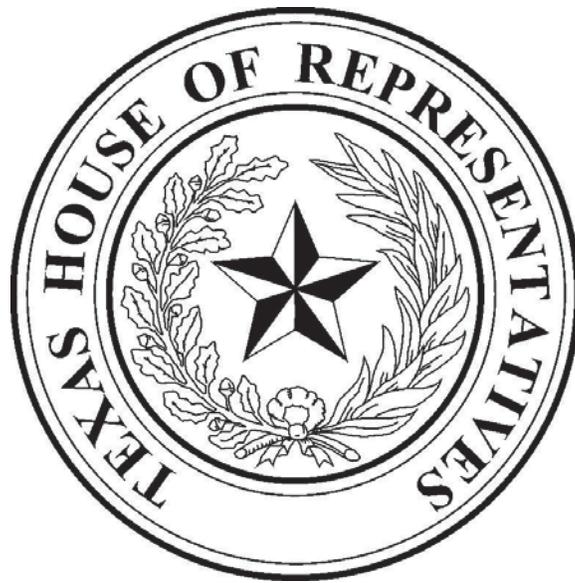


HOUSE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON

ARTICLE II



Riders

ADOPTED RIDER DAY RIDERS

March 15, 2017

**Department of State Health Services**  
**Proposed Rider**  
**Cause of Death Data Improvement**

Prepared by LBB Staff, 03/13/17

**Overview**

Add a new rider directing the Department of State Health Services to study and report on ways to improve cause of death data on death certificates.

**Required Action**

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

\_\_\_\_\_. **Cause of Death Data Improvement.** Out of funds appropriated above in Strategy A.1.2, Vital Statistics, the Department of State Health Services (DSHS) shall study the quality of cause of death data on death certificates. DSHS shall examine the current process of collecting cause of death information and any challenges relating to the quality of the information including, but not limited to, accuracy, completeness, medical certifier roles and perceptions, and structural, procedural, and technological issues. DSHS shall consult national standards regarding collection of cause of death information and may convene a panel of experts to advise the Department.

DSHS shall submit a report including findings, potential program improvements, and any recommended statutory changes for enhancing the quality of cause of death information collection on death certificates to the Lieutenant Governor, Speaker of the House, Legislative Budget Board and the permanent standing committees in the House and the Senate with jurisdiction over health and human services by October 1, 2018.

**Department of State Health Services**  
**Proposed Rider**  
**Newborn Screening Payment**

Prepared by LBB Staff, 03/13/17

**Overview**

Add a new rider directing the Department of State Health Services to study and report on the most effective way to bill private insurers for newborn screening kits.

**Required Action**

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

\_\_\_\_\_. **Newborn Screening Payment.** Out of funds appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) shall study the most effective way to bill private insurers for newborn screening kits. The study should include the feasibility of requiring the division of DSHS with primary responsibility over performing newborn screening kits to bill private insurers for the cost of newborn screening kits that will be administered and of requiring private insurers to automatically update their payment rates for the cost of newborn screening kits based on panel charges.

DSHS shall submit a report including findings and recommendations to the Legislative Budget Board and the permanent standing committees of the Senate and House with primary jurisdiction over appropriations and health and human services no later than September 1, 2018.

**Department of State Health Services**  
**Proposed Rider**  
**Evaluation of Immunization Programs**

Prepared by LBB Staff, 03/13/17

**Overview**

Add a new rider directing the Department of State Health Services to evaluate immunization programs and report findings.

**Required Action**

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

\_\_\_\_\_. **Evaluation of Immunization Programs.** Out of funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services (DSHS) shall study and assess the Vaccines for Children and the Adult Safety Net programs in order to identify methods to:

- 1) Improve the cost effectiveness and quality of the programs;
- 2) Simplify the administration of the programs for the Department and participating provides, including seeking administrative and regulatory flexibility from the Centers for Disease Control and Prevention;
- 3) Expand the number and types of providers participating in the program;
- 4) Expand access to services for individuals eligible for the program;
- 5) Include stakeholder input and feedback; and
- 6) Ensure accountability throughout the program.

DSHS shall submit a report outlining any identified efficiencies and program improvements to the Legislative Budget Board and the permanent standing committees of the Senate and House with primary jurisdiction over health and human services by September 1, 2018.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II Proposed Rider PACE

Prepared by LBB Staff, 03/13/2017

### Overview

Permit HHSC to transfer funding to expand the Program of All-Inclusive Care for the Elderly.

### Required Action

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

#### Sec. 44. Program of All-inclusive Care for the Elderly (PACE).

- a. Expansion of PACE Sites. The Health and Human Services Commission (HHSC) may use funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2018.
- b. Funding for Additional Sites and Participants. Notwithstanding HHSC, Rider 135, Transfers: Authority and Limitations and Special Provisions Relating to All Health and Human Services Agencies, Section 6, Limitations on Transfer Authority, if funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsection (a), the Health and Human Services Commission (HHSC) shall transfer funds from Goal A, Medicaid, Strategy A.1.1, Aged and Medicare-related, or Strategy A.1.2, Disability-Related, in an amount not to exceed \$1,784,785 in General Revenue Funds in fiscal year 2018 and \$4,980,432 in General Revenue Funds in fiscal year 2019. The Executive Commissioner of HHSC must certify that funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in the average cost or rate. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.
- c. Additional Funding for PACE Program. Should transfer authority provided in subsection (b) be insufficient to serve the increase in participants described by subsection (a), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from Strategy A.1.1, Aged and Medicare-related, or Strategy A.1.2, Disability-Related to Strategy A.3.5, Program of All-inclusive Care for the Elderly (PACE). 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 request 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.
- d. Average Cost for New PACE Recipients. Proposed rates related to new sites are subject to the requirements in Special Provisions Relating to All Health and Human Services Agencies, Section 17, Rate Limitations and Reporting Requirements. The

fiscal impact of proposed rates shall be calculated relative to the average cost per recipient for existing PACE sites.

