Senate Finance Committee
Article II

Not Adopted Rider Day Riders

March 15, 2017
Overview
Add a 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:

_____. Immunization Programs Improvement. Out of funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services 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 providers, 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, the Governor, and the members of the Senate Finance Committee and the House Appropriations Committee no later than September 1, 2018.

Department of State Health Services
Proposed Rider
Immunization Programs Improvement

Prepared by LBB Staff, 03/13/17
Overview

The following action adds a new rider requires the Department of State Health Services to implement a program improvement process for the Vaccine for Children and the Adult Safety Net Programs which evaluates the effectiveness and quality of the programs.

Required Action

On page II-38 of The Department of State Health Services bill pattern, add the following new rider:

___ Evaluation of Immunization Programs and Report. The Department of State Health Services shall evaluate the Vaccine for Children and the Adult Safety Net Programs to ensure funds appropriated above are used effectively for those programs by identifying and implementing program changes that improve the cost effectiveness and quality of the programs. The department shall identify and implement changes that:

1) simplify the administration of the programs for the Department and participating providers, including seeking administrative and regulatory flexibility from the Centers for Disease Control and Prevention;
2) expands the number and types of providers participating in the program;
3) expands access to services for individuals eligible for the program;
4) identifies barriers to participating in the program by high risk employees in certain public settings, including stakeholder participation and input; and
5) ensures greater accountability throughout the program.

The Department shall report findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by September 1, 2018 and include in the report an assessment of the vaccination rates of high risk employees in child care facilities, long term care centers and food establishments and other high risk public settings and a description of the program improvements, including making recommendations for any statutory changes needed to fully implement the process improvements.
By: Uresti

Health and Human Services Commission, Article II
Proposed Rider
San Antonio State Hospital Beds
Prepared by LBB Staff, 03/14/2017

Overview
Add a new rider to direct the Health and Human Services Commission to allocate $7.0 million in General Revenue for the biennium to increase the number of acute mental health inpatient beds at the San Antonio State Hospital.

Required Action
On page II-51 of the Health and Human Services Commission bill pattern, in Strategy G.2.1, Mental Health State Hospitals, increase General Revenue by $3,800,000 in fiscal year 2018 and $3,200,000 in fiscal year 2019.

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

San Antonio State Hospital. Out of funds appropriated above in Strategy G.2.1, Mental Health State Hospitals, the Health and Human Services Commission (HHSC) shall allocate $3.8 million in General Revenue in fiscal year 2018 and $3.2 million in General Revenue in fiscal year 2019 in order to increase the number of acute mental health inpatient beds at the San Antonio State Hospital.
Health and Human Services Commission
Telephonic Signature Pilot

Overview

Prepare a rider that directs the Health and Human Services Commission to implement a pilot with Texas food banks to test the use of telephonic signature when providing application assistance through YourTexasBenefits.com.

Required Action

On page II-120 of the bill pattern for the Health and Human Services Commission in Strategy I.1.1, Integrated Eligibility & Enrollment, add the following new rider:

Telephonic signature pilot. Out of funds appropriated above, the Health and Human Services Commission shall implement a pilot to allow food banks to electronically submit applications for Supplemental Nutrition Assistance Program benefits when providing assistance via the telephone using the agency’s website for clients.
By: Senator Hinojosa

Department of Family and Protective Services, Article II
Proposed Rider
Foster Care Transition Home
Prepared by LBB Staff, 03/02/2017

Overview
The proposed rider would direct additional General Revenue funding and capital budget authority to the Department of Family and Protective Services in the amount of $500,000 for the biennium to construct a Foster Care Transition Home in the Rio Grande Valley for young adults who have just aged out of the foster care system.

Required Action
1) Increase General Revenue Funds in the Preparation for Adult Living (PAL) Purchased Services Program by $500,000 in fiscal year 2018.

2) Increase capital budget authority in Construction of Building and Facilities by $500,000 in fiscal year 2018.

