

# **Issue Docket**

**Conference Committee on Senate Bill 1**

**2022-23 General Appropriations Bill**

**Article II - Health and Human Services**

530 DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Cross-Strategy Issue	II-1	II-1		<p>1) <b>Staff to Remain within Court Mandated Caseload Guidelines</b>                      Senate provides \$20,097,013 in All Funds (\$18,202,052 in General Revenue and \$1,894,961 in Federal Funds) and 127.0/156.0 FTEs to achieve a conservatorship caseload of 16.2 children per worker.</p> <p>House provides \$40,194,026 in All Funds (\$36,404,104 in General Revenue and \$3,789,922 in Federal Funds) and 253.0/312.0 FTEs for the same purpose.</p> <p>2) <b>Residential Child Care Investigation Staff</b>                      Senate provides \$2,030,474 in All Funds (\$2,000,000 in General Revenue and \$30,474 in Federal Funds) and 15.0/15.0 FTEs for staff to address increase in investigations due to policy change.</p> <p>House provides \$8,073,096 in All Funds (\$7,951,931 in General Revenue and \$121,165 in Federal Funds) and 58.0/58.0 FTEs for the same purpose.</p> <p>3) <b>Community-based Care (CBC)</b>                      Senate provides funding to expand CBC in the following Stages/Regions:</p> <p>a. \$34,816,330 in All Funds (\$32,902,402 in General Revenue and \$1,913,928 in Federal Funds) and 27.0/27.0 FTEs for expansion to Stage II in Region 8A.</p> <p>b. \$2,953,714 in All Funds (\$2,890,710 in General Revenue and \$36,004 in Federal Funds) for expansion to Stage I in Region 8B.</p> <p>c. \$23,988,535 in All Funds (\$22,368,219 in General Revenue and \$1,620,316 in Federal Funds) and 18.0/18.0 FTEs for expansion to Stage II in Region 1.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
				<p>d. \$7,404,496 in All Funds (\$6,996,094 in General Revenue and \$408,402 in Federal Funds) and 0.0/12.0 FTEs for expansion to Stage II in Region 8B.</p> <p>e. \$7,011,726 in All Funds (\$6,822,043 in General Revenue and \$189,683 in Federal Funds) and 6.0/6.0 FTEs for expansion to Stage I in Region 3E.</p> <p>f. \$2,044,634 in All Funds (\$1,996,667 in General Revenue and \$47,967 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 9.</p> <p>g. \$2,159,089 in All Funds (\$2,109,505 in General Revenue and \$49,584 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 4.</p> <p>h. \$1,543,141 in All Funds (\$1,504,614 in General Revenue and \$38,527 in Federal Funds) and 2.0/2.0 FTEs for expansion to Stage I in Region 5.</p> <p><b>4) Family First Prevention Services Act (FFPSA)</b></p> <p>Senate provides \$3,000,000 in Family First Transition Act (FFTA) Federal Funds for the Nurse Family Partnership program.</p> <p>House provides a total of \$33,873,867 in FFTA Federal Funds for the following purposes: \$5,200,000 for the Nurse Family Partnership program; \$9,800,000 to purchase of services for youth at imminent risk of entering foster care; \$8,900,000 for a pilot program on services through CPS; and \$9,973,867 in additional funding for the QRTP pilot for implementation of FFPSA.</p> <p>See Rider 38, Family First Transition Act Funds.</p>
Number of Full-Time-Equivalents (FTEs)	12,711.5	13,296.5		See Strategy and Cross-Strategy Items
B.1.1 CPS DIRECT DELIVERY STAFF	\$ 1,684,933,661	\$ 1,651,204,890	\$ 33,728,771	