**Article II, Special Provisions**  
**Proposed Rider**  
**Nurse Family Partnership Medicaid Program Pilot**

Prepared by LBB Staff, 03/13/2017

**Overview**

The proposed rider would allow the state to attempt to maximize federal funds for the Nurse Family Partnership (NFP) program through Medicaid managed care. The NFP is an evidence-based program with a long history of improving the birth outcomes, child development, and economic self-sufficiency of enrolled mothers and babies in Texas. Many states include this program in their Medicaid program enabling them to draw down federal funds to expand prevention services while implementing a Medicaid cost containment strategy.

**Required Action**

1) On page II-XX of the Article II, Special Provisions, add the following rider:

\_\_\_\_. **Nurse Home Visiting Programs.** In an effort to leverage federal matching funds to support nurse home visiting services, including Nurse Family Partnership services, the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) may explore the feasibility and cost-effectiveness of including nurse home visiting services as a Medicaid benefit. HHSC may consider all potential options, including existing coverage categories and delivery system models. DFPS may transfer General Revenue Funds appropriated to the Nurse Family Partnership and Texas Home Visiting Programs in the 2018-19 biennium to HHSC, contingent on prior written approval from the Legislative Budget Board, to support the inclusion of these services in Medicaid.

**Health and Human Services Commission**  
**Proposed Rider**  
**Contingency for HB 10**

Prepared by LBB Staff, 03/13/2017

**Overview**

Directs the Health and Human Services Commission to allocate no more than two Full-time Equivalent position to create an Ombudsman for behavioral health access to care, contingent on enactment of House Bill 10 or similar legislation.

**Required Action**

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

. **Contingency for HB 10.** Contingent on enactment of House Bill 10, or similar legislation relating to access to and benefits for mental health conditions and substance use disorders, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission shall utilize funds appropriated above to Strategy D.2.3, Community Mental Health Crisis Services to allocate no more than two Full-time Equivalent position within the Office of the Ombudsman to implement the provisions of the legislation.

**Health and Human Services Commission**  
**Proposed Rider**  
**Contingency for HB 12**

Prepared by LBB Staff, 03/15/2017

**Overview**

Add a rider directing \$50 million from General Revenue for the 2018-19 biennium for the purposes of implementing the provisions of House Bill 12, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_. **Contingency for HB 12.** Contingent on enactment of House Bill 12, or similar legislation relating to individuals who are or may be persons with a mental illness or an intellectual disability and who are or have been involved with the court system and to the eligibility for medical assistance of certain mentally ill inmates, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$25,000,000 in General Revenue in each fiscal year of the 2018-19 biennium to implement the provisions of the legislation.

By: Price

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**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Contingency for HB 13**

Prepared by LBB Staff, 03/13/2017

**Overview**

Increase General Revenue by \$4,687,500 in each fiscal year and add a rider directing \$50,000,000 from General Revenue for the 2018-19 biennium for the purposes of implementing the provisions of House Bill 13, contingent upon its enactment.

**Required Action**

On page II-51 of the bill pattern for the Health and Human Services Commission, increase General Revenue by \$4,687,500 in each fiscal year of the 2018-19 biennium in Strategy D.2.3, Community Mental Health Crisis Services.

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

- \_\_\_\_\_ . **Contingency for HB 13.** Contingent on enactment of House Bill 13, or similar legislation relating to the creation of a matching grant program to support community mental health programs for individuals experiencing mental illness, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$25,000,000 in General Revenue in each fiscal year of the 2018-19 biennium to implement the provisions of the legislation.

**Health and Human Services Commission**  
**Proposed Rider**  
**Contingency for HB 1486**

Prepared by LBB Staff, 03/14/2017

**Overview**

Add a rider directing \$5,000,000 from General Revenue in the 2018-19 biennium for the purposes of implementing the provisions of House Bill 1486, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_. **Contingency for HB 1486.** Contingent on enactment of House Bill 1486, or similar legislation relating to the provision of peer specialists, peer services, and the provision of those services under the medical assistance program, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$2,500,000 in General Revenue in each fiscal year of the 2018-19 biennium to implement the provisions of the legislation.

HHSC shall utilize these funds to develop a strategy to define the certification standard for certified peer specialists and enhance the peer specialist training infrastructure statewide. HHSC shall collaborate with stakeholders in developing regional trainings as well as a train-the-trainer strategy that would build capacity across all regions of the state.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Increase Consumer Directed Services**

Prepared by LBB Staff, 3/13/17

**Overview**

Direct the Health and Human Services Commission, using appropriated funds, to seek to increase the percentage of clients choosing Consumer Directed Services in the STAR+PLUS community-based waiver programs.