3) On page II-19 of the bill pattern for the Department of Family and Protective Services, add the following rider:

Foster Care Transition Home. Out of funds appropriated above in the Preparation for Adult Living (PAL) Purchased Services Program, the Department of Family and Protective Services shall allocate $500,000 in fiscal year 2018 to construct a Foster Care Transition Home in the Rio Grande Valley to serve as a transition home for up to one year for young adults in the year after they have aged out of the foster care system. All unexpended balances appropriated for this purpose for the fiscal year ending August 31, 2018, are appropriated for the same purposes for the fiscal year beginning September 1, 2018.
Article II: DSHS Bill Pattern
Proposed New Rider
Department of State Health Services

Overview

The following new rider would provide permissive authority for the Department of State Health Services to enter into an agreement or agreements with a county or counties to conduct a pilot program using genetically engineered mosquito technology for control and eradication of Zika, Dengue, Yellow Fever and Chikungunya vectors.

Required Action

On page II—Of the Department of State Health Services bill pattern, add the following rider

Pilot Program for Zika, Dengue Fever, Yellow Fever and Chikungunya Control and Eradication. Out of funds appropriated above, $3 million may be used by the Department to enter into an agreement or agreements with a county or counties to use genetically engineered mosquito technology for control and eradication of Zika, Dengue, Yellow Fellow and Chikungunya.

If the Department enters into an agreement or agreements to conduct the pilot program, the Department shall submit an annual report by the end of each fiscal year to the Legislative Budget Board on the performance and outcome of the pilot program.
Overview

The following action adds a new rider that directs the Department of State Health Services to provide an informational listing of funding for Regional Advisory Councils. The work of Texas' twenty-two Trauma Service Area Regional Advisory Councils is funded through a combination of both General Revenue and General Revenue-Dedicated accounts. This trauma system funding is rolled up into Strategy B.2.1, EMS and Trauma Care Systems, in the Department of State Health Services (DSHS) bill pattern. Because it is difficult to point to Regional Advisory Council funding in the budget, Regional Advisory Councils are often uncertain of amounts to be received through DSHS contracts, and it is difficult to compare Regional Advisory Council funding year over year.

The purpose of the proposed rider is to provide an informational listing of funding for Regional Advisory Councils during the 2018-19 biennium.

Required Action

On page X-XXX of Department of State Health Services bill pattern, add the following new rider:

Informational Listing of Funding for Trauma Service Area Regional Advisory Councils. The following is an informational listing of Department of State Health Services funding for Regional Advisory Councils: the final distribution from the Permanent Fund for EMS & Trauma Care Account No. 5046 (estimated to be $139,551 in Fiscal Year 2018); twenty percent of funds appropriated to the department from GR-D Commission on State Emergency Communications Account No. 5007 (estimated to be $364,698 in Fiscal Year 2018 and $364,698 in Fiscal Year 2019); twenty percent of funds appropriated to the department from GR-D EMS, Trauma Facilities, Trauma Care Systems Account No. 5108 (estimated to be $476,860 in Fiscal Year 2018 and $476,861 in Fiscal Year 2019); one percent of funds appropriated to the department from GR-D Trauma Facility and EMS Account No. 5111 (estimated to be ___ in Fiscal Year 2018 and ___ in Fiscal Year 2019); and General Revenue appropriated to the Department of State Health Services (estimated to be $2,400,000 in Fiscal Year 2018 and $2,400,000 in Fiscal Year 2019).
Overview

State mental health hospitals in Texas continue to insufficiently meet the demand for inpatient psychiatric beds, and available beds in both DSHS-operated facilities and private facilities are not keeping pace with Texas’ population growth. Pending a lawsuit by Disability Rights Texas, DSHS converted 32 civil beds to forensic beds at the San Antonio State Hospital. This action reduced the number of general acute beds for South Texas down to 80 adult beds. This continued reduction of civil commitment/voluntary admission beds places a significant burden on our community and leaves patients on waiting lists for admission to the state mental hospital system each month.

As the forensic population in Texas grows and more state hospital beds are diverted to forensic placements, fewer beds are left for people who have not committed crimes. When these civil beds are unavailable, people with mental illness crowd our emergency rooms and cycle through other institutions, often landing in jail or living on the streets. The continuity of care for these individuals is lost. San Antonio State Hospital has a 40 bed unit that it could open if they could hire the staff to provide care and make some minor repairs to the unit.

Add a new rider that requires HHSC to allocate funds to SASH so it can restore 40 beds to the facility.

