

**Rider Comparison Packet**

**Conference Committee on Senate Bill 1**

**2010-11 General Appropriations Bill**

**Article II - Health and Human Services**

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**539 Aging and Disability Services, Department of**  
**DIFFERENCES ONLY**

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**5. Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made above for the Nursing Facility Administrator program in Strategy B.1.2, Credentialing/Certification, and the Home Health and Community Support Services Agencies program in Strategy B.1.1, Facility & Community-Based Regulation, as well as the "other direct and indirect costs" associated with this program, appropriated elsewhere in this Act. Direct costs for the Nursing Facility Administrator program are estimated to be \$494,191 for fiscal year 2010 and \$494,191 for fiscal year 2011. Direct costs for the Home and Community Support Services Agencies program are estimated to be \$1,939,322 for fiscal year 2010 and \$1,939,322 for fiscal year 2011. "Other direct and indirect costs" for the Nursing Facility Administrator program are estimated to be \$111,536 for fiscal year 2010 and \$115,710 for fiscal year 2011. "Other direct and indirect costs" for the Home and Community Support Services Agencies program are estimated to be \$536,908 for fiscal year 2010 and \$558,955 for fiscal year 2011. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

**9. Limitation: Medicaid Transfer Authority.** Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Aging and Disability Services (DADS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.

**a. Limitations on Transfers.**

(1) **Waivers.** Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the

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**9. Limitation: Medicaid Transfer Authority.** Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Aging and Disability Services (DADS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.

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(1) **Waivers.** Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the

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Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.3.1. Community-based Alternatives (CBA)
- A.3.2. Home and Community-based Services (HCS)
- A.3.3. Community Living Assistance and Support Services (CLASS)
- A.3.4. Deaf-Blind Multiple Disabilities (DBMD)
- A.3.5. Medically Dependent Children Program (MDCP)
- A.3.6. Consolidated Waiver Program
- A.3.7. Texas Home Living Waiver
- A.6.4. Promoting Independence Services

- (2) **Community Entitlement.** Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.2.1. Primary Home Care
- A.2.2. Community Attendant Services (formerly Frail Elderly)
- A.2.3. Day Activity and Health Services (DAHS)
- A.5.1. Program of All-inclusive Care for the Elderly (PACE)

- (3) **Nursing Facility and Related Care.** Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be

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submitted pursuant to subsection (c) of this provision.

- A.6.1. Nursing Facility Payments
- A.6.2. Medicare Skilled Nursing Facility
- A.6.3. Hospice

- (4) **Mental Retardation Services.** Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

- A.7.1. Intermediate Care Facilities - Mental Retardation (ICF/MR)
- A.8.1. MR State Schools Services

- b. **Notification Regarding Transfers that Do not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

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(4) the capital budget impact.

c. **Requests for Transfers that Require Approval.** To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

d. **Transfers into Items of Appropriation.** Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.

e. **Cost Pools.** Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.

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- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

A transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

d. **Transfers into Items of Appropriation.** Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.

e. **Cost Pools.** Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.

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- f. **Cash Management.** Notwithstanding the above limitations, DADS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.

The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

- 18. State School Funding.** It is the intent of the Legislature that the department implement a single funding methodology for state schools which funds all state schools equitably and at a level which is adequate to maintain compliance with applicable federal standards. A primary consideration to be used by the department in determining an acceptable funding methodology should be consideration of the number of residents in each school and the needs of those residents. Staffing patterns at state schools shall not reflect a census decline until a campus has realized a decline in census.

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The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

- 15. Centers of Excellence.** It is the intent of the Legislature that out of amounts appropriated above to Strategy B.1.1, Facility and Community-based Regulation, and funds obtained through a grant from a national foundation, the Department of Aging and Disability Services shall allocate funds for a Centers for Excellence program. The department shall partner with an institution of higher education to promote positive outcomes for the residents of Long-Term Care facilities, identify best practices and improve service delivery. Not later than January 15, 2011, the department shall submit to the Legislature and the Governor a report which identifies progress made towards achieving these goals.

- 19. State School Funding.** It is the intent of the Legislature that the department implement a single funding methodology for state schools which funds all state schools equitably and at a level which is adequate to maintain compliance with applicable federal standards. A primary consideration to be used by the department in determining an acceptable funding methodology should be consideration of the number of residents in each school and the needs of those residents.

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- 21. Unexpended Construction Balances.** Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$29,576,263 from fiscal year 2009 to fiscal year 2010 and included in the method of finance above as General Obligation Bond proceeds and in Strategy A.9.1, Capital Repairs and Renovations, are hereby appropriated to the Department of Aging and Disability Services for the same purposes.

Authorization to expend the unexpended balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts.

- a. a report by September 1, 2009 providing actual expenditures for fiscal years 2008 and 2009, and planned expenditures for fiscal years 2010 and 2011 at the project/state school level; and
- b. a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/state school for the previous six months.

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

The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair

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- 20. State School Funding and Staffing Levels.** It is the intent of the Legislature that funding for state schools shall be based on the number of residents in each state school at the beginning of the fiscal year and the needs of those residents. Staffing patterns at state schools shall not reflect a census decline until a campus has realized a decline in census.

- 23. Unexpended Construction Balances.** Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$29,576,263 from fiscal year 2009 to fiscal year 2010 and included in the method of finance above as General Obligation Bond proceeds and in Strategy A.9.1, Capital Repairs and Renovations, are hereby appropriated to the Department of Aging and Disability Services for the same purposes.

Authorization to expend the unexpended balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor:

- a. a report by September 1, 2009 providing actual expenditures for fiscal years 2008 and 2009, and planned expenditures for fiscal years 2010 and 2011 at the project/state school level; and
- b. a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/state school for the previous six months.

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

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of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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

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- 31. Cost Comparison Report.** Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in Home and Community-based Services (HCS), Texas Home Living, and Intermediate Care Facilities for individuals with Mental Retardation and Related Conditions (ICF-MR/RC).
- a. The report shall include the following:
- (1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICF-MR/RC, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICF-MR only);
  - (2) a comparison of severity across settings.
  - (3) the total number of persons, by LON, who transitioned from state-operated ICF-MR/RC to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.
- b. With respect to the cost to the state per person residing in a state operated ICF-MR/RC facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-

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- a. The report shall include the following:
- (1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICF-MR/RC by Level of Need (LON), Level of Care (LOC), behavioral health status, and facility size (private ICF-MR only);
  - (2) the average monthly cost to the state per person participating in the HCS and Texas Home Living Waivers by LON, LOC, and behavioral health status; and
  - (3) a comparison of LON, LOC, and behavioral health status across settings.
- b. With respect to the cost to the state per person residing in a state operated ICF-MR/RC facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-



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operated ICF-MR/RC facilities, non-state operated ICF-MR/RC facilities, and the HCS and Texas Home Living waivers, the department shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICF-MR/RC facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. The department shall identify the types of costs included in each category.

- c. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF/MR services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF/MR or waiver within 60 days of discharge. In that case the Medicaid costs incurred during discharge will be counted toward the ICF/MR costs.

The report shall be submitted to the Eighty-first Legislature no later than August 31, 2010.

**40. Limits for Waivers and Other Programs.** Notwithstanding other provisions included in this Act, this provision shall govern expenditure and client levels for the following strategies. None of the following limits under (a), (b), or (c) may be exceeded without the prior written approval of the Legislative Budget Board and the Governor pursuant to section d of this provision.

- a. **All Funds Expenditures.** The All Funds amounts included above for Department of Aging and Disability Services for fiscal year 2010 and fiscal year 2011 in each individual strategy identified below shall not be exceeded.

- A.3.1. Medicaid Community-based Alternatives (CBA) Waiver
- A.3.2. Home and Community Based Services (HCS)
- A.3.3. Medicaid Related Conditions Waiver (CLASS)
- A.3.4. Medicaid Deaf-blind with Multiple Disabilities Waiver
- A.3.5. Medically Dependent Children Program

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operated ICF-MR/RC facilities, non-state operated ICF-MR/RC facilities, and the HCS and Texas Home Living waivers, the department shall include all Medicaid costs that are not included in the waiver rate for those programs and all costs to administer and license those programs.

- c. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF/MR services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF/MR or waiver within 60 days of discharge. In that case the Medicaid costs incurred during discharge will be counted toward the ICF/MR costs.

The report shall be submitted to the Eighty-first Legislature no later than August 31, 2010.

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- A.3.6. Medicaid Consolidated Waiver Program
- A.3.7. Texas Home Living Waiver
- A.4.1. Non-Medicaid Services
- A.4.2. MR Community Services
- A.4.4. In-Home and Family Support
- A.4.5. Mental Retardation In-Home Services
- A.5.1. All-Inclusive Care - Elderly (Pace)

- b. **Targets for the Average Number of Clients Served per Month.** Average monthly performance targets established in Rider 1 above for the strategy measures noted below shall not be exceeded:

A.3.1. Community-Based Alternatives

Output (Volume): Average Number of Individuals Served Per Month: Medicaid Community-based Alternatives (CBA) Waiver

A.3.2. Home and Community-Based Services

Output (Volume): Average Number of Individuals Served Per Month: Home and Community Based Services (HCS)

A.3.3. Community Living Assistance (CLASS)

Output (Volume): Average Number of Individuals Served Per Month: Medicaid Related Conditions Waiver (CLASS)

A.3.4. Deaf-Blind Multiple Disabilities

Output (Volume): Average Number of Individuals Served Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver

A.3.5. Medically Dependent Children Program

Output (Volume): Average Number of Individuals Served Per Month: Medically Dependent Children Program

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A.3.6. Consolidated Waiver Program

Output (Volume): Average Number of Individuals Served Per Month: Medically Dependent Children Program

A.3.7. Texas Home Living Waiver

Output (Volume): Average Number of Individuals Served Per Month: Texas Home Living Waiver

A.4.1. Non-Medicaid Services

Output (Volume): Average Number of Individuals Served Per Month: Non Medicaid Community Care (XX/GR)

A.4.2. MR Community Services

Output (Volume): Average Monthly Number of Individuals with Mental Retardation (MR) Receiving Community Services

A.4.4. In-home and Family Support

Output (Volume): Average Number of Individuals Per Month Receiving In-home Family Support (IHFS)

A.4.5. Mental Retardation In-Home Services

Output (Volume): Number of Individuals with Mental Retardation (MR) Receiving In-Home and Family Support Per Year

A.5.1. All-Inclusive Care - Elderly (Pace)

Output (Volume): Average Number of Recipients Per Month: Program for All Inclusive Care (PACE)

c. **Targets for the Number of Persons or Clients Receiving Services per Year (End).**

End of year performance targets established in Rider 1 above for the strategy measures

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noted below shall not be exceeded:

A.3.1. Community-Based Alternatives

Explanatory: Number of Persons Receiving Services Per Year: Community-based Alternatives (CBA) Waiver

A.3.2. Home and Community-Based Services

Explanatory: Number of Clients Receiving Services Per Year: Home and Community Based Services (HCS)

A.3.3. Community Living Assistance (CLASS)

Explanatory: Number of Persons Receiving Services Per Year: Community Living Assistance & Support Services Waiver (CLASS)

A.3.4. Deaf-Blind Multiple Disabilities

Explanatory: Number of Persons Receiving Services Per Year: Medicaid Deaf-blind with Multiple Disabilities Waiver

A.3.5. Medically Dependent Children Program

Explanatory: Number of Persons Receiving Services Per Year: Medically Dependent Children Program

A.3.6. Consolidated Waiver Program

Explanatory: Number of Persons Receiving Services Per Year: Medicaid Consolidated Waiver Program

A.3.7. Texas Home Living Waiver

Explanatory: Number of Clients Receiving Texas Home Living Waiver Funded Services (Mental Retardation, MR) Per Year

A.4.1. Non-Medicaid Services

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Explanatory: Number of Persons Receiving Services Per Year: Non-Medicaid Services

A.4.2. MR Community Services

Explanatory: Number of Persons Receiving Services Per Year: MR Community Services

A.4.4. In-home and Family Support

Explanatory: Number of Persons Receiving Services Per Year: In-home and Family Support

A.4.5. Mental Retardation In-Home Services

Explanatory: Number of Persons Receiving Services Per Year: Mental Retardation In-Home Services

A.5.1. All-Inclusive Care - Elderly (Pace)

Explanatory: Number of Persons Receiving Services Per Year: All-Inclusive Care - Elderly (Pace)

- d. **Requests for Exemptions.** To request an exemption from one or more of the limits established under sections (a), (b), or (c), DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information: a detailed explanation of the reason for the requested exemption and whether and how the exemption would impact client and expenditure levels at the individual strategy level in the 2010-11 biennium and the 2012-13 biennium.

The Comptroller of Public Accounts shall not allow any exemptions from the limits established by this provision if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

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**41. Contingency for Transferring Savings Related to State School Downsizing.** Contingent on passage of Senate Bill 2407, or similar legislation relating to the Department of Aging and Disability Services' inclusion of strategies for downsizing state schools and transitioning more state school residents to community-based care in its biennial Long-Range Plan, by the Eighty-first Legislature, Regular Session, 2009, the Department of Aging and Disability Services is authorized, subject to the approval limitations in DADS Rider 9, to transfer savings from Strategy A.8.1, MR State School Services, to any of the following strategies:

- A.1.1 Intake, Access, & Eligibility
- A.3.2 Home and Community-Based Services
- A.3.3 Community Living Assistance
- A.3.7 Texas Home Living Waiver
- A.4.1 Non-Medicaid Services
- A.4.2 MR Community Services
- A.4.3 Promoting Independence Plan
- A.4.4 In-home and Family Support
- A.4.5 Mental Retardation In-home Services
- B.1.1 Facility/Community-based Regulation
- C.1.1 Central Administration
- C.1.2 IT Program Support
- C.1.3 Other Support Services

Prior to the transfer of funds, the agency must obtain certification from the Health and Human Services Commission of the amount of savings related to the downsizing of state schools.

**42. Contingency Appropriation of Collected Certified Nurse Aide Renewal Fee and Unexpended Balance Authority.** Contingent upon the passage of \_\_\_\_\_, or similar legislation relating to the establishment of a Certified Nurse Aide Renewal Fee by the Eighty-first Legislature, Regular Session, 2009, in addition to the amounts above in Strategy B.1.2, Credentialing/Certification, the Department of Aging and Disability Services shall be appropriated out of funds collected by the agency and deposited to the General Revenue Fund

**House**

**45. Contingency for Transferring Savings Related to State School Downsizing.** Contingent on passage of Senate Bill 2407, or similar legislation relating to the Department of Aging and Disability Services' inclusion of strategies for downsizing state schools and transitioning more state school residents to community-based care in its biennial Long-Range Plan, by the Eighty-first Legislature, Regular Session, 2009, the Department of Aging and Disability Services is authorized, subject to the approval limitations in DADS Rider 9, to transfer savings from Strategy A.8.1, MR State School Services, to any of the following strategies:

- A.3.2 Home and Community-Based Services
- A.3.3 Community Living Assistance
- A.3.7 Texas Home Living Waiver
- A.4.1 Non-Medicaid Services
- A.4.2 MR Community Services
- A.4.3 Promoting Independence Plan
- A.4.4 In-home and Family Support
- A.4.5 Mental Retardation In-home Services
- B.1.1 Facility/Community-based Regulation

Prior to the transfer of funds, the agency must obtain certification from the Health and Human Services Commission of the amount of savings related to the downsizing of state schools.

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during each fiscal year of the 2010–11 biennium an amount of \$300,000 in General Revenue in fiscal year 2010 and \$300,000 in General Revenue in fiscal year 2011 for strengthening the certified nurse aide renewal process by verifying nurse aide compliance with state and federal renewal requirements. Any appropriations from revenue collected by the agency for the certified nurse aide renewal fee during the 2010–11 biennium shall be used only for the purpose stated above and are not transferrable to any other strategy. Any unexpended balance of these funds remaining as of August 31, 2010 is hereby appropriated to the Department of Aging and Disability Services for the fiscal year beginning September 1, 2010 for the same purpose.

**House**

42. **Excellence in Nursing Homes.** Out of the funds appropriated above to Strategy A.6.1, Nursing Facility Payments, an amount not to exceed \$2,500,000 in General Revenue Funds shall be set aside for the biennium to implement a system for data collection, analysis, and reporting of facility performance levels for all nursing homes in Texas during the second year of the biennium. The system shall begin operation no later than September 1, 2010. The system and the data collected, analyzed and reported for each facility shall be used as the basis for awarding incentive payments to nursing homes in Texas that meet or exceed targets for superior performance. Domains of performance shall include but not be limited to quality of care, resident and family satisfaction. Participation is required in the first year of operation of the program for nursing homes to be eligible to receive future incentive payments once funds are appropriated for that purpose.
  
43. **Program of All-inclusive Care for the Elderly (PACE).** Out of funds appropriated above for the Department of Aging and Disability Services in Strategy A.5.1, All-inclusive Care for the Elderly (PACE), all funding provided for PACE slots shall be used only for slots in currently operating sites or designated sites coming on line. Notwithstanding any other provision in this Act, funding appropriated to Strategy A.5.1 may not be transferred to another strategy or used for another purpose.

