3) any rate change estimated to have an annual fiscal impact of less than \$500,000 in General Revenue-related Funds or TANF Federal Funds; and
- (4) Any rate change for which approval is obtained under section (c).

c. **Limitation on Rates that Exceed Appropriated Funding.** With the exception of those rates specified in subsections (1) - (3) of section (b), Quarterly Notification, no health and human services agency listed in Article II of this Act Chapter 531, ~~Government Code~~, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies without the prior written approval of the Legislative Budget Board and the Governor.

To request authorization for such a rate, the Executive Commissioner of the 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:

- (1) a list of each new rate and/or the existing rate and the proposed changed rate;
- (2) an estimate of the fiscal impacts of the new rate and/or rate change, by agency and by fiscal year; and
- (3) the amount of General Revenue Funds, TANF Federal Funds, and All Funds, by fiscal year, by which each rate would exceed appropriated funding for each fiscal year.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 1530 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for authorization for the rate and forwards its 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 1530 business days.

d. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

e. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.

f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

By: _____

Special Provisions, Article II
Amended Section
SP32, Contingency for HB 7 and Use of Trauma Fund Receipts
Prepared by Legislative Budget Board Staff, 5/19/2015

Overview

Amend Section 32, Use of Trauma Fund Receipts, in the Special Provisions of Article II to add contingency language related to HB 7 and require DSHS to transfer certain funds to HHSC for an add-on payment for trauma care.

Required Action

On page II-112 of the Special Provisions of Article II, amend the following section:

Sec. 32. Contingency for HB 7 and Use of Trauma Fund Receipts.

- a. In an effort to maximize the availability of Federal Funds under the Title XIX Medical Assistance Program for the purpose of providing reimbursement for uncompensated trauma care at designated facilities, the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) shall ~~may~~ enter into an interagency contract to allow for the transfer of funds from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. ~~5111~~~~Account No. 5111~~, ~~Trauma Facility and EMS~~, from DSHS to HHSC for this purpose. This interagency contract would allow for the transfer of the Account No. 5111 funds to the extent that the use of these funds in this manner would not reduce reimbursements that otherwise would have been provided for uncompensated trauma care to designated facilities.
- b. Contingent on enactment of House Bill 7, or similar legislation by the Eighty-fourth Legislature, Regular Session, transferring revenue from the General Revenue-Dedicated Regional Trauma Account No. 5137 to the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111, an amount estimated to be \$33,576,469 in fiscal year 2016 and an amount estimated to be \$33,576,469 in fiscal year 2017 is appropriated out of the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 to the Department of State Health Services, Strategy B.3.1, EMS & Trauma Care Systems. Of that amount, an estimated \$32,233,410 is to be transferred annually through the interagency contract to HHSC to provide an add-on payment for trauma care.
- c. The amount of \$32,233,410 included above is in addition to the annual amount of \$44,266,590 appropriated to DSHS to be transferred to HHSC to provide an add-on payment for trauma care. The total estimated annual amount is \$76,500,000 in General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 to be used for this interagency contract. HHSC shall develop a methodology to implement increased reimbursements for trauma care providers. The amount of the reimbursements, including Federal Funds, is estimated to be \$178,780,089 in All Funds in fiscal year 2016 and \$176,715,177 in All Funds in fiscal year 2017. The expenditure of funds identified in this rider that are not used for increased reimbursements for trauma care providers shall require prior approval by the Legislative Budget Board.
- d. If funds are not available in the amount appropriated from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 in this Act, the amounts listed in section (b) shall be reduced by the amount that funds are less than appropriations.