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
				<p>a. Senate provides \$4,000,000 in All Funds (\$3,616,640 in General Revenue and \$383,360 in Federal Funds) to partially restore travel funding for CPS staff.</p> <p>House provides \$9,305,374 in All Funds (\$8,413,547 in General Revenue and \$891,827 in Federal Funds) for the same purpose.</p> <p>b. see Cross-Strategy Item #1.</p> <p>c. see Cross-Strategy Item #2.</p> <p>d. see Cross-Strategy Item #3.</p> <p>e. see Cross-Strategy Item #4.</p>
B.1.2 CPS PROGRAM SUPPORT	\$ 132,791,611	\$ 150,671,526	\$ 17,879,915	<p>a. Senate provides \$350,000 in General Revenue for a random moment time study for caseworkers in Stage II of CBC.</p> <p>See Rider 48, Random Moment Time Study.</p> <p>b. see Cross-Strategy Item #1.</p> <p>c. see Cross-Strategy Item #2.</p> <p>d. see Cross-Strategy Item #3.</p> <p>e. see Cross-Strategy Item #4.</p>
B.1.9 FOSTER CARE PAYMENTS	\$ 1,095,861,641	\$ 1,088,820,559	\$ 7,041,082	see Cross-Strategy Item #3.
C.1.2 CYD PROGRAM	\$ 17,845,116	\$ 16,845,116	\$ 1,000,000	<p>Senate provides an additional \$1,000,000 in General Revenue for the Community Youth Development program.</p> <p>See Rider 38, Community Youth Development (CYD) Program.</p>
C.1.4 OTHER AT-RISK PREVENTION PROGRAMS	\$ 60,329,660	\$ 57,528,257	\$ 2,801,403	Senate provides \$2,801,403 in General Revenue to offset the cost-out reduction to General Revenue-Dedicated Account 5084, Child Abuse and Neglect Prevention Operating.
C.1.5 HOME VISITING PROGRAMS	\$ 71,479,806	\$ 73,679,806	\$ 2,200,000	see Cross-Strategy Item #4.
D.1.2 APS PROGRAM SUPPORT	\$ 9,097,348	\$ 8,442,550	\$ 654,798	Senate provides \$654,798 in All Funds (\$636,188 in General Revenue and \$18,610 in Federal Funds) for adult protective services program support.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
E.1.1 CENTRAL ADMINISTRATION	\$ 58,169,334	\$ 57,553,277	\$ 616,057	<ul style="list-style-type: none"> <li>a. see Cross-Strategy Item #1.</li> <li>b. see Cross-Strategy Item #3.</li> </ul>
E.1.2 OTHER SUPPORT SERVICES	\$ 30,031,704	\$ 30,172,613	\$ 140,909	<ul style="list-style-type: none"> <li>a. see Cross-Strategy Item #1.</li> <li>b. see Cross-Strategy Item #3.</li> </ul>
E.1.4 IT PROGRAM SUPPORT	\$ 91,369,151	\$ 92,083,524	\$ 714,373	<ul style="list-style-type: none"> <li>a. Senate provides \$294,588 in General Revenue for system support services.  House provides \$264,103 in General Revenue for the same purpose.  The funding is tied to system-related items at HHSC and any changes in the total funding at HHSC will result in corresponding conforming changes to these amounts.</li> <li>b. see Cross-Strategy Item #1.</li> <li>c. see Cross-Strategy Item #2.</li> <li>d. see Cross-Strategy Item #3.</li> </ul>
F.1.1 AGENCY-WIDE AUTOMATED SYSTEMS	\$ 58,325,534	\$ 55,235,760	\$ 3,089,774	<ul style="list-style-type: none"> <li>a. Senate provides \$3,557,213 in All Funds (\$3,122,001 in General Revenue and \$435,212 in Federal Funds) to modify IT projects to meet foster care lawsuit court orders.  House provides \$3,557,213 in All Funds (\$3,122,001 in Economic Stabilization Fund and \$435,212 in Federal Funds) in House Bill 2 for the same purpose.  See Cross Article IT Projects Issue Docket</li> <li>b. see Cross-Strategy Item #1.</li> <li>c. see Cross-Strategy Item #2.</li> <li>d. see Cross-Strategy Item #3.</li> </ul>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments	II-6 Rider 5 Rider Packet, page II-1	II-6 Rider 5 Rider Packet, page II-1		Senate requires notification for transfers into and out of these strategies and allows the transfer to be disapproved within 60 days.  House requires approval of transfers into and out of these strategies.
Other Reporting Requirements	II-6 Rider 6 Rider Packet, page II-2	II-6 Rider 6 Rider Packet, page II-2		Senate requires quarterly updates be provided within 60 days of the end of each fiscal quarter.  House requires quarterly updates be provided within 30 days of the end of each fiscal quarter; and requires a report on additional metrics.
Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care	II-7 Rider 7 Rider Packet, page II-3	II-7 Rider 7 Rider Packet, page II-3		Senate requires notification for transfers into and out of the day care strategy and allows the transfer to be disapproved within 30 days.  House requires approval of transfers into and out of the day care strategy.
Limitation on Transfers: CPS and APS Direct Delivery Staff	II-8 Rider 10 Rider Packet, page II-4	II-8 Rider 10 Rider Packet, page II-4		Senate requires notification of transfers of funding and FTEs out of these strategies and allows the transfer to be disapproved within 30 days.  House requires approval for transfers of funding and FTEs in and out of these strategies.
Human Trafficking Prevention	II-14 Rider 29 Rider Packet, page II-6	II-14 Rider 29 Rider Packet, page II-6		Senate revises the rider name; identifies the human trafficking funding and FTEs within the agency; directs the use of the identified funds; and requires an annual report.  House identifies the human trafficking funding and FTEs.
Family First Prevention Services Act (FFPSA)		II-16 Rider 37 Rider Packet, page II-7		House identifies that funds appropriated to DFPS do not assume a loss of Title IV-E federal funding related to FFPSA.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Federal Funds Maximization	II-16 Rider 37 Rider Packet, page II-7			Senate directs DFPS to submit biannual progress reports on maximizing federal funding as well as quarterly reporting on how the related funds were utilized. Senate also requires the agency receive approval to expend matched General Revenue as unmatched General Revenue.
Community Youth Development (CYD) Program	II-17 Rider 38 Rider Packet, page II-8			Senate identifies the amount of General Revenue appropriated for the CYD program.
Family First Transition Act Funds		II-16 Rider 38 Rider Packet, page II-8		House identifies how the FFTA federal funds shall be used and requires a progress reports on increasing capacity of community-based prevention and family preservation services.
Aligning Oversight of Foster Care Providers and Foster Families	II-17 Rider 39 Rider Packet, page II-9			Senate directs DFPS to coordinate with HHSC and other entities to streamline oversight of foster care providers and foster families.
Permanency Care Assistance	II-17 Rider 41 Rider Packet, page II-9			Senate provides intent for DFPS to ensure families are receiving financial assistance available to support the transition to permanent managing conservatorship.
Faith and Community Based Partner Coordination		II-17 Rider 42 Rider Packet, page II-9		House directs DFPS to maintain a strategy for engaging and collaborating with faith and community based partners.
Capacity Study		II-17 Rider 43 Rider Packet, page II-10		House directs DFPS to conduct a study reviewing current capacity and services for pregnant and parenting foster youth.
Office of the Ombudsman	II-17 Rider 43 Rider Packet, page II-10			Senate directs DFPS to transfer the ombudsman function, along with the related funding and full-time equivalents to HHSC for the same purpose.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Foster Care Ombudsman	II-17 Rider 44 Rider Packet, page II-10			Senate directs DFPS to ensure every child in Foster Care receives information on the Ombudsman for Youth and Children in Foster Care.
Transportation Pilot Program Study		II-17 Rider 44 Rider Packet, page II-10		House directs DFPS to submit a study on the cost effectiveness of expanded transportation options to determine if reunification outcomes can be improved.
Community-based Care (CBC) Funding Methodology	II-17 Rider 45 Rider Packet, page II-11			Senate directs DFPS to establish a funding methodology for CBC.
Report on Suicide among Foster Youth		II-18 Rider 45 Rider Packet, page II-12		House directs DFPS to submit a report on certain metrics related to suicide among foster youth.
Interoperability of Data System	II-18 Rider 46 Rider Packet, page II-13			Senate directs DFPS to ensure operability with their case management system and the systems operated by the Single Source Continuum Contractors.
Conservatorship Caseload per Worker	II-18 Rider 47 Rider Packet, page II-13			Senate directs DFPS that funding and FTEs appropriated for caseworkers are intended to achieve a conservatorship caseload of 16.2 children per worker.
Random Moment Time Study	II-18 Rider 48 Rider Packet, page II-13			Senate directs DFPS to provide the results of the random moment in time study to the legislature.



537 DEPARTMENT OF STATE HEALTH SERVICES

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
<b>Cross-Strategy Issue</b>	II-18	II-18		<p>Senate provides \$1,181,028 in General Revenue and General-Revenue Dedicated Funds and 1.0/0.0 FTEs for customer service efficiency to improve the functionality of the online licensure and registration system to address delays in processing times for inspecting, licensing, and relicensing businesses regulated by DSHS.</p> <p>House provides \$1,181,028 in Economic Stabilization Funds and 1.0/0.0 FTEs in House Bill 2 for the same purpose.</p> <p>See Cross Article IT Projects Issue Docket.</p>
Number of Full-Time-Equivalents (FTEs)	3,318.9	3,306.9		<p>a. Senate provides 13.0/13.0 FTEs for food safety.</p> <p>See Strategy C.1.1, Food (Meat) and Drug Safety.</p> <p>b. Senate provides 1.0/0.0 FTEs for customer service efficiency.</p> <p>See Cross-Strategy Issue.</p> <p>c. House provides 1.0/1.0 FTEs for health registries.</p> <p>See Strategy A.1.3, Health Registries.</p>
A.1.1 PUBLIC HEALTH PREP. & COORD. SVCS	\$ 123,852,250	\$ 146,655,760	\$ 22,803,510	<p>a. Senate provides \$31,327,708 in Federal Funds for the Bioterrorism Hospital Preparedness Program award.</p> <p>House provides \$33,057,538 for the same award.</p> <p>See also Senate Rider 28, Emergency Medical Task Force.</p> <p>b. Senate provides \$53,018,050 in Federal Funds for the Public Health Emergency Preparedness award.</p> <p>House provides \$74,091,730 for the same award.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
A.1.3 HEALTH REGISTRIES	\$ 20,847,512	\$ 26,209,651	\$ 5,362,139	House provides \$5,362,139 in General Revenue and 1.0/1.0 FTEs for a system viability assessment for the information technology platform used for DSHS health registries including the Texas Birth Defects Registry, Blood Lead Registry, Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Diseases Integrated System, and the Emergency Medical Services and Trauma Registry.  See Cross Article IT Projects Issue Docket.
A.1.5 HEALTH DATA AND STATISTICS	\$ 10,500,140	\$ 10,500,140	\$ -	Senate provides \$2,318,426 in General Revenue for the Texas Health Care Information Center.  House provides \$2,318,426 in General Revenue-Dedicated Account No. 129, Hospital Licensing, for the same purpose.  See also House Rider 28, Hospital Care Information Funding.
A.2.1 IMMUNIZE CHILDREN & ADULTS IN TEXAS	\$ 154,578,856	\$ 174,136,276	\$ 19,557,420	Senate provides \$35,534,762 in Federal Funds for the Immunization Grants award.  House provides \$55,092,182 for the same award.
A.2.2 HIV/STD PREVENTION	\$ 475,637,404	\$ 440,637,404	\$ 35,000,000	Senate provides \$35,000,000 in General Revenue to maintain the Texas HIV Medication Program.  See also Senate Rider 26, Texas HIV Medication Program.
B.2.1 EMS AND TRAUMA CARE SYSTEMS	\$ 247,597,595	\$ 246,883,240	\$ 714,355	a. Senate provides \$406,928 in General Revenue to restore funding from the five percent reduction to Regional Advisory Councils and emergency medical services programs. b. See Cross-Strategy Issue.
C.1.1 FOOD (MEAT) AND DRUG SAFETY	\$ 56,092,679	\$ 52,887,306	\$ 3,205,373	a. Senate provides \$2,946,626 in General Revenue-Dedicated Funds and 13.0/13.0 FTEs for the food safety program to address deficiencies identified in an audit related to providing an adequate level of licensure, inspection, and enforcement activities and to increase salaries to prevent turnover in public health sanitarian positions.