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- 43. Reimbursement of Travel Expenses for the CNA Curriculum and Training Advisory Committee.** Contingent upon the passage of \_\_\_\_\_, or similar legislation relating to the creation of an advisory committee to provide input to the Department of Aging and Disability Services regarding certified nurse aide training hours and the addition of subjects to the certified nurse aide curriculum, by the Eighty-first Legislature, Regular Session, 2009, the Department of Aging and Disability Services is authorized, pursuant to Chapter 2110, Texas Government Code, to reimburse expenses for advisory committee members out of funds appropriated above in Strategy B.1.2, Credentialing/Certification. Reimbursement is limited to the CNA Curriculum and Training Advisory Committee.



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**9. Funding for Early Childhood Intervention (ECI) Services at the Department of Assistive and Rehabilitative Services.**

**9. Funding for Early Childhood Intervention (ECI) Services at the Department of Assistive and Rehabilitative Services.**

a. The Commissioner of the Department of Assistive and Rehabilitative Services (DARS) shall certify, by February 1 of each fiscal year of the biennium, to the Executive Commissioner of Health and Human Services if funding needed to continue to serve all eligible children in Strategies A.1.1, Early Childhood Intervention Services, and A.1.3, Ensure Quality Early Childhood Intervention Services, will exceed revenue available to DARS. The Executive Commissioner of Health and Human Services shall evaluate the projected need and make a determination within 30 days as to whether a transfer of funds will be necessary. If a transfer of funds is necessary, the Health and Human Services Commission and DARS shall submit a written request to the Legislative Budget Board and Governor (copying the Comptroller of Public Accounts), providing the following:

a. The Commissioner of the Department of Assistive and Rehabilitative Services (DARS) shall certify, by February 1 of each fiscal year of the biennium, to the Executive Commissioner of Health and Human Services if funding needed to continue to serve all eligible children in Strategies A.1.1, Early Childhood Intervention Services and A.1.3, , Ensure Quality Early Childhood Intervention Services, will exceed revenue available to DARS. The Executive Commissioner of Health and Human Services shall evaluate the projected need and make a determination within 30 days as to whether a transfer of funds will be necessary. If a transfer of funds is necessary, the Health and Human Services Commission and DARS shall submit a written request to the Legislative Budget Board and Governor (copying the Comptroller of Public Accounts), providing the following:

- (1) Caseload and average cost projections showing the additional need;
- (2) An evaluation of other possible available funding sources that DARS has considered, including federal education funding at the Texas Education Agency, other federal funding sources, and any other possible source;
- (3) An evaluation of the availability and continuation of local funding sources to address the funding need; and
- (4) Documentation of the agency's efforts to seek additional funding based on:
  - i. Cost-sharing by clients;
  - ii. Cost control measures;
  - iii. Maximizing coverage under Medicaid and the Children's Health Insurance Program;
  - iv. Third party recovery;
  - v. Examining the developmental delay criteria; and

- (1) Caseload and average cost projections showing the additional need;
- (2) An evaluation of other possible available funding sources that DARS has considered, including federal education funding at the Texas Education Agency, other federal funding sources, and any other possible source;
- (3) An evaluation of the availability and continuation of local funding sources to address the funding need;
- (4) Documentation of the agency's efforts to seek additional funding based on:
  - (i) Cost-sharing by clients;
  - (ii) Cost control measures;
  - (iii) Maximizing coverage under Medicaid and the Children's Health Insurance Program;
  - (iv) Third party recovery;
  - (v) Examining the developmental delay criteria; and

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vi. Maximizing local commitments.

(5) A discussion of any changes made or considered related to eligibility criteria;

All transfers made shall be subject to the prior written approval of the Governor and Legislative Budget Board.

- b. The Department of Assistive and Rehabilitative Services, in coordination with the Health and Human Services Commission, shall maintain procedures and monitor contractors for compliance to ensure that third-party resources and Medicaid are billed for eligible services provided in Strategies A.1.1, Early Childhood Intervention Services, and A.1.3, Ensure Quality Early Childhood Intervention Services.
- c. It is the intent of the Legislature that the Department of Assistive and Rehabilitative Services maintain procedures for the selection of providers and renewal of provider contracts based on "best value" practices that maximize the use of federal, private, and local funding.

**12. Limitation: Transfer Authority for Early Childhood Intervention (ECI) Strategies.** Notwithstanding the transfer provisions in the general provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Assistive and Rehabilitative Services (DARS) for the following ECI strategies shall be governed by the specific limitations included in this provision.

- A.1.1, ECI Services;
- A.1.2, ECI Respite Services;
- A.1.3, ECI Ensure Quality ECI Services;

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(vi) Maximizing local commitments; and

(5) A discussion of any changes made or considered related to eligibility criteria.

All transfers made shall be subject to the prior written approval of the Governor and Legislative Budget Board. A transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

- b. The Department of Assistive and Rehabilitative Services, in coordination with the Health and Human Services Commission, shall maintain procedures and monitor contractors for compliance to ensure that third-party resources and Medicaid are billed for eligible services provided in Strategies A.1.1, Early Childhood Intervention Services and , A.1.3, Ensure Quality Early Childhood Intervention Services.
- c. It is the intent of the Legislature that the Department of Assistive and Rehabilitative Services maintain procedures for the selection of providers and renewal of provider contracts based on "best value" practices that maximize the use of federal, private, and local funding.

**12. Limitation: Transfer Authority for Early Childhood Intervention (ECI) Strategies.** Notwithstanding the transfer provisions in the general provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Assistive and Rehabilitative Services (DARS) for the following ECI strategies shall be governed by the specific limitations included in this provision.

- A.1.1, ECI Services
- A.1.2, ECI Respite Services
- A.1.3, ECI Ensure Quality ECI Services

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- a. **Limitations on Transfers.** Transfers may be made between appropriation items listed above. Transfers may not be made from appropriation items listed above to appropriation items not listed in this provision without prior written approval from the Legislative Budget Board and the Governor. DARS shall provide notification of all transfers pursuant to subsection (b) of this provision.
- b. **Notification Regarding Transfers that Do not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DARS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:
- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
  - (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
  - (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
  - (4) the capital budget impact.
- c. **Requests for Transfers that Require Approval.** To request a transfer, DARS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

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- a. **Limitations on Transfers.** Transfers may be made between appropriation items listed above. Transfers may not be made from appropriation items listed above to appropriation items not listed in this provision without prior written approval from the Legislative Budget Board and the Governor. DARS shall provide notification of all transfers pursuant to subsection (b) of this provision.
- b. **Notification Regarding Transfers that Do not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DARS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:
- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
  - (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
  - (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
  - (4) the capital budget impact.
- c. **Requests for Transfers that Require Approval.** To request a transfer, DARS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

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- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

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- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

A transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

The Comptroller of Public Accounts shall not allow the transfer of funds in any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

The Comptroller of Public Accounts shall not allow the transfer of funds in any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

**22. Appropriation of Donations: Blindness Education Screening and Treatment.** Included in the amounts above in Strategy B.1.2 is \$554,997 in fiscal year 2010 and \$565,003 in fiscal year 2011 for the Blindness Education, Screening, and Treatment (BEST) Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year 2010 and fiscal year 2011, in amounts not to exceed \$1,120,000 as provided by § 521.421 (f) or § 521.422 (b), Transportation Code, are appropriated to the Department of Assistive and Rehabilitative Services (DARS) for purposes related to the BEST Program. Any revenue collected in the BEST Program above the amount appropriated each fiscal year is hereby appropriated to DARS for the same purpose. Any unexpended balances remaining as of August 31, 2010 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2010. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

**22. Appropriation of Donations: Blindness Education Screening and Treatment.** Included in the amounts above in Strategy B.1.2 is \$553,555 in fiscal year 2010 and \$563,561 in fiscal year 2011 for the Blindness Education, Screening, and Treatment (BEST) Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year 2010 and fiscal year 2011, in amounts not to exceed \$1,117,116 as provided by § 521.421 (f) or § 521.422 (b), Transportation Code, are appropriated to the Department of Assistive and Rehabilitative Services (DARS) for purposes related to the BEST Program. Any unexpended balances remaining as of August 31, 2010 are hereby appropriated to DARS for the same purpose for the fiscal year beginning September 1, 2010. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

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- 26. GR-Dedicated Comprehensive Rehabilitation Account No. 107.** Included in the amounts appropriated above in Strategy B.3.4, Comprehensive Rehabilitation, is \$11,942,335 in fiscal year 2010 and \$11,942,335 in fiscal year 2011 from the GR-Dedicated Comprehensive Rehabilitation Account No. 107. These amounts include unexpended and unobligated balances in an amount not to exceed \$1,500,000 of Comprehensive Rehabilitation funds remaining as of August 31, 2009. Any unexpended appropriations for fiscal year 2010 in an amount not to exceed \$1,500,000 of Comprehensive Rehabilitation Funds are hereby appropriated for fiscal year 2011. Appropriations made elsewhere in this Act for employee benefits includes approximately \$35,000 per fiscal year from the GR-Dedicated Comprehensive Rehabilitation Account No. 107. Revenues deposited into GR-Dedicated Account No. 107 are statutorily dedicated for comprehensive rehabilitation services and may not be used for any other purpose. It is the intent of the Legislature that funds from the Comprehensive Rehabilitation Account be used only for direct services in Strategy B.3.4, Comprehensive Rehabilitation (Provide Services to People with Spinal Cord/Traumatic Brain Injuries). The Department of Assistive and Rehabilitative Services is hereby appropriated any additional revenue generated during the 2010-11 biennium and deposited in the General Revenue Fund under General Revenue Dedicated Account No. 107 above the Comptroller of Public Accounts' Biennial Revenue Estimate, for the purpose of providing comprehensive rehabilitation services (estimated to be \$0), subject to written certification by the Comptroller's office that collections for the fiscal year have or will exceed the Biennial Revenue Estimate.

- 31. Out of State Travel Cap Exemption.** Travel expenses incurred by the Department of Assistive and Rehabilitative Services staff associated with 100% federally funded programs and paid with 100% Federal Funds are exempt from the requirements of Article IX, Section 5.08, Limitations on Travel Expenditures, and the limitations on such expenditures as set forth therein.

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- 26. GR-Dedicated Comprehensive Rehabilitation Account No. 107.** Included in the amounts appropriated above in Strategy B.3.4, Comprehensive Rehabilitation, is \$11,192,335 in fiscal year 2010 and \$11,192,335 in fiscal year 2011 from the GR-Dedicated Comprehensive Rehabilitation Account No. 107. These amounts include unexpended and unobligated balances in an amount not to exceed \$1,500,000 of Comprehensive Rehabilitation funds remaining as of August 31, 2009. Appropriations made elsewhere in this Act for employee benefits includes approximately \$35,000 per fiscal year from the GR-Dedicated Comprehensive Rehabilitation Account No. 107. Revenues deposited into GR-Dedicated Account No. 107 are statutorily dedicated for comprehensive rehabilitation services and may not be used for any other purpose. It is the intent of the Legislature that funds from the Comprehensive Rehabilitation Account be used only for direct services in Strategy B.3.4, Comprehensive Rehabilitation (Provide Services to People with Spinal Cord/Traumatic Brain Injuries). The Department of Assistive and Rehabilitative Services is hereby appropriated any additional revenue generated in Revenue Object Code 3713 and 3777 during the 2010-11 biennium and deposited in the General Revenue Fund under General Revenue Dedicated Account No. 107 above the Comptroller of Public Accounts' Biennial Revenue Estimate, for the purpose of providing comprehensive rehabilitation services (estimated to be \$0), subject to written certification by the Comptroller's office that collections for the fiscal year have or will exceed the Biennial Revenue Estimate.

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- 32. Contingency for Senate Bill 1217.** Funds appropriated above in Strategy A.3.1, Autism Program, are contingent on passage of Senate Bill 1217, or similar legislation relating to the creation of an autism program at the Department of Assistive and Rehabilitative Services to provide services to children three to eight years of age with a diagnosis on the autism spectrum, by the Eighty-first Legislature, Regular Session.

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- 3. Limitation on Expenditures for Conservatorship Suits.** To the extent allowed by federal regulation, federal funds may be used by the department in conjunction with funds provided by counties with which the department has child welfare contracts, to pay for legal representation for children or their parents in suits in which the department is seeking to be named conservator. No general revenue funds appropriated to the department may be used to make such payments except in situations where the Governor declares it an emergency and with prior written approval of the Legislative Budget Board and the Governor.

To request approval, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- a. a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- b. the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- c. the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- d. the impact of the expenditure on the capital budget.

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

- 3. Limitation on Expenditures for Conservatorship Suits.** To the extent allowed by federal regulation, federal funds may be used by the department in conjunction with funds provided by counties with which the department has child welfare contracts, to pay for legal representation for children or their parents in suits in which the department is seeking to be named conservator. No general revenue funds appropriated to the department may be used to make such payments without the prior written approval of the Legislative Budget Board and the Governor.

To request approval, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- a. a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- b. the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- c. the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- d. the impact of the expenditure on the capital budget.

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

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- 19. Reimbursement of Advisory Council Members.** Pursuant to Human Resources Code §40.025, reimbursement of expenses for Family and Protective Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$10,000 per fiscal year.
- 23. Medicaid and Title IV-E Federal Funds.** Out of the funds appropriated above, the Department of Family and Protective Services shall maximize the use of federal entitlement revenue from the Medicaid and Title IV-E Foster Care and Adoption Assistance programs.
- a. **Appropriations for Child Protective Services.** Included in the amounts appropriated above for child protective services are the following amounts of federal entitlement revenue from the Medicaid and Title IV-E Foster Care and Adoption Assistance programs:
- (1) Strategy B.1.1, CPS Direct Delivery Staff: \$361,565 in Medicaid Federal Funds and \$59,230,455 in Title IV-E Federal Funds for fiscal year 2010, and \$361,181 in Medicaid Federal Funds and \$59,204,766 in Title IV-E Federal Funds for fiscal year 2011; and
  - (2) Strategy B.1.2, CPS Program Support: \$23,021 in Medicaid Federal Funds and \$13,732,943 in Title IV-E Federal Funds for fiscal year 2010, and \$22,995 in Medicaid Federal Funds and \$13,614,088 in Title IV-E Federal Funds for fiscal year 2011.
- b. **Appropriations for Adult Protective Services.** Included in the amounts appropriated above for adult protective services are the following amounts of federal entitlement revenue from the Medicaid program:
- (1) Strategy D.1.1, APS Direct Delivery Staff: \$7,461,896 in Medicaid Federal Funds for fiscal year 2010, and \$7,461,896 in Medicaid Federal Funds for fiscal year

**House**

- 19. Reimbursement of Advisory Council Members.** Pursuant to Human Resources Code §40.025, reimbursement of expenses for Family and Protective Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$5,700 per fiscal year.
- 23. Medicaid and Title IV-E Federal Funds.** Out of the funds appropriated above, the Department of Family and Protective Services shall maximize the use of federal entitlement revenue from the Medicaid and Title IV-E Foster Care and Adoption Assistance programs.
- a. **Appropriations for Child Protective Services.** Included in the amounts appropriated above for child protective services are the following amounts of federal entitlement revenue from the Medicaid and Title IV-E Foster Care and Adoption Assistance programs:
- (1) Strategy B.1.1, CPS Direct Delivery Staff: \$387,765 in Medicaid Federal Funds and \$60,281,132 in Title IV-E Federal Funds for fiscal year 2010, and \$392,776 in Medicaid Federal Funds and \$59,362,081 in Title IV-E Federal Funds for fiscal year 2011; and
  - (2) Strategy B.1.2, CPS Program Support: \$27,265 in Medicaid Federal Funds and \$12,984,516 in Title IV-E Federal Funds for fiscal year 2010, and \$28,379 in Medicaid Federal Funds and \$12,958,251 in Title IV-E Federal Funds for fiscal year 2011.



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2011; and

(2) Strategy D.1.2, APS Program Support: \$1,154,038 in Medicaid Federal Funds for fiscal year 2010, and \$1,154,038 in Medicaid Federal Funds for fiscal year 2011.

c. **Limitation on Use of General Revenue Funds and TANF Federal Funds.** In the event that federal entitlement revenues exceed the amounts noted above, the department may spend the General Revenue Funds and TANF Federal Funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and the Governor.

d. **Request for Approval to Use General Revenue Funds and TANF Federal Funds.** To request approval pursuant to section (c) above, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- (1) the reason for and amount of federal entitlement revenue that exceeds the amounts noted in section (a) or (b) above;
- (2) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- (3) the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- (4) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- (5) the impact of the expenditure on the capital budget.

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

b. **Limitation on Use of General Revenue Funds and TANF Federal Funds.** In the event that federal entitlement revenues exceed the amounts noted above, the department may spend the General Revenue Funds and TANF Federal Funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and the Governor.

c. **Request for Approval to Use General Revenue Funds and TANF Federal Funds.** To request approval pursuant to section (b) above, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- (1) the reason for and amount of federal entitlement revenue that exceeds the amounts noted in section (a) above;
- (2) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- (3) the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- (4) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- (5) the impact of the expenditure on the capital budget.

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

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subsequently shall be prepared in a format specified by the Legislative Budget Board.

subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

**25. Other At-Risk Prevention Programs and Services.** From the amounts appropriated above in Strategy C.1.5, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate for the state fiscal biennium beginning September 1, 2009, not less than \$4,500,000 for one or more competitively procured established statewide networks of community-based prevention programs that provide evidence-based programs delivered by trained full-time staff, and address conditions resulting in negative outcomes for children and youth. Any vendor selected for funding through this strategy must provide dollar-for-dollar matching funds. The Department of Family and Protective Services shall also allocate for the state fiscal biennium beginning September 1, 2009, from the amounts appropriated above in Strategy C.1.5, Other At-Risk Prevention Programs, not less than \$1,600,000 for competitively procured community-based services for families with low-priority, less serious cases of abuse and neglect and for families with cases in which allegations of abuse or neglect of a child were unsubstantiated but involve families that have been previously investigated for abuse or neglect of a child.

