Conference Committee

Article II Riders

Recommended for Adoption

As of 5-19-15
10. Appropriation Transfer between Fiscal Years

On page II-XX of the bill pattern, the following amendment to the rider titled "Amended Rider 10, Appropriation Transfer between Fiscal Years" is prepared by the Legislative Budget Board as required by law:

Department of Aging and Disability Services

Amended Rider

Required Action

Prepared by LBB Staff: 5/20/15
e. DADS is authorized to make a one-time adjustment to transfers made under this section.

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 and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.
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 Assistive 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 Assistive and Rehabilitative Services 
Proposed Rider Amendment 
Unexpended Balances within the Biennium: ECI Respite Services
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:

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 Assistive and Rehabilitative Services in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

Prepared by LBB Staff, 5/8/15

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

Same purposes.

are appropriated to DARS for the fiscal year beginning September 1, 2016 for the

Assistive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program,

$60,000 as of August 31, 2016 from appropriations made to the Department of

unexpended and unobligated balances remaining in an amount not to exceed

27. Unexpended Balances within the Biennium: Autism Program. Any

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

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

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

Assistive and Rehabilitative Services in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

Prepared by LBB Staff, 5/8/15

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

Same purposes.

are appropriated to DARS for the fiscal year beginning September 1, 2016 for the

Assistive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program,

$60,000 as of August 31, 2016 from appropriations made to the Department of

unexpended and unobligated balances remaining in an amount not to exceed

27. Unexpended Balances within the Biennium: Autism Program. Any

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

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

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

Assistive and Rehabilitative Services in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.

Prepared by LBB Staff, 5/8/15

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

Same purposes.

are appropriated to DARS for the fiscal year beginning September 1, 2016 for the

Assistive and Rehabilitative Services (DARS) in Strategy A.3.1, Autism Program,

$60,000 as of August 31, 2016 from appropriations made to the Department of

unexpended and unobligated balances remaining in an amount not to exceed

27. Unexpended Balances within the Biennium: Autism Program. Any

By

Department of Assistive and Rehabilitative Services

Proposed Rider Amendment

Unexpended Balances within the Biennium: Autism Program

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

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

Assistive and Rehabilitative Services in Strategy A.3.1, Autism Program, are appropriated to DARS for the fiscal year beginning September 1, 2016 for the same purposes.
Proposed Rider Amendment

Prevention Outcomes

Prepared by LBB Staff, 5/6/15

Department of Family and Protective Services

By

required to remove reporting requirement #4 and to reflect funding.

any other outcome measures. DFPS definitions and any prior CPS involvement and what percent of child families.

The programs focused on children ages three and under helped to reduce the

(1) Parents abuse or neglect their children during or up to 3 years after receiving

increase from the 2014-15 biennium, which is a $46,060,494

and whether additional applications provided in the 2016-17 biennium.

Prevention Programs focused on children ages three and under helped to reduce the

33.5.010.864

(1) On page II-4 of the Senate Bill, amend the following note as follows:

Any other outcome measures. DFPS definitions and any prior CPS involvement and what

(4) The programs focused on children ages three and under helped to reduce the

The report shall be provided to the Legislative Budget Board, Office of the Governor, the

the Strategic Plan for PEI required in SB 206, or similar legislation.

33.5.010.864

addition, applications provided in the 2016-17 biennium. Which is a $46,060,494

increased, and whether additional applications provided in the 2016-17 biennium.

the amount appropriated above in Goal C.

The report shall be provided to the Legislative Budget Board, Office of the Governor, the

The programs focused on children ages three and under helped to reduce the

$31,708,669

in Goal C, Prevention Outcomes, included the amount appropriated above in Goal C.

The programs focused on children ages three and under helped to reduce the

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The programs focused on children ages three and under helped to reduce the
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 5/6/15

Funding provided for caseworkers for parental child safety placements.

- Prepare by LBB Staff, 5/6/15

- Parental Child Safety Placement Caseworkers

- Proposed Rider Amendment

- Department of Family and Protective Services

By ___________________
By _______________

Department of Family and Protective Services
Proposed Rider Amendment

CASA Family Finding Collaboration

Prepared by LBB Staff, 5/6/15

Overview

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 section B.1,2.

CASA Family Finding Collaboration

Proposed Rider Amendment

Department of Family and Protective Services

Overview

By

Not later than December 1, 2016, DFPS shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the 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.

DFPS shall enter into a memorandum of understanding with volunteer advocate programs to specify the respective roles of volunteer advocate 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, DFPS shall report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the 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.

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

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

Required Action

Prepared by LBB Staff, 5/6/15

OVERVIEW

Proposed Rider Amendment

Department of Family and Protective Services

Overview

By
Overview

Add a new rider that requires the agency to report 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.

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, the Speaker of the House, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House Legislative Council, and the Office of the Governor 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.

Prepared by LBB Staff, 5/1/15

Department of Family and Protective Services

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

- Breast and Cervical Cancer Services Program.