**Required Action**

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

\_\_\_\_\_. **Increase Consumer Directed Services.**

Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall educate STAR+PLUS home and community-based services consumers about the Consumer Directed Services (CDS) option, and seek to increase the percentage of clients who choose CDS. HHSC shall collect information annually from each Managed Care Organization (MCO) on the percent of clients enrolled in CDS and shall establish incremental benchmarks for improvement. HHSC shall include this information on the agency website and provide it to the STAR Plus Quality Work Group.

**Health and Human Services Commission**  
**Proposed Rider**  
**Genetic Testing to Determine Treatment Plan for Psychotropic Medications**

Prepared by LBB Staff, 03/13/2017

**Overview**

Directs the Health and Human Services Commission to evaluate the effectiveness of genetic testing in planning and executing a more efficient and cost-effective psychotropic regimen to psychiatric patients, and requires the agency to report their findings to the Legislature.

**Required Action**

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

**. Genetic Testing to Determine Treatment Plan for Psychotropic Medications.**  
Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the benefits of genetic testing to improve the efficacy of psychotropic medications. No later than December 1, 2018, HHSC shall report on the results of the evaluation, anticipated reductions in healthcare costs for the psychiatric population, and any recommendations related to including genetic testing for psychiatric patients as a benefit in programs administered by HHSC 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.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Dental Services Study**

Prepared by LBB Staff, 3/13/17

**Overview**

Prepare a rider directing the Health and Human Services Commission to conduct a study of the dental services provided to adults with disabilities through Medicaid.

**Required Action**

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

\_\_\_\_\_. **Review of Certain Medicaid Dental Services.**

Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct a review of the dental services provided to adults with disabilities through Medicaid. The review may focus on the following areas:

- a. Preventive, emergency, periodontal, restorative, and prosthodontic dental care services available;
- b. Limits or caps on services, or the cost of services;
- c. The dental needs of adults with particular disabilities;
- d. Availability of dentists participating in Medicaid who provide dental services to adults with disabilities; and
- e. Utilization of emergency rooms for dental services and any effect on the cost of care.

HHSC shall submit a report to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Committee of Finance, House Committee on Appropriations, Senate Committee on Health and Human Services, House Committee on Human Services, and House Committee on Public Health no later than December 1, 2018. The report shall detail the agency's findings related to the above items and provide recommendations for improving access to dental care.

By: Munoz

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Nonemergency Medical Transportation**

Prepared by LBB Staff, 03/13/2017

**Overview**

Direct HHSC to improve administrative efficiencies in the medical transportation program.

**Required Action**

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

\_\_\_\_. **Nonemergency Medical Transportation Program Efficiencies.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration the Health and Human Services Commission (HHSC) shall work with contracted medical transportation organizations (MTOs) to improve administrative efficiencies and enhance program outcomes. In achieving these goals, HHSC shall consider recommendations from MTOs and other interested stakeholders. Areas of consideration may include reduction in requirements for individual transportation provider driver credentialing; standardization of reimbursement forms; and transition to a vendor-administered phone system and complaint resolution process.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Postpartum Depression Data Collection**

Prepared by LBB Staff, 03/13/17

**Overview**

Direct the Health and Human Services Commission (HHSC) to submit Medicaid, CHIP, Emergency Medicaid, CHIP-Perinatal, Healthy Texas Women Program, and Family Planning Program data specific to postpartum depression, including claims data, screening, and codes. Clarify that the report is due no later than December 1, 2018.

**Required Action**

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

- \_\_\_\_\_ . **Reporting of Postpartum Depression Data.** Out of funds appropriated above in Strategies B.1.1, Medicaid Contracts and Administration, B.1.2, CHIP Contracts and Administration, and L.1.1, Health and Human Services System Supports, the Health and Human Services Commission (HHSC) shall collect and submit a report on all HHSC program data relating to postpartum depression, including claims data for all postpartum depression screenings, codes, and any other reported clinical data relevant to postpartum depression in public health programs. No later than December 1, 2018, HHSC shall submit a report containing this data to the Legislative Budget Board, the Texas Maternal Mortality and Morbidity Task Force within the Department of State Health Services or its successor agency, and each House and Senate committee with legislative authority over the operation or financing of public health programs.

**Health and Human Services Commission**  
**Proposed Rider**  
**Family Planning Outreach**  
Prepared by Legislative Budget Board Staff, 3/14/2017

**Overview**

Add a rider directing the Health and Human Services Commission to consider providing targeted outreach to certain women regarding the availability of Family Planning services.

**Required Action**

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

- \_\_\_\_\_ . **Family Planning Outreach.** Out of funds appropriated above in Strategy D.1.1, Women’s Health Program, the Health and Human Services Commission shall evaluate the potential benefits of providing targeted outreach regarding eligibility for Family Planning program services to women who have recently had a birth reimbursed by emergency Medicaid or the CHIP Perinatal Program. If determined feasible and cost-effective, HHSC may provide the targeted outreach.

## **Health and Human Services Commission Proposed Rider**

Prepared by LBB Staff, 03/13/2017

### **Overview**

Directs the Health and Human Services Commission to prioritize funding for the prevention, intervention, and treatment of substance use disorders for guardians of children who are at risk of entering the Child Protective Services system.

### **Required Action**

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

- \_\_\_\_\_. **Substance Abuse Funding for Guardians of Children At Risk of Entering Child Protective Services.** Out of funds appropriated above in Strategy D.2.4, Substance Abuse Prevention, Intervention, and Treatment, the Health and Human Services Commission shall, to the extent authorized by state and federal law, seek federal funds for the provision of substance abuse services to individuals who suffer from substance abuse disorders and are the guardian of a child 18 or younger that is at risk of entering the Child Protective Services System, including federal funding pursuant to the 21<sup>st</sup> Century Cures Act.