**25. Other At-Risk Prevention Programs and Services.** From the amounts appropriated above in Strategy C.1.5, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall allocate for the state fiscal biennium beginning September 1, 2009, not less than \$4,000,000 for one or more competitively procured established statewide networks of community-based prevention programs that provide evidence-based programs delivered by trained full-time staff, and address conditions resulting in negative outcomes for children and youth. Any vendor selected for funding through this strategy must provide dollar-for-dollar matching funds. The Department of Family and Protective Services shall also allocate for the state fiscal biennium beginning September 1, 2009, from the amounts appropriated above in Strategy C.1.5, Other At-Risk Prevention Programs, not less than \$1,600,000 for competitively procured community-based services for families with low-priority, less serious cases of abuse and neglect and for families with cases in which allegations of abuse or neglect of a child were unsubstantiated but involve families that have been previously investigated for abuse or neglect of a child.

**28. Limitation on Appropriation for Enhanced In Home Support.** Included in the amounts appropriated above in Strategy B.1.10, Other CPS Purchased Services, is \$4,624,750 in TANF Federal Funds for fiscal year 2010, and \$4,624,750 in TANF Federal Funds for fiscal year 2011, to provide monetary benefits, goods, and services to families that are eligible for enhanced in home support. The Department of Family and Protective Services may not use these funds for any other purpose without prior written approval from the Legislative Budget Board and the Governor.

**28. Limitation on Appropriation for Enhanced In Home Support.** Included in the amounts appropriated above in Strategy B.1.10, Other CPS Purchased Services, is \$4,624,750 in TANF Federal Funds for fiscal year 2010, and \$4,624,750 in TANF Federal Funds for fiscal year 2011, to provide monetary benefits, goods, and services to families that are eligible for enhanced in home support. The Department of Family and Protective Services may not use these funds for any other purpose without prior written approval from the Legislative Budget Board and the Governor.

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To request approval, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- a. a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- b. the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- c. the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- d. the impact of the expenditure on the capital budget.

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

- 31. Intensive Psychiatric Transition Program.** The Department of Family and Protective Services is authorized to expand a foster child's eligibility for the Intensive Psychiatric Transition program from having had at least three prior hospitalizations in the preceding 12 months to having had at least one prior psychiatric hospitalization in the preceding 12 months,

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To request approval, the department shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- a. a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- b. the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
- c. the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- d. the impact of the expenditure on the capital budget.

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

- 31. Availability of Federal Matching Funds.** The amounts appropriated above include federal matching funds that are contingent on the appropriation of Federal Funds from the American Reinvestment and Recovery Act and related redirections of General Revenue Funds.

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to the extent authorized by law and to the extent funding is appropriated for this purpose in Strategy B.1.11, Foster Care Payments.

- 32. Out of State Travel Exemption.** Out of state travel expenses incurred by Department of Family and Protective Services staff while transporting children are exempt from the requirements of Article IX, Section 5.08, Limitation on Travel Expenditures, and the limitations on such expenditures as set forth therein. The Department of Family and Protective Services shall work with the Legislative Budget Board and the Comptroller of Public Accounts to determine a revised travel limitation expenditure amount that does not include the travel exempted under this provision.

- 32. Subsidized Guardianship Program.** The Department of Family and Protective Services shall, to the extent authorized by state and federal law, maximize the use of Title IV-E Federal Funds for kinship guardianship assistance payments for children pursuant to the Fostering Connections to Success and Increasing Adoption Act (Public Law 110-351).
- 33. At-risk Programs.** Out of funds appropriated in Strategy C.1.5, Other At-Risk Prevention Programs, the Department of Family and Protective Services shall use \$500,000 in the state fiscal year ending August 31, 2010, and \$750,000 in the state fiscal year ending August 31, 2011, for the purpose of contracting with an evidence-based program for the prevention of and early intervention in child abuse and neglect cases. The program must provide early childhood home visitation, parent education, and family support and serve families throughout pregnancy and until the child enters school. The program must be shown to increase school readiness, identify early delays in development, and link families with community resources. The program must have a special curriculum available for military families. The money shall be used to fund new local programs that provide these services and to provide training and technical assistance for existing programs that provide these services.

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**13. Unexpended Construction Balances.**

**13. Unexpended Construction Balances.**

- a. **Mental Health Facilities.** Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$20,690,559 from fiscal year 2009 to fiscal year 2010 and included in the method of finance above as General Obligation Bond proceeds in Strategy F.1.3, Capital Repair and Renovation: Mental Health Facilities, are hereby appropriated to the Department of State Health Services (DSHS) for the same purposes.
- b. **Health Care Facilities.** Any unexpended balances of General Obligation Bonds for health care facilities from previous appropriations, estimated to be \$7,182,878 from fiscal year 2009 to fiscal year 2010 and included in Strategy F.1.3, Construction: Health Care Facilities, TCID, are hereby appropriated to the Department of State Health Services for the same purposes.
- c. **Authorization.** Authorization to expend the unexpended construction balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts.
  - (1) a report by September 1, 2009 providing actual expenditures for fiscal years 2008 and 2009, and planned expenditures for fiscal years 2010 and 2011 at the project/mental health state hospital level; and
  - (2) a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/mental health state hospital for the previous six months. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

- a. **Mental Health Facilities.** Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$20,690,559 from fiscal year 2009 to fiscal year 2010 and included in the method of finance above as General Obligation Bond proceeds in Strategy F.1.3, Capital Repair and Renovation: Mental Health Facilities, are hereby appropriated to the Department of State Health Services (DSHS) for the same purposes.
- b. **Health Care Facilities.** Any unexpended balances of General Obligation Bonds for health care facilities from previous appropriations, estimated to be \$7,182,878 from fiscal year 2009 to fiscal year 2010 and included in Strategy F.1.2, Construction: Health Care Facilities, TCID, are hereby appropriated to the Department of State Health Services for the same purposes.
- c. **Authorization.** Authorization to expend the unexpended construction balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor:
  - (1) a report by September 1, 2009 providing actual expenditures for fiscal years 2008 and 2009, and planned expenditures for fiscal years 2010 and 2011 at the project/mental health state hospital level; and
  - (2) a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/mental health state hospital for the previous six months. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on

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which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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

**16. Limitation: Transfer Authority.**

**a. Limitations on Transfers.**

- (1) **Medicaid Strategies.** Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of State Health Services (DSHS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.

Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

B.2.1. Mental Health Services for Adults;  
B.2.2. Mental Health Services for Children; and  
C.1.3. Mental Health State Hospitals

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

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

**16. Limitation: Transfer Authority.**

**a. Limitations on Transfers.**

- (1) **Medicaid Strategies.** Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of State Health Services (DSHS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.

Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

B.2.1. Mental Health Services for Adults;  
B.2.2. Mental Health Services for Children; and  
C.1.3. Mental Health State Hospitals

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- (2) **Women and Children's Health.** Notwithstanding any other provisions contained in this Act, no transfers shall be made out of Strategy B.1.2, Women and Children's Health Services without written approval pursuant to subsection (c).
- (3) **Other Strategies.** Transfers may be made between strategies in the goals listed in this subsection. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision.

Goal A: Preparation and Preparedness

Goal B: Community Health Services (with the exception of B.1.2, Women and Children's Health Services; B.2.1, Mental Health Services for Adults; and B.2.2, Mental Health Services for Children)

Goal C: Hospital Facilities and Services (with the exception of C.1.3, Mental Health State Hospitals)

Goal D: Consumer Protection Services

Goal E: Indirect Administration; and

Goal F: Capital Items

- b. **Notification Regarding Transfers that Do Not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DSHS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

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- (2) **Women and Children's Health.** Notwithstanding any other provisions contained in this Act, no transfers shall be made out of Strategy B.1.2, Women and Children's Health Services without written approval pursuant to subsection (c).
- (3) **Other Strategies.** Transfers may be made between strategies in the goals listed in this subsection. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision.

Goal A: Preparation and Preparedness

Goal B: Community Health Services (with the exception of B.1.2, Women and Children's Health Services; B.2.1, Mental Health Services for Adults; and B.2.2, Mental Health Services for Children)

Goal C: Hospital Facilities and Services (with the exception of C.1.3, Mental Health State Hospitals)

Goal D: Consumer Protection Services

Goal E: Indirect Administration; and

Goal F: Capital Items

- b. **Notification Regarding Transfers that Do not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from DSHS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

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(4) the capital budget impact.

c. **Requests for Transfers that Require Approval.** To request a transfer, DSHS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

d. **Transfers into Items of Appropriation.** Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.

e. **Cost Pools.** Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.

(4) the capital budget impact.

c. **Requests for Transfers that Require Approval.** To request a transfer, DSHS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

A transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

d. **Transfers into Items of Appropriation.** Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.

e. **Cost Pools.** Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.



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- f. **Cash Management.** Notwithstanding the above limitations, DSHS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.

The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

- 20. Funding for Abstinence Sexual Education.** It is the intent of the Legislature that funds appropriated in Strategy A.3.2, Abstinence Education, including \$1,134,091 in General Revenue, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:

- a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and
- b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.

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- f. **Cash Management.** Notwithstanding the above limitations, DSHS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.

The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

- 20. Funding for Abstinence Sexual Education.** It is the intent of the Legislature that funds appropriated in Strategy A.3.2, Abstinence Education, including \$1,134,091 in General Revenue, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:

- a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and
- b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.
- c. Present information that is medically accurate. As used in this rider, "medically accurate" means information that is (1) verified or supported by the weight of research conducted in

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compliance with accepted scientific methods; (2) published in peer-reviewed journals; and (3) recognized as accurate, objective, and complete by mainstream professional organizations and agencies with expertise in the relevant field, such as the Federal Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Public Health Association, the American Academy of Family Physicians, the Infectious Disease Society of America, and the American Psychological Association.

**42. Use of Community Primary Care Services, FQHC, and Special Health Initiatives Funds.**

**42. Use of Community Primary Care Services, FQHC, and Special Health Initiatives Funds.**

- a. It is the intent of the Legislature that up to \$5,000,000 in fiscal year 2010 and \$5,000,000 in fiscal year 2011 of the funds appropriated in Strategy B.3.2, FQHC Infrastructure Grants, be expended exclusively to establish new Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, or expand sites or capacity at existing FQHCs and to aid FQHCs and organizations through grants to existing or new institutions seeking to become FQHCs for planning, grant writing, initial operating costs, and initial capital costs. Any unused funds after June 1 of each year shall be used solely for the provision of direct primary care services through the continuation of the Primary Healthcare Program for existing FQHCs and non-FQHCs in Strategy B.1.4, Community Primary Care Services.
- b. It is the intent of the Legislature that a total of \$302,100 for the 2010-11 biennium appropriated in Strategy B.1.4, Community Primary Care Services, be expended exclusively for the Parkland Senior Care Project. No more than \$1,000,000 may be used each year in Strategy B.1.4, Community Primary Care Services, for administrative expenses to support the Community Primary Care and FQHC grant programs.
- c. It is the intent of the Legislature that all grantees, except Parkland Senior Care Project, receiving funds appropriated in Strategy B.1.4, Community Primary Care Services, be required to coordinate their services with existing FQHCs located in their county or to

- a. It is the intent of the Legislature that up to \$5,000,000 in fiscal year 2010 and \$5,000,000 in fiscal year 2011 of the funds appropriated in Strategy B.3.2, FQHC Infrastructure Grants, be expended exclusively to establish new Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, or expand sites or capacity at existing FQHCs and to aid FQHCs and organizations through grants to existing or new institutions seeking to become FQHCs for planning, grant writing, initial operating costs, and initial capital costs. Any unused funds after June 1 of each year shall be used solely for the provision of direct primary care services through the continuation of the Primary Healthcare Program for existing FQHCs and non-FQHCs in Strategy B.1.4, Community Primary Care Services.
- b. It is the intent of the Legislature that a total of \$302,100 for the 2010-11 biennium appropriated in Strategy B.1.4, Community Primary Care Services, be expended exclusively for the Parkland Senior Care Project. No more than \$800,000 may be used each year in Strategy B.1.4, Community Primary Care Services, for administrative expenses to support the Community Primary Care and FQHC grant programs.
- c. It is the intent of the Legislature that all grantees, except Parkland Senior Care Project, receiving funds appropriated in Strategy B.1.4, Community Primary Care Services, be required to coordinate their services with existing FQHCs located in their county or to

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examine seeking designation as an FQHC if no FQHC is currently available within their county.

examine seeking designation as an FQHC if no FQHC is currently available within their county.

- d. It is the intent of the Legislature that an FQHC that receives funds through this section shall operate extended weekend and evening hours.

- d. It is the intent of the Legislature that an FQHC that receives funds through this section shall operate extended weekend and evening hours.

**56. Family Planning Services at Federally Qualified Health Centers.** Out of funds appropriated in Strategy B.1.3, Family Planning Services, up to \$10,000,000 in each year of the 2010-11 biennium shall be set aside for family planning services provided by Federally Qualified Health Centers (FQHCs). The Department shall implement this provision only to the extent that it will not have an adverse effect on the number served by the family planning program, especially in counties where no FQHC is available. In addition, up to \$1,000,000 per year may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine. Funds will be allocated statewide to counties for family planning services according to DSHS' annual assessment of women-in-need. Any funds not applied for and granted to FQHCs each fiscal year shall be made available to non-FQHC contractors. FQHCs funded under this strategy shall assure that recipients receive comprehensive primary and preventive care in addition to the family planning services. The Department of State Health Services shall work with FQHC contractors to assure that reporting requirements are aligned with FQHC eligibility, payment, and reporting requirements.

**56. Family Planning Services at Federally Qualified Health Centers.** The Department of State Health Services shall develop rules for a process of reallocation of funds which are available to all providers to ensure that the funds appropriated in Strategy B.1.3, Family Planning Services, are fully utilized for family planning services and to prevent the underutilization of the funds appropriated. Any balances available from Title V and Title XX funds on August 31, 2010 are appropriated for fiscal year 2011 for the same purposes.

**58. Texas Cancer Registry.** Out of funds appropriated above in Strategy A.1.2, Health Registries, Information, and Vital Records, the Department of State Health Services shall use \$875,000 in fiscal year 2010 and \$1,000,000 in fiscal year 2011 from Interagency Contracts (Other Funds) with the Higher Education Coordinating Board and/or the Health-Related Institutions of Higher Education and one FTE in each year for the purpose of enhancing the infrastructure of the cancer registry.

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**65. Community Mental Health Crisis Services.**

**64. Community Mental Health Crisis Services.**

- a. The Department of State Health Services (DSHS) shall allocate funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, using a methodology that allocates a portion of the funds to achieve equity in state funding among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process. DSHS shall submit an allocation plan to the Legislative Budget Board and the Governor prior to distributing funding in the strategy.
- b. DSHS shall report annually to the Legislative Budget Board and the Governor on the following measures to gauge the implementation of community mental health crisis services:
  - (1) Percent of persons with Medicaid receiving crisis services that is followed by an ER visit within 30 days;
  - (2) Percent of persons receiving crisis services that is followed by a psychiatric hospitalization within 30 days;
  - (3) Percent of persons receiving crisis services that is followed by a jail booking within 7 days;
  - (4) Number of persons receiving crisis residential services per year funded by General Revenue;
  - (5) Number of persons receiving crisis outpatient services per year funded by General Revenue;
  - (6) Average amount of General Revenue spent for crisis residential services; and

- a. The Department of State Health Services (DSHS) shall allocate funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, using a methodology that allocates a portion of the funds to achieve equity in state funding among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process. DSHS shall submit an allocation plan to the Legislative Budget Board and the Governor prior to distributing funding in the strategy.
- b. DSHS shall report annually to the Legislative Budget Board and the Governor on the following measures to gauge the implementation of community mental health crisis services:
  - (1) Percent of persons with Medicaid receiving crisis services that is followed by an ER visit within 30 days;
  - (2) Percent of persons receiving crisis services that is followed by a psychiatric hospitalization within 30 days;
  - (3) Percent of persons receiving crisis services that is followed by a jail booking within 7 days;
  - (4) Number of persons receiving crisis residential services per year funded by General Revenue;
  - (5) Number of persons receiving crisis outpatient services per year funded by General Revenue;
  - (6) Average amount of General Revenue spent for crisis residential services; and

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(7) Average amount of General Revenue spent for crisis outpatient services.

(7) Average amount of General Revenue spent for crisis outpatient services.

- c. Not later than September 1, 2009, DSHS shall contract with an independent entity for an evaluation of community mental health crisis services. The evaluation shall include an analysis of the implementation of crisis services and the impact of crisis services, including on clients, local communities, mental health and health care providers, and law enforcement. The department shall submit the evaluation to the Legislative Budget Board, the Governor, and the standing committees of the Senate and House of Representatives having primary jurisdiction over health and human services not later than January 1, 2010.
- d. Any unexpended balances remaining at August 31, 2010 in Strategy B.2.3., Community Mental Health Crisis Services, are hereby appropriated for the same purposes in fiscal year 2011.