Required Action

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

San Antonio State Hospital. Out of funds appropriated above in Strategy ___, Mental Health Community Hospitals, the HHSC shall allocate $2,000,000 in General Revenue Funds over the 2017-2018 biennium in order to increase the number of acute mental health inpatient beds at this facility.
By ___Hinojosa___

Health and Human Services Commission
Electronic Visit Verification Administrative Simplification

Overview

The following action adds a new rider that directs the Health and Human Services Commission out of funds appropriated above, in Goal A, Medicaid Client Services, to implement the following measures to streamline the administrative requirements imposed on healthcare providers required to use Electronic Visit Verification (EVV), not later than September 1, 2018.

Required Action

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

___ Electronic Visit Verification Administrative Simplification. Out of funds appropriated above in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall, not later than September 1, 2018, implement the following measures to streamline the administrative requirements imposed on health care providers that are required to use Electronic Visit Verification (EVV):

a. Limit the data elements collected through EVV to only those required under the 21st Century Cures Act (H.R. 34). [42 USC 1396b]

b. Ensure that all services outlined under 42 USC 1396b are subject to EVV requirements, including consumer directed services;

c. Utilize cell phone and GPS technologies for EVV compliance, as appropriate and cost effective;

d. Eliminate program requirements that increase the cost of managing and placing small alternative devices (SADs) for EVV compliance such as requiring use of the a EVV vendor-issued zip tie;

e. Align visit maintenance timelines with claims payment timelines;

f. Educate clients that all providers are required to comply with EVV, and hold clients accountable for failure to comply with EVV requirements;

g. Standardize compliance requirements across managed care plans and fee-for-service; and

h. Seek other methods to reduce the regulatory burdens of EVV on both health care providers and managed care organizations.

HHSC shall submit a report on implementation of items a.– g., and any additional efficiencies implemented in compliance with item h., to the Legislative Budget Board and the Office of the Governor by December 1, 2018.
Overview
Direct the Health and Human Services Commission to establish a rural mental health jail diversion pilot program in the Gulf Bend Region. Please note this allocation of funding would divert funds that would otherwise be allocated to local mental health authorities to provide existing community mental health services.

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

**Gulf Bend Region Jail Diversion Pilot Program.** Out of funds appropriated above in Strategy D.2.1. Community Mental Health Services for Adults, the Health and Human Services Commission shall allocate $1,671,921 in each fiscal year of the 2018-19 biennium to establish a rural mental health jail diversion pilot program at a Local Mental Health Authority (LMHIA) serving the Gulf Bend Region, contingent upon the LMHIA providing an equal amount of local matching funds. The purpose of the program is to reduce recidivism and the frequency of arrest and incarceration among persons with mental illness in that area.
Health and Human Services Commission
Home and Community-based Services (HCS) Supervised Living/Residential Support Services Rates

Overview
The following action adds a new rider that directs $9,391,461 in General Revenue and $12,489,855 in federal matching funds to restore HCS 3- and 4-bed group home rates to 2011 rates. The HCS program serves persons with Intellectual and Developmental Disabilities. To be eligible, a person must have an IQ of 75 or below, meet state financial criteria and need assistance with activities of daily living. The program has three choices of service delivery: (1) Supported Home Living, (2) Foster Care, and (3) Group Homes (referred to as supervised living/residential support services). This 3- and 4-bed model is the one chosen by persons leaving state supported living centers (with a few limited exceptions). Unlike most other health and human services programs, which have a variety of payors, HCS clients and providers are almost 100% Medicaid.

In 2011, the Legislature cut the funding for Home and Community-based Services (HCS) by 3%. In 2015, 0.8% was restored. This rider would restore the remaining 2.2% to the supervised living/residential support services (i.e. 3 and 4-bed group homes) component of the HCS program. Failure to do so exacerbates an ongoing funding issue that negatively impacts the quality and safety of the care provided.

Required Action
On page II-74 of HHSC’s bill pattern, add the following new rider:

___: Home and Community-based Services Supervised Living/Residential Support Services Rates. In addition to amounts appropriated above in Strategy A.3.1, Home and Community-based Services, the Health and Human Services Commission (HHSC) is appropriated $4,724,176 in General Revenue Funds in fiscal year 2018 and $4,667,285 in General Revenue funds in fiscal year 2019 to draw down a federal match of $6,216,482 in fiscal year 2018 and $6,273,373 in fiscal year 2019 to provide a rate restoration of 2.2 percent to the HCS rates for supervised living/residential support services.
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.
Overview

Authorizes the Health and Human Services Commission (HHSC) to contract with The University of Texas Health Science Center at Tyler (UTHSCT) to provide physician and professional services at Rusk State Hospital.