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				b. See Cross-Strategy Issue.
C.1.2 ENVIRONMENTAL HEALTH	\$ 13,422,431	\$ 13,115,004	\$ 307,427	See Cross-Strategy Issue.
C.1.3 RADIATION CONTROL	\$ 18,959,657	\$ 18,652,230	\$ 307,427	See Cross-Strategy Issue.
D.1.1 AGENCY WIDE IT PROJECTS	\$ 33,263,172	\$ 53,209,590	\$ 19,946,418	House provides an additional \$19,946,418 in All Funds (\$8,121,908 in General Revenue, \$10,962,552 in Federal Funds, and \$861,958 in Other Funds) for Data Center Services.  See Cross Article IT Projects Issue Docket.
E.1.2 IT PROGRAM SUPPORT	\$ 34,091,382	\$ 33,428,718	\$ 662,664	Senate provides \$1,327,366 in General Revenue for system support services.  House provides \$664,702 in General Revenue for the same purpose.  This funding is tied to system-related items at HHSC and any changes to the total funding at HHSC will result in corresponding conforming changes to these amounts.
Capital Budget	II-22 Rider 2 Rider Packet, page II-15	II-22 Rider 2 Rider Packet, page II-15		a. Senate provides \$888,000 in capital budget authority for Texas Center for Infectious Disease (TCID) repair and renovation. b. See Cross-Strategy Issue. c. See Strategy D.1.1, Agency Wide IT Projects.
Texas HIV Medication Program	II-29 Rider 26 Rider Packet, page II-17			Senate directs DSHS to maximize appropriations to the Texas HIV Medication Program by maximizing federal funds, implementing an insurance purchase model, and implementing other cost containment measures as necessary.  See also Strategy A.2.2, HIV/STD Prevention.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Federal Funds Reporting Requirement		II-29 Rider 26 Rider Packet, page II-18		House directs DSHS to report on the Public Health Emergency Preparedness, Bioterrorism Hospital Preparedness Program, and Immunization Grants federal funds if the projected expenses included in the Monthly Financial Report differ from the appropriated amounts by more than \$1,000,000.
HIV Care Formula Grants		II-30 Rider 27 Rider Packet, page II-18		House directs DSHS to report on the HIV Care Formula Grants federal funds if the projected expenses included in the Monthly Financial Report are in excess of the appropriated amounts or require DSHS to expend a portion of the upcoming year's award.
Hospital Care Information Funding		II-30 Rider 28 Rider Packet, page II-19		House directs DSHS to use funding from General Revenue-Dedicated Account No. 129, Hospital Licensing, for hospital care information funding.  See also Strategy A.1.5, Health Data and Statistics.
Emergency Medical Task Force	II-30 Rider 28 Rider Packet, page II-19			Senate directs DSHS to provide federal funds to 1) the Emergency Medical Task Force (EMTF) Lead Regional Advisory Councils (RACs) for programs, exercises, and readiness; 2) the Southwest Texas RAC for EMTF management and 3) the Southwest Texas RAC for statewide equipment.  See also Strategy A.1.1, Public Health Preparedness and Coordinated Services.
Report on Consumable Hemp Program	II-30 Rider 29 Rider Packet, page II-20			Senate directs DSHS to report on the state consumable hemp program by providing an overview of licensing and enforcement activities by November 1, 2022.
COVID-19 Vaccine Awareness Campaign		II-30 Rider 30 Rider Packet, page II-20		House directs DSHS to develop and implement a COVID-19 vaccine awareness campaign.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Schedule I Drug Scheduling		II-30 Rider 31 Rider Packet, page II-21		House directs that any prescription drug that is designated, rescheduled, or deleted as a controlled substance under federal law shall be excluded from Schedule I unless the DSHS Commissioner publishes an objection.
Report on Federal Public Health Funding to Local Health Entities		II-31 Rider 32 Rider Packet, page II-21		House directs DSHS to report on the allocation of federal public health funding to state programs and local health entities by January 31, 2022.
Study on COVID-19 Testing and Immunization Distribution Equity		II-31 Rider 33 Rider Packet, page II-21		House directs DSHS to conduct a study on COVID-19 testing and immunization distribution equity by December 31, 2022.
Unexpended Balance Authority: Texas Center for Nursing Workforce Studies Funding		II-31 Rider 34 Rider Packet, page II-22		House provides DSHS with unexpended balance authority for the interagency contract with the Board of Nursing for the Texas Center for Nursing Workforce Studies.