## **Health and Human Services Commission Proposed Rider**

Prepared by LBB Staff, 03/13/2017

### **Overview**

Allows HHSC to contract with state universities to provide physician and professional services at the state hospitals.

### **Required Action**

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

\_\_\_\_\_ . **State Hospital Contracting for Physician and Professional Services.** Out of funds appropriated above in Strategy G.2.1, Mental Health State Hospitals, the Health and Human Services Commission may contract with state universities to provide physician and professional services at the state hospitals, where feasible and cost-effective.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Eligibility for Providers in the Breast and Cervical Cancer Services Program**

Prepared by LBB Staff, 03/14/17

**Overview**

Amend Rider 58, Breast and Cervical Cancer Services Program: Providers, to set conditions in which a provider may be deemed eligible to be reimbursed for services provided.

**Required Action**

On page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:

58. **Breast and Cervical Cancer Services Program: Providers.** No funds appropriated above may be expended by the Health and Human Services Commission's Breast and Cervical Cancer Services Program in Strategy D.1.1, Women's Health Program, to compensate providers that would be ineligible to receive funding to provide Breast and Cervical Cancer Services pursuant to Texas Administrative Code §392.607. If HHSC is unable to locate a sufficient number of eligible providers offering permanent services in a certain region, the agency may compensate other local providers that may be otherwise ineligible for the provision of breast and cervical cancer screening services.

By: Roberts

## **Health and Human Services Commission, Article II**

### **Proposed Rider**

### **Medicaid Funding Reduction and Cost Containmentment**

Prepared by LBB Staff, 03/13/2017

#### **Overview**

Direct HHSC to incentivize health screenings and healthy behaviors as a means of cost containment. See new item 14, below.

#### **Required Action**

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

#### **36. Medicaid Funding Reduction and Cost Containmentment.**

- a. Included in appropriations above in Goal A, Medicaid Client Services, is a reduction of \$50,000,000 in General Revenue Funds and \$65,794,349 in Federal Funds in fiscal year 2018 and \$50,000,000 in General Revenue Funds and \$67,205,813 in Federal Funds in fiscal year 2019, a biennial total of \$100,000,000 in General Revenue Funds and \$133,000,162 in Federal Funds. The Health and Human Services Commission (HHSC) is authorized to transfer these reductions between fiscal years and to allocate these reductions among health and human services agencies as listed in Article II of this Act, pursuant to the requirement to submit a plan included in Subsection (c) of this rider.
- b. This reduction shall be achieved through the implementation of the plan described under subsection (c) which may include any or all of the following initiatives:
  - (1) Continue strengthening and expanding prior authorization and utilization reviews,
  - (2) Incentivize appropriate neonatal intensive care unit utilization and coding,
  - (3) Pursuant to Human Resources Code §§32.064 and 32.0641, maximize co-payments in Medicaid programs,
  - (4) Increase fraud, waste, and abuse prevention detection and collections,
  - (5) Explore changes to premium structure for managed care organizations and contracting tools to reduce costs and increase efficiency,
  - (6) Implement fee-for-service payment changes and managed care premium adjustments that incentivize the most appropriate and effective use of services,
  - (7) Increase efficiencies in the vendor drug program,
  - (8) Increase third party recoupments,
  - (9) a pilot program on motor vehicle subrogation,
  - (10) Continue to pursue efficiencies in eligibility determination and processing by using self-service options to submit applications,
  - (11) Implement facility cost savings by reducing leased space or decommissioning buildings,
  - (12) Recoup administrative costs for programs HHSC administers for other entities, such as the School Health and Related Services Program (SHARS),

- (13) Seek flexibility from the federal government to improve the efficiency of the Medicaid program,
- (14) Provide incentives for the completion of health risk screenings and engagement in healthy behaviors that address identified high-cost risk factors, and
- (15) Implement additional initiatives identified by HHSC.

HHSC shall develop a plan to allocate the reductions required by Subsection (a) of this rider by taking actions such as those suggested under Subsection (b) of this rider to the budgets of the health and human services agencies as listed in Article II of this Act. The plan shall include reduction amounts by strategy and fiscal year and shall be submitted in writing before December 1, 2017 to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts.

## **Special Provisions Relating to All Health and Human Services Agencies, Article II**

### **Proposed Rider**

Review of HHS System and Managed Care Organizations

Prepared by LBB Staff, 3/6/17

#### **Overview**

Prepare a rider requiring the Health and Human Services Commission, in collaboration with other HHS agencies and MCOs to identify duplicative efforts and roles that result in inefficient care and increased costs to the state. The HHSC shall report its findings by May 1, 2018.

#### **Required Action**

On page II-XX of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, add the following rider:

\_\_\_\_\_ . **Review and Report: Health and Human Services System and Managed Care.**

Out of funds appropriated elsewhere in Article II of the Act in Strategy L.1.1, HHS System Support, in the Health and Human Services Commission (HHSC) bill pattern, HHSC shall conduct a review of health and human services in the state to evaluate opportunities to streamline case management services. The review shall be done in collaboration with the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) and shall:

- a. Evaluate whether adjustments to capitation rates are necessary for Medicaid members receiving case management services independent of care coordination provided by managed care staff, such as the provision of targeted case management services by local providers;
- b. Evaluate administrative efficiencies and potential reductions in duplication from streamlining related benefits such as MCO home health services and MCO provided care coordination;
- c. Identify opportunities to clarify the division of responsibilities for case management services provided to children in STAR Health MCOs, DFPS contracted entities, and other providers of case management services; and
- d. If feasible, identify opportunities for ensuring that a single entity is designated as the primary case manager for Medicaid clients.

HHSC shall submit a report to the Legislative Budget Board and the Governor by May 1, 2018, detailing its findings concerning the costs associated with duplicative effort, inefficiencies, and ineffective care in health and human services in the state.

## **Special Provisions Relating to All Health and Human Services Agencies, Article II**

### **Proposed Rider**

Administrative Savings in the HHS System Related to System Consolidation

Prepared by LBB Staff, 3/6/17

#### **Overview**

Prepare a rider requiring the Health and Human Services Commission, Department of Family and Protective Services, and Department of State Health Services to review their administrative functions to identify duplicative efforts and report to Transition Legislative Oversight Committee, established pursuant Government Code, §531.0203, Legislative Budget Board and the Governor no later than September 1, 2018.

#### **Required Action**

On page II-XX of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, add the following rider:

\_\_\_\_\_. **Administrative Savings in the Health and Human Services System.**

Out of funds appropriated elsewhere in Article II of the Act in Strategy L.1.1, HHS System Support, in the Health and Human Services Commission (HHSC) bill pattern, HHSC shall collaborate with the Department of Family and Protective Services (DFPS) and the Department of State Health Services (DSHS) to conduct a review of the administrative functions of the health and human services agencies listed in Article II of this Act. The review shall include the identification of potential General Revenue savings related to increased administrative efficiencies and the elimination of duplicative administrative functions. The review shall also consider the effectiveness of staffing levels dedicated to administrative functions.

HHSC, DFPS, and DSHS shall develop a plan to achieve the potential General Revenue savings identified above and submit a report to the Transition Legislative Oversight Committee, established pursuant Government Code, §531.0203, Legislative Budget Board and the Governor no later than September 1, 2018. The report shall include information regarding the consolidation of administrative functions pursuant to Senate Bill 200, Eighty-fourth Legislature, 2015, and the savings identified above by strategy, fiscal year, full-time equivalents, and method of finance.

HHSC, DFPS, and DSHS may submit the above information in an individual report prepared in a format specified by the Legislative Budget Board or include the information in the report required pursuant to Government Code, §531.02031.

## Health and Human Services Commission Article II Proposed Rider

Prepared by LBB Staff, 03/14/2017

### **Required Action**

On page 11-75, of the Health and Human Services Commission bill pattern, update the following rider:

- 37. Hospital Payments.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in all Strategies in Goal A, Medicaid Client Services, is \$56,161,049 in General Revenue Funds, \$97,928,571 in Interagency Contracts, and \$202,778,300 in Federal Funds (\$356,867,920 in All Funds) in fiscal year 2018 and \$54,675,809 in General Revenue Funds, \$97,928,570 in Interagency Contracts, and \$205,104,053 in Federal Funds (\$357,708,432 in All Funds) in fiscal year 2019 to provide Medicaid hospital add-on payments for trauma care, safety-net hospitals, and rural hospitals and allocated between hospital types as follows:
- a. \$77,742,620 in Interagency Contracts and \$102,307,451 in Federal Funds in fiscal year 2018 and \$75,257,380 in Interagency Contracts and \$101,147,777 in Federal Funds in fiscal year 2019 for trauma care;
  - b. \$44,161,049 in General Revenue Funds, \$20,185,951 in Interagency Contracts, and \$84,679,132 in Federal Funds in fiscal year 2018 and \$41,675,809 in General Revenue Funds, \$22,671,190 in Interagency Contracts, and \$86,483,955 in Federal Funds in fiscal year 2019 for safety-net hospitals; and
  - c. \$12,000,000 in General Revenue Funds and \$15,791,717 in Federal Funds in fiscal year 2018 and \$13,000,000 in General Revenue Funds and \$17,472,321 in Federal Funds in fiscal year 2019 for rural hospitals.

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in subsection (b) that targets the state's safety-net hospitals, including those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

For purposes of subsection (c), rural hospitals are defined as hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census and Medicare-designated Rural Referral Centers, Sole Community Hospitals, and Critical Access Hospitals. Payments to rural hospitals from funds identified in subsection (c) may include a combination of increases in or add-ons to any or all of the following: general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule. No reimbursement may exceed ~~100 percent of cost~~ the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted

increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.

**Health and Human Services Commission**  
**Article II Proposed Rider**

Prepared by LBB Staff, 03/14/2017

**Required Action**

On page 11-127, of the Health and Human Services Commission bill pattern, update the following rider:

- \_\_\_\_\_. **Evaluation of Rural Hospital Funding Initiatives.** Out of funds appropriated above in Strategy B.1.1 Medicaid Contracts and Administration, the Health and Human Services Commission shall evaluate Medicaid funding initiatives for rural inpatient and outpatient hospital services, including determining the percentage of estimated allowable hospital cost reimbursed by payments for services provided to managed care clients; the percentage of wrongful denials; the average wait time for final payment; and any remedies taken to improve compliance of vendors. The commission shall submit a progress report on the evaluation to the Legislative Budget Board and the Office of the Governor by August 1, 2018, and submit a report on the evaluation findings to the Legislative Budget Board and the Office of the Governor by August 1, 2019.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Prescription Drugs on the Texas Code Index**

Prepared by LBB Staff, 3/14/17

**Overview**

Last session, an amendment was added to Special Provisions, Article II, Section 43 (Rate Limitations and Reporting Requirements) which added “oral” medications to the list of Medicaid rates that HHSC must submit to the LBB for prior written approval before implementation. This provision applies to oral medications that have an annual fiscal impact greater than \$500,000 in general revenue funds.

This change created a significant delay in the time period by which Medicaid patients and providers could access any new oral medications. After HHSC implemented this rider, it took the agency on average between nine and 12 months to complete the new approval process and make a new drug available. In some cases, this delayed patient access to new, breakthrough treatments with no therapeutic equivalent (e.g. the first therapy of its kind).

**Required Action**

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

\_\_\_\_\_. **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.**

The Texas Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children’s Health Insurance Programs. In implementing the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board (LBB) notification, public posting of medical policies and making the product available, does not extend past the 60th day of receipt of an application for coverage on the Texas Drug Code Index (TDCI). Prior to December 1, 2017, HHSC shall report to the LBB and the Governor the steps taken to streamline their process.

**Special Provisions, Article II**  
**Proposed Rider**  
**Rate Limitations and Reporting Requirements**

Prepared by LBB Staff, 03/15/17

**Overview**

Directs the Health and Human Services Commission to provide immediate access to orphan drug, and removes the prior notification. See section b. Prior Notification.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider in sections b. and d.

\_\_\_\_\_. **Sec. 17. 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 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) seven calendar days of the establishment of preliminary premium rates for managed care organizations (MCOs) 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 previous fiscal year's rate and the proposed 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), which should include:
  - (a) a thorough explanation of all formulas and rounding methodologies used in the rate-setting process;
  - (b) reasoning and basis for all trends used in the rate-setting process;
  - (c) all analyses conducted by the Data Analysis Unit (established pursuant to Government Code §531.0082) that are pertinent to the rate-setting process; and
  - (d) all documentation submitted to the Centers for Medicare and Medicaid Services (CMS) pursuant to 42 C.F.R. §438.7.

- (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) The Executive Commissioner of HHSC shall submit all available information identified in subsection (1) if the preliminary rates are changed and shall also submit the reason for these changes. The Executive Commissioner of HHSC shall submit the final proposed rates along with the information listed in subsection (1) no later than 45 calendar days prior to implementation.
  - (3) Within seven days of the submission requirements listed above in subsections (i) 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. **Prior Orphan Drug Notification.** HHSC shall provide immediate access to orphan drugs through fee-for-service and managed care and shall provide notification of a new or increased rate for an orphan drug at least within 30 calendar days prior to of expenditures for this purpose. An orphan drug must meet criteria specified in the federal Orphan Drug Act and regulations at 21 C.F.R. §316, and be required to be covered by the Medicaid program under federal law. With the notification, HHSC shall provide the fiscal impact including the amount of General Revenue Funds, and All Funds, by fiscal year; the amount of drug rebates projected; and an estimate of the population to be served.
- c. **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 (d).
- d. **Limitation on Rates that Exceed Appropriated Funding.** With the exception of those rates specified in section (b), ~~Prior Orphan Drug~~ Notification, and in subsections (1) - (3) of section (c), Quarterly Notification, no health and human services agency in Article II of this Act, 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 15 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 15 business days.

- e. 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.
- f. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (d) 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.
- g. 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.

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**Hospital and Clinic CPS Caseworkers**

Prepared by LBB Staff, 03/08/2017

**Overview**

The proposed rider would allow the agency to place Child Protective Services (CPS) caseworkers in children's hospitals and/or foster care clinics in order to assist in retrieving information available in DFPS records, consulting medical providers regarding appropriate placements, communicating treatment plans to foster care parents, and ensuring that adequate in-home supports for children with complex medical needs are in place prior to discharge.

**Required Action**

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

\_\_\_\_. **Use of Child Protective Services Caseworkers in Hospitals and Clinics.** Out of funds appropriated above in Strategy B.1.1, CPS Direct Delivery Staff, the Department of Family and Protective Services may, as appropriate, assign Child Protective Services (CPS) caseworkers with expertise in providing care to victims of child abuse or neglect , to children's hospitals or specialty clinics in order to facilitate cooperation between DFPS and medical entities.

Munoz

**X. Office of Inspector General Accountability Rider.** In addition to funds appropriated above, \$1,566,239 in Fiscal Year 2018 and \$1,566,240 in Fiscal Year 2019 in general revenue is hereby appropriated to Strategy K.1.1 Client and Provider Accountability. The Office of Inspector General shall use these funds to identify and recover at least \$3,132,479. The Office of Inspector General shall submit, on a quarterly basis, the following information related to these funds to the Legislative Budget Board and the Governor:

- a. Accountability of how these funds are expended to combat fraud, waste, and abuse throughout the health and human services system.
- b. A report of all funds identified and recovered by the Office of Inspector General through investigations, audits, utilization reviews, and inspections which offset funds which would otherwise be expended by the state.

**Overview**

Require the Health and Human Services Commission to seek for federal funding for screening and treatment services for postpartum depression. Walle

**Required Action**

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

\_\_\_\_\_. **Postpartum Depression Services.** Out of funds appropriated above in L.1.1, Health and Human Services System Supports, the Health and Human Services Commission shall, to the extent authorized by state and federal law, seek federal funds for the screening and treatment of postpartum depression pursuant to the 21<sup>st</sup> Century Cures Act.

By: Price

**Health and Human Services Commission  
Proposed Rider  
Peer Supported Re-entry Language  
Office of Mental Health Coordination**

85<sup>th</sup> Legislature, S.B. 1(filed), Article II, HHSC Rider 49

49. Mental Health Peer Support Re-entry Pilot.

a. ~~Out of~~Included in funds appropriated above, in Strategy D.2.1, Community Mental health Svcs- Adults, is \$5,000,000 that the Department of State Health Services (DSHS) Health and Human Services Commission (HHSC) shall allocate through a Memorandum of Understanding shall allocate up to  
~~\$1,000,000 in General Revenue for the 2016-17-2018-19 biennium from Strategy B.2.1D.2.1, Community Mental Health Svcs Services — for Adults, to implement a mental health peer support re-entry program and improve statewide capacity for peer certification.~~ DSHS-HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

b. ~~Prior to implementation, DSHSHHSC shall submit a report to the Governor's Office and the Legislative Budget Board by December 1, 20157 on the projected program that includes an estimate of the total population to be served and client outcome measures. A status report on these factors shall be provided by December 1, 20168.~~ (Former DSHS Rider 73)

### **RIDER REQUEST**

**Member Name:** Representative Senfronia Thompson

**Affected Agency:** Health and Human Services Commission (HHSC)

**Purpose:** Require the executive commissioner to set a personal needs allowance of not less than \$75 month (current \$60) for a resident of a convalescent or nursing home or related institution licensed under Chapter 242, Health and Safety Code, personal care facility, ICF-MR facility, or other similar long-term care facility who receives medical assistance and to allow the commission to send the personal needs allowance directly to a resident who receives Supplemental Security Income (SSI).

**Amount Requested (if applicable):** \$15 million through biennium ending August 31, 2019

**Method of Finance (if applicable):** General Revenue

**Rider Language:** Contingent upon the passage of HB 1622 or similar legislation relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities, the Health and Human Services Commission is hereby appropriated \$7,500,000 in 2018 and \$7,500,000 in 2019 out of General Revenue for the purpose of implementing the Act.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Davis, Sarah

## Health and Human Services Commission, Article II

### Proposed Rider Community Integration Performance Indicators

Prepared by LBB Staff, 03/09/2017

#### **Overview**

Direct the Health and Human Services Commission, using appropriated funds, to implement performance indicators to measure community integration in STAR+PLUS and STARKids.

#### **Required Action**

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

#### **\_\_\_\_\_ . Community Integration Performance Indicators.**

Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop measurements of community integration outcomes, which may include measures of opportunity (objective and subjective), community participation, community presence, well-being, and recovery, for the STAR+PLUS and STARKids programs. HHSC shall work with clients, providers, and other relevant stakeholders to develop these measures and establish methods of data collection. Upon stakeholder agreement, HHSC may begin data collection for measures reporting, and shall publish final data on these measures on the HHSC website on an annual basis.

**Overview**

Walle

Direct the Health and Human Services Commission to seek to educate and inform the public and behavioral health service providers that pregnant women are a priority population for community mental health and substance abuse services funded by both the federal Community Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

**Required Action**

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

**. Prioritization of Behavioral Health Treatment for Pregnant Women.** Out of funds appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, D.2.2, Community Mental Health Services for Children, D.2.3, Community Mental Health Crisis Services, D.2.4, Substance Abuse Prevention and Treatment, D.2.5, Behavioral Health Waivers, and G.2. Provide Behavioral Health Services, and Strategy G.2.2, Mental Health Community Hospitals, the Health and Human Services Commission shall seek to educate and inform the public and behavioral health service providers that pregnant women and women with dependent children are a priority population for services funded through the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block Grant.

Prepared by LBB Staff, 03/09/2017

Davis, Sarah

**Overview**

Direct the Health and Human Services Commission, using appropriated funds, to ensure that managed care organizations maintain an adequate network of providers, especially of community attendants.

**Required Action**

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

\_\_\_\_\_. **Ensure Network Adequacy.**

Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall seek to ensure that contracted managed care organizations maintain an adequate network of providers, especially with respect to community attendants.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Strategic Plan for Expanding Access to Long-Acting Reversible Contraception**

Prepared by LBB Staff, 3/8/17

**Overview**

Prepare a rider directing the Health and Human Services Commission

**Required Action**

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

\_\_\_\_\_. **Access to Long-Acting Reversible Contraception Strategic Plan.**

Out of funds appropriate above in Strategy L.1.1, HHS System Support, the Health and Human Services Commission (HHS) shall develop a five-year strategic plan to reduce barriers for Medicaid recipients and those with and without health benefit plan coverage to access long-acting reversible contraception (LARC). The strategic plan shall include the following:

- a. A review of presumptive LARC eligibility identifying the potential costs, challenges, and benefits of presumptive eligibility and identify methods for covering, defraying, or minimizing those costs;
- b. The identification of barriers to accessing LARC relating to reimbursement and billing procedures;
- c. Methods for developing and expanding partnerships with public and private entities to increase public and provider education, training, and awareness of LARC; and
- d. Make Recommendations to the legislature regarding policy changes and funding needed to implement the strategic plan.

HHSC shall collaborate with the Texas Collaborative for Health Mothers and Babies to develop the five-year strategic plan. HHSC shall submit the five-year strategic plan to the Legislative Budget Board and Governor by November 1, 2018 and post the five-year strategic plan to the agency's webpage.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Auto-Enrollment in the Healthy Texas Women Program**

Prepared by LBB Staff, 03/05/17

**Overview**

Direct the Health and Human Services Commission (HHSC) to submit a report on the cost-effectiveness of automatically enrolling former clients of the Children's Health Insurance Program (CHIP) and clients in the Children's Medicaid Program into the Healthy Texas Women Program on their nineteenth birthday.

**Required Action**

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

\_\_\_\_\_. **Auto-Enrollment in the Healthy Texas Women Program.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, and in B.1.2, CHIP Contracts and Administration, the Health and Human Services Commission (HHSC) shall prepare and submit a report on the cost-effectiveness and projected savings of automatically enrolling female clients enrolled in CHIP and Children's Medicaid Program into the Healthy Texas Women Program on the client's nineteenth birthday. The report shall be submitted to the Legislative Budget Board no later than July 1, 2018.

If feasible and cost effective, HHSC may consider automatic enrollment of eligible women from CHIP and the Children's Medicaid Program into the Healthy Texas Women Program if not eligible for other programs providing women's health services.

### RIDER REQUEST

**Member Name:** Garnet Coleman

**Affected Agency:** Health and Human Services

**Purpose:** Add a new rider to identify funding included for recovery-focused clubhouses and relinquishment prevention.

**Amount Requested (if applicable):** Click here to enter text.

**Method of Finance (if applicable):** Click here to enter text.

**Rider Language:** \_\_\_\_\_. **Funding for Mental Health Programs.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, is \$871,348 in General Revenue in each fiscal year of the 2018-19 biennium to continue funding for recovery -focused clubhouses at fiscal year 2017 service levels. Also included in amounts appropriated above in Strategy D.2.2, Community Mental Health Services for Children, is \$2,450,744 in General Revenue in each fiscal year of the 2018-19 biennium to continue funding for relinquishment prevention slots at fiscal year 2017 service levels.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**Overview**

Howard

Prepare a rider requiring the Health and Human Services Commission to submit quarterly reports on provider and member complaints, provider terminations, and utilization trends.

**Required Action**

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

- \_\_\_\_\_ . **Medicaid Therapy Services Reporting.** Out of funds appropriated above in Strategy L.1.1, HHS System Support, the Health and Human Services Commission (HHSC) shall submit, on a quarterly basis, the following information related to acute care therapy services (including physical, occupational, and speech therapies):
- a. Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
  - b. Provider and member complaints by disposition reported by Medicaid Managed Care Organizations;
  - c. The number of self-reported provider terminations due to provider reimbursements for acute care therapy services; and
  - d. The utilization of acute care therapy services.

HHSC shall submit the quarterly reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board beginning December 1, 2018.

**Overview**

Wu

Require the Health and Human Services Commission to submit a report every six months on Women's Health Program data. The report is to include data on an unduplicated count of clients served.

**Required Action**

On page II-82 of the Health and Human Services Commission bill pattern, amend the following rider:

61. **Women's Health Programs: Savings and Performance Reporting.** Health and Human Services Commission shall submit an bi-annual report, due February 1 and August 1 ~~November 1~~ of each year, to the Legislative Budget Board and the Governor's Office that includes the following information:
- a. Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from each prior fiscal year since fiscal year 2011.
  - b. Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a).
  - c. Descriptions of all outreach activities undertaken for the reporting period.
  - d. The total number of providers, by geographic region, enrolled in the Healthy Texas Women Program and Family Planning Program networks, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers.
  - e. The average and median numbers of program clients, and the total number of unduplicated patients seen, detailed by ~~per~~ provider.
  - f. The count of women in the Healthy Texas Women Program and the Family Planning Program receiving a long-acting reversible contraceptive.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to calendar year 2011, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

## RIDER REQUEST

**Member Name:** Rep. Greg Bonnen

**Affected Agency:** HHSC

**Purpose:** This action would require managed care organizations to more accurately report claims on therapy services, specifically by including the rendering providers' provider identification number rather than the business entity's general identification.

**Amount Requested (if applicable):** \$0

**Method of Finance (if applicable):** N/A

**Rider Language:**

    . **Therapy Services Reporting Accuracy.**

The Health and Human Services Commission shall work in cooperation with managed care organizations to create a more accountable and transparent system for therapy services by requiring all claims submitted to include rendering providers national provider identification number.

## Health and Human Services Commission, Article II

### Proposed Rider

### Evaluation of ICF/IID Facility Conversion to HCS Placements

Prepared by LBB Staff, 03/15/2017

#### **Overview**

Direct HHSC to evaluate and report on potential conversions of six-bed ICFs to HCS placements.

#### **Required Action**

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

- \_\_\_\_\_. **Evaluation of Intermediate Care Facility Conversion.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall evaluate and report to the Legislative Budget Board on the cost effectiveness of permitting small Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) with four or fewer individuals living in the home, who are voluntarily relinquishing their ICF-IID bed, to convert to Home and Community-based Services waiver placements. The report shall be submitted by March 1, 2018.