The shift in related FTE from HHSC to UTHSCT will result in corresponding decrease in Retirement and Group Insurance costs at Employees Retirement System and a corresponding increase in the Teacher Retirement System Higher Education Retirement and Higher Education Employees Group Insurance Contributions for UTHSCT. There would be a conforming change in FTE from HHSC to UTHSCT.

Required Action

On page II-51 of Health and Human Services Commission's bill pattern, add the following new rider:

_____ Rusk State Hospital. From funds appropriated above in Strategy G.2.1, Mental Health State Hospitals, Health and Human Services Commission (HHSC) may contract with The University of Texas Health Science Center at Tyler to provide physician and professional services at Rusk State Hospital.

Motion: Corresponding adjustments shall be made in related benefits appropriations and FTE caps for HHSC and UTHSCT in recognition of staffing changes related to the delivery of services at Rusk State.
Health and Human Services Commission (HHSC)
Psychiatric Forensic Bed Expansion

Overview

The following action adds a new rider that directs $34,600,000 for the biennium to increase state capacity for maximum security forensic beds at the Montgomery County Mental Health Treatment Facility (MCMHTF) for the purpose of alleviating the mental health bed wait list and adding capacity for forensic beds in the state. The expansion would include adding an additional 100 forensic beds at the hospital to serve the state’s psychiatric forensic patient needs.

Required Action

On page II-79 of the Health and Human Services Commission bill pattern, add the following new rider:

--- Psychiatric Forensic Bed Capacity Expansion. From funds appropriated above in Strategy G.2.2, Mental Health Community Hospital, transfer $17,300,000 of general revenue in FY 2018 and $17,300,000 in FY 2019 to add 100 maximum security forensic beds at the Montgomery County Mental Health Treatment Facility, in addition to other amounts appropriated.
Overview
Add a rider directing the Health and Human Services Commission to allocate $1,511,911 in General Revenue Funds for one-time construction costs to expand psychiatric crisis services in Nueces County.

Required Action
On page II-X of the Health and Human Services Commission bill pattern in Senate Bill 1, As Introduced, add the following new rider:

Expansion of Community Mental Health Crisis Services in Nueces County. Out of funds appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, the Health and Human Services Commission shall allocate $1,511,911 in General Revenue Funds in fiscal year 2018 for one-time construction costs to expand crisis services in the local service area served by the Nueces County Local Mental Health Authority.
Overview
Direct the Health and Human Services Commission to provide funding for an online technology system that permits a managed care organization to exchange claims information and other items with stakeholders and healthcare partners via an internet portal. This effort would use existing appropriations, and presumably require a reduction to other activities in the Medicaid Contracts and Administration strategy. It is possible the agency would seek a transfer or supplemental funding if administration demands exceed available funding.

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

____. Improving Provider Experience.

Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall pay for a managed care organization (MCO) to implement a single pilot of online technology solutions, in accordance with the goals outlined in Government Code Sec. 533.0055. This expenditure is contingent upon a report of the components of such a system and certification by the Executive Commissioner of the projected savings to the Legislative Budget Board. It is anticipated that technology system maintenance (post-implementation) shall be the responsibility of the participating MCO.
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
UTHEALTH HARRIS COUNTY PSYCHIATRIC CENTER
COMPETENCY RESTORATION UNIT AVAILABILITY (IN AND OUTPATIENT)

Overview

The UTH Health Harris County Psychiatric Center (HCPC) is jointly owned by the State and Harris County and UTHHealth staffs and operates the center. HCPC patient care and operations are funded through the Health and Human Services Commission in Article II, Mental Health Community Hospitals Strategy.

Recently, the Harris County Juvenile Probation Department, due to budgetary constraints, canceled their contract for one 21-bed unit at HCPC that also includes outpatient service area. This unit is available to the state for immediate competency restoration unit or a general psychiatry unit. Uniquely, this unit could handle both inpatient and outpatient competency restoration. HCPC requests the addition of $10,671,536/biennium to the Community Mental Health Hospitals strategy for HCPC for the purposes detailed below.