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

- Funds appropriated above may only be expended by the Department of State Health Services for the Breast and Cervical Cancer Services Program.
Amend House Rider 80
Funding for Infectious Diseases including Ebola

Funding for Infectious Diseases including Ebola

a. Out of funds appropriated above in Stagger 1A.1, Public Health Preparedness and Coordinated Services, Stagger 1A.3.1, Chronic Disease Prevention and Control funds, and funds appropriated in Section 68.050, Health and Human Services Code, the Department of State Health Services (DSHS) is allocated $6,650,000 in General Revenue each fiscal year for the purposes of prevention, planning, and treatment of infectious diseases involving Ebola, specifically in the following areas: epidemiology surveillance and response; infectious disease response training exercises; laboratory response; and communications and coordination. If DSHS receives Federal funds above $20,270,483 during the 2016-17 Biennium, the Department shall transfer an amount of General Revenue equal to that of the federal funds received to Stagger 1A.1, Public Health Preparedness and Coordinated Services, Stagger 1A.3.1, Chronic Disease Prevention and Control, Stagger 1A.3.2, Reducing Use of Tobacco Products, Stagger 1A.3.3, Children's Health Services, and Stagger 1A.3.4, Suicide Prevention and Mental Health Services to be spent on pediatric asthma management, adult potentially preventable hospitalizations, and for the Texas Emergency Medical Task Force. The allocation to each of the programs shall be determined by DSHS.

b. Contingency for Ebola Funds

Funding for Infectious Diseases, including Ebola

Prepared by IDR Staff 5/20/2015
Department of State Health Services

Bill pattern the following under

Revised Action

By: Davis
Department of State Health Services
Amend House Rider 80
Funding for Infectious Diseases including Ebola

Department of State Health Services
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., 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

Overview

Prepared by LBB Staff, 05/14/2015
Community-Based Crisis and Treatment Facilities Review
Art. II, Department of State Health Services

___

On page II-7 of the Department of State Health Services bill pattern, add the following text:

Required Action:

By:   

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

Proposed Rider

Public Health System Inventory and Action Plan

Prepared by LBB Staff, 05/14/2015

ART. II, DEPARTMENT OF STATE HEALTH SERVICES

OVERVIEW

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

Public Health System Inventory and Action Plan. Out of funds appropriated above, the Department of 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 capacities 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 public health system, and develop an action plan 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 and Senate with jurisdiction over health and human services no later than November 30, 2016.

November 30, 2016

Of Representatives and the Senate with jurisdiction over health and human services no later than November 30, 2016.
Overview

Add a new rider to evaluate and improve performance measurement and contracting processes of behavioral health services providers contracted with DSHS.

Proposed Rider

Behavioral Health Services Provider Contracts Review

Required Action

On page II-7 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 funds or federal reimbursement that could be eliminated from contracts;

c. a consideration of performance measurement and contracting strategies similar to those used for managed care organizations;

d. consideration of best practices in performance measurement and contracting and similar to those described in the review.

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 funds or federal reimbursement that could be eliminated from contracts;

c. a consideration of performance measurement 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.
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. 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.

Prepared by Legislative Budget Board Staff, 5/8/2015

By:

Health and Human Services Commission
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 $12,324,770.67 in General Revenue Funds ($31,544,106 in All Funds) for fiscal year 2017 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

Proposed Rider

Additional Services for Individuals with Intellectual and Developmental Disabilities

Heath and Human Services Commission

Prepared by LBB Staff 5/6/2015
Overview

The amended 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 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
Amended Rider
Report on the Vendor Drug Program
Prepared by LBB Staff, 5/8/2015
Overview

Add a new rider requiring HHSC to monitor the integration of behavioral health services into Medicaid managed care. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall monitor the implementation of Government Code, Section 533.00255(d), 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.

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(d), 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:
By:

Health and Human Services Commission

New Rider

Evaluation of Medicaid Data

Prepared by Legislative Budget Board Staff, 5/15/2015

Overview

Comprehensive. 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 is useful or if additional data, such as measurements of recipient services, is needed to oversee contracts or evaluate the services. HHSC shall develop a dashboard by October 1, 2016, that identifies a concise number of Medicaid indicators, including key data, performance measures, and problems for agency leadership to oversee Medicaid and compare the performance of managed care organizations.

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 is useful or if additional data, such as measurements of recipient services, is needed to oversee contracts or evaluate the services. HHSC shall develop a dashboard by October 1, 2016, that identifies a concise number of Medicaid indicators, including key data, performance measures, and problems for agency leadership to oversee Medicaid and compare the performance of managed care organizations.

Prepared by Legislative Budget Board Staff, 5/15/2015

Health and Human Services Commission

By:
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 designate a third party to develop the single consolidated Medicaid provider enrollment and credentialing process.

By:

Health and Human Services Commission
New Rider
Provider Enrollment Portal

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

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-96 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. The 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.

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Prepared by LBB Staff, 5/18/15

by

Health and Human Services Commission

Proposed New Rider

NAIP/MPAP Payments
Overview

Amend Rider 66, Network Access Improvement Program Report, to add public hospitals to the list of participating public health-related institutions (HRI) and public hospitals and managed care organizations (MCO). The Health and Human Services Commission (HHSC) shall submit a report each time a new round of Network Access Improvement Program proposals are approved which includes a list of participating HRI and public hospitals.

Required Action

On page 11-9 of the Health and Human Services Appropriations Bill, amend the following rider:

Each report shall be submitted to the Governor and the Legislative Budget Board 45 days prior to contract effective date.

By: 

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

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

Health and Human Services Commission
The Comptroller of Public Accounts shall cooperate as necessary to assist the

State of Texas in the administration of the laws related to financial

The Health and Human Services Commission 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 to complete all transfers and spending made under this section.

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
   (2) if any other emergency expenditure requirements, including expenditures
   funds appropriated for those services for fiscal year 2016 or
   expenses associated with providing Medicaid or CHIP services exceed the
   required 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 forwards its review of the proposal to transfer the funds and necessary to the
   the Governor and the Legislative Budget Board. The request must be received
   by the Governor and the Legislative Budget Board.
   Transfers under this section may be made only:
   (1) if costs associated with providing Medicaid or CHIP services exceed the
   (2) if any other emergency expenditure requirements, including expenditures
   funds appropriated for those services for fiscal year 2016 or
   expenses associated with providing Medicaid or CHIP services exceed the
   required by public calamity.

7. Appropriation Transfers Between Fiscal Years

The following transfers:

Prepared by LBB Staff 5/20/2015

Rider 7, Appropriation Transfers Between Fiscal Years
Amended Rider

Health and Human Services Commission
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.

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 budget 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.
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 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, the following amounts are included in appropriations in General Revenue for fiscal year 2017 at the Health and Human Services (HHS) Commission and the Department of Assistive and Rehabilitative Services (DARS): $5,031,368 at the Health and Human Services Commission for health and human services and $2,024,328 at DARS to maintain services in the Deaf and Hard of Hearing Services program.

Additionally, $2,113,381 is included in appropriations for Comprehensive Rehabilitation Services, Children's Blindness Services, and Independent Living Services.

Required Action

On page 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, the following amounts are included in appropriations in General Revenue for fiscal year 2017 at the Health and Human Services (HHS) Commission and the Department of Assistive and Rehabilitative Services (DARS): $5,031,368 at the Health and Human Services Commission for health and human services and $2,024,328 at DARS to maintain services in the Deaf and Hard of Hearing Services program.

Additionally, $2,113,381 is included in appropriations for Comprehensive Rehabilitation Services, Children's Blindness Services, and Independent Living Services.
Sec. 36 Limitation on Unexpended Balances: General Revenue for Medicaid

Amended Rider

By: Special Provisions, Article II

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

(1) a detailed explanation of the purposes for which the unexpended balance(s) will be one-time or recurring;

(2) an estimate of performance levels and, where relevant, a comparison to prior performance levels;

(3) the amount of the unexpended balance(s) by strategy;

(4) the capital budget impact.

an agency shall submit a written request to the Legislative Budget Board and the Governor by August 31, 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); and

(2) 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.

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. 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); and

(2) 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 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 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.
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 all 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. Additional 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.

a. Notification of Change to Managed Care Rates.

(1) No later than 45 calendar days prior to implementation of a change in 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);

(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 subsection (1), 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. Managed Care Organizations (MCO) contracting with HHSC.

Required Action

new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates; revised rates occurring as a result of a biennial calendar fee review; 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 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 by fiscal year and by agency;
(3) the amount of General Revenue Funds, TANF Federal Funds, All Funds, by fiscal year, and by agency;

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 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 15 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 Executive Commissioner and report back to the Legislative Budget Board and the Executive Commissioner. The report shall include a narrative explanation of the audit findings and recommendations for corrective action.

The Executive Commissioner shall ensure that the report is provided to the Legislative Budget Board and the Governor. The report shall include a narrative explanation of the audit findings and recommendations for corrective action.

The report shall include a narrative explanation of the audit findings and recommendations for corrective action.

f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the requirements of this provision have not been satisfied.

The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the requirements of this provision have not been satisfied.

(1) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates; revised rates occurring as a result of a biennial calendar fee review; 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 any rate change for which approval is obtained under section (c).

(2) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates; revised rates occurring as a result of a biennial calendar fee review; 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 any rate change for which approval is obtained under section (c).

(3) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates; revised rates occurring as a result of a biennial calendar fee review; 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 any rate change for which approval is obtained under section (c).

(4) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates; revised rates occurring as a result of a biennial calendar fee review; 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 any rate change for which approval is obtained under section (c).
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 enter into an interagency contract to allow for the transfer of funds from the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111, 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.

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 provide an add-on payment for trauma care. The total estimated annual amount of $76,500,000 in General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 to be used for this purpose 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 amount listed in this paragraph shall be reduced by the amount that funds are less than appropriations.