529 HEALTH AND HUMAN SERVICES COMMISSION

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
<b>Cross-Strategy Issues</b>	II-31	II-32		<p>1) Senate provides transfer authority in Goal A, Medicaid Client Services, to provide reimbursement for the provision of individualized skills and socialization (ISS). See Senate Rider 110, page II-80.</p> <p>House provides an additional \$90,484,201 in All Funds (\$35,252,954 in General Revenue and \$55,231,247 in Federal Funds) and 0.0/6.0 FTEs to support client services costs associated with transitioning day habilitation to ISS.</p> <p>2) Senate provides \$111,888,394 in All Funds (\$43,710,037 in General Revenue and \$68,178,357 in Federal Funds) for Medicaid intensive behavioral intervention services.</p> <p>House provides \$310,392,694 in All Funds (\$124,233,488 in General Revenue and \$186,159,206 in Federal Funds) for the same purpose.</p> <p>3) House provides an additional \$12,438,936 in federal Mental Health Block Grant funds based on assumed federal fiscal year 2021 awards.</p> <p>4) Senate provides an additional \$29,032,991 in General Revenue and 140.9/144.0 FTEs to address the foster care litigation.</p> <p>House provides an additional \$30,952,789 in General Revenue and 140.9/144.0 FTEs for the same purpose.</p>
Number of Full-Time-Equivalents (FTEs)	38,353.9	38,073.0		See Strategy and Cross-Strategy Items
A.1.1 AGED AND MEDICARE-RELATED	\$ 8,715,941,164	\$ 6,037,442,762	\$ 2,678,498,402	<p>a. House provides an additional \$123,462,974 in All Funds (\$47,576,677 in General Revenue and \$75,886,297 in Federal Funds) for rural hospital reimbursement. See House Rider 8, page II-47.</p> <p>b. Senate includes a decrease of \$25,000,000 in General Revenue for assumed program efficiencies. See Senate Rider 119, page II-82.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
A.1.2 DISABILITY-RELATED	\$ 15,009,268,750	\$ 15,129,739,186	\$ 120,470,436	<p>c. Senate includes a decrease of \$350,000,000 in General Revenue for assumed cost containment. See Senate Rider 112, page II-81.</p> <p>d. Senate includes a decrease of \$1,850,000,000 in General Revenue for Medicaid client services.</p> <p>House includes a decrease of \$5,117,056,681 in All Funds (\$2,000,000,000 in General Revenue and \$3,117,056,681 in Federal Funds) for the same purpose.</p> <p>e. See Cross-Strategy Item #1.</p> <p>a. Senate provides an additional \$7,302,654 in All Funds (\$2,853,186 in General Revenue and \$4,449,468 in Federal Funds) for 25 additional Medically Dependent Children Program waiver slots and 81 additional STAR+PLUS Home and Community-Based Services waiver slots.</p> <p>b. See Cross-Strategy Item #2.</p>
A.1.5 CHILDREN	\$ 14,996,726,873	\$ 15,067,458,083	\$ 70,731,210	See Cross-Strategy Item #2.
A.1.6 MEDICAID PRESCRIPTION DRUGS	\$ 7,665,933,395	\$ 7,727,665,393	\$ 61,731,998	<p>Senate provides an additional \$51,170,567 in All Funds (\$20,000,000 in General Revenue and \$31,170,567 in Federal Funds) for Hepatitis C treatment. See Senate Rider 109, page II-80.</p> <p>House provides an additional \$112,902,565 in All Funds (\$44,404,579 in General Revenue and \$68,497,986 in Federal Funds) for the same purpose.</p>
A.3.1 HOME AND COMMUNITY-BASED SERVICES	\$ 2,629,546,771	\$ 2,611,176,524	\$ 18,370,247	Senate provides an additional \$18,370,247 in All Funds (\$7,178,741 in General Revenue and \$11,191,506 in Federal Funds) for 356 additional Home and Community-based Services waiver slots.
A.3.2 COMMUNITY LIVING ASSISTANCE (CLASS)	\$ 643,193,702	\$ 627,418,239	\$ 15,775,463	Senate provides an additional \$15,775,463 in All Funds (\$6,164,630 in General Revenue and \$9,610,833 in Federal Funds) for 251 additional Community Living Assistance and Support Services waiver slots.

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A.3.3 DEAF-BLIND MULTIPLE DISABILITIES	\$ 36,751,866	\$ 36,483,678	\$ 268,188	Senate provides an additional \$268,188 in All Funds (\$104,792 in General Revenue and \$163,396 in Federal Funds) for 3 additional Deaf-Blind Multiple Disabilities waiver slots.
A.3.4 TEXAS HOME LIVING WAIVER	\$ 217,676,496	\$ 208,211,619	\$ 9,464,877	Senate provides an additional \$9,464,877 in All Funds (\$3,698,651 in General Revenue and \$5,766,226 in Federal Funds) for 307 additional Texas Home Living waiver slots.
B.1.1 MEDICAID CONTRACTS & ADMINISTRATION	\$ 1,523,641,542	\$ 1,199,879,732	\$ 323,761,810	
				<p>a. Senate provides \$266,406,192 in All Funds (\$31,644,412 in General Revenue and \$234,761,780 in Federal Funds) for modernization of the Medicaid Management Information System.</p> <p>House provides \$266,406,192 in All Funds (\$31,644,412 from the Economic Stabilization Fund and \$234,761,780 in Federal Funds) in House Bill 2 for the same purpose.</p> <p>See Cross Article IT Projects Issue Docket.</p>
				<p>b. Senate provides \$32,142,130 in All Funds (\$3,404,293 in General Revenue and \$28,737,837 in Federal Funds) and 15.2/15.2 FTEs for technology enhancements for intellectual and developmental disability (IDD) providers, Local IDD Authorities (LIDDAs), and service coordinators.</p>
				<p>c. Senate provides \$25,213,488 in All Funds (\$2,928,372 in General Revenue and \$22,285,116 in Federal Funds) to support transition of the current Vendor Drug Program (VDP) to the VDP Pharmacy Benefits Services Modernization solution.</p> <p>House provides \$25,213,488 in All Funds (\$2,928,372 from the Economic Stabilization Fund and \$22,285,116 in Federal Funds) in House Bill 2 for the same purpose.</p> <p>See Cross Article IT Projects Issue Docket.</p>



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
D.1.3 ECI SERVICES	\$ 314,803,167	\$ 339,021,572	\$ 24,218,405	Senate provides an additional \$9,721,585 in Federal Funds for caseload growth.  House provides \$33,939,990 in All Funds (\$15,429,558 in General Revenue and \$18,510,432 in Federal Funds) for the same purpose.
D.2.1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	\$ 776,329,434	\$ 785,705,000	\$ 9,375,566	See Cross-Strategy Issue #3.
D.2.2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	\$ 185,018,970	\$ 187,879,512	\$ 2,860,542	See Cross-Strategy Issue #3.
D.2.4 SUBSTANCE ABUSE SERVICES	\$ 496,157,256	\$ 519,994,928	\$ 23,837,672	a. House maintains \$23,634,844 in General Revenue to reduce the substance abuse treatment waitlist for pregnant women and women with dependent children. See House Rider 30, page II-55. b. See Cross-Strategy Issue #3.
F.3.1 FAMILY VIOLENCE SERVICES	\$ 72,808,584	\$ 78,308,584	\$ 5,500,000	Senate provides an additional \$7,500,000 in General Revenue for enhanced family violence services. See Senate Rider 124, page II-84.  House provides an additional \$13,000,000 in federal Temporary Assistance for Needy Families (TANF) funds for the same purpose. See House Rider 110, page II-83.
F.3.2 CHILD ADVOCACY PROGRAMS	\$ 85,126,008	\$ 99,022,134	\$ 13,896,126	a. Senate provides an additional \$8,000,000 in General Revenue for Child Advocacy Centers (CAC). See Senate Rider 50, page II-60.  House provides an increase of \$21,896,126 in federal TANF funds for the same purpose. See House Rider 50, page II-61.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
				<p>b. Senate appropriates General Revenue into General Revenue-Dedicated (GR-D) Accounts No. 0469 and 5010 to address Office of Attorney General (OAG)-projected deficits in the accounts in the 2022-23 biennium. Note: Does not directly impact appropriations at HHSC.</p> <p>Total GR-D appropriations for Child Advocacy Centers and Court-Appointed Special Advocates are as follows:</p> <ul style="list-style-type: none"> <li>• GR-D Account No. 0469: \$20.5 million</li> <li>• GR-D Account No. 5010: \$10.0 million</li> </ul> <p>House provides a method-of-finance swap at HHSC between General Revenue and GR-D Accounts No. 0469 (\$13.8 million) and 5010 (\$10.0 million) to address OAG-projected deficits the accounts in the 2022-23 biennium.</p> <p>Total GR-D appropriations for Child Advocacy Centers and Court-Appointed Special Advocates are as follows:</p> <ul style="list-style-type: none"> <li>• GR-D Account No. 0469: \$6.7 million</li> <li>• GR-D Account No. 5010: \$0.0 million</li> </ul> <p>See OAG Issue Docket.</p>
G.2.1 MENTAL HEALTH STATE HOSPITALS	\$ 967,255,496	\$ 894,601,774	\$ 72,653,722	<p>a. Senate provides an additional \$71,360,250 in General Revenue and 260.0/260.0 FTEs for expanded capacity at Kerrville State Hospital and the new inpatient facility in Harris County.</p> <p>b. Senate provides \$1,293,472 in General Revenue for Hepatitis C treatment at state hospitals. See Senate Rider 109, page II-80.</p>
G.4.1 FACILITY PROGRAM SUPPORT	\$ 26,887,656	\$ 21,914,156	\$ 4,973,500	<p>a. Senate provides an additional \$1,973,000 in General Revenue for laundry equipment replacement.</p> <p>b. Senate provides an additional \$3,000,000 in General Revenue to partially restore reductions to the agency's baseline request for facility support services.</p>

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
H.1.1 FACILITY/COMMUNITY-BASED REGULATION	\$ 213,464,585	\$ 212,417,724	\$ 1,046,861	Senate provides an additional \$1,046,861 in All Funds (\$862,543 in General Revenue and \$184,318 in Federal Funds) to partially restore five percent reductions related to enforcement and surveyor staffing.
I.2.1 LONG-TERM CARE INTAKE & ACCESS	\$ 521,809,196	\$ 522,198,092	\$ 388,896	See Cross-Strategy Item #1.
I.3.1 TIERS & ELIGIBILITY SUPPORT TECH	\$ 224,899,344	\$ 223,399,344	\$ 1,500,000	Senate provides \$1,500,000 in All Funds (\$755,896 in General Revenue and \$744,104 in Federal Funds) for a professional contract related to Winters Data Center environment protection.  House provides \$1,500,000 in All Funds (\$755,896 from the Economic Stabilization Fund and \$744,104 in Federal Funds) in House Bill 2 for the same purpose.  See Cross Article Facility Projects Issue Docket.
K.1.1 OFFICE OF INSPECTOR GENERAL	\$ 66,730,572	\$ 61,848,598	\$ 4,881,974	Senate provides \$4,881,974 in All Funds (\$1,952,790 in General Revenue and \$2,929,184 in Federal Funds) to replace Federal Funds previously received for nursing staff.
L.1.1 HHS SYSTEM SUPPORTS	\$ 213,057,948	\$ 214,977,746	\$ 1,919,798	See Cross-Strategy Item #4.
L.1.2 IT OVERSIGHT & PROGRAM SUPPORT	\$ 479,363,934	\$ 453,909,933	\$ 25,454,001	a. Senate provides an additional \$7,280,267 in General Revenue and 9.0/9.0 FTEs to migrate Residential Child Care Licensing IT systems from the Department of Family Protective Services to the Health and Human Services Commission.  House provides an additional \$7,280,267 from the Economic Stabilization Fund and 0.0/0.0 FTEs in House Bill 2 for the same purpose.  See Cross Article IT Projects Issue Docket.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
				<p>b. Senate provides \$7,753,135 in All Funds (\$6,000,000 in General Revenue and \$1,753,135 in Federal Funds) and 2.0/2.0 FTEs to restore reductions for certain IT projects.</p> <p><b>Note:</b> System-related item. \$846,324 in General Revenue is allocated to DFPS and DSHS and appears as Interagency Contract (IAC) in HHSC's bill pattern. Any changes to the total funding at HHSC will result in corresponding conforming changes at DFPS and DSHS.</p> <p>House provides \$7,753,135 in All Funds (\$6,000,000 from the Economic Stabilization Fund and \$1,753,135 in Federal Funds) and 2.0/2.0 FTEs in House Bill 2 for the same purpose.</p> <p>See Cross Article IT Projects Issue Docket.</p> <p>c. House provides an additional \$9,579,401 in All Funds (\$5,843,542 in General Revenue and \$3,735,859 in Federal Funds) and 0.2/0.3 FTEs to migrate the Accounts Receivable Tracking System to CAPPS.</p> <p><b>Note:</b> System-related item. \$153,175 in General Revenue is allocated to DFPS and DSHS and appears as Interagency Contract (IAC) in HHSC's bill pattern. Any changes to the total funding at HHSC will result in corresponding conforming changes at DFPS and DSHS.</p> <p>See Cross Article IT Projects Issue Docket.</p> <p>d. Senate provides \$180,573,437 in All Funds (\$126,654,750 in General Revenue and \$53,918,687 in Federal Funds) for Data Center Services (DCS).</p> <p>House provides \$160,573,437 in All Funds (\$106,654,750 in General Revenue and \$53,918,687 in Federal Funds) for the same purpose.</p> <p>See Cross Article IT Projects Issue Docket.</p>
M.1.1 TEXAS CIVIL COMMITMENT OFFICE	\$ 37,704,730	\$ 39,124,874	\$ 1,420,144	

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Hospital Uncompensated Care	II-44, Rider #4 Rider Packet, page II-23			<p>a. Senate provides an additional \$1,577,916 in General Revenue for caseload growth and a per diem rate increase.</p> <p>House provides an additional \$3,155,832 in General Revenue for the same purpose.</p> <p>b. Senate provides \$50,000 in General Revenue for professional audit services.</p> <p>c. Senate provides an additional \$107,772 in General Revenue and 1.0/1.0 FTE for an additional case manager.</p> <p>Senate retains rider requiring HHSC to ensure consistency among hospital reporting of uncompensated care and to submit an annual report on uncompensated care costs.</p>
Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers	II-49, Rider #16 Rider Packet, page II-23	II-49, Rider #15 Rider Packet, page II-23		<p>Senate allows for an additional 25.0 FTEs in each fiscal year of the 2022-23 biennium if HHSC determines additional staff are needed to implement the extension of the Healthcare Transformation and Quality Improvement 1115 waiver.</p> <p>House allows for an additional 60.0 FTEs in each fiscal year of the 2022-23 biennium for the same purpose, including a minimum of 23.0 FTEs for oversight and monitoring of the use of local funds in the Medicaid program.</p> <p>House requires additional information in a report regarding the Delivery System Reform Incentive Payment (DSRIP) program transition.</p> <p>Senate and House require different due dates for the DSRIP report.</p>
Rural Labor and Delivery Medicaid Add-on Payment	II-50, Rider #17 Rider Packet, page II-26			Senate retains rider listing appropriations to provide a \$500 Medicaid add-on payment for labor and delivery services provided by rural hospitals.
Intensive Behavioral Intervention		II-52, Rider #19 Rider Packet, page II-26		House lists appropriations for intensive behavioral intervention services for autism.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Improving Access to Pediatric Services		II-52, Rider #20 Rider Packet, page II-27		House requires HHSC to provide a 7 percent rate increase for pediatric services. Includes reporting requirement on managed care organization compliance in implementing the rate increase.
Benchmarks for Managed Care Organizations	II-52, Rider #21 Rider Packet, page II-27			Senate requires HHSC to develop and use certain benchmarks in procurements for managed care. Rider holds fiscal year 2023 appropriations for HHSC Strategy B.1.1, Medicaid Contracts & Administration, contingent on development of the benchmarks.
Substance Abuse Treatment Services		II-55, Rider #30 Rider Packet, page II-28		House retains rider listing appropriations to remove certain women off the substance use treatment waitlist. See Strategy D.2.4, Substance Abuse Services.  Senate does not include appropriations for this purpose.
Community Mental Health Grant Programs	II-54, Rider #31 Rider Packet, page II-28	II-55, Rider #31 Rider Packet, page II-28		Senate provides additional detail on purpose of funds included in Strategy D.2.6, Community Mental Health Grant Programs. Senate also requires HHSC to issue a needs and capacity assessment for solicitation of certain grant program proposals.  House permits HHSC to allocate no more than \$10.0 million in federal American Rescue Plan of 2021 funds for Healthy Community Collaborative capital projects.
Federal Funds Reporting Requirement		II-56, Rider #32 Rider Packet, page II-30		House identifies appropriations for the Mental Health Block Grant and, in the event that expenditures differ from appropriations, requires HHSC to provide information in the Monthly Financial Report to explain the difference.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Women's Health Programs: Savings and Performance Reporting	II-56, Rider #36 Rider Packet, page II-30	II-57, Rider #37 Rider Packet, page II-30		House requires additional reporting requirements, including: 1) the number of eligible clients who received family planning program (FPP) services after contracted awards were fully expended; 2) the amount that HHSC would have reimbursed FPP providers if additional funds were available during the fiscal year; and 3) results of policies designed to reduce enrollment gaps. House also retains language stating that it is the intent of the Legislature to have HHSC undertake corrective measures if the report required by the rider shows reductions in women enrolled or service utilization greater than 10 percent relative to the prior two fiscal years. House adds language requiring HHSC to report program administration changes that may significantly impact services and enrollment to the Legislature within a certain time frame.
Alternatives to Abortion Program	II-57, Rider #40 Rider Packet, page II-32	II-59, Rider #41 Rider Packet, page II-32		Senate adds a subsection to list appropriations for the Alternatives to Abortion Program.
Breast and Cervical Cancer Services Program Funding	II-58, Rider #41 Rider Packet, page II-33			Senate retains rider listing appropriations for the Breast and Cervical Cancer Services Program.
Reporting on Early Childhood Intervention	II-58, Rider #44 Rider Packet, page II-33	II-60, Rider #44 Rider Packet, page II-33		Senate requires annual report to be submitted by March 1.
Reporting on Population Served		II-62, Rider #53 Rider Packet, page II-35		House requires annual report to be submitted by December 1.
Dental and Orthodontia Providers in the Texas Medicaid Program	II-64, Rider #68 Rider Packet, page II-35			House requires HHSC to report on certain information for the Texas Health Steps Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT), Children's Health Insurance Program (CHIP), Early Childhood Intervention (ECI), Temporary Assistance for Needy Families (TANF), and State Two-Parent Cash Assistance programs.  Senate retains rider stating the intent of the Legislature is to review and prosecute potential abuse of certain providers in Medicaid.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Prevent Eligibility Determination Fraud	II-79, Rider #104 Rider Packet, page II-36			Senate retains rider requiring HHSC to use technology to identify the risk of fraud associated with applications for benefits.
Health and Human Services Cost Containment	II-79, Rider #105 Rider Packet, page II-36			Senate requires HHSC to develop and implement cost containment initiatives. Includes reporting requirement.
Staffing in Lieu of Contracted Responsibilities		II-82, Rider #106 Rider Packet, page II-36		House permits HHSC, with written notification, to adjust the agency's FTE cap if services performed under a contract would be more effectively performed by state personnel.
Independent Living Services Review	II-79, Rider #107 Rider Packet, page II-37	II-82, Rider #105 Rider Packet, page II-37		House states that funds provided for independent living services are to be distributed in accordance with federal law.
				Senate and House have different report due dates and different report recipients.
Opioid Treatment Program Central Registry: Dosing Information		II-82, Rider #108 Rider Packet, page II-38		House requires HHSC to evaluate feasibility and costs associated with including patient dosage information in the opioid treatment program central registry. Includes reporting requirement.
Unexpended Balances: Intellectual and Developmental Disabilities (IDD) Crisis Funding	II-80, Rider #108 Rider Packet, page II-38			Senate permits for the transfer of unexpended balances for crisis intervention and respite services within the biennium.
Cost Effective Treatment for Chronic Hepatitis C Virus	II-80, Rider #109 Rider Packet, page II-38			Senate lists appropriations for Hepatitis C treatment for Medicaid enrollees and state hospital patients, permits HHSC to transfer additional funding for this purpose contingent upon written notification, and states assumptions that HHSC will pursue a rebate agreement for Hepatitis C treatment for Medicaid enrollees.
Rates: Intermediate Care Facilities and Certain Waiver Providers		II-83, Rider #109 Rider Packet, page II-39		House states intent of the Legislature to not realign rate increases for intermediate care facilities and certain waiver providers through the biennial rate review process and to have HHSC report on reimbursement methodologies to the Eighty-eighth Legislature.



Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Individualized Skills and Socialization	II-80, Rider #110 Rider Packet, page II-40			Senate permits HHSC to transfer appropriations in Goal A, Medicaid Client Services, to certain strategies to provide reimbursement for the provision of individualized skills and socialization (ISS) services in waiver programs, contingent upon HHSC requiring ISS providers to submit community engagement plans.
Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals	II-81, Rider #111 Rider Packet, page II-40	II-82, Rider #107 Rider Packet, page II-40		House requires that the report include information on the uses, in addition to the value, of COVID-19 Federal Funds provided directly to nursing facilities and hospitals.
Access to Federal Data Services Hub		II-83, Rider #112 Rider Packet, page II-41		House requires HHSC to request employment and income information through federal agencies to be used for Medicaid eligibility determinations.
Health and Human Services Cost Containment	II-81, Rider #112 Rider Packet, page II-41			Senate requires HHSC to develop and implement cost containment initiatives to achieve savings of at least \$350.0 million in General Revenue Funds, and to produce an annual report. Senate also states intent of Legislature to have HHSC achieve savings without negatively impacting access to care and to consider stakeholder input.
STAR+PLUS Pilot Program and Medically Fragile Benefit	II-81, Rider #113 Rider Packet, page II-41			Senate permits HHSC to transfer appropriations in Goal A, Medicaid Client Services, to certain strategies and to increase the FTE cap in order to implement the STAR+PLUS pilot program and Medically Fragile Benefit required by House Bill 4533, Eighty-sixth Legislature, 2019.
Study on Mental Health Continuum of Care for Children and Adolescents		II-83, Rider #113 Rider Packet, page II-42		House requires HHSC to contract with a medical school to conduct a study on improving the continuum of care for children and adolescents in Texas with serious mental illness or substance use disorders. Includes reporting requirement.
Nursing Home Workforce & Quality Task Force		II-83, Rider #114 Rider Packet, page II-43		House requires HHSC to study workforce shortages in nursing homes. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Expanding Access to Medicaid Behavioral Health Services through Program Improvements	II-82, Rider #115 Rider Packet, page II-44			Senate requires HHSC to engage Medicaid managed care organizations in addressing issues faced by certain providers. Includes reporting requirement.
Community Care Quality Incentive Payment Program		II-84, Rider #115 Rider Packet, page II-44		House requires HHSC to design a voluntary Quality Incentive Payment Program for Medicaid community care providers. Includes reporting requirement.
Crisis Intervention and Respite Services	II-82, Rider #116 Rider Packet, page II-45			Senate permits HHSC to use funding in Strategy F.1.3, Non-Medicaid IDD Community Services, to identify and use available space at state supported living centers for crisis respite services.
Report on Continuity of Care for Women Aging Out of CHIP and Medicaid	II-82, Rider #117 Rider Packet, page II-45	II-90, Rider #138 Rider Packet, page II-45		Senate specifies the recipients of the report.  House requires additional reporting requirements regarding the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into Healthy Texas Women.
STAR Health Psychiatric Rate Evaluation		II-84, Rider #117 Rider Packet, page II-45		House requires HHSC to evaluate rates for psychiatric services provided to children enrolled in STAR Health. Includes reporting requirement.
CHIP Contracts and Administration: Maximize CHIP Administration Fund for Outreach and Enrollment		II-85, Rider #118 Rider Packet, page II-46		House requires HHSC to evaluate expenditure of CHIP administrative funds, and to seek recommendations concerning strategies to maximize CHIP administrative funds. Includes reporting requirement, including implementation plans for at least two strategies. House requires implementation of the plans to begin no later than August 31, 2022.
Work Group on Improving Texas Medicaid Provider Manual Related to Dental Services	II-82, Rider #118 Rider Packet, page II-47			Senate requires HHSC to establish a workgroup to provide recommendations on improvements in preventing fraud, waste, or abuse in Medicaid dental services. Includes reporting requirement to be submitted to the executive commissioner of HHSC.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Medicaid Program Efficiencies	II-82, Rider #119 Rider Packet, page II-47			Senate requires HHSC to develop and implement efficiencies in Medicaid and CHIP managed care and fee-for-service delivery models, including 1) data sharing for Medicaid provider enrollment, 2) automatic enrollment for applicants who are determined eligible for Medicaid, 3) promotion of electronic provider directories and reductions in paper waste, and 4) modernization of electronic communication and access to care.
Access to Long-acting Reversible Contraception		II-85, Rider #119 Rider Packet, page II-48		House permits HHSC to implement policies to increase access to long-acting reversible contraception (LARC), and requires HHSC to work with federal partners to determine if the Healthy Texas Women Section 1115 Demonstration Waiver may be amended to include a 90 percent federal matching rate for certain administrative functions concerning LARCs.
Equity in Payments		II-85, Rider #120 Rider Packet, page II-49		House directs HHSC to maintain equity in impact between non-state government hospitals and non-government hospitals concerning implementation of fee-for-service supplemental and managed care directed payment programs.
Step-down Housing Pilot for Individuals with Serious Mental Illness	II-83, Rider #120 Rider Packet, page II-49			Senate permits HHSC to allocate federal funds appropriated in Rider 2, Capital Budget, to be used to upgrade buildings at state supported living centers so that they may be used in a step-down transition program for long-term patients of state hospitals. Includes development of an operational plan to establish the program.
Claims for Behavioral Health Services		II-85, Rider #121 Rider Packet, page II-50		House requires HHSC to authorize providers to submit claims for reimbursement of behavioral health services provided via telehealth or telephone in the 2022-23 biennium
Institutions of Mental Disease Exclusion Waiver		II-85, Rider #122 Rider Packet, page II-50		House requires HHSC to submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services provided by institutions of mental disease.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Additional Mental Health Community Hospital Beds for Urban Areas	II-83, Rider #122 Rider Packet, page II-50	II-92, Rider #147 Rider Packet, page II-50		Senate provides two separate below-the-line rider appropriations for HHSC to purchase additional inpatient psychiatric beds in urban and rural areas of the state.  House provides an above-the-line appropriation for HHSC for the same purpose. Use of funding is detailed via one rider.
Additional Mental Health Community Hospital Beds for Rural Areas	II-84, Rider #123 Rider Packet, page II-51			See above.
Funding for Healthy Texas Women Program		II-85, Rider #123 Rider Packet, page II-51		House requires HHSC to seek approval to transfer funds for the Healthy Texas Women program in the event that CMS implements changes to the HTW Section 1115 Demonstration Waiver that results in a loss of federal funding.
CHIP Contracts and Administration: CHIP Health Services Initiative (HSI)		II-86, Rider #124 Rider Packet, page II-51		House requires HHSC to receive recommendations for CHIP Health Services Initiatives (HSI) to improve child health. House requires HHSC to submit a plan for federal approval of at least two HSIs, contingent upon certain assumptions being met.
Informational Listing: Women's Health Funding		II-86, Rider #125 Rider Packet, page II-52		House includes an informational listing of appropriations for women's health programs.
Nursing Facility Payment Methodology		II-86, Rider #126 Rider Packet, page II-52		House states intent of the Legislature to not deploy a replacement nursing facility payment model unless HHSC ensures that funds are available to ensure payments remain at or above levels assumed at the end of the 2020-21 biennium.
Limitations on Usual and Customary Calculations for Pharmacy Reimbursement		II-86, Rider #127 Rider Packet, page II-53		House states intent of the Legislature for HHSC to not require pharmacies to include certain prices when determining a pharmacy's usual and customary price calculation.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Transforming Pediatric Care		II-86, Rider #128 Rider Packet, page II-53		House requires HHSC to evaluate interventions to improve quality of care provided to certain children. Includes reporting requirement.
Relative Certified Nurse Aide (CNA) Program		II-87, Rider #129 Rider Packet, page II-53		House requires HHSC to evaluate the feasibility of establishing a relative certified nurse aide program in Medicaid. Includes reporting requirement.
Review of Provider Payments		II-87, Rider #130 Rider Packet, page II-54		House requires HHSC to conduct an analysis of provider payment rates in Medicaid and CHIP. Includes reporting requirement.
Report on Periodic Income Checks: Children's Medicaid		II-87, Rider #131 Rider Packet, page II-54		House requires HHSC to evaluate children whose Medicaid coverage is impacted by periodic income checks. Includes reporting requirements.
Rate Setting to Improve Health Outcomes		II-87, Rider #132 Rider Packet, page II-55		House requires HHSC to identify rate setting strategies that support Medicaid managed care plans in addressing barriers to good health. Includes reporting requirement.
Study on Step-down Housing		II-88, Rider #133 Rider Packet, page II-56		House requires HHSC to study step-down services that support diverting individuals from inpatient psychiatric services. Includes reporting requirement.
Study on Assisted Living Facility Resident Quality of Care and Resident Satisfaction		II-88, Rider #134 Rider Packet, page II-56		House requires HHSC to study assisted living facility (ALF) residents' quality of care and quality of life, evaluate ALF policies, and evaluate preventable occurrences. Includes reporting requirement.
Medicaid Access to Care and Network Adequacy Study for Durable Medical Equipment Supplies and Services		II-88, Rider #135 Rider Packet, page II-57		House requires HHSC to study barriers to timely access to durable medical equipment. Includes reporting requirement.
Child Care Accessibility and Affordability Study		II-89, Rider #136 Rider Packet, page II-58		House requires HHSC to submit a report on child care accessibility and affordability, and develop a plan to provide accessible and affordable child care to families by the year 2030.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
CHIP Allotment Review		II-90, Rider #137 Rider Packet, page II-60		House requires HHSC to provide information on unexpended funds, CHIP clients served, and other evaluations of CHIP expenditures. Includes reporting requirement.
Medicaid Dialysis Cost Effectiveness Study		II-90, Rider #139 Rider Packet, page II-60		House requires HHSC to study cost effective and clinically appropriate methods to provide dialysis services in Medicaid. Includes reporting requirement. House allows HHSC to pursue federal waivers or amendments to implement the findings if it is determined that it is cost effective to make changes to coverage and sites providing dialysis services.
Feasibility of Postpartum Medicaid Expansion		II-91, Rider #140 Rider Packet, page II-61		House requires HHSC to evaluate the feasibility and cost effectiveness of extending Medicaid coverage for women up to 12 months postpartum. Includes reporting requirement. House allows HHSC to work with CMS to extend postpartum Medicaid coverage if it is determined to be feasible and cost effective.
Study on Private Insurance Coverage on Early Childhood Intervention Services		II-91, Rider #141 Rider Packet, page II-61		House requires HHSC to study the feasibility of requiring private insurers to reimburse participants for early intervention services. Includes reporting requirement.
Reporting Requirement: Medicaid Coverage throughout Inter-conception		II-91, Rider #142 Rider Packet, page II-62		House requires HHSC to evaluate health outcomes and cost-efficiency of providing Medicaid coverage to women throughout interconception. Includes reporting requirement.
Study Related to 9-8-8 Implementation		II-91, Rider #143 Rider Packet, page II-62		House requires HHSC to study the state's preparedness to comply with the federal National Suicide Hotline Designation Act of 2020. Includes reporting requirement.
Rate Disease Therapy Readiness Study		II-91, Rider #144 Rider Packet, page II-62		House requires HHSC to study ability to provide therapies for rare disease diagnoses. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Medicaid Managed Care Denial and Appeals Process		II-91, Rider #145 Rider Packet, page II-63		House requires HHSC to study the denials and appeals process for certain Medicaid enrollees. Includes reporting requirement, including steps HHSC has taken to comply with the external medical review required by Government Code Section 531.024164.
Home Health Personal Assistance COVID-19 Impact Study		II-92, Rider #146 Rider Packet, page II-64		House requires HHSC to study the impact of COVID-19 on the continuity of home health personal assistance services. Includes reporting requirement.
Multi-Assistance Center Demonstration Project		II-92, Rider #148 Rider Packet, page II-64		House requires HHSC to support a demonstration project providing medical, therapeutic, and non-medical services to adults and children with special needs in Bexar county and the south Texas region. HHSC is allowed to transfer and spend up to \$7.5 million in All Funds this purpose. Includes reporting requirement.
Study on Veterans Suicides		II-92, Rider #149 Rider Packet, page II-65		House requires HHSC to collaborate with state and federal agencies and local mental health authorities in order to conduct a study on veteran suicides. Includes reporting requirement.
1115 Transformation Waiver		II-93, Rider #150 Rider Packet, page II-66		House states intent of the Legislature to have HHSC seek a renewal or extension of the 1115 Transformation Waiver from CMS.
Study on Home and Community-based Services (HCS) Waiver Program		II-93, Rider #151 Rider Packet, page II-67		House requires HHSC to conduct a study on individuals in the HCS waiver program who have high behavioral and medical needs. Includes reporting requirement.

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Utilization of Federal Relief Dollars for Medicaid Home and Community-based Services Programs		II-94, Rider #152 Rider Packet, page II-67		House states intent of the Legislature to have HHSC spend COVID-19 federal funds on Medicaid initiatives that 1) increase access to care, 2) increase waiver and emergency diversion slots, 3) fund new and existing state laws concerning Medicaid, 4) explore opportunities to draw down additional federal funds, and 5) achieve compliance with federal law and regulations governing home and community-based services. HHSC is also required to ensure funds for provider rate increases are directly reimbursed to providers, that managed care organizations reimburse the full amount of funds to increase access to care, that funds are not spent on payroll or administrative services, and that the funds will supplement and not supplant state appropriations for Medicaid.
Medicaid Provider Rate Increases		II-94, Rider #153 Rider Packet, page II-68		House states intent of the Legislature to have HHSC ensure managed care organizations reimburse the full amount of funds that equate to the difference between the state Medicaid fee-for-service rate and the percentage increase associated with the causal event when Medicaid provider rates are increased, regardless of the pre-existing rate in place.
Postpartum Depression Screening and Treatment Report		II-94, Rider #154 Rider Packet, page II-69		House requires HHSC to coordinate with the Department of State Health Services on a report on prevalence, screening, and treatment of postpartum depression. Includes reporting requirement.
Communications on Electronic Visit Verification (EVV) Issues to Home and Community Care Providers		II-95, Rider #155 Rider Packet, page II-69		House requires HHSC to report to home and community care providers on the total hours providers were not reimbursed due to issues with the electronic visit verification (EVV) system.



**S02 SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES**

Item	Senate 2022-23	House 2022-23	Biennial Difference	Explanation
Limitations on Transfer Authority	II-85  II-87 Sec. #6 Rider Packet, page II-70	II-96  II-98 Sec. #6 Rider Packet, page II-70		Senate provides transfer authority between all the health and human service agencies in Article II.  House provides transfer authority between the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).
System Support Services	II-89 Sec. #9 Rider Packet, page II-71	II-100 Sec. #9 Rider Packet, page II-71		Senate limits system support service transfer to appropriations in HHSC, Goal L, System Oversight and Program Support.  House provides additional transfer authority for system support services contingent on legislative approval.
Appropriation of Receipts: Damages and Penalties	II-91 Sec. #11 Rider Packet, page II-74	II-103 Sec. #11 Rider Packet, page II-74		Senate includes General Revenue Match for Medicaid funding for the Office of Inspector General contingent upon receipt of revenue.  House remove the reference to the Office of inspector General from the contingent revenue requirements.
Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements	II-94 Sec. #14 Rider Packet, page II-75	II-105 Sec. #14 Rider Packet, page II-75		House includes a decrease of Public Health Medicaid Reimbursement appropriation to HHSC and to prioritize distribution of funds to the DSHS Laboratory. See HHSC strategy A.4.1, Non-full Benefit Payments.
Unexpended Balance Authority for Certain Funds Supporting Capital Projects	II-97 Sec. #25 Rider Packet, page II-78			Senate provides unexpended balance authority for DSHS and Department of Family and Protective Services (DFPS) appropriation related to system support capital projects.
Increase to Federal Medical Assistance Percentage (FMAP)		II-108 Sec. #25 Rider Packet, page II-78		House states intent of the Legislature for HHSC and DFPS to utilize the 6.2 point FMAP to the extent allowable.