Competency Restoration – 21 inpatient beds
Inpatient Actual Costs Bed/Day Rate for FY18-19: $549.35
Additional Funding Needed for FY18-19: $8,421,536

Competency Restoration – 20 concurrent outpatient participants
Outpatient Actual Costs per Day Rate for FY18-19: $225.00
Additional Funding Needed for FY18-19: $2,250,000

Total Additional Funding Needed for FY18-19: $10,671,536
Required Action

1. On page II-51 of Senate Bill 1 – Introduced, within the Health and Human Services Commission bill pattern, add $5,335,768 to each fiscal year to the strategy G.2.2. Mental Health Community Hospitals:

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2. Add the following rider to page II-79.

UTHealth Harris County Psychiatric Center Competency Restoration Unit.
Out of funds appropriated above in strategy G.2.2., Mental Health Community Hospitals, the Health and Human Services Commission shall allocate $5,335,768 in General Revenue in each fiscal year of the 2018-2019 biennium for the purpose of funding 21 additional competency restoration beds and 20 additional competency restoration concurrent outpatient participants at The University of Texas Harris County Psychiatric Center.
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
UTHHEALTH HARRIS COUNTY PSYCHIATRIC CENTER
REOPEN SWING UNIT

Overview

The UTHHealth Harris County Psychiatric Center (HCPC) is jointly owned by the State and Harris County and UTHHealth staffs and operates the center. HCPC patient care and operations are funded through the Health and Human Services Commission in Article II, Mental Health Community Hospitals Strategy.

UTHHealth using capital funding from the Legislature, Harris County, and UTHHealth local funds will soon complete the extensive renovations of all 12 units at HCPC. This will allow HCPC to reopen the swing unit used in the renovations in September/October 2017 (beginning of FY2018). HCPC requests the addition of $8,199,091/biennium to the Community Mental Health Hospitals strategy for HCPC for the purposes detailed below.

Last Renovated Unit, putting the swing unit back in operation – 21 beds
Funding Request as General Acute Psychiatric Unit:

Actual Coste Bed/Day Rate for FY18-19: $546.06
Additional Funding Needed for FY18-19: $8,199,091
### Required Action

1. On page II-51 of Senate Bill 1 – Introduced, within the Health and Human Services Commission bill pattern, add $4,099,545 to each fiscal year to the strategy G.2.2. Mental Health Community Hospitals:

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2. Add the following rider to page II-79.

**UTHealth Harris County Psychiatric Center Swing Unit.** Out of funds appropriated above in strategy G.2.2., Mental Health Community Hospitals, the Health and Human Services Commission shall allocate $4,099,545 in General Revenue in each fiscal year of the 2018-2019 biennium for the purpose of funding 21 additional beds at The University of Texas Harris County Psychiatric Center.
Health and Human Services Commission
Proposed Rider
Medicaid Physician Payment Increase
Prepared by LBB Staff, 03/10/2017

Overview
Provides $24.5 million General Revenue Funds and $32.5 million in Federal Funds for the Health and Human Services Commission to increase payments to physicians.

Required Action
1. In HHSC Strategy A.1.5, Children, increase General Revenue by $12,306,300 and Federal Funds by $16,193,700 in fiscal year 2018, and increase General Revenue by $12,158,100 and Federal Funds by $16,341,900 in fiscal year 2019, for a biennial increase of $24,464,400 in General Revenue and $32,535,600 in Federal Funds.

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

   Medicaid Physician Payment Increase. Out of funds appropriated above in Strategy A.1.5, Children, the Health and Human Services Commission may allocate up to $24,464,400 in General Revenue and $32,535,600 in Federal Funds for the 2018-19 biennium to provide an increase in payments to physicians for treatment of children 0-6 years of age.
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
UTH EALTH HARRIS COUNTY PSYCHIATRIC CENTER
BED-DAY RATE FOR FY2018-19

Overview

The UTH ealth Harris County Psychiatric Center (HCPC) is jointly owned by the State and Harris County and UTH ealth staffs and operates the center. HCPC patient care and operations are funded through the Health and Human Services Commission in Article II, Mental Health Community Hospitals Strategy. Current contracts through the region’s LMHIA, the Harris Center, do not cover all the costs of care of these indigent patients. HCPC requests the addition of $4,608,045/biennium to the Community Mental Health Hospitals strategy for HCPC for the purposes detailed below.