- c. Not later than September 1, 2009, DSHS shall contract with an independent entity for an evaluation of community mental health crisis services. The evaluation shall include an analysis of the implementation of crisis services and the impact of crisis services, including on clients, local communities, mental health and health care providers, and law enforcement. The department shall submit the evaluation to the Legislative Budget Board, the Governor, and the standing committees of the Senate and House of Representatives having primary jurisdiction over health and human services not later than January 1, 2010.

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

- (1) The following information shall be provided for the fiscal year with an unexpended balance:
- (i) an explanation of the causes of the unexpended balance(s);
  - (ii) the amount of the unexpended balance(s) by strategy; and
  - (iii) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.
- (2) The following information shall be provided for the fiscal year receiving the funds:
- (i) an explanation of purpose for which the unexpended balance(s) will be used

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- and whether the expenditure will be one-time or ongoing;
- (ii) the amount of the expenditure by strategy;
  - (iii) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and to performance targets in this Act for that fiscal year; and
  - (iv) the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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

**70. Epilepsy Services.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$936,310 in All Funds in fiscal year 2010 and \$936,310 in All Funds in fiscal year 2011 for epilepsy services. If funds are available, DSHS may use up to \$1,000,000 per fiscal year in addition to the funds appropriated above to contract with a non-profit organization to expand epilepsy services.

**69. Epilepsy Services.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$1,936,310 in All Funds in fiscal year 2010 and \$1,936,310 in All Funds in fiscal year 2011 for epilepsy services. DSHS shall use at least \$1,000,000 per fiscal year of the allocated funds to contract with a non-profit organization to expand epilepsy services.

**77. Community Mental Health Hospital Rates.** Out of amounts appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate in each fiscal year of the 2010-11 biennium \$2,115,260 in All Funds to Harris County Psychiatric Center, \$325,056 in All Funds to Galveston Community Hospital, and \$502,723 in All Funds to Lubbock Community Hospital to increase the allotment for community mental health inpatient services at these facilities.

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**78. Family Planning Reimbursement Rates.** Out of funds appropriated above in Strategy B.1.3, Family Planning Services, the Department of State Health Services shall allocate \$7,163,620 in Federal Funds for the 2010-11 biennium to align the family planning reimbursement rates with the Medicaid reimbursement rates for prescription drugs.

**78. Galveston Community Mental Health Center.** Out of amounts appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,376,050 in All Funds in each year of the 2010-11 biennium to the Galveston Community Mental Health Center to increase the number of inpatient beds from 20 to 30.

**79. Exemption from Article IX, Sec. 8.03 (e), Reimbursements and Payments.** The Department of State Health Services is hereby exempted from the provisions contained in Article IX, Sec. 8.03 (e), Reimbursements and Payments, of the General Appropriations Act for the 2010-11 biennium.

**79. Health Statistics Registries.** Out of funds appropriated above to the Department of State Health Services, the agency shall utilize \$1,000,000 for the 2010-11 biennium to upgrade the twelve registries used by the Center for Health Statistics to collect, analyze and disseminate a variety of health information.

**80. Exemption from Limitation on Travel Expenditures.** The Department of State Health Services is authorized to conduct travel within 150 miles of the border between Texas and the contiguous states of the United States of America and the United Mexican States for the propose of protecting and promoting the public health of Texas residents and such travel is exempted from the provisions, referenced in Article IX of this Act as “Limitation on Travel Expenditures.”

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**81. Public Health Medicaid Reimbursements.**

- a. **Appropriations.** Included in the amounts appropriated above for the Department of State Health Services are the following amounts of Public Health Medicaid Reimbursements (Account 709):
- (1) Strategy A.2.1, Immunize Children and Adults in Texas: \$341,686 in each fiscal year;
  - (2) Strategy A.4.1, Laboratory Services: \$13,020,618 in each fiscal year;
  - (3) Strategy B.1.2, Women and Children's Health Services: \$37,706 in each fiscal year; and
  - (4) Strategy E.1.1, Central Administration: \$672,285 in each fiscal year.
- b. **Limitation on Use of Public Health Medicaid Reimbursements (Account 709).** In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, the department may spend the Public Health Medicaid Reimbursement funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and the Governor.

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**80. Limitation: Expenditure and Transfer of Additional Public Health Medicaid Reimbursements.**

- a. **Appropriations.** Included in the amounts appropriated above for the Department of State Health Services is \$45,795,938 per fiscal year in additional Public Health Medicaid Reimbursements (Account 709) as allocated below:
- (1) Strategy A.2.3, Infectious Disease Prevention, Epidemiology and Surveillance: \$1,000,000 in each fiscal year;
  - (2) Strategy B.1.3, Family Planning Services: \$978,880 in each fiscal year;
  - (3) Strategy B.2.3, Community Mental Health Crisis Services: \$600,000 in each fiscal year;
  - (4) Strategy C.1.3, Mental Health State Hospitals: \$11,500,000 in each fiscal year;
  - (5) Strategy C.2.1, Mental Health Community Hospitals: \$4,319,089 in each fiscal year; and
  - (6) Goal D, Consumer Protection Services: \$4,500,000 in each fiscal year.
- b. **Limitation on Use of Public Health Medicaid Reimbursements (Account 709).**
- (1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, the department may spend the Public Health Medicaid Reimbursement funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and the Governor.
  - (2) Notwithstanding any other provisions contained in this Act, transfers of Public Health Medicaid Reimbursement revenues shall be made only to the extent



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- c. **Request for Approval to use Public Health Medicaid Reimbursements Funds.** To request approval pursuant to section (b) above, the department shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (1) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts noted in section (a) above, and whether this additional revenue will continue in future years;
  - (2) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
  - (3) the name of the strategy or strategies affected by the expenditure and the method of financing and FTEs for each strategy by fiscal year;
  - (4) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
  - (5) the impact of the expenditure on the capital budget.

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authorized in writing by the Legislative Budget Board and the Governor.

- c. **Request for Approval to use Additional Public Health Medicaid Reimbursements Funds.** To request approval pursuant to section (b-1) above, the department shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (1) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts noted in section (a) above, and whether this additional revenue will continue in future years;
  - (2) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
  - (3) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;
  - (4) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
  - (5) the impact of the expenditure on the capital budget.
- d. **Requests to Transfer Additional Public Health Medicaid Reimbursements Funds.** To request a transfer pursuant to section (b-2) above, DSHS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

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- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

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

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

The Comptroller of Public Accounts shall not allow the expenditure of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

The Comptroller of Public Accounts shall not allow the expenditure or transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

**82. Substance Abuse Treatment.** Contingent on passage of Senate Bill 796, or similar legislation relating to expanding substance abuse treatment for adult Medicaid clients, the Department of State Health Services shall use funds appropriated above in Strategy B.2.5, Substance Abuse Prevention, Intervention, and Treatment, which were previously used to serve Medicaid clients, to provide substance abuse prevention and treatment services for other eligible clients.

**81. Transitional and On-going Community Mental Health Services.** Out of amounts appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall allocate \$3,572,740 in General Revenue in each year of the 2010-11 biennium for transitional and intensive community mental health services.

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- 83. Funding Equity among Local Mental Health Authorities.** Any new funds appropriated to the Department of State Health Services (DSHS) for community mental health services, Strategies B.2.1, Mental Health Services - Adults, B.2.2, Mental Health Services - Children, and B.2.3, Community Mental Health Crisis Services, in fiscal years 2010 and 2011 for the purpose of increased service capacity shall be allocated in such a way to achieve equity in state funding among local mental health authorities to the greatest extent possible by using a per capita equity formula that allocates one-half (1/2) of new funds to those below the statewide average in per capita funding and allocates the remaining funds on a per capita basis across all local mental health authorities.
- 84. Provision of Psychiatric and Psychotherapy Services.** Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall expend \$500,000 in All Funds in the 2010-11 biennium to hire psychiatrists and psychotherapists to train third-year medical students and provide psychiatric and psychotherapy services for the uninsured and underinsured populations at existing clinic sites at a community health center working in conjunction with the Texas A&M Health Science Center College of Medicine in Round Rock.
- 82. Trauma Facility Study.** Out of funds appropriated above in Strategy B.3.1, EMS and Trauma Care Systems, the Department of State Health Services shall conduct a study of the state's trauma facilities to assess the need for additional Level I and Level II trauma facilities in the state.
- 83. Purchase of Pandemic Flu Vaccines.** Out of funds appropriated above, the Department of State Health Services shall examine the latest generation of cell culture derived pandemic flu vaccine. The Department of State Health Services is strongly encouraged to consider purchasing the latest generation of cell culture derived pandemic flu vaccine that is available out of state, federal, or other funds.
- 85. Funding Equity Among Local Mental Health Authorities.** Any new funds appropriated to the Department of State Health Services (DSHS) for community mental health services, Strategies B.2.1, Mental Health Services - Adults, B.2.2, Mental Health Services - Children, and B.2.3, Community Mental Health Crisis Services, in fiscal years 2010 and 2011 for the purpose of increased service capacity shall be allocated in such a way to achieve equity in state funding among local mental health authorities to the greatest extent possible by using a per capita equity formula that allocates one-half (1/2) of new funds to those below the statewide average in per capita funding and allocates the remaining funds on a per capita basis across all local mental health authorities. DSHS shall submit an allocation plan to the Legislative Budget Board and the Governor prior to distributing this new funding.

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- 85. HIV Testing.** Out of funds appropriated above in Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services shall allocate not less than \$4,419,989 in fiscal 2010 in All Funds and \$4,419,990 in fiscal year 2011 in All Funds for the purpose of increased testing for HIV in high morbidity areas, with Houston and Dallas receiving top consideration, in emergency rooms, or in primary care clinics associated with the large indigent care providers.
- 86. Cervical Cancer Testing.** Out of funds appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services shall allocate \$533,720 in Account No. 709 funds in each fiscal year of the 2010-11 biennium to upgrade cervical cancer screening equipment to improve laboratory testing to detect and report diseases more rapidly.
- 84. Health Information Related to Velocardiofacial Syndrome.** Out of funds appropriated above in Strategy A.1.2, Registries, Information, and Vital Records, the Department of State Health Services (DSHS) shall update health related information distributed by health care coordinators and other service providers with information regarding velocardiofacial syndrome, including the disorders symptoms, qualifications for the early childhood intervention program (ECI), treatment options under ECI programs, and related parent support groups.
- 86. Sunrise Canyon Hospital Capital Improvements.** Out of funds appropriated above, the Department of State Health Services shall expend \$1,350,825 in General Obligation Bond Proceeds (Account No. 780) in the 2010-11 biennium for capital improvements at Sunrise Canyon Hospital.
- 87. Academic and Applied Public Health Collaborative.** From funds appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Texas Department of State Health Services shall use \$1,156,000 in fiscal year 2010 and \$1,190,680 in fiscal year 2011 to make equal interagency contract payments to the three Texas Schools of Public Health (The Texas A&M Health Science Center's School of Rural Public Health, School of Public

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Health at the Health Science Center at the University of North Texas, and the University of Texas Health Science Center School of Public Health) to support the recently developed collaborative initiative by the Texas Commissioner of Health to address the growing public health workforce shortage and the alarming population health crises facing the U.S. and Texas.

- 87. Texas Birth Defects Registry.** Out of funds appropriated above in Strategy A.1.2, Health Registries, Information, and Vital Records, the Department of State Health Services shall allocate \$950,000 in General Revenue Funds in each fiscal year of the 2010-11 biennium for the purpose of enhancing the infrastructure of the Texas Birth Defects Registry.
- 88. The University of Texas Harris County Psychiatric Center.** Out of funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$4,250,000 in General Revenue Funds in fiscal year 2010 and \$4,250,000 in General Revenue Funds in fiscal year 2011 for the purpose of funding 24 additional beds at the University of Texas Harris County Psychiatric Center.

- 88. Prevention and Wellness Pilot.** Contingent upon the receipt of Prevention and Wellness federal stimulus funds in excess of amounts reflected in Article XII of this Act, the Department of State Health Services (DSHS) shall allocate up to \$1,500,000 in federal stimulus funds in each fiscal year of the 2010-11 biennium to develop a pilot project that would create an online medical home targeting obesity and other chronic diseases for selected populations. DSHS shall report annually on the progress of the pilot program as required by the American Reinvestment and Recovery Act of 2009.
- 89. Use of Appropriated Funds for Reports on School-based Health Centers.** Money appropriated to the Department of State Health Services may be used by the department to

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prepare and submit a report to the legislature regarding school-based health centers only if the report:

- a. is submitted not more frequently than once every two years;
- b. is limited to information relating to school-based health centers that receive funding from the department; and
- c. contains only information that the department determines may be provided:
  - (1) in compliance with federal law regarding confidentiality of medical information; and
  - (2) without imposing excessive reporting requirements on school districts.

**89. Appropriation Authority for General Obligation Bond Proceeds.** Appropriated above in Strategy F.1.3, Repair and Renovation: Mental Health Facilities, in fiscal year 2010 is \$20,000,000 in general obligation bond proceeds for projects for the Department of State Health Services as described in Article IX, Sec. 17.01, Informational Listing: General Obligation Bond Proceeds.

All projects funded herein with general obligation bond proceeds are subject to approval by the Legislative Budget Board prior to issuance of the bond proceeds by the Texas Public Finance Authority. Any unexpended and unobligated balances in general obligation bond proceeds described herein and remaining as of August 31, 2010 are hereby appropriated for the fiscal year beginning September 1, 2010 for the same purpose.

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- 90. Data Collection on the Incidence of Health Care-Associated Infections.** It is the intent of the legislature that the Department of State Health Services use funds appropriated to the department for the Texas Health Care-Associated Infection Reporting System to expand the reporting to accommodate information relating to infections resulting in the death of the patient.

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- 4. Reimbursement of Advisory Committee Members.** Pursuant to Government Code § 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed \$63,200 per year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, Physician Payment Advisory Committee, Drug Use Review Board, Pharmaceutical and Therapeutics Committee, Public Assistance Health Benefits Review and Design Committee, and Guardianship Advisory Board.

To the maximum extent possible, the Commission shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.

**15. CHIP: Unexpended Balances and Allocation of Funds.**

- a. **Unexpended Balances between Biennia.** Unexpended balances in General Revenue Funds appropriated for Goal C (CHIP) strategies to the Health and Human Services Commission (HHSC) for the fiscal year ending August 31, 2009 (estimated to be \$0) are appropriated to the agency for the fiscal year beginning September 1, 2009, only upon prior written approval by the Legislative Budget Board and the Governor.
- b. **Unexpended Balances within the Biennium.** Unexpended balances in General Revenue Funds appropriated for Goal C (CHIP) strategies to HHSC for the fiscal year ending August 31, 2010 (estimated to be \$0) are appropriated to the agency for the fiscal year beginning September 1, 2010, only upon prior written approval by the Legislative Budget Board and the Governor.
- c. For authorization to expend the funds, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized

- 4. Reimbursement of Advisory Committee Members.** Pursuant to Government Code § 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed \$39,565 per year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, Physician Payment Advisory Committee, Drug Use Review Board, Pharmaceutical and Therapeutics Committee, Public Assistance Health Benefits Review and Design Committee, and Guardianship Advisory Board.

To the maximum extent possible, the Commission shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.

**15. CHIP: Unexpended Balances and Allocation of Funds.**

- a. **Unexpended Balances between Biennia.** Unexpended balances in General Revenue Funds appropriated for Goal C (CHIP) strategies to the Health and Human Services Commission (HHSC) for the fiscal year ending August 31, 2009 (estimated to be \$98,900,000) are appropriated to the agency for the fiscal year beginning September 1, 2009, only upon prior written approval by the Legislative Budget Board and the Governor.
- b. **Unexpended Balances within the Biennium.** Unexpended balances in General Revenue Funds appropriated for Goal C (CHIP) strategies to HHSC for the fiscal year ending August 31, 2010 (estimated to be \$0) are appropriated to the agency for the fiscal year beginning September 1, 2010, only upon prior written approval by the Legislative Budget Board and the Governor.
- c. For authorization to expend the funds, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized



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by fiscal year as follows:

- (1) The following information shall be provided for the fiscal year with an unexpended balance:
  - (i) an explanation of the causes of the unexpended balance(s);
  - (ii) the amount of the unexpended balance(s) by strategy; and
  - (iii) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.
- (2) The following information shall be provided for the fiscal year receiving the funds:
  - (i) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (ii) the amount of the expenditure by strategy;
  - (iii) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and
  - (iv) the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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by fiscal year as follows:

- (1) The following information shall be provided for the fiscal year with an unexpended balance:
  - (i) an explanation of the causes of the unexpended balance(s);
  - (ii) the amount of the unexpended balance(s) by strategy; and
  - (iii) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.
- (2) The following information shall be provided for the fiscal year receiving the funds:
  - (i) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (ii) the amount of the expenditure by strategy;
  - (iii) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and
  - (iv) the capital budget impact.

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

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

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

- d. It is the intent of the Legislature that tobacco settlement receipts appropriations made above in Goal C, CHIP Services, include \$357.8 million for fiscal year 2010 and \$372.8 million for fiscal year 2011 in tobacco settlement receipts paid to the State pursuant to the Comprehensive Tobacco Settlement and Release. In the event that the state has not received a tobacco settlements payment for fiscal year 2010 and fiscal year 2011 by September 1 of each year of the biennium, the Comptroller of Public Accounts is hereby authorized to use general revenue funds as needed for program expenditures for cash flow purposes between the beginning of the fiscal year and the receipt by the state of the tobacco settlement payment for the fiscal year. Upon receipt of the tobacco settlement payment, the general revenue fund shall be reimbursed with tobacco settlement receipts for all expenditures made pursuant to this provision.

- d. It is the intent of the Legislature that tobacco settlement receipts appropriations made above in Goal C, CHIP Services, include \$357.8 million for fiscal year 2010 and \$372.8 million for fiscal year 2011 in tobacco settlement receipts paid to the State pursuant to the Comprehensive Tobacco Settlement and Release. In the event that the state has not received a tobacco settlements payment for fiscal year 2010 and fiscal year 2011 by September 1 of each year of the biennium, the Comptroller of Public Accounts is hereby authorized to use general revenue funds as needed for program expenditures for cash flow purposes between the beginning of the fiscal year and the receipt by the state of the tobacco settlement payment for the fiscal year. Upon receipt of the tobacco settlement payment, the general revenue fund shall be reimbursed with tobacco settlement receipts for all expenditures made pursuant to this provision.

**28. Reimbursement of Advisory Council Members.** Pursuant to Government Code §531.408, reimbursement of travel expenses for Health and Human Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$13,200 per fiscal year, at the rates specified in the general provisions of this Act.

**28. Reimbursement of Advisory Council Members.** Pursuant to Government Code §531.408, reimbursement of travel expenses for Health and Human Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$10,825 per fiscal year, at the rates specified in the general provisions of this Act.

**32. Family Planning.** Of funds appropriated for Medicaid Family Planning, no state funds may be used to dispense prescription drugs to minors without parental consent.

**32. Family Planning.** Of funds appropriated for Medicaid Family Planning, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for emancipated 16- and 17-year old parents.

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- 37. Unexpended Balance Authority for Eligibility Determination Services.** Unexpended balances in General Revenue Funds appropriated in Strategy A.1.2, Integrated Eligibility and Enrollment, for the fiscal year ending August 31, 2010, are appropriated to the agency for the following fiscal year only upon prior written approval by the Legislative Budget Board and the Governor.

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

- a. The following information shall be provided for the fiscal year with an unexpended balance:
  - (1) an explanation of the causes of the unexpended balance(s);
  - (2) the amount of the unexpended balance(s) by strategy; and
  - (3) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.
- b. The following information shall be provided for the fiscal year receiving the funds:
  - (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (2) the amount of the expenditure by strategy;
  - (3) the incremental change in service levels compared to performance targets in this

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- 37. Unexpended Balance Authority for Eligibility Determination Services.** Unexpended balances in General Revenue Funds appropriated in Strategy A.1.2, Integrated Eligibility and Enrollment, for the fiscal year ending August 31, 2010, are appropriated to the agency for the following fiscal year only upon prior written approval by the Legislative Budget Board and the Governor.

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

- a. The following information shall be provided for the fiscal year with an unexpended balance:
  - (1) an explanation of the causes of the unexpended balance(s);
  - (2) the amount of the unexpended balance(s) by strategy; and
  - (3) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.
- b. The following information shall be provided for the fiscal year receiving the funds:
  - (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (2) the amount of the expenditure by strategy;
  - (3) the incremental change in service levels compared to performance targets in this

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Act for that fiscal year; and

- (4) the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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

- 48. Physician-administered Biologics and Drugs.** To the extent compatible with state and federal law, drugs and biological products are deemed covered benefits of Medicaid if those products are approved for sale by the U.S. Food and Drug Administration and satisfy the criteria of the Omnibus Budget Reconciliation Act of 1990. The manufacturers of drugs and biological products which are deemed covered benefits under Medicaid shall obtain a unique HCPCS code of C, Q or J or a nationally recognized National Drug Code number that will enable the state Medicaid office to track the product for the purpose of receiving Medicaid rebates.

HHSC may apply any reasonable administrative measures, including medical policy development and utilization controls that it deems prudent as the conditions of coverage that apply to each physician-administered drug or biological product.

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Act for that fiscal year; and

- (4) the capital budget impact.

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 days of receipt of the request.

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

- 48. Physician-administered Biologics and Drugs.** To the extent compatible with state and federal law, drugs and biological products are deemed covered benefits of Medicaid if those products are approved for sale by the U.S. Food and Drug Administration and satisfy the criteria of the Omnibus Budget Reconciliation Act of 1990 and the Deficit Reduction Act of 2005. The manufacturers of drugs and biological products which are deemed covered benefits under Medicaid shall obtain a unique HCPCS code of C, Q, or J and a National Drug Code that will enable the state Medicaid office to track the product for the purpose of receiving Medicaid rebates.

HHSC shall develop and make available a process to analyze new, “first-in-class,” physician-administered drugs and biological products for the purpose of issuing a Medicaid coverage report or opinion.

For new physician-administered drugs and biological products slated for inclusion in an existing class covered by Medicaid, HHSC shall develop and make available an expedited process to analyze fiscal impact and incremental cost over current drug treatment and therapy.

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- 49. Medicaid Drug Utilization Review Program.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and submit a report on strategies implemented by the agency after the effective date of this Act to strengthen the Texas Medicaid Drug Utilization Review Program to the Legislative Budget Board and the Governor by December 1, 2009 and provide a follow-up report on December 1, 2010. Each report should include savings realized during the previous fiscal year and anticipated savings for the following fiscal year.
- 51. Vendor Drug Program E-prescribing Plan.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop an E-prescribing implementation plan, including relevant timeframes and projected expenditures and cost savings per fiscal year, to improve patient safety and to standardize electronic prescribing systems in the state's Vendor Drug Program for the Medicaid and Children's Health Insurance Programs and submit the plan to the Legislative Budget Board and the Governor by January 1, 2010. The Health and Human Services Commission shall also submit a progress report on the E-prescribing implementation plan, including any projected expenditures and cost savings per fiscal year, to the Legislative Budget Board and the Governor by January 1, 2011.

HHSC shall develop and make available a process for approving new FDA-approved indications of physician-administered drugs and biological products covered by Medicaid.

HHSC may apply any reasonable administrative measures, including medical policy development and utilization controls that it deems prudent as the conditions of coverage that apply to each physician-administered drug or biological product.

- 49. Medicaid Drug Utilization Review Program.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and submit a report on strategies implemented by the agency after the effective date of this Act to strengthen the Texas Medicaid Drug Utilization Review Program to the Legislative Budget Board and the Governor by December 1 of each year of the biennium. Each report should include savings realized during the previous fiscal year and anticipated savings for the following fiscal year.
- 51. Vendor Drug Program E-prescribing Plan.** Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop an E-prescribing implementation plan, including relevant timeframes, to improve patient safety and to standardize electronic prescribing systems in the state's Vendor Drug Program for the Medicaid and Children's Health Insurance Programs and submit a report, including any projected expenditures and cost savings per fiscal year, to the Legislative Budget Board and the Governor by December 1 of each year of the biennium.
- 52. Rebasing Hospital Rates Contingent Upon Medicaid Waiver Approval.** Out of funds appropriated above in Goal B, Medicaid, the Commission is authorized to rebase Medicaid inpatient hospital rates contingent upon the federal government approving a Medicaid waiver that transitions the current system of non-state owned hospital-financed intergovernmental transfers to a system that coordinates primary and acute care through the use of employer

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sponsored insurance, health care savings accounts, local Texas "multi-share" programs, private health insurance, and other market-based coverage options. The agency shall submit a report explaining the impact of the rebasing on the rates, with impacts by model of care and Medicaid risk group, and the General Revenue and Federal Funds cost of the rebasing by fiscal year.

**52. SAVERR to TIERS.** Out of funds appropriated above in Strategy F.1.1, TIERS & Eligibility Supporting Technologies, the Health and Human Services Commission will convert all the remaining SAVERR cases into the TIERS system, contingent upon receipt of required approval by federal funding partners, no later than August 31, 2011.

**53. Appropriations Related to Frew.**

a. **Provider Rates:** Funds appropriated above to the Health and Human Services Commission (HHSC) in Goal B, Medicaid, include over \$500,000,000 in General Revenue funding to maintain Frew-related rate increases for physicians and dentists that were originally implemented during the 2008-09 biennium. The funding appropriated in fiscal years 2008-09 included the following:

- (1) \$203,000,000 in General Revenue for a 25% rate increase for Physicians and Other Professionals;
- (2) \$258,700,000 in General Revenue for a 50% rate increase for Dentists; and
- (3) \$50,000,000 in General Revenue for a targeted rate increase for Specialists.

b. **Strategic Initiatives:** Funds appropriated above to HHSC in Goal B, Medicaid, include an unexpended balance of General Revenue specifically related to Strategic Initiatives (estimated to be \$117,054,148) from fiscal year 2009. Appropriation of this unexpended balance is made contingent upon 30 day prior written notification to the Legislative Budget Board, the Governor, and the Office of the Comptroller. Expenditure of Strategic

**53. Appropriations Related to Frew.**

a. **Provider Rates:** Funds appropriated above to the Health and Human Services Commission (HHSC) in Goal B, Medicaid, include funding to maintain Frew-related rate increases for services provided to Medicaid recipients under the age of twenty-one years that were originally implemented during the 2008-09 biennium.

b. **Strategic Initiatives:** Funds appropriated above to HHSC in Goal B, Medicaid, include \$75,000,000 in General Revenue and \$183,000,000 in All Funds per year allocated for expenditures related to Frew Strategic Initiatives. Expenditure of such funds are made contingent upon the following:

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Initiative funding is made contingent upon the following:

- (1) HHSC shall provide an annual report to the Legislative Budget Board and the Governor on September 1 of each fiscal year with historical expenditures (since inception) and budgeted expenditures for the next two fiscal years related to Frew Strategic Initiatives. Updates to the plan shall be provided 30 days in advance of the changes.
- (2) HHSC shall not use the funding for Strategic Initiatives to provide any rate increases for non-Frew healthcare providers.
- (3) The budgeted expenditures reflected in the plan detailed in (1) above shall be limited to evidence-based initiatives that improve services.

- (1) HHSC shall provide an annual report to the Legislative Budget Board and the Governor on September 1 of each fiscal year with historical expenditures (since inception) and budgeted expenditures for the next two fiscal years related to Frew Strategic Initiatives. Updates to the plan shall be provided 30 days in advance of the changes.
- (2) HHSC shall not use the funding for Strategic Initiatives to provide any rate increases for services to Medicaid recipients twenty-one years of age or older.
- (3) The budgeted expenditures reflected in the plan detailed in (1) above shall be limited to initiatives to improve access to services for Medicaid recipients under the age of twenty-one years.

c. **Corrective Action Plan.** Funds appropriated above in Goal B Medicaid include a total of \$45,000,000 in General Revenue for the biennium for continuing expenditures related to the corrective action plan.

d. **Requests for Additional Full-time-equivalent and/or Capital Authority.** To request additional full-time-equivalent (FTE) authority and/or additional capital authority for agency operations related to implementation of the Frew agreement, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information as appropriate:

- (1) the increase in both the annual average and end-of-year FTEs by fiscal year;
- (2) the estimated increase in expenditures by object of expense and method of financing for each fiscal year; and

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- (3) the estimated increase in capital expenditures by method of financing by fiscal year for each increased or new project.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

The Comptroller of Public Accounts shall not allow the adjustment of FTE or capital authority limitations authorized by this provision if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

- 54. Frew Strategic Initiative Spending Plan.** By November 30, 2009, the Health and Human Services Commission shall develop a plan to spend at least 85 percent of the Strategic Initiative funding within the 2010-11 biennium. The plan should specify the projects, each project's purpose, the target population, the amount of funds allocated to each project, the parties responsible for implementation, and implementation timelines. The plan shall be submitted to the Governor and the Legislative Budget Board.

Notwithstanding the requirement that the plan must be for the expenditure of 85 percent of the Strategic Initiative funding, the Commission shall supplement the projects specified in the plan with other projects that qualify as Frew Strategic Initiatives, or modify the projects specified in the plan as necessary, to ensure that 100 percent of the Strategic Initiative funding is obligated or submitted to the LBB and the Governor's Office for approval not later than August 31, 2011.



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- 59. Umbilical Cord Blood Bank Funding.** Out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission shall transfer and use \$5,000,000 in General Revenue for the biennium for research and an unrelated donor umbilical cord blood bank, as follows:
- a. The Health and Human Services Commission shall enter into a contract with a public cord blood bank in Texas for \$4,000,000 for the gathering and retention of umbilical cord blood from live births at its unrelated cord blood bank for the primary purpose of making the umbilical cord blood available for transplant purposes. The blood bank must be accredited by the American Association of Blood Banks and the International Organization of Standardization. Any unexpended balances of these funds remaining as of August 31, 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2010, for the same purposes.
  - b. The Health and Human Services Commission shall enter into a contract with a Texas academic health institution for \$1,000,000 for the primary purpose of research leading to new cures derived by the usage of stem cells from umbilical cord blood. Such funds shall be used only for research from stem cells obtained from umbilical cord blood from a live birth. Any unexpended balances of these funds remaining as of August 31, 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2010, for the same purposes.
- 55. Transfer Authority: Medicaid to Integrated Eligibility and Enrollment.** Notwithstanding the transfer provisions related to Goal B in other provisions in this bill pattern, the Health and Human Services Commission may transfer funds from Goal B, Medicaid to Strategy A.1.2, Integrated Eligibility and Enrollment, pursuant to the requirement below.

HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The following information shall be provided:

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- 55. Umbilical Cord Blood Bank Funding.** Out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission shall use \$5,000,000 in General Revenue for the biennium for research and an unrelated donor umbilical cord blood bank, as follows:
- a. The Health and Human Services Commission shall enter into a contract with a public cord blood bank in Texas for \$4,000,000 for the gathering and retention of umbilical cord blood from live births at its unrelated cord blood bank for the primary purpose of making the umbilical cord blood available for transplant purposes. The blood bank must be accredited by the American Association of Blood Banks and the International Organization of Standardization. Any unexpended balances of these funds remaining as of August 31, 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2010, for the same purposes.
  - b. The Health and Human Services Commission shall enter into a contract with a Texas academic health institution for \$1,000,000 for the primary purpose of research leading to new cures derived by the usage of stem cells from umbilical cord blood. Such funds shall be used only for research from stem cells obtained from umbilical cord blood from a live birth. Any unexpended balances of these funds remaining as of August 31, 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2010, for the same purposes.

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- a. a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- b. the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- d. the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

**56. Medical Transportation Contracts.** In contracting with Medicaid transportation brokers and providers, the Health and Human Services Commission is hereby authorized to consider alternative methodologies to adjust for cost changes that impact medical transportation brokers and providers, including but not limited to, the cost of gasoline and alternative fuels.

**69. Medical Transportation.** The Health and Human Services Commission shall use funds appropriated in Strategy B.2.4, Medical Transportation, in a manner that ensures the provision of timely and appropriate non-emergency transportation services, supports access to health care, optimizes federal funding, and incorporates cost containment strategies and budget predictability. The commission shall evaluate and determine, by service delivery area, the most appropriate service delivery model for that area. The commission may consider a full-risk brokerage service delivery model in conducting the evaluation and making the determination for a service delivery area, but may not implement that model unless the Legislature, through another legislative Act that is enacted and becomes law, specifically authorizes the commission to implement that model.

**56. Payment for Hospital Medical Errors.** Contingent on passage of House Bill 3233, or similar legislation that would prevent payment for hospital medical errors in the Medicaid program, by the Eighty-first Legislature, Regular Session, the Health and Human Services Commission

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shall submit a progress report by November 1, 2010, on the implementation of new rules to the Legislative Budget Board and the Governor.

- 57. FTE Authority during Federally-Declared Disasters.** In the event the Health and Human Services Commission determines a need for additional staff related to providing services for federally-declared disasters, the Commission is hereby authorized to increase the number of FTEs, and adjust the agency limitation on FTEs, for this purpose, contingent upon notification to the Legislative Budget Board and the Governor within 30 days of the intent to hire additional staff and quantify the staffing level. Only federal funds may be used to pay salaries and benefits for the FTEs hired for this purpose.
- 58. Local Reporting on UPL, DSH and Indigent Care Expenditures.** Out of funds appropriated above, and as the state Medicaid operating agency, the Health and Human Services Commission shall develop a report that non-state public hospitals, private hospitals, hospital districts, physicians, and private administrators shall use to describe any expenditures they make through the Upper Payment Limit program, the Disproportionate Share Hospital program, and the Indigent Care program. The commission shall determine the format of the report, which must include expenditures by method of finance per year.

- 58. CHIP Expansion.** To the extent permitted by state law, the Health and Human Services Commission, out of funds appropriated above in Goal C, CHIP Services, including unexpended balances, shall expand coverage to eligible persons, as defined in new legislation, up to 300 percent of the Federal Poverty Level during the 2010-11 biennium.
- 59. Office of Eligibility Services Staffing.** Out of funds appropriated above in Strategy A.1.2, Integrated Eligibility and Enrollment, the Executive Commissioner shall ensure that the agency will fill and maintain staffing at a level no less than the fiscal year 2009 budgeted FTE level of 9,039. The Commission is authorized budgeted FTEs of 9,695 in fiscal year 2010 and 9,861 in fiscal year 2011 if the Executive Commissioner determines that caseload and workload growth

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make those increases necessary. In the event that the Executive Commissioner determines that appropriated funding levels are not adequate to maintain staffing at or above the fiscal year 2009 budgeted FTE level, the Commission is authorized to transfer from General Revenue appropriations in Goal B, Medicaid, any additional funding necessary for this purpose. The Commission shall notify the Governor, the Legislative Budget Board, and the Comptroller 10 days prior to any proposed funding transfer.

- 60. Medicaid Cost Savings.** The appropriations made above to the Health and Human Services Commission assume savings estimated to be \$107.1 million in General Revenue Funds, in anticipation of implementation of the following initiatives:

Managed Care

1. Increase out of network discount from 3 to 10%
2. Market rating of plans
3. Use EPO in lieu of PCCM (premium tax revenue)
4. Tighten up admin risk factor for HMOs

Medical Transportation

1. Expand use of capitation

Pay for Performance Systems

1. Hospitals
2. Long term care program

Ultra Sound Utilization Project

1. Limit use based on practice guidelines

Managed Care for Disabled Children

1. Improve coordination of care for existing recipients
2. Premium tax revenue

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The Commission shall provide a report explaining each cost savings measure utilized and certifying the savings in General Revenue and All Funds achieved during the biennium. The report shall be submitted to the Legislative Budget Board and the Governor by November 1, 2010.

**61. Nurse Family Partnership Federal Funding.** Contingent on receipt of additional Federal Funding specifically for nurse home visitations to families with young children, the Health and Human Services Commission shall budget these funds for the Nurse Family Partnership program in Strategy A.1.1, Enterprise Oversight and Policy.

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**60. Respiratory Syncytial Virus.** Out of funds appropriated above the Health and Human Services Medicaid Vendor Drug Program shall implement a pharmacy payment based on the state's reimbursement methodology approved by the Centers for Medicare and Medicaid (CMS) as of August 31, 2007, minus five percent, for drugs used for the prevention of Respiratory Syncytial Virus in newborns. Prior authorization criteria must be met. In order to ensure full access to Respiratory Syncytial Virus prophylaxis, the Health and Human Service Commission shall ensure that providers are informed of the availability of a variety of specialty pharmacies dispensing Respiratory Syncytial Virus prophylaxis.

**61. Dual Diagnosis Pilot.** From funds appropriated by this Act, the Health and Human Services Commission is authorized to utilize up to \$75,000 per year to provide a grant to a non-profit organization to maintain a pilot project directed at enhancing the well being and care of citizens who are dually diagnosed with mental retardation and mental illness.

**66. Nurse-Family Partnership Competitive Grant Program; Federal Funding.** Contingent on the availability of additional federal funding for home visitations to families with young children, the Health and Human Services Commission shall allocate those funds to Strategy A.1.1, Enterprise Oversight and Policy, for the Nurse-Family Partnership Competitive Grant Program.

**62. Women's Health Services Demonstration Project: Savings and Performance Reporting.** It is the intent of the Legislature that, in order to maximize federal funding, the Health and

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Human Services Commission (HHSC) shall use funds appropriated above to achieve the caseload and cost-savings estimates stated in the waiver application for the demonstration project authorized under Section 32.0248, Human Resources Code. HHSC shall submit a semiannual report to the Legislative Budget Board, the Governor, and the State Auditor that includes the following information:

- a. enrollment levels of targeted low-income women, including service utilization by income, geographic region, delivery system, and age;
- b. savings or expenditures attributable to enrollment levels as reported in section (a); and
- c. descriptions of all outreach activities undertaken for the reporting period, including a statement of each activity's estimated impact on enrollment levels.

**63. Red Light Trauma Funds.** The Health and Human Services Commission (HHSC) is appropriated for the purpose of expanding trauma facility and EMS activities any revenue generated above the amounts identified in fiscal year 2010 or fiscal year 2011 in the Comptroller of Public Accounts' Biennial Revenue Estimate (BRE) for General Revenue-Dedicated Account No. 5137, Regional Trauma Account. An appropriation from the account shall be made available to the commission once the amount in the BRE for the account for the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year 2010 or fiscal year 2011 and does not include any balances that have accrued in the account.

**64. In-patient Psychiatric Services.** The Health and Human Services Commission shall analyze the benefit to the state of modification of the Intensive Psychiatric Treatment Program and establishment of a program for the provision of Medicaid inpatient psychiatric services in Psychiatric Residential Treatment Facilities for child and adolescent Medicaid beneficiaries (as defined in Section 483.354 of the Code of Federal Regulations, Title 42). Contingent upon findings that a Medicaid state plan amendment is cost effective, the Health and Human

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Services Commission shall seek approval of this amendment and make necessary regulatory changes.

**65. Pilot Program for Adults with Autism.**

- a. It is the intent of the Legislature that, out of fund appropriated in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission shall allocate an appropriate amount in fiscal year 2010 to conduct a study to determine the costs and benefits of a pilot program based on a program designed to:
  - (1) encourage sustainable employment and community integration through specialized supports coordination, case management, vocational assessment, training, and support to increase job skills and competitive employment opportunities;
  - (2) develop meaningful community-based activities for persons for whom competitive employment is not a goal;
  - (3) promote continued individual development and avoid regression;
  - (4) promote self-determination and independence;
  - (5) coordinate service and behavioral supports across all areas of need; and
  - (6) allow for flexible funding and for a flexible array of services to meet individual needs.
- b. In conducting the study, the Health and Human Services Commission must:
  - (1) define and describe a pilot program with a seamless system of supports to provide:
    - (i) options for independent living, if appropriate;

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- (ii) community-based housing, if needed; and
- (iii) individualized supports, including:
  - (a) prevocational training;
  - (b) employment training; and
  - (c) leisure and recreational activities; and
- (2) research and analyze best practices and programs from other states that may serve as pilot program models;
- (3) consult with and solicit feedback from key stakeholders, including advocacy organizations, potential service recipients, and parents;
- (4) address the barriers that may prevent adults with autism or other related disabilities with similar support needs from living in their local community including:
  - (i) housing needs and living arrangements;
  - (ii) behavioral services;
  - (iii) social and communication services and supports;
  - (iv) transportation issues; and
  - (v) health and medical care;
- (5) identify the existence and cause of service gaps in this state;



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- (6) develop recommendations and determine costs associated with eliminating service gaps;
  - (7) identify the potential benefit to persons who would receive services from the pilot program; and
  - (8) identify potential federal sources of funding for a pilot program.
- c. On or before September 1, 2010, the executive commissioner of the Health and Human Services Commission shall submit the findings and conclusions of the study to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officers of the standing committees of the senate and house of representatives with primary jurisdiction over the provision of services to persons with disabilities, in a report that must include:
- (1) a recommendation for the structure of a pilot program;
  - (2) a recommendation on the choice of an appropriate agency to design and administer a pilot program;
  - (3) an estimation of the number of persons who may benefit from a pilot program if a program similar to the pilot program were instituted statewide;
  - (4) an estimation of the potential costs of the pilot program and whether the pilot program may lead to savings;
  - (5) a method of determining which persons would be eligible to participate in the pilot program; and
  - (6) which Medicaid waiver programs are appropriate to the pilot program and whether

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new Medicaid waiver programs may be required.

- 67. Medicaid Reimbursement Rates for Primary Care and Nursing Home Services.** It is the intent of the Legislature that the Health and Human Services Commission annually adjust fees, charges, and rates paid for Medicaid primary care and nursing home services to, at a minimum, account for inflation, and use funds appropriated to the commission by this Act to pay reimbursements at those rates, subject to the other provisions of this Act.
- 68. Study Regarding the Need for Community Support and Residential Services for Individuals Suffering from Acquired Brain Injury.**
- a. It is the intent of the legislature that, out of General Revenue funds appropriated above, the executive commissioner of the Health and Human Services Commission conduct a study, not later than September 1, 2010, regarding the need for a system of community support and residential services for individuals suffering from acquired brain injury. The study must, at a minimum:
- (1) evaluate current services and supports provided by the state to persons suffering from acquired brain injury;
  - (2) assess the need in this state for community support and residential services to persons suffering from acquired brain injury;
  - (3) ascertain opportunities available to this state to draw down federal funds for individuals with acquired brain injury for whom the state currently provides services and supports through general revenue funds; and
  - (4) determine the feasibility and cost-effectiveness of implementing a system of community support and residential services through either a Medicaid state plan amendment or medical assistance waiver for persons with acquired brain injury.

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- b. The executive commissioner of the Health and Human Services Commission shall submit the results of the study described above to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and the chairs of the Senate Committee on Health and Human Services and the House Committee on Public Health.

- 70. **Fiscal Accountability for Programs for Persons With Mental Retardation.** It is the intent of the Legislature that the executive commissioner of the Health and Human Services Commission adopt rules that prohibit the commission from enforcing minimum spending thresholds currently contained in the fiscal accountability requirements beginning with the 2008 cost reports for the intermediate care facilities for persons with mental retardation and home and community-based services waiver programs. The 2007 cost reports will continue to have minimum spending thresholds currently contained in the fiscal accountability spending requirements applied. If before implementing this provision the commission determines that a waiver or authorization from a federal agency is necessary for implementation of the provision, the commission shall request the waiver or authorization and may delay implementing the provision until the waiver or authorization is granted.
- 71. **Contingency for House Bill 1398.** Single point of entry for long-term services and supports pilot project \$2,200,000.
- 72. **Human Resources Functions.** The Health and Human Services Commission may not use funds appropriated by this Act to fund a contract entered into or renewed during the 2009-2011 state fiscal biennium for the performance by a private entity of human resources functions for the commission, a health and human services agency, as defined by Section 531.001, Government Code, or a state school, or to purchase those services for that state fiscal biennium from a private entity in a manner other than by contract. The commission shall use funds

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appropriated for Goal A, HHS Enterprise Oversight & Policy, to establish separate human resources divisions in the commission and in each health and human services agency to perform human resources functions for the applicable agency. The division established in the Department of Aging and Disability Services shall also perform human resources functions for the state schools and employees of state schools.

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**Sec. 11. Limitations on Transfer Authority.** Notwithstanding the general transfer provisions of this Act, but in concert with agency-specific limitations on transfer authority in this Article, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority within and between health and human services agencies as listed in Chapter 531, Government Code, subject to the prior written approval of the Legislative Budget Board and the Governor. No single transfer may exceed 12.5 percent of the originating strategy's appropriation for funding or FTEs for the fiscal year.

To request a transfer, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- a. a detailed explanation of the purpose(s) of the transfer, including the following:
  - (1) a description of each initiative with funding and FTE information by fiscal year; and
  - (2) an indication of whether the expenditure will be one-time or ongoing.
- b. the names of the originating and receiving agencies and/or strategies and the method of financing and FTEs for each strategy by fiscal year;
- c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving agencies and/or strategies; and
- d. the capital budget impact.

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

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**Sec. 11. Limitations on Transfer Authority.** Notwithstanding the general transfer provisions of this Act, but in concert with agency-specific limitations on transfer authority in this Article, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority within and between health and human services agencies as listed in Chapter 531, Government Code, subject to the prior written approval of the Legislative Budget Board and the Governor. No single transfer may exceed 12.5 percent of the originating strategy's appropriation for funding or FTEs for the fiscal year.

To request a transfer, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- a. a detailed explanation of the purpose(s) of the transfer, including the following:
  - (1) a description of each initiative with funding and FTE information by fiscal year; and
  - (2) an indication of whether the expenditure will be one-time or ongoing.
- b. the names of the originating and receiving agencies and/or strategies and the method of financing and FTEs for each strategy by fiscal year;
- c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving agencies and/or strategies; and
- d. the capital budget impact.

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

The transfer request shall be considered to be disapproved unless the Legislative Budget Board and the

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

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

**Sec. 16. Rate Limitations and Reporting Requirements.** Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision.

For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology) that account for significant expenditures by a health and human services agency. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission pursuant to other provisions in this Act and should specify General Revenue Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be reported at an aggregate level.

a. **Notice of Initial Rates.** No later than September 1 of each fiscal year, the Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

- (1) a list of each rate in effect on September 1 of the fiscal year and each rate in effect at the beginning and the end of the prior fiscal year;
- (2) an estimate of the fiscal impact, by agency and by year, for each rate change listed for subsection (1); and

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Governor issue written approvals within 45 calendar days of receipt of the request.

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

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

**Sec. 16. Rate Limitations and Reporting Requirements.** Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision.

For purposes of this provision, "rate" is defined to include capitated payments. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission pursuant to other provisions in this Act and should specify General Revenue Funds, TANF Federal Funds, and All Funds.

a. **Notice of Initial Rates.** No later than September 1 of each fiscal year, the Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

- (1) a list of each rate in effect on September 1 of the fiscal year and each rate in effect at the beginning and the end of the prior fiscal year;
- (2) an estimate of the fiscal impact, by agency and by year, for each rate change listed for subsection (1); and

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(3) a schedule and description of the rate-setting process for all rates listed for subsection (1).

b. **Notice of New or Revised Rates.** At least 30 calendar days prior to the payment of a rate not initially reported in section (a) or to increase a rate that would have an annual fiscal impact greater than \$1,000,000 in General Revenue-related funds or TANF Federal Funds or other non-matching federal funds for the 2010-11 biennium, the Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

(1) a list of each new rate and/or each rate that will be increased, including the current and proposed rate;

(2) an estimate of the fiscal impact, by agency and by year, for each rate listed for subsection (1);

(3) a schedule and description of the rate-setting process, if different from the original submission as required by section (a); and

(4) an explanation of the factors related to each rate listed for subsection (1).

c. **Limitation on Rates that Exceed Appropriated Funding.** Without the prior written approval of the Legislative Budget Board and the Governor, no agency listed in Chapter 531, Government Code, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies, unless the reimbursement level was in effect prior to September 1, 2009.

To request authorization for such a rate, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the

(3) a schedule and description of the rate-setting process for all rates listed for subsection (1).

b. **Notice of New or Revised Rates.** At least 30 days prior to any action to establish a rate not initially reported in section (a) or to increase a rate that would have an annual fiscal impact greater than \$1,000,000 in General Revenue-related funds or TANF Federal Funds for the 2010-11 biennium, the Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

(1) a list of each new rate and/or each rate that will be increased, including the current and proposed rate;

(2) an estimate of the fiscal impact, by agency and by year, for each rate listed for subsection (1);

(3) a schedule and description of the rate-setting process, if different from the original submission as required by section (a); and

(4) an explanation of the factors related to each rate listed for subsection (1).

c. **Limitation on Rates that Exceed Appropriated Funding.** Without the prior written approval of the Legislative Budget Board and the Governor, no agency listed in Chapter 531, Government Code, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies.

To request authorization for such a rate, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the

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Comptroller of Public Accounts. The request shall include the following information:

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

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for authorization for the rate and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

- d. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.
- e. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.
- f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

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Comptroller of Public Accounts. The request shall include the following information:

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

- d. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.
- e. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.
- f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.



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**Sec. 41. Limitation on Unexpended Balances: General Revenue for Medicaid.** Unexpended balances in General Revenue Funds appropriated for the Medicaid program (GR Match for Medicaid and GR Certified as Match for Medicaid) to the Health and Human Services Commission, the Department of Aging and Disability Services, and the Department of State Health Services for fiscal year 2010 are appropriated for the same purposes to the respective agencies for fiscal year 2011 only upon prior written approval by the Legislative Budget Board and the Governor.

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor by April 1, 2010. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

- a. The following information shall be provided for fiscal year 2010:
  - (1) a detailed explanation of the cause(s) of the unexpended balance(s);
  - (2) the amount of the unexpended balance(s) by strategy; and
  - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act.
- b. The following information shall be provided for fiscal year 2011:
  - (1) a detailed explanation of the purpose(s) for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (2) the amount of the expenditure by strategy;
  - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act; and

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**Sec. 41. Limitation on Unexpended Balances: General Revenue for Medicaid.** Unexpended balances in General Revenue Funds appropriated for the Medicaid program (GR Match for Medicaid and GR Certified as Match for Medicaid) to the Health and Human Services Commission, the Department of Aging and Disability Services, and the Department of State Health Services for fiscal year 2010 are appropriated for the same purposes to the respective agencies for fiscal year 2011 only upon prior written approval by the Legislative Budget Board and the Governor.

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor by April 1, 2010. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

- a. The following information shall be provided for fiscal year 2010:
  - (1) a detailed explanation of the cause(s) of the unexpended balance(s);
  - (2) the amount of the unexpended balance(s) by strategy; and
  - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act.
- b. The following information shall be provided for fiscal year 2011:
  - (1) a detailed explanation of the purpose(s) for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
  - (2) the amount of the expenditure by strategy;
  - (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act; and

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(4) the capital budget impact.

An agency shall submit a revised written request by October 1, 2010 if the amount of the estimated unexpended balance(s) varies by more than five percent from the amount estimated in the original request.

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

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

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

**Sec. 45. Enterprise Support Services.** Out of funds appropriated above, the following amounts are allocated for enterprise support services:

<u>Enterprise Support Service Category</u>	<u>2010</u>	<u>2011</u>
1. Regional Cost Pools	\$133,653,001	\$133,653,001
2. Consolidated System Support	\$107,977,623	\$107,977,623
3. Centralized Cost Pools	\$ 35,422,093	\$ 35,422,093
4. Regional Program Support	\$ 16,720,244	\$ 16,720,244
5. Enterprise Oversight and Policy	\$ 16,081,748	\$ 16,081,748

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(4) the capital budget impact.

An agency shall submit a revised written request by October 1, 2010 if the amount of the estimated unexpended balance(s) varies by more than five percent from the amount estimated in the original request.

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

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

**Sec. 45. Enterprise Support Services.** Out of funds appropriated above, the following amounts are allocated for enterprise support services:

<u>Enterprise Support Service Category</u>	<u>2010</u>	<u>2011</u>
1. Regional Cost Pools	\$133,653,001	\$133,653,001
2. Consolidated System Support	\$107,977,623	\$107,977,623
3. Centralized Cost Pools	\$ 35,422,093	\$ 35,422,093
4. Regional Program Support	\$ 16,720,244	\$ 16,720,244
5. Enterprise Oversight and Policy	\$ 16,081,748	\$ 16,081,748

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6. Central Program Support	\$ 13,894,027	\$ 13,894,027
7. IT Program Support	\$ 10,861,820	\$ 10,861,820
8. Office of Inspector General	\$ 10,811,479	\$ 10,811,479
9. Seat Management	\$ 8,049,871	\$ 8,049,871
10. Peoplesoft (HHSAS)	\$ 5,220,764	\$ 5,220,764
<b>Total, All Funds for Article II</b>	<b>\$358,692,670</b>	<b>\$358,692,670</b>

- a. **Limitation on Assessments.** The Health and Human Services Commission may not collectively assess agencies more than the total amount per fiscal year indicated above for all enterprise support service categories without prior written approval from the Legislative Budget Board and the Governor.

For authorization to make an assessment that exceeds the total amount per fiscal year indicated above, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the Executive Commissioner shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information by fiscal year:

- (1) a detailed explanation of the reasons for the assessment and why it exceeds the total amount per fiscal year indicated above;
- (2) the amount of the assessment by enterprise support service category at both the agency and enterprise levels;
- (3) the amount of the assessment by major fund type at both the agency and enterprise levels; and
- (4) the impact of the assessment on each agency's performance levels.

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6. Central Program Support	\$ 13,894,027	\$ 13,894,027
7. IT Program Support	\$ 10,861,820	\$ 10,861,820
8. Office of Inspector General	\$ 10,811,479	\$ 10,811,479
9. Seat Management	\$ 8,049,871	\$ 8,049,871
10. Peoplesoft (HHSAS)	\$ 5,220,764	\$ 5,220,764
<b>Total, All Funds for Article II</b>	<b>\$358,692,670</b>	<b>\$358,692,670</b>

- a. **Limitation on Assessments.** The Health and Human Services Commission may not collectively assess agencies more than the amount per fiscal year indicated above for an enterprise support service category, or establish a new enterprise support service category, without prior written approval from the Legislative Budget Board and the Governor.

For authorization to make an assessment that exceeds an amount indicated above or to establish a new enterprise support service category, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the Executive Commissioner shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information by fiscal year:

- (1) a detailed explanation of the reasons for the assessment and why it exceeds the amounts identified in this provision;
- (2) the amount of the assessment by enterprise support service category at both the agency and enterprise levels;
- (3) the amount of the assessment by major fund type at both the agency and enterprise levels; and
- (4) the impact of the assessment on each agency's performance levels.

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

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposed assessment and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

**b. Reporting Requirements.**

- (1) **Annual Assessments.** The Executive Commissioner of the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor, by September 1 of each fiscal year, a report that indicates the amounts assessed for enterprise support services for the new and two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:
  - (i) amounts by service category; and
  - (ii) amounts by major fund type.
- (2) **Monthly Expenditures.** No later than 30 days following the close of each fiscal quarter, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual monthly expenditures for enterprise support services for the current and two prior fiscal years by service category.

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For a new enterprise support service category, the request shall include relevant information identified in items (1) through (4) of this section.

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

The request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.

**b. Reporting Requirements.**

- (1) **Annual Assessments.** The Executive Commissioner of the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor, by September 1 of each fiscal year, a report that indicates the amounts assessed for enterprise support services for the new and two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:
  - (i) amounts by service category; and
  - (ii) amounts by major fund type.
- (2) **Monthly Expenditures.** No later than 30 days following the close of each fiscal quarter, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual monthly expenditures for enterprise support services for the current and two prior fiscal years by service category.

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(3) **Annual Expenditures.** No later than October 1 of each year, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual annual expenditures for enterprise support services for the two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:

- (i) amounts by service category; and
- (ii) amounts by major fund type.

The reports shall be prepared in a format approved by the Legislative Budget Board.

c. **Controlling Expenditures and Minimizing Use of General Revenue Funds.** The Health and Human Services Commission shall critically examine the current methodologies (including cost allocation plans) used to allocate enterprise support services expenses among agencies and their strategies, including the resulting allocation of expenses to General Revenue Funds.

The examination should compare enterprise support services expenditures across at least three fiscal years and include recommendations and/or cite actions taken to control expenditures and to minimize the General Revenue Fund share of such expenditures.

The report, including supporting analysis and explanation, shall be prepared in a format approved by the Legislative Budget Board and submitted to the Legislative Budget Board and the Governor no later than April 1, 2010.

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

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(3) **Annual Expenditures.** No later than October 1 of each year, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual annual expenditures for enterprise support services for the two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:

- (i) amounts by service category; and
- (ii) amounts by major fund type.

The reports shall be prepared in a format approved by the Legislative Budget Board.

c. **Controlling Expenditures and Minimizing Use of General Revenue Funds.** The Health and Human Services Commission shall critically examine the current methodologies (including cost allocation plans) used to allocate enterprise support services expenses among agencies and their strategies, including the resulting allocation of expenses to General Revenue Funds.

The examination should compare enterprise support services expenditures across at least three fiscal years and include recommendations and/or cite actions taken to control expenditures and to minimize the General Revenue Fund share of such expenditures.

The report, including supporting analysis and explanation, shall be prepared in a format approved by the Legislative Budget Board and submitted to the Legislative Budget Board and the Governor no later than April 1, 2010.

The Comptroller of Public Accounts shall not allow the expenditure of funds for an increased assessment or a new enterprise support service category if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

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**Sec. 48. Contingency Appropriation for the Reshaping of the System for Providing Services to Individuals with Developmental Disabilities.** Contingent upon changes outlined below, in addition to funds appropriated above, there is hereby appropriated \$200,000,000 in General Revenue Funds and \$287,800,000 in Federal Funds (\$487,800,000 in All Funds) to the Department of Aging and Disability Services (DADS) for the 2010-11 biennium for Home and Community-Based (HCS) programs that waive off institutional settings for persons with mental retardation, as an effort to reduce the disproportionately long wait time for services, expand waiver related community services slots for HCS by 6,000 by August 2011, and to provide specific direction related to reshaping the system of care for persons with developmental disabilities.

Additionally, out of the funds appropriated within this rider, DADS is required to increase the number of HCS slots during fiscal years 2010 and 2011 for (1) individuals moving out of medium and large ICFs/MR, (2) children aging out of foster care services at the Department of Family and Protective Services, (3) children who are at risk of being institutionalized in ICFs/MR, and (4) individuals who are at imminent risk of institutionalization as a result of emergency or crisis situations.

This appropriation is contingent upon the following:

- a. DADS capping census in the state school system to no more than 3,000 individuals, not including alleged offenders. Additionally, no state school facility will have a census of more than 350 individuals, not including alleged offenders, over a four (4) year period and allowing no new admissions until such time as the required census is reached;
- b. DADS reducing the census in the state school facilities by at least 500 individuals by the end of the 2010-11 biennium. It is the intent of the Legislature that the costs of serving reallocated residents be financed through reduced expenditures for the operation of state schools;

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- c. DADS identifying 1,500 residents from state schools that could be moved to waiver-based community programs over a four (4) year period; and
- d. Statute finally passing which removes the case management function from HCS providers and moves this function and related funds to local Mental Retardation Authorities (MRAs).

Transfers related to reshaping the system of services for individuals with developmental disabilities to meet the objectives described above are subject to DADS Rider 9, Limitation: Medicaid Transfer Authority.

The Health and Human Services Commission Medicaid Office, in conjunction with DADS, shall perform a study and make recommendations on the feasibility of the creation and implementation of a managed care system to serve individuals with developmental disabilities. The report from this study will be delivered to the Governor's Office, Legislative Budget Board, Lieutenant Governor's Office, Senate Finance Committee, Senate Health and Human Services Committee, Speaker's Office, House Appropriations Committee, and the House Human Services Committee by December 1, 2010.

**Sec. 48. Allocation of Provider Rate Increases.** If funding is specifically appropriated by this Act to increase the rate for Home and Community-based Services or the rate for private ICF/MR services, the Health and Human Services Commission and the Department of Aging and Disability Services are authorized to allocate the increase in rate funding for the appropriate program to the indirect portions of the rate. This authorization is granted to the extent allowed by state and federal law.

**Sec. 49. Employee Misconduct Registry.** Contingent upon the passage of Senate Bill 785, or similar legislation relating to adding certain employee groups to the Employee Misconduct Registry, by the Eighty-First Legislature, Regular Session, 2009, the amount of \$1,000,000 in General Revenue Funds is appropriated in fiscal year 2010 to the Department of Aging and Disability Services for upgrading the Employee Misconduct Registry software and hardware, and the amount of \$126,220 in General Revenue Funds in fiscal year 2010 and the amount of \$126,220 in General Revenue Funds in fiscal year 2011 is appropriated to the Department of Family and Protective Services. The number of "Full-

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Time Equivalents (FTEs)" for the Department of Family and Protective Services is increased by a total of 1.5 FTEs in fiscal years 2010 and 2011 to add staff to oversee and administer employee misconduct hearings.

**Sec. 50. Contingency for Client Abuse and Neglect Reporting System Status Report.** Contingent upon the enactment of Senate Bill 785, or similar legislation relating to adding names from the Client Abuse and Neglect Reporting System to the Employee Misconduct Registry, by the Eighty-first Legislature, Regular Session, 2009, the Department of Aging and Disability Services and the Department of State Health Services shall submit a report that includes information about the progress of moving names from the Client Abuse and Neglect Reporting System (CANRS) to the Employee Misconduct Registry. The report should address, but not be limited to, the progress the agency has made in the following areas:

- a. an explanation of the process the agency used to identify who in CANRS has had due process and who has not;
- b. total number of names in CANRS eligible to be listed in the Employee Misconduct Registry;
- c. total number of names in CANRS that cannot be moved to the Employee Misconduct Registry because of a lack of access to due process;
- d. a suggested methodology and cost for adding the names of employees who did not receive due process to the Employee Misconduct Registry; and
- e. any other relevant information related to this process.

The report shall be submitted to the Governor and the Legislative Budget Board by May 1, 2010.



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**Sec. 51. Expansion of Community-based Services.**

- a. **Limitations and Reporting.** Funds appropriated elsewhere in this Act, totaling \$210,215,553 in General Revenue Funds and \$437,269,762 in All Funds for the 2010-11 biennium, are contingent upon each agency listed in the tables below providing the following information to the Legislative Budget Board and the Governor:
- (1) by September 1, 2009, a written report detailing, by month and fiscal year, planned client service levels, average monthly cost per client, and total expenditures for each listed strategy for fiscal year 2010 and fiscal year 2011; and
  - (2) no later than 30 days following the close of a fiscal quarter, a written report on actual client service levels, average monthly cost per client, and total expenditures for each listed strategy for the fiscal year.

Each report shall compare the reported service levels, costs, and expenditures to those adopted by the Legislature in this Act.

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

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

- b. **Appropriations.** Tables 1 and 2 indicate General Revenue Funds and All Funds annual appropriations (made elsewhere in this Act) to expand community-based programs.

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
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(Continued)

Senate

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*Table 1*  
*General Revenue Appropriations*

<b>Agency/Strategy/Program</b>	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>	<b><u>Biennial</u></b>
<b>DADS</b>			
A.3.1. Community Based Alternative (CBA)	\$ 4,752,630	\$ 14,351,609	\$ 19,104,239
A.3.2. Home and Community-based Services (HCS)	\$ 8,054,939	\$ 59,613,990	\$ 67,668,929
<i>includes the following:</i>			
<i>- funded by DADS appropriation</i>	\$ 627,656	\$ 1,779,903	\$ 2,407,559
<i>- funded by Enterprise Exceptional Item 2</i>	\$ 7,427,283	\$ 57,834,087	\$ 65,261,370
A.3.3. Community Living Assistance and Support Services (CLASS)	\$ 7,699,516	\$ 22,837,041	\$ 30,536,557
A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	\$ 39,222	\$ 122,143	\$ 161,365
A.3.5. Medically Dependent Children Program (MDCP)	\$ 1,436,200	\$ 4,355,220	\$ 5,791,420
A.3.6. Consolidated Waiver Program	\$ 44,311	\$ 135,021	\$ 179,332
A.4.1. Non-Medicaid Community Services	\$ 1,166,241	\$ 3,531,861	\$ 4,698,102
A.4.4. In-home and Family Support	\$ 219,162	\$ 656,612	\$ 875,774
A.4.5. Mental Retardation In-home Services	\$ 3,853,995	\$ 3,853,995	\$ 7,707,990
<i>includes the following:</i>			
<i>- funded by DADS appropriation</i>	\$ 3,853,995	\$ 3,853,995	\$ 7,707,990
<i>- funded by Enterprise Exceptional Item 2</i>	\$ 0	\$ 0	\$ 0
Primary Home Care/Community Attendant Services Offset	\$(1,172,556)	\$(3,518,545)	\$(4,691,101)
Administration/FTEs	\$ 2,451,408	\$ 4,342,611	\$ 6,794,019
<b>Subtotal, DADS</b>	<b>\$28,545,068</b>	<b>\$110,281,558</b>	<b>\$138,826,626</b>
<b>Waiver subset</b>	<b>\$22,026,818</b>	<b>\$101,415,024</b>	<b>\$123,441,842</b>

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
**DIFFERENCES ONLY**  
(Continued)

Senate	House		
	<b>DARS</b>		
	B.3.3. Independent Living Services	\$ 2,016,033	\$ 2,356,403    \$ 4,372,436
	B.3.4. Comprehensive Rehabilitation Administration/FTEs	\$ 1,560,183	\$ 1,683,000    \$ 3,243,183
		\$ 348,186	\$ 305,553    \$ 653,739
	<b>Subtotal, DARS</b>	<b>\$ 3,924,402</b>	<b>\$ 4,344,956    \$ 8,269,358</b>
	<b>DSHS</b>		
	A.3.4. Children with Special Health Care Needs	\$11,420,168	\$ 12,419,196    \$ 23,839,364
	B.2.2. Mental Health Services for Children	\$ 1,338,539	\$ 1,338,539    \$ 2,677,078
	Administration/FTEs	\$ 863,983	\$ 751,235    \$ 1,615,218
	<b>Subtotal, DSHS</b>	<b>\$13,622,690</b>	<b>\$ 14,508,970    \$ 28,131,660</b>
	<b>HHSC</b>		
	STAR+PLUS	\$ 663,102	\$ 1,995,318    \$ 2,658,420
	Acute Care for Medical Assistance Waiver Clients	\$ 5,374,373	\$ 16,586,282    \$ 21,960,655
	Incremental Vendor Drug cost for Waiver Clients	\$ 2,289,405	\$ 7,562,068    \$ 9,851,473
	Administration/FTEs	\$ 181,662	\$ 335,699    \$ 517,361
	<b>Subtotal, HHSC</b>	<b>\$ 8,508,542</b>	<b>\$ 26,479,367    \$ 34,987,909</b>
	<b>Grand Total</b>	<b>\$54,600,702</b>	<b>\$155,614,851    \$210,215,553</b>

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
**DIFFERENCES ONLY**  
(Continued)

Senate

House

*Table 2*  
*All Funds Appropriations*

<b>Agency/Strategy/Program</b>	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>	<b><u>Biennial</u></b>
<b>DADS</b>			
A.3.1. Community Based Alternative (CBA)	\$11,532,710	\$ 34,952,774	\$ 46,485,484
A.3.2. Home and Community-based Services (HCS)	\$19,546,078	\$145,187,505	\$164,733,583
<i>includes the following:</i>			
- funded by DADS appropriation	\$ 1,523,067	\$ 4,334,883	\$ 5,857,950
- funded by Enterprise Exceptional Item 2	\$18,023,011	\$140,852,622	\$158,875,633
A.3.3. Community Living Assistance and Support Services (CLASS)	\$18,683,610	\$ 55,618,706	\$ 74,302,316
A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	\$ 95,523	\$ 297,473	\$ 392,996
A.3.5. Medically Dependent Children Program (MDCP)	\$ 3,497,808	\$ 10,606,965	\$ 14,104,773
A.3.6. Consolidated Waiver Program	\$ 107,917	\$ 328,837	\$ 436,754
A.4.1. Non-Medicaid Community Services	\$ 1,166,241	\$ 3,531,861	\$ 4,698,102
A.4.4. In-home and Family Support	\$ 219,162	\$ 656,612	\$ 875,774
A.4.5. Mental Retardation In-home Services	\$ 3,853,995	\$ 3,853,995	\$ 7,707,990
<i>includes the following:</i>			
- funded by DADS appropriation	\$ 3,853,995	\$ 3,853,995	\$ 7,707,990
- funded by Enterprise Exceptional Item 2	\$ 0	\$ 0	\$ 0
Primary Home Care/Community Attendant Services Offset	\$(2,855,713)	\$(8,569,277)	\$(11,424,990)
Administration/FTEs	\$ 4,959,526	\$ 8,286,881	\$ 13,246,407
<b>Subtotal, DADS</b>	<b>\$60,806,857</b>	<b>\$254,752,332</b>	<b>\$315,559,189</b>
<b>Waiver subset</b>	<b>\$53,463,646</b>	<b>\$246,992,260</b>	<b>\$300,455,906</b>

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
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(Continued)

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**DARS**

B.3.3. Independent Living Services	\$ 2,016,033	\$ 2,356,403	\$ 4,372,436
B.3.4. Comprehensive Rehabilitation Administration/FTEs	\$ 1,560,183	\$ 1,683,000	\$ 3,243,183
	\$ 348,186	\$ 305,553	\$ 653,739
<b>Subtotal, DARS</b>	<b>\$ 3,924,402</b>	<b>\$ 4,344,956</b>	<b>\$ 8,269,358</b>

**DSHS**

A.3.4. Children with Special Health Care Needs	\$11,420,168	\$ 12,419,196	\$ 23,839,364
B.2.2. Mental Health Services for Children Administration/FTEs	\$ 1,338,539	\$ 1,338,539	\$ 2,677,078
	\$ 863,983	\$ 751,235	\$ 1,615,218
<b>Subtotal, DSHS</b>	<b>\$13,622,690</b>	<b>\$ 14,508,970</b>	<b>\$ 28,131,660</b>

**HHSC**

STAR+PLUS	\$ 1,609,082	\$ 4,859,519	\$ 6,468,601
Acute Care for Medical Assistance Waiver Clients	\$13,089,073	\$ 40,724,293	\$ 53,813,366
Incremental Vendor Drug cost for Waiver Clients	\$ 5,575,754	\$ 18,417,115	\$ 23,992,869
Administration/FTEs	\$ 363,324	\$ 671,395	\$ 1,034,719
<b>Subtotal, HHSC</b>	<b>\$20,637,233</b>	<b>\$ 64,672,322</b>	<b>\$ 85,309,555</b>

<b>Grand Total</b>	<b>\$ 98,991,182</b>	<b>\$338,278,580</b>	<b>\$437,269,762</b>
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- c. Targets for Selected Community-based Programs. Tables 3 through 5 reflect performance targets as established by this Act for each of the strategies/programs listed below. Reports required by section (a) of this provision and by other provisions of this Act shall include comparisons and variance explanations relative to these targets.

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- (1) Table 3, Continuing Clients/Slots, indicates the number of client/slots in fiscal year 2009 who will continue to receive services in the 2010-11 biennium.
- (2) Table 4, Expansion Clients/Slots indicates the number of additional clients/slots who will be served as a result of increased funding specified in subsection (a).
- (3) Table 5 indicates the combined continuing and new clients/slots.

The "End of Year Clients" column indicates the number of clients/slots who will be served in the final month of the fiscal year. The "Average Monthly" column indicates the number of clients/slots to be served on average for the fiscal year overall. Average monthly values reflect the approved rollout of new slots and tie to performance targets established within each agency's bill pattern.

**Table 3**  
**Continuing Client/Slots**

<b>Agency/Strategy/Program</b>	<b>End of Year Clients</b>		<b>Average Monthly Caseload</b>	
	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>
<b>DADS</b>				
A.3.1. Community Based Alternative (CBA)	26,087	26,087	26,087	26,087
A.3.2. Home and Community-based Services (HCS)	15,516	15,516	15,516	15,516
A.3.3. Community Living Assistance and Support Services (CLASS)	4,199	4,199	4,199	4,199
A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	172	172	172	172
A.3.5. Medically Dependent				

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Senate		House			
	Children Program (MDCP)	2,745	2,745	2,745	2,745
	A.3.6. Consolidated Waiver Program	199	199	199	199
	A.3.7. Texas Home Living Waiver	1,183	1,183	1,183	1,183
	A.4.1. Non-Medicaid Community Services	39,005	39,005	39,005	39,005
	A.4.2. Mental Retardation Community Services	12,927	12,927	12,927	12,927
	A.4.4. In-home and Family Support	4,590	4,590	4,590	4,590
	A.4.5. Mental Retardation In-home Services	3,060	3,060	3,060	3,060
	Primary Home Care/Community Attendant Services Offset	0	0	0	0
	<b>Subtotal, DADS</b>	<b>109,683</b>	<b>109,683</b>	<b>109,683</b>	<b>109,683</b>
	<i>Waiver subset</i>	<i>50,101</i>	<i>50,101</i>	<i>50,101</i>	<i>50,101</i>
	<b>DARS</b>				
	B.3.3. Independent Living Services	1,743	1,743	221	221
	B.3.4. Comprehensive Rehabilitation	581	581	185	185
	<b>Subtotal, DARS</b>	<b>2,324</b>	<b>2,324</b>	<b>406</b>	<b>406</b>
	<b>DSHS</b>				
	A.3.4. Children with Special Health Care Needs	1,650	1,650	2,600	2,600
	B.2.2. Mental Health Services for Children	18,661	19,554	12,100	12,100
	<b>Subtotal, DSHS</b>	<b>20,311</b>	<b>21,204</b>	<b>14,700</b>	<b>14,700</b>
	<b>Grand Total</b>	<b>132,318</b>	<b>133,211</b>	<b>124,789</b>	<b>124,789</b>

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
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(Continued)

Senate

House

*Table 4*  
*Expansion Client/Slots*

<b>Agency/Strategy/Program</b>	<b>End of Year Clients</b>		<b>Average Monthly Caseload</b>	
	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>
<b>DADS</b>				
A.3.1. Community Based Alternative (CBA)	1,366	2,672	668	2,004
A.3.2. Home and Community-based Services (HCS)	1,081	6,251	604	3,883
<i>includes the following:</i>				
<i>- funded by DADS appropriation</i>	<i>310</i>	<i>620</i>	<i>168</i>	<i>479</i>
<i>- funded by Enterprise Exceptional Item 2</i>	<i>771</i>	<i>5,631</i>	<i>436</i>	<i>3,404</i>
A.3.3. Community Living Assistance and Support Services (CLASS)	945	1,538	472	1,405
A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	4	9	2	6
A.3.5. Medically Dependent Children Program (MDCP)	412	824	206	618
A.3.6. Consolidated Waiver Program	10	19	5	15
A.3.7. Texas Home Living Waiver	0	0	0	0
A.4.1. Non-Medicaid Community Services	989	1,979	495	1,484
A.4.2. Mental Retardation Community Services	0	0	0	0
A.4.4. In-home and Family Support	417	834	209	626
A.4.5. Mental Retardation In-home Services	2,061	2,061	2,061	2,061



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(Continued)

Senate		House			
	<i>includes the following:</i>				
	- funded by DADS appropriation	2,061	2,061	2,061	2,061
	- funded by Enterprise Exceptional				
	Item 2	0	0	0	0
	Primary Home Care/Community				
	Attendant Services Offset	(668)	(1,336)	(334)	(1,002)
	<b>Subtotal, DADS</b>	<b>6,587</b>	<b>14,851</b>	<b>4,388</b>	<b>11,100</b>
	<i>Waiver subset</i>	<i>3,788</i>	<i>11,313</i>	<i>1,957</i>	<i>7,931</i>
	<b>DARS</b>				
	B.3.3. Independent Living Services	121	131	48	52
	B.3.4. Comprehensive Rehabilitation	0	0	21	24
	<b>Subtotal, DARS</b>	<b>121</b>	<b>131</b>	<b>69</b>	<b>76</b>
	<b>DSHS</b>				
	A.3.4. Children with Special				
	Health Care Needs	400	400	400	400
	B.2.2. Mental Health Services				
	for Children	206	206	206	206
	<b>Subtotal, DSHS</b>	<b>606</b>	<b>606</b>	<b>606</b>	<b>606</b>
	<b>Grand Total</b>	<b>7,314</b>	<b>5,588</b>	<b>5,063</b>	<b>11,782</b>

*Table 5*  
*Total Client/Slots (Continuing and Expansion)*

	<b>End of Year Clients</b>		<b>Average Monthly Caseload</b>	
	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>	<b><u>FY 2010</u></b>	<b><u>FY 2011</u></b>
<b>Agency/Strategy/Program</b>				
<b>DADS</b>				
A.3.1. Community Based				

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
**S02 Special Provisions Relating to All Health and Human Services Agencies**  
**DIFFERENCES ONLY**  
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Senate		House			
	Alternative (CBA)	27,423	28,759	26,755	28,091
	A.3.2. Home and Community-based Services (HCS)	16,597	21,767	16,120	19,399
	A.3.3. Community Living Assistance and Support Services (CLASS)	5,144	5,737	4,671	5,604
	A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	176	181	174	178
	A.3.5. Medically Dependent Children Program (MDCP)	3,517	3,569	2,951	3,363
	A.3.6. Consolidated Waiver Program	209	218	204	214
	A.3.7. Texas Home Living Waiver	1,183	1,183	1,183	1,183
	A.4.1. Non-Medicaid Community Services	39,994	40,984	39,500	40,489
	A.4.2. Mental Retardation Community Services	12,927	12,927	12,927	12,927
	A.4.4. In-home and Family Support	5,007	5,425	4,799	5,216
	A.4.5. Mental Retardation In-home Services	5,121	5,121	5,121	5,121
	Primary Home Care/Community Attendant Services Offset	(668)	(1,336)	(334)	(1,002)
	<b>Subtotal, DADS</b>	<b>116,270</b>	<b>124,534</b>	<b>114,071</b>	<b>120,783</b>
	<i>Waiver subset</i>	<i>53,889</i>	<i>61,414</i>	<i>52,058</i>	<i>58,032</i>
	<b>DARS</b>				
	B.3.3. Independent Living Services	1,864	1,874	269	273
	B.3.4. Comprehensive Rehabilitation	581	581	206	209
	<b>Subtotal, DARS</b>	<b>2,445</b>	<b>2,455</b>	<b>475</b>	<b>482</b>
	<b>DSHS</b>				
	A.3.4. Children with Special Health Care Needs	2,050	2,050	3,000	3,000

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Senate

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B.2.2. Mental Health Services for Children	18,867	19,760	12,306	12,306
<b>Subtotal, DSHS</b>	<b>20,917</b>	<b>21,810</b>	<b>15,306</b>	<b>15,306</b>
<b>Grand Total</b>	<b>139,632</b>	<b>148,799</b>	<b>129,852</b>	<b>136,571</b>

**Sec. 52. Advisory Committee Limitation and Reporting Requirement.** Notwithstanding other provisions of this Act, the use of appropriated funds for a reimbursement to an advisory committee for travel and related expenses that occur during the 2010-11 biennium and are paid by a health and human services agency shall be governed by the following limitation and reporting requirement:

- a. An advisory committee shall be reimbursed for travel and related expenses that occur during the 2010-11 biennium only if that committee has met at least one time between January 1, 2007 and January 1, 2009.
- b. Reimbursements made according to section (a) shall not exceed \$10,000 per committee in any given fiscal year.
- c. The Health and Human Services Commission shall submit a report to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts by September 1, 2009 that includes the following information:
  - (1) a list, by agency, of all advisory committees;
  - (2) an indication, for each committee listed, of whether or not the committee is eligible for reimbursement during the 2010-11 biennium; and
  - (3) the amount budgeted, by fiscal year, for each committee eligible for reimbursement.

**ARTICLE II - HEALTH AND HUMAN SERVICES**  
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(Continued)

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**Sec. 52. Contingency Authorization for Twelve Months Continuous Eligibility for Medicaid Children.**

- a. The Health and Human Services Commission is hereby authorized to expend funds appropriated to provide for a period of twelve months continuous eligibility for Medicaid children contingent upon the following three conditions:
  - (1) enactment of legislation by the Eighty-first Legislature providing the authority to expand this health care coverage to Medicaid children;
  - (2) the Federal Medical Assistance Percentage (FMAP) match rate associated with the American Recovery and Reinvestment Act for the period September 1, 2009 and December 31, 2010 increases to a Tier Two level or higher at any time during this 15-month period.
    - (i) The Tier Two estimated federal match would be 69.85 percent.
    - (ii) This additional federal match received would free up an amount of General Revenue equal to the additional Federal Funds received.
    - (iii) As an exception to the requirement of obtaining prior approval in Article II, Special Provisions, Sec. 7, the Health and Human Services Commission is hereby authorized to expend any General Revenue freed up in any Article II agency as a result of an increasing stimulus FMAP rate for the purpose of providing 12 months continuous eligibility in Goal B, Medicaid; and
  - (3) The Health and Human Services Commission first institutes a program to electronically verify the income and assets of all recipients of benefits under the CHIP and Medicaid programs other than Aged, Blind, or Disabled (ABD) recipients.

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- b. The Health and Human Services Commission is required to notify the Legislative Budget Board and the Governor within 30 days of an FMAP increase and provide the following information:
  - (1) the implementation date of providing the 12 months continuous eligibility period;
  - (2) an estimate of the stimulus FMAP gain by agency and strategy, by federal quarter;
  - (3) an updated estimate of caseload and costs associated with providing 12 months continuous eligibility for each year of the 2010-11 biennium; and
  - (4) an updated estimate of caseload and costs associated with providing 12 months continuous eligibility for each year of the 2012-13 biennium.
- c. The Health and Human Services Commission is authorized to obtain any necessary federal approval to implement this coverage.
- d. The authorization for expenditure of funds for 12 months continuous eligibility provided by this section shall be in effect only for the time period the funding source described in section (a)(2) above remains in effect.

**Sec. 53. Standard of Care for Individuals.** The Legislature finds that the care and well being of all individuals under the care of the state is a primary responsibility of the state. It is the intent of the Legislature that the executive commissioner shall use transferability, rulemaking and administrative authority, and all necessary means to prevent abuse, neglect, or exploitation and ensure the protection of all individuals under care of the state, including children, intellectually and developmentally disabled adults, and the elderly. In the event that appropriations are insufficient to ensure appropriate levels of care for individuals, the executive commissioner, pursuant to notification and approval requirements contained in other provisions, shall transfer necessary funds and request additional appropriation authority from the Legislative Budget Board.

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**House**

**Sec. 53. Omnibus State School Reform.** Contingent on the passage of Senate Bill 643, or similar legislation, there is hereby appropriated to the Department of Aging and Disability Services or other agency as designated by the Health and Human Services Commission, in addition to amounts appropriated above, \$6,991,781 in General Revenue and \$5,501,022 in Federal Funds for fiscal year 2010, and \$9,267,516, in General Revenue and \$8,017,398 in Federal Funds for fiscal year 2011 for the purpose of implementing provisions of that legislation. The Health and Human Services Commission, in conjunction with the Department of Aging and Disability Services and the Department of State Health Services, shall provide an expenditure plan, including appropriate benchmarks, to the Legislative Budget Board and the Governor by August 1, 2009 on implementation of SB 643 or similar legislation. Also, the "Number of Full-Time-Equivalent Positions (FTEs)" indicated in the bill pattern of appropriate agencies, as designated by the Health and Human Services Commission, shall be increased by 83.0 in fiscal year 2010 and 111.0 in fiscal year 2011.

**Sec. 54. Community Care Services Rate Increase.** Out of the amounts appropriated elsewhere in this Act, the following agencies shall allocate the following amounts to pay for increases in community care attendant wages and associated payroll taxes in the strategies listed for each agency:

- a. **Department of Aging and Disability Services (DADS):** \$34,227,474 in General Revenue Funds and \$43,262,822 in Federal Funds for fiscal year 2010 and \$84,892,018 in General Revenue Funds and \$107,301,764 in Federal Funds for fiscal year 2011 in the following strategies:
  - A.2.1. Primary Home Care
  - A.2.2. Community Attendant Services
  - A.2.3. Day Activity and Health Services
  - A.3.1. Community-Based Alternatives
  - A.3.5. Medically Dependent Children
  - A.3.6. Consolidated Waiver Program
  - A.4.1. Non-Medicaid Services

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**Senate**

**House**

A.5.1. All-Inclusive Care - Elderly (PACE)

A.6.4. Promoting Independence Services

- b. **Health and Human Services Commission (HHSC):** \$2,070,159 in General Revenue Funds and \$2,616,641 in Federal Funds for fiscal year 2010 and \$8,308,592 in General Revenue Funds and \$10,501,894 in Federal Funds for fiscal year 2011 in the following strategies:

B.1.6. STAR+PLUS

B.3.3. Health Steps (EPSDT) Comprehensive Care

- c. Contingent upon certification to the Legislative Budget Board, Governor, and the Comptroller of Public Accounts by the executive commissioner of the Health and Human Services Commission of the adoption of agency rules that require average attendant wages to equal at least \$7.25 per hour in fiscal year 2010 and at least \$8.00 per hour in fiscal year 2011, the amounts appropriated above may be expended for fiscal years 2010 and 2011 for reimbursement increases for community care as outlined above. The certification must be accompanied by supporting documentation detailing how the agency will ensure that providers will comply with the new wage rules.
- d. DADS and HHSC shall submit a report by November 1 of each fiscal year, with the first report reflecting prospective use of the funds. The report in the second year of the biennium shall include prospective information for the fiscal year and retrospective use of the funds in the previous fiscal year. The reports shall be identified by fiscal year, strategy, and method of finance, and shall include any other supporting materials specified by the Legislative Budget Board or the Governor. These funds are appropriated for the purpose of increasing attendant wages and associated payroll taxes in community care programs.