Acute Care – 148 beds Main Contract with additional 17 beds for Civil Commitment
Current Bed/Day Rate FY16-17: $513.00
Actual Costs Bed/Day Rate for FY18-19: $546.06
Bed/Day Rate Underfunded: $33.06
Total Current Funding FY16-17: $61,790,850
Requested Funding for FY18-19: $65,772,927
Additional Funding Needed for FY18-19: $3,982,077

Competency Restoration – 23 beds
Current Bed/Day Rate FY16-17: $533.00
Actual Costs Bed/Day Rate for FY18-19: $549.35
Bed/Day Rate Underfunded: $16.35
Total Current Funding FY16-17: $8,949,070
Requested Funding for FY18-19: $9,223,587
Additional Funding Needed for FY18-19: $274,517

Extended Stay Beds – 6 beds
Current Bed/Day Rate FY16-17: $513.00
Actual Costs Bed/Day Rate for FY18-19: $593.24
Bed/Day Rate Underfunded: $80.24
Total Current Funding FY16-17: $2,246,940
Requested Funding for FY18-19: $2,598,391
Additional Funding Needed for FY18-19: $351,451

Total Additional Funding Needed FY18-19: $4,608,045
Required Action

1. On page II-51 of Senate Bill 1 – Introduced, within the Health and Human Services Commission bill pattern, add $2,304,022 to each fiscal year to the strategy G.2.2. Mental Health Community Hospitals:

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2. Add the following rider to page II-79.

**UTHealth Harris County Psychiatric Center.** Out of funds appropriated above in strategy G.2.2., Mental Health Community Hospitals, the Health and Human Services Commission shall allocate $2,304,022 in General Revenue in each fiscal year of the 2018-2019 biennium to increase the allotment for the community mental health inpatient services at The University of Texas Harris County Psychiatric Center.
By Senator Carlos Uresti

Health and Human Services Commission
Pediatric Echocardiograms

Overview

The following action adds a new rider that directs $4.2 million (all funds) for the biennium to increase payments for CPT 93303 in the 0-20 population to increase access to pediatric cardiologists to perform pediatric echocardiograms for the 0-20 population.

HHSC increased payments for CPT 93303 in the 21-999 population by 17% in 2015 but froze rates for CPT 93303 for the 0-20 population even though pediatric echocardiograms are more difficult and time consuming to perform and interpret in the pediatric population. To provide this equitable 17% increase for the 0-20 population, this Rider directs HHSC to adjust the RVU's for CPT 93303 in the 0-20 population by applying a radiology RVU of 6.69 and a technical RVU of 4.89, and further directs HHSC to apply a conversion factor of $30/RVU to CPT 93303.

Because of the financial difficulty associated with providing outpatient pediatric cardiology services at rural and underserved locations, patients must often travel great distances for service (frequently increasing the State's costs by using Medicaid transportation services) or must obtain care in high cost locations such as emergency rooms. With less than 140 pediatric cardiologists in Texas, applying this adjustment, especially in outpatient settings, will allow pediatric cardiology practices to increase access for the Medicaid population, especially in rural and other underserved areas, where it is financially challenging to provide these services, thereby decreasing overall costs to the State.

Required Action

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

Pediatric Echocardiograms – Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy BL1, HHSC shall direct $4.2 million (all funds) for the biennium to increase payments for CPT 93303 in the 0-20 population to increase access to pediatric cardiologists to perform pediatric echocardiograms for the 0-20 population. In particular, HHSC shall adjust the RVU's for CPT 93303 in the 0-20 population by applying a radiology RVU of 6.69 and a technical RVU of 4.89, and further HHSC shall apply a conversion factor of $30/RVU to CPT 93303.
X. Office of Inspector General Accountability Rider. In addition to funds appropriated above, $1,894,739 in Fiscal Year 2018 and $1,894,740 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 $3,789,479 above General Revenue recoveries in Fiscal Year 2016 (estimated at $30,483,582). 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.

In the event that actual and/or projected recoveries are not equal or greater than the amounts listed above in this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriations.