

Issue Docket

Conference Committee on Senate Bill 1

2026-27 General Appropriations Bill

Article 2 - Health and Human Services

Conference Committee Issue Docket
Article II, Health and Human Services
Conferees: Senator Kolkhorst and Representative Orr

Decisions as of May 23, 2025 @ 8am

LBB Manager: Eduardo Rodriguez

	Outstanding Items for Consideration				Tentative Decisions	
Article II, Health and Human Services SB 1 Conference Committee Items for Consideration	Senate		House		Adopted	
	<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Department of Family and Protective Services (530)						
Total, Outstanding Items / Tentative Decisions	\$ 101,890,083	\$ 138,297,534	\$ 26,256,010	\$ 27,094,783	\$ 96,300,571	\$ 107,355,319
Department of State Health Services (537)						
Total, Outstanding Items / Tentative Decisions	\$ 42,889,731	\$ 42,889,731	\$ 105,412,761	\$ 118,110,693	\$ 53,480,321	\$ 53,480,321
Health and Human Services Commission (529)						
Total, Outstanding Items / Tentative Decisions	\$ 1,435,747,870	\$ 3,083,283,481	\$ 2,109,596,825	\$ 4,698,846,953	\$ 1,776,824,435	\$ 5,063,345,978
Special Provisions Relating to All Health and Human Services Agencies (S02)						
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Outstanding Items / Tentative Decisions	\$ 1,580,527,684	\$ 3,264,470,746	\$ 2,241,265,596	\$ 4,844,052,429	\$ 1,926,605,327	\$ 5,224,181,618

	Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Department of Family and Protective Services (530) SB 1 Conference Committee Items for Consideration	Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
Senate / House Committee Substitute Grand Total, Department of Family and Protective Services	\$ 3,321,936,710	\$ 4,944,393,574	\$ 3,246,302,637	\$ 4,833,190,823			
	<u>FY 2026</u>	<u>FY2027</u>	<u>FY 2026</u>	<u>FY 2027</u>			
Senate / House Total Number of Full-Time-Equivalents (FTE)	11,630.8	11,503.3	11,599.8	11,438.8			
Forecasted Programs:							
1. Update Day Care Forecast, see Article II 2026-27 Conference Forecast Update. Adopted amounts will be reflected in Texas Workforce Commission Strategy A.3.3, Child Care For DFPS Families through an IAC.					\$ 1,646,095	\$ 12,169,257	ADOPT
2. Update Adoption/Permanency Care Assistance Program Forecast, see Article II 2026-27 Conference Forecast Update.					\$ (1,621,692)	\$ 4,349,541	ADOPT
3. Update Foster Care Forecast, see Article II 2026-27 Conference Forecast Update.					\$ 48,148,456	\$ 36,193,068	ADOPT AS AMENDED
4. Update Relative Caregiver Forecast, see Article II 2026-27 Conference Forecast Update.					\$ (5,643,769)	\$ (3,577,621)	ADOPT

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Senate / House Differences in SB 1:									
1.	Exceptional Item 2a, Single Source Continuum Contractor (SSCC) Network Support Payment Increase Senate provides \$9,440,041 in General Revenue Funds to increase the network support payment to \$2,300 per child FTE.	\$ 9,440,041	\$ 9,440,041	\$ 13,003,272	\$ 13,003,272	\$ 13,003,272	\$ 13,003,272	HOUSE (WITH AMENDED RIDER)	
	House provides \$13,003,272 in General Revenue Funds to increase the network support payment to \$2,500 per child FTE.								
2.	Exceptional Item 2c, DFPS Incentive Pay/Stay Pay for Community-based Care Retention House provides \$1,413,000 in All Funds (\$1,239,801 in General Revenue Funds and \$173,199 in Federal Funds) to provide a one-time retention bonus of \$1,800 to staff who commit to transition from State employment to the SSCCs. See corresponding Rider 39, Caseworker Incentive Pay, item 17.	\$ -	\$ -	\$ 1,239,801	\$ 1,413,000	\$ -	\$ -	SENATE	
3.	Exceptional Item 2d, Additional Resource Transfer and FTEs House provides \$2,698,316 in All Funds (\$2,495,593 in General Revenue Funds and \$202,723 in Federal Funds) to provide resource transfers to SSCCs for staff functions at DFPS that were not previously included in the methodology.	\$ -	\$ -	\$ 2,495,593	\$ 2,698,316	\$ -	\$ -	SENATE	
4.	Exceptional Item 3c, Sustain Texas Family First Pilot Senate provides \$16,162,774 in All Funds (\$15,000,000 in General Revenue Funds and \$1,162,774 in Federal Funds) and 6.0/6.0 FTEs to continue and expand the Family First pilot program due to the end of the Family First Transition Act federal grant.	\$ 15,000,000	\$ 16,162,774	\$ -	\$ -	\$ 21,275,603	\$ 22,924,851	ADOPT AS AMENDED WITH RIDER	

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5.	Exceptional Item 4a, Strengthen Behavioral Health Services House provides \$444,444 in All Funds (\$412,440 in General Revenue Funds and \$32,004 in Federal Funds) to continue and expand a contract with UT Health Sciences Center San Antonio for services related to residential treatment for children and youth.	\$ -	\$ -	\$ 412,440	\$ 444,444	\$ 412,440	\$ 444,444	HOUSE	
6.	Exceptional Item 4c, Intensive Peer Support Services for High Acuity Youth House provides \$2,650,000 in General Revenue Funds to procure services for paid professional support for an average of 73 high acuity youth in the five most populated counties.	\$ -	\$ -	\$ 2,650,000	\$ 2,650,000	\$ 2,650,000	\$ 2,650,000	HOUSE	
7.	Exceptional Item 5a, Address Targeted Salary Compression to Retain Staff and Provide Career Advancement Opportunities Senate provides \$22,539,391 in All Funds (\$20,000,000 in General Revenue Funds and \$2,539,391 in Federal Funds) to provide salary increases to address salary compression and career advancement.	\$ 20,000,000	\$ 22,539,391	\$ -	\$ -	\$ 20,000,000	\$ 22,539,391	SENATE	
8.	Exceptional Item 6c, Enhance Records Management Operations House provides \$6,885,751 in All Funds (\$6,454,904 in General Revenue Funds and \$430,847 in Federal Funds) and 17.0/17.0 FTEs to provide staff to handle various record requests and digitalize remaining paper records.	\$ -	\$ -	\$ 6,454,904	\$ 6,885,751	\$ 3,430,166	\$ 3,659,116	HOUSE AS AMENDED (28.0/28.0 Temporary FTEs)	

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9.	Exceptional Item 6i, Lease Payments Senate provides \$12,800,956 in All Funds (\$12,000,000 in General Revenue Funds and \$800,956 in Federal Funds) in one-time funding to replace the San Antonio Pickwell Office contingent upon the agency finding a new site. See corresponding Rider 40, Lease Site Replacement, item 19.	\$12,000,000	\$12,800,956	\$-	\$-	\$-	\$-	HOUSE	
10.	Exceptional Item 7a, Begin Implementation of New Case Management System Senate provides \$59,534,545 in All Funds (\$29,167,271 in General Revenue Funds and \$30,367,274 in Federal Funds and 8.0/39.5 FTEs to develop a new case management system.	\$29,167,271	\$59,534,545	\$-	\$-			SENATE AS AMENDED FUNDING IN HB 500	
11.	Exceptional Item 7b, Continued Implementation of Interagency Background Check System (SEMARC) Senate provides \$13,277,598 in All Funds (\$12,462,734 in General Revenue and \$814,864 in Federal Funds) and 28.0/28.0 FTEs to continue the implementation of SEMARC.	\$12,462,734	\$13,277,598	\$-	\$-			SENATE FUNDING IN HB 500	
12.	Exceptional Item 7d, Advancing Cybersecurity Protections and Technologies Senate provides \$11,542,229 in All Funds (\$10,820,037 in General Revenue Funds and \$722,192 in Federal Funds) and 6.0/8.0 FTEs to provide staff to address current cybersecurity threats and mitigate future risks. (House Bill 500 provides \$9,000,00 in All Funds (\$8,436,864 in General Revenue Funds and \$563,136 in Federal Funds) to address current cybersecurity threats and mitigate future risks.	\$10,820,037	\$11,542,229	\$-	\$-			ADOPT AS AMENDED FUNDING IN HB 500	

Article II, Health and Human Services Department of Family and Protective Services (530) SB 1 Conference Committee Items for Consideration		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
		Senate <u>2026-27 Biennial Total</u>		House <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Explanation	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds		
13.	Reallocate Funding for New Residential Treatment Facility Senate reallocates \$7,000,000 in General Revenue Funds to address costs associated with a new residential treatment facility at the Health and Human Services Commission.	\$ (7,000,000)	\$ (7,000,000)	\$ -	\$ -	\$ (7,000,000)	\$ (7,000,000)	SENATE	
14.	Limitation on Transfers: CPS and APS Direct Delivery Staff House amends rider to allow DFPS to transfer FTEs and funding from B.1.1, CPS Direct Delivery Staff, to Strategy A.1.1, Statewide Intake Services for process efficiency.	II-8, Rider #10 Rider Packet page II-I		II-8, Rider #10 Rider Packet page II-I				HOUSE	
15.	Limitations: Community-based Care Payments House amends rider to delete the independent evaluation throughout the rollout and implementation of CBC.	II-15, Rider #25 Rider Packet page II-2		II-15, Rider #25 Rider Packet page II-2				SENATE	
16.	Kinship Family Support Senate requires a report on the utilization of funding provided for kinship family support in the three new CBC regions.	II-18, Rider #39 Rider Packet page II-3						SENATE	

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17.	Caseworker Incentive Pay House provides authority for DFPS to grant the one-time incentive payments for staff transitioning from State employment to the SSCC.			II-18, Rider #39 Rider Packet page II-4				SENATE
18.	Comprehensive Quality Assurance Program House directs DFPS to establish a comprehensive quality assurance program and requires DFPS to publish the results quarterly.			II-18, Rider #40 Rider Packet page II-4				HOUSE
19.	Lease Site Replacement Senate identifies the funding for the lease site replacement contingent upon DFPS securing a new office site.	II-18, Rider #40 Rider Packet page II-4						HOUSE
20.	Kinship Funds Awareness Campaign House directs DFPS to allocate \$300,000 in General Revenue Funds in each fiscal year to establish and promote a statewide campaign on kinship care funds.			II-18, Rider #41 Rider Packet page II-4				HOUSE AS AMENDED
Conference Committee Revisions and Additions:								
1.	Connecting Technology Services. Fund \$1,000,000 for access grants to provide connecting technology to address the needs of children and families.					\$ 1,000,000	\$ 1,000,000	ADOPT AS AMENDED
2.	Connecting Technology Services, Rider. House identifies funding for grants to organization that provides connecting technology to address the needs of children and families.							ADOPT AS AMENDED
3.	Exempt Position: DFPS Commissioner. Change the salary group from Group 8 to Group 9.							ADOPT

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4.	Case Management System. Add rider to direct the SSCCs to use a new case management system and for DFPS to work with SSCCs.							ADOPT
5.	Baby Moses Hotline. Fund \$4,000,000 and related rider.					\$ 4,000,000	\$ 4,000,000	ADOPT
6.	Community Services Grant Program. Transfer to Office of the Governor					\$ (5,000,000)	\$ (5,000,000)	ADOPT
Total, Outstanding Items / Tentative Decisions		\$ 101,890,083	\$ 138,297,534	\$ 26,256,010	\$ 27,094,783	\$ 96,300,571	\$107,355,319	
						<u>FY 2026</u>	<u>FY 2027</u>	
Total, Full-time Equivalents						66.0	95.5	

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Article II, Health and Human Services Department of State Health Services (537) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
Senate / House Committee Substitute Grand Total, Department of State Health Services		\$ 1,143,890,570	\$ 2,345,683,984	\$ 1,206,413,600	\$ 2,420,904,946			
		FY 2026	FY2027	FY 2026	FY 2027			
Senate / House Total Number of Full-Time-Equivalents (FTE)		3,432.2	3,432.2	3,498.2	3,504.2			
Senate / House Differences in SB 1:								
1.	Exceptional Item 1b, Seat Management Senate provides \$2,545,287 in General Revenue Funds to maintain devices, including warranty, lease, and software costs for approximately 3,500 desktops, laptops, and tablets.	\$ 2,545,287	\$ 2,545,287	\$ -	\$ -			SENATE FUNDING IN HB 500
	House provides \$2,545,287 in General Revenue Funds in House Bill 500 to maintain devices, including warranty, lease, and software costs for approximately 3,500 desktops, laptops, and tablets.	\$ -	\$ -	\$ -	\$ -			
2.	Exceptional Item 1c, Texas Center for Infectious Disease (TCID) Operations Senate provides \$1,212,087 million in General Revenue Funds to cover cost increases for medications, medical resources, food and utilities at TCID. See Item #30 below.	\$ 1,212,087	\$ 1,212,087	\$ 2,424,173	\$ 2,424,173	\$ 1,818,130	\$ 1,818,130	ADOPT AS AMENDED
	House provides \$2,424,173 million in General Revenue Funds to cover cost increases for medications, medical resources, food and utilities at TCID.							

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3.	Exceptional Item 2a, Regional Clinic Cost Increases and Space Planning, Senate provides \$3,654,138 million in General Revenue Funds to cover increasing lease costs across the state and for a facility assessment contractor to determine adequacy of approximately 100 field offices and to address maintenance needs at regional facilities.	\$ 3,654,138	\$ 3,654,138	\$ 9,135,344	\$ 9,135,344	\$ 6,600,000	\$ 6,600,000	ADOPT AS AMENDED	
	House provides \$9,135,344 million in General Revenue Funds and 2.0/2.0 FTEs to cover increasing lease costs across the state and for a facility assessment contractor to determine adequacy of approximately 100 field offices and to address maintenance needs at regional facilities.	\$ -	\$ -	\$ -	\$ -				
4.	Exceptional Item 2b, Regional Clinic Cost Increases and Space Planning - Information Technology (IT) House provides \$305,742 in General Revenue Funds for IT infrastructure support of any newly constructed location which may include cabling, fiber, network, wireless access points, telecom, and to assist with construction plan development and review to ensure adequate placement and IT requirements.	\$ -	\$ -	\$ 305,742	\$ 305,742	\$ 305,742	\$ 305,742	HOUSE	
5.	Exceptional Item 2d, Texas Center for Infectious Disease (TCID) Deferred Maintenance, House provides \$6,585,000 million in General Revenue Funds for deferred maintenance needs at TCID including new water main lines, replacement of covered walkways with asbestos, and replacement of patient room control systems and locking systems. See Item #33 below.	\$ -	\$ -	\$ 6,585,000	\$ 6,585,000	\$ 6,585,000	\$ 6,585,000	HOUSE	

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6.	Exceptional Item 2e, Facility Cost Increases Senate provides \$1,770,332 in General Revenue Funds for increased lease facility renewal costs for state-owned facilities in Austin.	\$ 1,770,332	\$ 1,770,332	\$ 3,540,664	\$ 3,540,664	\$ 1,770,332	\$ 1,770,332	SENATE	
	House provides \$3,540,664 in General Revenue Funds for increased lease facility renewal costs for state-owned facilities in Austin.	\$ -	\$ -	\$ -	\$ -				
7.	Exceptional Item 4a, Improve Child Mortality and Morbidity due to Congenital Syphilis Senate provides \$1,919,412 in General Revenue Funds and 9.0/9.0 FTEs to improve child mortality and morbidity due to Congenital Syphilis by establishing rapid response regional nurse teams.	\$ 1,919,412	\$ 1,919,412	\$ 11,413,789	\$ 11,413,789	\$ 8,419,412	\$ 8,419,412	ADOPT AS AMENDED (23.0/23.0 FTEs)	
	House provides \$11,413,789 in General Revenue Funds and 24.0/24.0 FTEs to improve child mortality and morbidity due to Congenital Syphilis by increasing provider education, developing a hotline, establishing rapid response regional nurse teams, and creating a public awareness campaign.	\$ -		\$ -					
8.	Exceptional Item 4b, Improve Child Mortality and Morbidity due to Congenital Syphilis - Information Technology (IT) House provides \$1,849,736 and 1.0/1.0 FTE for IT services related to combating Congenital Syphilis including hotline and database services.	\$ -	\$ -	\$ 1,849,736	\$ 1,849,736			HOUSE INCLUDED IN ITEM 7	

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9.	Exceptional Item 5a, Sexually Transmitted Disease House provides \$27,704,576 in All Funds (\$15,006,644 in General Revenue and \$12,697,932 in Federal Funds) and 44.0/44.0 FTEs to maintain Disease Intervention Services staff primarily housed in local health departments and DSHS regional offices.	\$ -	\$ -	\$ 15,006,644	\$ 27,704,576	\$ -	\$ -	SENATE	
10.	Exceptional Item 5b, Tuberculosis (TB) Senate provides 10,595,953 in General Revenue to support a 30 percent increase in local health department contracts to provide TB care and to cover increased costs of medications and 8.0/8.0 FTEs to provide nurse consultation and direct care services.	\$ 10,595,953	\$ 10,595,953	\$ -	\$ -	\$ -	\$ -	HOUSE	
11.	Exceptional Item 5e, Immunizations House provides \$11,992,656 in General Revenue and 8.0/8.0 FTEs for one public health nurse in each DSHS region for vaccine education and administration and for a 30 percent increase in local health department contracts to support immunization administration in communities.	\$ -	\$ -	\$ 11,992,656	\$ 11,992,656	\$ -	\$ -	SENATE	
12.	Exceptional Item 6a, Texas Meat Industry House provides \$5,324,703 in General Revenue and 4.0/10.0 FTEs to bring 146 meat safety staff salaries comparable to federal employees and to increase the number of employees available to provide guidance, assistance, and inspections services.	\$ -	\$ -	\$ 5,324,703	\$ 5,324,703	\$ 5,324,703	\$ 5,324,703	HOUSE	
13.	Exceptional Item 6b, Manufactured and Retail Food Industry House provides \$5,459,422 in General Revenue to bring 177 food safety program staff salaries comparable to federal employees to increase employee retention and prevent further increases to inspection frequencies.	\$ -	\$ -	\$ 5,459,422	\$ 5,459,422			SENATE	

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14.	Exceptional Item 6c, Licensed Radioactive Material and Device Use House provides \$2,220,082 in General Revenue to bring 98 radiation control program staff salaries comparable to federal employees to increase employee retention.	\$ -	\$ -	\$ 2,220,082	\$ 2,220,082			SENATE
15.	Exceptional Item 8a, Maternal Mortality and Morbidity Senate provides \$1,321,644 in General Revenue to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP), a modern data platform solution that brings DSHS data from various program areas into a common repository.	\$ 1,321,644	\$ 1,321,644	\$ -	\$ -	\$ -	\$ -	HOUSE FUNDING IN HB 500
	House provides \$1,321,644 in General Revenue in House Bill 500 to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP), a modern data platform solution that brings DSHS data from various program areas into a common repository	\$ -	\$ -	\$ -	\$ -			
16.	Exceptional Item 8b, Maternal Mortality and Morbidity - Information Technology (IT) Senate provides \$4,313,876 in General Revenue for IT to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP).	\$ 4,313,876	\$ 4,313,876	\$ -	\$ -	\$ -	\$ -	SENATE FUNDING IN HB 500
	House provides \$8,627,752 in General Revenue in House Bill 500 for IT to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP).	\$ -	\$ -	\$ -	\$ -			

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17.	Exceptional Item 8c, Birth Defects Registry Surveillance Capacity Senate provides \$1,557,002 in General Revenue funds and 8.0/8.0 FTEs for faster case identification and improvement of birth defects registry data review of hospital medical records for potential birth defect cases and to abstract complex medical information.	\$1,557,002	\$1,557,002	\$-	\$-	\$1,557,002	\$1,557,002	SENATE	
18.	Sickle Cell Guidelines for Public Schools House provides \$2,000,000 in General Revenue funds for the Sickle Cell Task Force to develop guidelines for public schools regarding the administration of health care services to students with sickle cell disease. See Item #35 below.	\$-		\$2,000,000	\$2,000,000	\$-	\$-	SENATE	
19.	Expanding Texas AIM Program and Similar Maternal Safety Initiatives House provides \$3,500,000 in General Revenue funds and 8.0/8.0 FTEs to expand the Texas AIM Program and similar maternal safety initiatives. See Item #25 below.	\$-	\$-	\$3,500,000	\$3,500,000	\$1,500,000	\$1,500,000	HOUSE AS AMENDED NO FTES	

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20.	Emergency Medical Task Force House provides \$3,000,000 in General Revenue funds for the Emergency Medical Task Force including \$2,000,000 for ongoing programs, exercises and readings; \$500,000 for management of the EMTF program; and \$500,000 for the replacement of critical emergency medical response equipment statewide. See Item #26 below.	\$-	\$-	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	HOUSE	
21.	HIV Vendor Drug Rebate Funding Loss Replacement House provides \$4,600,000 in General Revenue funds to replace funding from the loss of HIV Vendor Drug Rebates. See Item #36 below.	\$-		\$4,600,000	\$4,600,000	\$2,000,000	\$2,000,000	HOUSE AS AMENDED NO RIDER	
22.	HIV Long-acting Injectable Treatment House provides \$15,400,000 in General Revenue funds to purchase HIV long-acting injectable treatment to be included in the Texas HIV Medication Program formulary. See Item #27 below.			\$15,400,000	\$15,400,000	\$600,000	\$600,000	HOUSE AS AMENDED WITH NEW RIDER	

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23.	Spay and Neuter Pilot Program - Public Health Focus Senate provides \$13,000,000 in General Revenue to implement a pilot program focused on protecting human health by reducing the population of cats and dogs at risk for unplanned breeding that may carry infectious diseases. See Item #28 below.	\$13,000,000	\$13,000,000	\$1,654,806	\$1,654,806	\$13,000,000	\$13,000,000	SENATE
	House provides \$1,654,806 in General Revenue to implement a pilot program focused on protecting human health by reducing the population of cats and dogs at risk for unplanned breeding that may carry infectious diseases. See Item #29 below.							
24	Future Healthcare Workforce Apprenticeship Support Senate provides \$1,000,000 in General Revenue to provide grants to hospitals to develop and implement on-site healthcare workforce apprenticeship programs. See Item #34 below.	\$1,000,000	\$1,000,000			\$1,000,000	\$1,000,000	SENATE
25	Maternal Mortality and Morbidity House allocates \$3,500,000 in General Revenue and 8.0/8.0 FTEs to expand maternal mortality and morbidity initiatives by expanding the Texas AIM program and other maternal safety initiatives.	II-28, Rider #19 Rider Packet page II-6		II-28, Rider #19 Rider Packet page II-6				SENATE AS AMENDED

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Department of State Health Services (537) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
26	Emergency Medical Task Force House allocates \$3,000,000 in General Revenue for the Emergency Medical Task Force including \$2,000,000 for ongoing programs, exercises, and readiness; \$500,000 for management, and \$500,000 for replacement of emergency medical equipment.	II-29, Rider #23 Rider Packet page 11-6	II-29, Rider #23 Rider Packet page 11-6		HOUSE
27	HIV Long-acting Injectable Treatment Senate add rider directing the agency to utilize existing or future federal funding to purchase Cabenuva or any other similar HIV long-acting treatment medication for Texas HIV Medication Program participants and inclusion in the formulary. House allocates \$15,400,000 in General Revenue to purchase HIV long-acting injectable treatment for Texas HIV Medication Program participants and inclusion in the formulary.	II-30, Rider #31 Rider Packet page II-7	II-30, Rider #31 Rider Packet page II-7		HOUSE AS AMENDED
28	Spay and Neuter Pilot Program - Public Health Focus Senate directs \$13,000,000 in General Revenue to implement a pilot program focused on protecting human health by reducing the population of cats and dogs at risk for unplanned breeding that may carry infectious diseases.	II-30, Rider #32 Rider Packet page II-8			SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Department of State Health Services (537) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-Dedicated All Funds	House <u>2026-27 Biennial Total</u> GR & GR-Dedicated All Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-Dedicated All Funds	Explanation
29	Spay and Neuter Pilot Program - Public Health Focus House directs \$4,000,000 in General Revenue to implement a pilot program focused on protecting human health by reducing the population of cats and dogs at risk for unplanned breeding that may carry infectious diseases. Note: Technical adjustment needed to adjust rider to align with legislative intent in House to match amount in Item#23, Spay and Neuter Pilot Program - Public Health Focus.		II-30, Rider #32 Rider Packet page II-8		SENATE
30	Texas Center for Infectious Disease (TCID) Reimbursements Senate encourages reimbursements for services rendered at TCID and provide a report to detail how funding is utilized once reimbursements occur.	II-31, Rider #33 Rider Packet page II-9			SENATE
31	Unexpended Balances: Emergency Medical Services Extraordinary Emergencies Allocation House authorizes UB authority within and across the biennium for funds in the Emergency Medical Services (EMS) extraordinary emergencies reserve within General Revenue - Dedicated Account No. 5111, Designated Trauma Facilities and EMS. This rider would include a one-time UB from previous years that may have lapsed.		II-31, Rider #33 Rider Packet page II-9		HOUSE AS AMENDED
32	Unexpended Balance (UB) Authority House authorizes UB authority from the first year of the biennium to the second year of the biennium across all agency funding.		II-31, Rider #34 Rider Packet page II-10		SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Department of State Health Services (537) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
33	Texas Center for Infectious Disease (TCID) Deferred Maintenance Senate directs the Department of State Health Services to utilize any available federal funding, including but not limited to COVID-19 federal funding, for TCID Deferred Maintenance needs	II-31, Rider #34 Rider Packet page II-10			SENATE
34	Future Healthcare Workforce Apprenticeship Support Senate directs \$1,000,000 in General Revenue to provide grants to hospitals to develop and implement on-site healthcare workforce apprenticeship programs.	II-31, Rider #36 Rider Packet page II-10			SENATE
35	Sickle Cell Guidelines for Public Schools House allocates General Revenue funding for the Sickle Cell Task Force to develop guidelines for public schools regarding administration of health care services to students with sickle cell disease.		II-31, Rider #36 Rider Packet page II-11		SENATE
36	HIV Vendor Drug Rebate Funding Loss Replacement House allocates \$4,600,000 in General Revenue to replace funding from the loss of HIV Vendor Drug Rebates.		II-32, Rider #37 Rider Packet page II-11		SENATE
37	Paternity Registry Update Senate directs DSHS to allocate \$200,000 in All Funds for system upgrades to the Texas Paternity Registry to allow for electronic search requests and processing.	II-33, Rider #37 Rider Packet page II-12			SENATE
38	Cost Analysis of Measles Outbreak House requires agency to study and assesses the direct and indirect economic costs incurred by the agency and local public health organizations in responding to measles outbreaks in 2025.		II-32, Rider #38 Rider Packet page II-12		SENATE

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Article II, Health and Human Services Department of State Health Services (537) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
39	Strategic National Stockpile for Health Emergency Preparedness and Response House authorizes preparation and submission of an application for a grant award to establish, expand, or maintain a stockpile of appropriate medicines, medical devices, protective equipment, and other supplies to respond to disasters.			II-32, Rider #39 Rider Packet page II-12				HOUSE
Conference Committee Revisions and Additions:								
1.	Exempt Position: DSHS Commissioner. Change the salary group from Group 8 to Group 9.							ADOPT
Total, Outstanding Items / Tentative Decisions		\$ 42,889,731	\$ 42,889,731	\$ 105,412,761	\$ 118,110,693	\$ 53,480,321	\$ 53,480,321	
						<u>FY 2026</u>	<u>FY 2027</u>	
Total, Full-time Equivalents						36.0	42.0	

	Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration	Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
Senate / House Committee Substitute Grand Total, Health and Human Services Commission	\$38,913,550,492	\$94,223,500,223	\$39,587,399,447	\$95,839,063,695			
	FY 2026	FY2027	FY 2026	FY 2027			
Senate / House Total Number of Full-Time-Equivalents (FTE)	40,850.4	42,184.7	40,516.4	41,851.2			
Technical Adjustment:							
1. Senate: Increase capital budget authority for the Medicaid Management Information System by \$7,278 in fiscal year 2026 related to Senate Rider 136, Provider Enrollment and Management System. Note: Both chambers provided the same level of funding for enhancements to the system. This adjustment would align capital budget authority for the project with House.							ADOPT
2. Senate & House: Add a rider stating legislative intent that references to old law amended by House Bill 4611, Eighty-eighth Legislature, Regular Session, 2023, is considered a reference to the new law as of April 1, 2025.							ADOPT
Forecasted Programs:							
1. Update Medicaid Client Services Forecast , see Article II 2026-27 Conference Forecast Update.					\$ 170,517,370	\$ 1,305,688,444	ADOPT
2. Update Children's Health Insurance Program (CHIP) Forecast , see Article II 2026-27 Conference Forecast Update.					\$ 72,148,648	\$ 268,929,267	ADOPT
3. Update Temporary Assistance for Needy Families (TANF) Forecast , see Article II 2026-27 Conference Forecast Update.					\$ -	\$ -	NOT ADOPT
4. Update Home and Community-Based Services - Adult Mental Health (HCBS-AMH) Forecast , see Article II 2026-27 Conference Forecast Update.					\$ -	\$ -	NOT ADOPT

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
5. Update Youth Empowerment Services (YES) Waiver Forecast, see Article II 2026-27 Conference Forecast Update.						\$ 70,798	\$ 305,340	ADOPT	
Senate / House Differences in SB 1:									
1.	Base Wage Increase for Personal Attendant Services	\$ 747,127,853	\$ 1,893,881,586	\$ 1,626,231,118	\$ 4,101,675,618	\$ 965,645,946	\$ 2,435,627,731	ADOPT AS AMENDED	
	Senate provides \$1,893,881,586 in All Funds (\$747,127,853 in General Revenue Funds and \$1,146,753,733 in Federal Funds) to increase the base wage for personal attendant services to \$12.44 per hour, increase the associated payroll, taxes, and benefits (PTB) percentage to 14 percent, and increase the associated administrative rate by \$0.24 per hour.								
	House provides \$4,101,675,618 in All Funds (\$1,626,231,118 in General Revenue Funds and \$2,475,444,500 in Federal Funds) to increase the base wage to \$14.28 per hour, further increase the base wage to \$17.50 per hour for attendants in the Home and Community-based Services waiver, the Texas Home Living waiver, and intermediate care facilities, increase the PTB percentage to 14 percent, and increase the administrative rate by \$0.48 per hour.								
	Note: Amounts for both chambers assume the discontinuation of the Attendant Compensation Rate Enhancement (ACRE)								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
2.	Exceptional Item 7b, Medically Dependent Children Program (MDCP) Interest List Diversion Slots	\$ 2,916,586	\$ 7,128,313	\$ 5,833,172	\$ 14,256,626	\$ 4,300,000	\$ 10,509,455	ADOPT AS AMENDED	
	Senate provides \$7,128,313 in All Funds (\$2,916,586 in General Revenue Funds and \$4,211,727 in Federal Funds) and 0.0/0.5 FTEs to support diversion slots for certain children to bypass the MDCP interest list without being required to enter a nursing facility. Funding and FTEs would support 60 end-of-year slots in fiscal year 2027 and 120 end-of-year slots in fiscal year 2028.								
	House provides \$14,256,626 in All Funds (\$5,833,172 in General Revenue Funds and \$8,423,454 in Federal Funds) and 0.0/1.0 FTEs for the same purpose. Funding and FTEs would support 120 end-of-year slots in fiscal year 2027 and 240 end-of-year slots in fiscal year 2028.								
3.	Reduction in Medicaid Client Services	\$ -	\$ -	\$ (70,000,000)	\$ (70,000,000)			SENATE	
	House reduces Medicaid Client Services by \$70,000,000 in General Revenue Funds related to an adopted floor amendment.								
4.	Nursing Facilities - Dietary, Facility, and Administration	\$ 214,448,931	\$ 533,918,217	\$ -	\$ -	\$ 214,448,931	\$ 533,918,217	SENATE	
	Senate provides \$533,918,217 in All Funds (\$214,448,931 in General Revenue Funds and \$319,469,286 in Federal Funds) to increase the dietary subcomponent and the facility and operations subcomponent of the reimbursement rate for nursing facilities.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
5.	Nursing Facilities - Intellectual and Developmental Disabilities (IDD)	\$1,060,535	\$2,651,337	\$1,590,802	\$3,977,006	\$1,590,802	\$3,977,006	HOUSE	
	Senate provides \$2,651,337 in All Funds (\$1,060,535 in General Revenue Funds and \$1,590,802 in Federal Funds) to revise the reimbursement methodology for an IDD nursing facility special reimbursement class to match that of the allowable Medicare equivalent.								
	House provides \$3,977,006 in All Funds (\$1,590,802 in General Revenue Funds and \$2,386,204 in Federal Funds) for the same purpose.								
6.	Applied Behavior Analysis (ABA) Services	\$12,496,612	\$31,112,754	\$-	\$-	\$12,496,612	\$31,112,754	SENATE	
	Senate provides \$31,112,754 in All Funds (\$12,496,612 in General Revenue Funds and \$18,616,142 in Federal Funds) to increase the reimbursement rate for ABA services.								
7.	Intensive Outpatient Services and Partial Hospitalization Services	\$-	\$-	\$6,167,387	\$15,365,563	\$-	\$-	SENATE	
	House provides \$15,365,563 in All Funds (\$6,167,387 in General Revenue Funds and \$9,198,176 in Federal Funds) to include intensive outpatient and partial hospitalization services as a Medicaid behavioral health services benefit.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
8.	Rural Hospital Payments	\$ 25,306,663	\$ 63,006,703	\$ -	\$ -	\$ 25,306,663	\$ 63,006,703	SENATE	
	Senate provides \$63,006,703 in All Funds (\$25,306,663 in General Revenue Funds and \$37,700,040 in Federal Funds) for additional funding for Medicaid inpatient and outpatient services provided by rural hospitals.								
	Note: House Bill 18 requires HHSC to implement an add-on payment for rural hospitals that have a department of obstetrics and gynecology; the bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.								
9.	Rural Hospital Grant Program								
	Senate provides \$25,000,000 in General Revenue for additional funding for rural hospital essential access grants.	\$ 25,000,000	\$ 25,000,000	\$ -	\$ -			HOUSE	
	Note: House Bill 18 codifies the Rural Hospital Grant program; the bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.								
10.	Exceptional Item 2e, License Costs for Forecasting and Rate Setting	\$ 2,856,755	\$ 5,382,818	\$ -	\$ -			AMENDED FUNDING IN HB 500	
	Senate provides \$5,382,818 in All Funds (\$2,856,755 in General Revenue Funds and \$2,526,063 in Federal Funds) to support the purchase of software licenses and servers.								
	House provides \$1,500,000 in All Funds (\$744,364 in General Revenue Funds and \$755,636 in Federal Funds) in the supplemental bill for the same purpose.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
11.	Exceptional Item 3a, Additional Staff Resources	\$ 10,050,089	\$ 12,924,638	\$ 20,100,155	\$ 25,849,240	\$ 10,050,089	\$ 12,924,638	SENATE	
	Senate provides \$12,924,638 in All Funds (\$10,050,089 in General Revenue and \$2,874,549 in Federal Funds) and 36.0/36.0 FTEs for additional staff to address a variety of workload and divisional needs.								
	House provides \$25,849,240 in All Funds (\$20,100,155 in General Revenue and \$5,749,085 in Federal Funds) and 72.0/72.0 FTEs for the same purpose.								
12.	Exceptional Item 3b, Additional Staff Resources in the Information Technology (IT) Space	\$ 6,868,040	\$ 9,529,995	\$ -	\$ -	\$ 6,868,040	\$ 9,529,995	SENATE	
	Senate provides \$9,529,995 in All Funds (\$6,868,040 in General Revenue and \$2,661,955 in Federal Funds) and 29.0/29.0 FTEs for additional staff resources for the HHSC IT division.								
13.	Exceptional Item 3c, Contract Management Oversight & Support	\$ 2,918,827	\$ 3,621,874	\$ -	\$ -	\$ 2,918,827	\$ 3,621,874	SENATE	
	Senate provides \$3,621,874 in All Funds (\$2,918,827 in General Revenue and \$703,047 in Federal Funds) and 10.0/10.0 FTEs for additional staff resources for contract management oversight and support.								
14.	Exceptional Item 3d, Support for Intellectual and Developmental Disability Habilitative Specialized Services (IDD-IHSS)	\$ 925,936	\$ 3,703,746	\$ -	\$ -	\$ 925,936	\$ 3,703,746	SENATE	
	Senate provides \$3,703,746 in All Funds (\$925,936 in General Revenue Funds and \$2,777,810 in Federal Funds) and 15.0/15.0 FTEs to fulfill policy, programmatic, contractual, and monitoring requirements related to IDD-IHSS.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
15.	Exceptional Item 5a, State Office of Administrative Hearings (SOAH) Attorneys	\$1,638,924	\$1,655,402	\$6,555,689	\$6,621,597	\$4,097,306	\$4,138,499	ADOPT AS AMENDED (13.0/13.0 FTEs)	
	Senate provides \$1,655,402 in All Funds (\$1,638,924 in General Revenue and \$16,478 in Federal Funds) and 5.2/5.2 FTEs to provide additional resources related to SOAH hearings.								
	House provides \$6,621,597 in All Funds (\$6,555,689 in General Revenue and \$65,908 in Federal Funds) and 21.0/21.0 FTEs for the same purpose.								
16.	Exceptional Item 5b, SB 24, 88R	\$3,681,331	\$4,236,002	\$-	\$-	\$5,663,555	\$6,517,325	ADOPT AS AMENDED (20.0/20.0 FTEs)	
	Senate provides \$4,236,002 in All Funds (\$3,681,331 in General Revenue and \$554,671 in Federal Funds) and 13.0/13.0 FTEs to restore contingency funding from the Eighty-eighth Legislature, Regular Session, associated with the implementation of Senate Bill 24 (88R).								
17.	Exceptional Item 5c, Increase Mental Health Bed Capacity	\$78,761,524	\$78,761,524	\$99,684,872	\$99,684,872	\$92,610,376	\$92,610,376	ADOPT AS AMENDED AMENDED RATES FOR CERTAIN FACILITIES	
	Senate provides \$78,761,524 in General Revenue to increase the bed-day rate for the John S. Dunn Center by 10 percent, increase the bed-day rate for other existing contracted beds by 5 percent, and fund operation of certain new contracted beds coming online.							SEE CC ADDITION, ITEM #6 FOR DALLAS	

		Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
	House provides \$99,684,872 in General Revenue for different bed-day rates than Senate for contracted inpatient capacity at the same facilities.							
	Note: Senate and House both include \$7,500,000 in additional General Revenue for operations at the Uvalde Behavioral Health Campus that is included in the biennial total.							
	Note: Partially impacted by Exceptional Item 9c, Restore Funding for Inflationary Costs.							
18.	Exceptional Item 6b, Address Backlog: ANE (Home and Community-based Services (HCS) Waiver)	\$4,432,156	\$4,505,751	\$-	\$-	\$4,432,156	\$4,505,751	SENATE
	House and Senate both provide \$9,473,976 in All Funds (\$9,016,786 in General Revenue and \$457,190 in Federal Funds) and 39.9/39.9 FTEs to support the current regulatory workload of HCS waiver and address backlogs of abuse, neglect, and exploitation intake investigations, and program provider surveys.							
	Senate provides an additional, one-time appropriation of \$4,505,751 in All Funds (\$4,432,156 in General Revenue and \$73,595 in Federal Funds) and 21.0/21.0 FTEs to eliminate the backlogs by December 2026.							

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
19.	Exceptional Item 6d, Address Backlog: ANE (Assisted Living Facilities (ALF), Individualized Skills and Socialization facilities (ISS), and Day Activity & Health Services facilities (DAHS))	\$650,930	\$661,456	\$-	\$-	\$650,930	\$661,456	SENATE	
	House and Senate both provide \$4,219,545 in All Funds (\$4,163,053 in General Revenue and \$56,492 in Federal Funds) and 18.0/18.0 FTEs to support the current regulatory workload of ALF, ISS, & DAHS facilities and address & clear backlogs of abuse, neglect, and exploitation allegations / investigations and licensure and renewal surveys.								
	Senate provides an additional, one-time appropriation of \$661,456 in All Funds (\$650,930 in General Revenue and \$10,526 in Federal Funds) and 3.0/3.0 FTEs to eliminate the backlogs by December 2026.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
20.	Exceptional Item 6f, Address Backlog: Employee Misconduct Registry (EMR)	\$ 5,599,124	\$ 5,673,088	\$ 7,344,217	\$ 7,438,372	\$ 7,104,209	\$ 7,197,780	ADOPT AS AMENDED (34.0/34.0 FTEs)	
	Senate provides \$4,079,063 in All Funds (\$4,028,847 in General Revenue and \$50,216 in Federal Funds) and 16.0/16.0 FTEs to support Regulatory Enforcement and address & clear backlogs in processing enforcement actions, completing informal reviews, and processing of referrals, including referrals to the EMR. Additionally. Senate provides an additional, one-time appropriation of \$1,594,025 in All Funds (\$1,570,277 in General Revenue and \$23,748 in Federal Funds) and 8.0/8.0 FTEs to eliminate the backlogs by December 2026.								
	House provides \$7,438,372 in All Funds (\$7,344,217 in General Revenue and \$94,155 in Federal Funds) and 30.0/30.0 FTEs to support Regulatory Enforcement and address & clear backlogs in processing enforcement actions, completing informal reviews, and processing of referrals, including referrals to the EMR.								
21.	Add Indirect Administration for Exceptional Item 6, Protecting Vulnerable Adults and Children from Abuse, Neglect and Exploitation	\$ 984,554	\$ 1,020,240	\$ -	\$ -	\$ 984,554	\$ 1,020,240	SENATE	
	Senate provides \$1,020,240 in All Funds (\$984,554 in General Revenue and \$35,686 in Federal Funds) and 2.0/2.0 FTEs as one-time funding to support the indirect administration associated with addressing & clearing the backlogs addressed in #18 - 20.								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
22.	Exceptional Item 8a, Mental Health Resources for People with IDD	\$ 2,000,000	\$ 2,000,000	\$ 14,540,514	\$ 14,564,494	\$ 5,270,257	\$ 5,282,247	ADOPT AS AMENDED (2.0/2.0 FTEs)	
	Senate provides \$2,000,000 in General Revenue for five additional teams at Local Intellectual and Developmental Disability Authorities (LIDDAs) to provide outpatient mental health services.								
	House provides \$14,564,494 in All Funds (\$14,540,514 in General Revenue and \$23,980 in Federal Funds) and 3.0/3.0 FTEs for 34 additional teams at LIDDAs and to provide related administrative support.								
23.	Exceptional Item 9a, Ensure Client Safety - Video Surveillance Re-procurement	\$ 7,579,595	\$ 7,613,393	\$ -	\$ -			HOUSE	
	Senate provides \$7,613,393 in All Funds (\$7,579,595 in General Revenue and \$33,798 in Federal Funds) and 3.0/3.0 FTEs for the procurement of and related resources for a contract for video surveillance support and health monitoring services.								
24.	Exceptional Item 9c, Restore Funding for Inflationary Costs	\$ 7,687,350	\$ 7,687,350	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000	ADOPT AS AMENDED	
	Senate provides \$7,687,350 in General Revenue to maintain appropriations for inflationary costs for certain inpatient contracted beds and maintain 50.0 percent of appropriations for inflationary costs at state-owned facilities as provided in HHSC Rider 108, One-time Funding for Facility Inflationary Costs, 2024-25 GAA.								
	Note: Partially impacted by Exceptional Item 5c, Increase Mental Health Bed Capacity								

		Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
25.	Exceptional Item 10a, Seat Management	\$ 15,231,618	\$ 22,939,875	\$ -	\$ -			HOUSE
	Senate provides \$22,939,875 in All Funds (\$15,231,618 in General Revenue and \$7,708,257 in Federal Funds) for seat management equipment.							
26.	Exceptional Item 10b, Data Center Services	\$ 21,744,357	\$ 25,392,921	\$ -	\$ -			HOUSE
	Senate provides \$25,392,921 in All Funds (\$21,744,357 in General Revenue and \$3,648,564 in Federal Funds) to support shared technology services provided by the Department of Information Resources.							
27.	Exceptional Item 10c, System of Contract Operation and Reporting (SCOR) Enhancements (Phase II)	\$ 6,292,741	\$ 8,191,518	\$ -	\$ -			SENATE FUNDING IN HB 500
	Senate provides \$8,191,518 in All Funds (\$6,292,741 in General Revenue and \$1,898,777 in Federal Funds) and 8.0/8.0 FTEs to continue enhancements to SCOR.							
28.	Exceptional Item 11a, Data Stewardship	\$ 4,531,083	\$ 5,856,372	\$ -	\$ -			HOUSE
	Senate provides \$5,856,372 in All Funds (\$4,531,083 in General Revenue and \$1,325,289 in Federal Funds) and 11.0/11.0 FTEs to develop a core group of data quality experts to assist in making data driven decisions, identify issues in a timely manner, and ensure accurate information is provided to the public.							

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29.	Exceptional Item 14, OIG Modernize Surveillance Utilization Review Technology	\$2,224,645	\$3,091,704	\$-	\$-			HOUSE
	Senate provides \$3,091,704 in All Funds (\$2,224,645 in General Revenue and \$867,059 in Federal Funds) and 2.5/2.5 FTEs to support procurement of a case management and tracking system for the Surveillance Utilization Review (SUR) unit.							
30.	Exceptional Item 17, OIG Staff Resources and eDiscovery Software	\$1,318,691	\$2,081,979	\$2,637,370	\$4,163,937			SENATE FUNDING IN HB 500
	Senate provides \$2,081,979 in All Funds (\$1,318,691 in General Revenue and \$763,288 in Federal Funds) and 5.2/5.2 FTEs to provide additional staff resources in key areas, including Provider Enrollment Integrity Screenings, the State Centers Investigative Team, Data Reviews, and Chief Counsel. Funding would also provide for electronic discovery software to assist the OIG Chief Counsel with case review.							
	House provides \$4,163,937 in All Funds (\$2,637,370 in General Revenue and \$1,526,567 in Federal Funds) and 10.5/10.5 FTEs for the same purpose.							

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31.	OIG Exceptional Item 19a, Advanced Fraud Analytics	\$2,078,837	\$2,884,638	\$-	\$-			HOUSE	
	Senate provides \$2,884,638 in All Funds (\$2,078,837 in General Revenue and \$805,801 in Federal Funds) to provide cloud infrastructure to assist OIG in observing patterns, trends, and anomalies across large data sets.								
32.	Exceptional Item 21, TCCO Reinstatement of Client Services	\$-	\$-	\$1,866,691	\$1,866,691	\$1,866,691	\$1,866,691	HOUSE	
	House provides \$1,866,691 in General Revenue to restore a five percent budget reduction from the 2022-23 biennium.								
33.	Exceptional Item 23, TCCO Offsite Healthcare Costs	\$5,000,000	\$5,000,000	\$6,918,690	\$6,918,690	\$5,000,000	\$5,000,000	SENATE	
	Senate provides \$5,000,000 in additional General Revenue for offsite healthcare services.								
	House provides \$6,918,690 in General Revenue for the same purpose.								
34.	Exceptional Item 24, TCCO Contract Rate Adjustment Costs	\$3,037,321	\$3,037,321	\$-	\$-			HOUSE	
	Senate provides \$3,037,321 in General Revenue to increase the per diem rates for contracted services, including a 4.0 percent increase in fiscal year 2026 and a 3.0 percent increase in fiscal year 2027.								

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Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
35.	Exceptional Item 25, TCCO Case Manager Career Ladder	\$115,934	\$115,934	\$-	\$-	\$115,934	\$115,934	SENATE	
	Senate provides \$115,934 in General Revenue for an annual salary adjustment equivalent to 3.0 percent of the established salary rate for case managers in good standing that meet all required employment standards.								
36.	Exceptional Item 28, TCCO Client Dental Services	\$-	\$-	\$219,695	\$219,695	\$219,695	\$219,695	HOUSE	
	House provides \$219,695 in General Revenue to newly provide dental prevention services to sexually violent predators (SVPs).								
37.	Exceptional Item 29, TCCO Microsoft O365 License Upgrade	\$43,002	\$43,002	\$-	\$-			SENATE	
	Senate provides \$43,002 in General Revenue to upgrade Microsoft products from Microsoft Office 2016 to Microsoft 365 licensing.							FUNDING IN HB 500	
	House provides \$43,002 in General Revenue in the supplemental bill for the same purpose.								
38.	Women's Health Funding	\$70,178,238	\$156,516,338	\$70,178,238	\$156,516,337	\$70,178,238	\$156,516,338	SENATE	
	Senate provides \$156,516,338 in All Funds (\$70,178,238 in General Revenue and \$86,338,100 in Federal Funds) to maintain Women's Health Funding for Healthy Texas Women, Family Planning Program, and Caseload Growth at 2024-25 appropriated levels.								
	House provides \$156,516,337 in All Funds (\$70,178,238 in General Revenue and \$86,338,099 in Federal Funds) for the same purpose.								

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Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
39.	Maternal Health Outcomes	\$ -	\$ -	\$ 20,000,000	\$ 20,000,000	\$ 5,000,000	\$ 5,000,000	ADOPT AS AMENDED	
	House provides \$20,000,000 in General Revenue to organizations implementing maternal health outcome programs.								
40.	Additional Funds for the Thriving Texas Families Program	\$ 40,000,000	\$ 40,000,000	\$ 70,000,000	\$ 70,000,000	\$ 40,000,000	\$ 40,000,000	ADOPT SENATE	
	Senate provides \$40,000,000 in General Revenue for additional funding in the Thriving Texas Families program.							ADDITIONAL FUNDING IN HB 500	
	House provides \$70,000,000 in General Revenue for the same purpose.								
41.	Youth Mobile Crisis Outreach Teams	\$ 40,000,000	\$ 40,000,000	\$ 58,758,920	\$ 58,758,920	\$ 40,000,000	\$ 40,000,000	SENATE	
	Senate provides \$40,000,000 in additional General Revenue for youth mobile crisis outreach teams (YCOTs).								
	House provides \$58,758,920 in additional General Revenue for the same purpose.								
42	McLennan County Crisis Services	\$ -	\$ -	\$ 10,000,000	\$ 10,000,000	\$ 5,000,000	\$ 5,000,000	ADOPT AS AMENDED	
	House provides \$10,000,000 in General Revenue to support mental health screening, assessment, and related crisis services in McLennan County.								
43.	Development of Federal Substance Use Rate	\$ 1,185,595	\$ 1,185,595	\$ -	\$ -	\$ 1,185,595	\$ 1,185,595	SENATE	
	Senate provides in \$1,185,595 in General Revenue and 3.0/3.0 FTEs to support one-time administrative-related costs to develop federally funded reimbursement rates for substance use facilities that serve women and children.								

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Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
44.	Healthy Community Collaboratives	\$5,000,000	\$5,000,000	\$-	\$-	\$5,000,000	\$5,000,000	SENATE	
	Senate provides an additional \$5,000,000 in General Revenue for the Healthy Community Collaboratives grant program.								
45.	Rate Increase for Guardianship Services	\$1,324,800	\$1,324,800	\$-	\$-	\$1,324,800	\$1,324,800	SENATE	
	Senate provides \$1,324,800 in General Revenue to increase the contracted rates for guardianship services to a maximum of \$425 per client per month.								
46.	Enhanced Capacity for Family Violence Services	\$4,000,000	\$4,000,000	\$-	\$-	\$-		HOUSE	
	Senate provides \$4,000,000 in General Revenue for housing support and enhanced capacity for services to victims of family violence and their children.								
47.	Child Advocacy Centers	\$5,000,000	\$5,000,000	\$21,113,636	\$21,113,636	\$10,000,000	\$10,000,000	ADOPT AS AMENDED	
	Senate provides \$5,000,000 in General Revenue for additional funding for Child Advocacy Center Programs.								
	House provides \$21,113,636 in General Revenue for the same purpose.								
48.	Court-Appointed Special Advocates (CASA)	\$-	\$-	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	HOUSE	
	House provides \$1,500,000 in General Revenue for additional funding for CASA Programs.								
49.	Pediatric Child Care Facility Developmentally Appropriate Care	\$-	\$-	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	HOUSE	
	House provides \$1,000,000 in General Revenue to support developmentally appropriate care for pediatric nursing facility residents.								

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50.	Salary Increase for Behavioral Management Unit Staff	\$2,347,140	\$5,843,744	\$-	\$-	\$2,347,140	\$5,843,744	SENATE	
	Senate provides \$5,843,744 in All Funds (\$2,347,140 in General Revenue and \$3,496,604 in Federal Funds) for help support additional pay for employees working in designated specialized Behavioral Management Units at state supported living centers (SSLCs).								
51.	Residential Services for High Acuity Youth - Terrell State Hospital	\$34,301,553	\$34,301,553	\$-	\$-	\$34,301,553	\$34,301,553	SENATE	
	Senate provides \$34,301,553 in General Revenue and 280.0/280.0 FTEs to establish a residential treatment facility for youth in DFPS conservatorship at Terrell State Hospital. Item was partially funded with a reallocation of \$7,000,000 in General Revenue from DFPS to HHSC.								
52.	Residential Youth Treatment Facility - Southeast Texas	\$-	\$-	\$12,000,000	\$12,000,000	\$-	\$-	SENATE	
	House provides \$12,000,000 in General Revenue to purchase and repurpose a building in Southeast Texas to serve as a residential treatment facility and youth mental health facility.								
53.	Prescribed Pediatric Extended Care Centers (PPECC)	\$-	\$-	\$829,897	\$829,897			SENATE	
	House provides \$829,897 in General Revenue and 2.0/2.0 FTEs for salaries, travel, and operating expenses to perform timely reviews of the architectural requirements for PPECC.								
54.	External Evaluation of Child Care Rules and Minimum Standards	\$-	\$-	\$1,025,000	\$1,025,000	\$1,025,000	\$1,025,000	HOUSE	
	House provides \$1,025,000 in General Revenue for an independent assessment of HHSC's Child Care Regulation's rules and minimum standards for various child care facilities.								

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55.	Summer Electronic Benefits Transfer (EBT) Administrative Costs	\$ -	\$ -	\$ 110,000,000	\$ 110,000,000	\$ -	\$ -	SENATE	
	House provides \$110,000,000 in General Revenue Funds for the state share of administrative costs associated with implementing the Summer EBT program in 2026.								
56.	Long-Term Care Ombudsman	\$ 3,000,000	\$ 3,000,000	\$ -	\$ -	\$ 1,500,000	\$ 1,500,000	ADOPT AS AMENDED	
	Senate provides \$3,000,000 in General Revenue Funds and 1.0/1.0 FTEs to support services provided by the Long-Term Care Ombudsman.								
57.	Search Engine Multi-Agency Reportable Conduct (SEMARC)	\$ -	\$ -	\$ 1,000,762	\$ 1,000,762	\$ 1,000,762	\$ 1,000,762	HOUSE	
	House provides \$1,000,762 in General Revenue to provide additional Tier 1 IT Help Desk contracted resources to support the implementation and operation of SEMARC.								
58.	Reduction - Central Program Support	\$ -	\$ -	\$ (1,500,000)	\$ (1,500,000)	\$ -		SENATE	
	House reduces General Revenue appropriations for Central Program Support related to an adopted floor amendment.								
59.	Fatherhood EFFECT Program	\$ 2,800,000	\$ 2,800,000	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	ADOPT AS AMENDED	
	Senate provides \$2,800,000 in General Revenue for the Fatherhood EFFECT (Educating Fathers For Empowering Children Tomorrow) Program.								

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60.	Connecting Technology Services	\$-	\$-	\$4,000,000	\$4,000,000	\$-	\$-	ADOPTED AS AMENDED (MOVE TO DFPS)	
	House provides \$4,000,000 in General Revenue for access to grants to organization that provides connecting technology to address the needs of children and families.								
61.	OIG Performance Measure Target							ADOPT AS AMENDED \$450 Million	
	Senate sets the OIG Total Dollars Recovered (Millions) performance measure target at \$500.0 million per fiscal year.								
	House sets the target at \$393.0 million per fiscal year.								
62	Medicaid Enterprise Systems (MES) House removes Legislative Budget Board approval requirements for expenditures in excess of amounts identified in Rider 2, Capital Budget, for the Medicaid Management Information System (MMIS) and MMIS Modernization capital budget projects.	II-47, Rider #6 Rider Packet page II-14		II-48, Rider #6 Rider Packet page II-14				SENATE	
63	Hospital Payments Senate identifies appropriations provided for increased reimbursement for Medicaid inpatient and outpatient services provided by rural hospitals.	II-48, Rider #8 Rider Packet page II-15		II-48, Rider #8 Rider Packet page II-15				SENATE AS AMENDED	
	House maintains existing additional direction regarding the distribution of funds identified in the rider.								
64.	Medicaid Therapy Services Reporting House requires HHSC to post quarterly the pediatric therapy waitlist data obtained pursuant to this rider on their website.	II-49, Rider #10 Rider Packet page II-17		II-49, Rider #10 Rider Packet page II-17				SENATE	
65.	Base Wage Increase for Personal Attendant Services Senate requires HHSC to report on an annual basis a list of providers whose calculated direct care staff wage and benefits expense ratio is less than 0.95.	II-55, Rider #23 Rider Packet page II-18		II-55, Rider #23 Rider Packet page II-18				HOUSE AS AMENDED	

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	House requires a ratio of less than 0.90 for the same reporting requirement. Note: Other changes identify appropriations provided for wage increases and are related to Item 1.				
66.	Rate Increase for Nursing Facilities Senate identifies appropriations provided to increase the dietary subcomponent and the facility and operations subcomponent of the reimbursement rate for nursing facilities.	II-55, Rider #25 Rider Packet page II-19			SENATE AS AMENDED
67.	Informational Listing: Community Mental Health Hospital Beds Senate identifies appropriations provided for contracted inpatient capacity at the University of Texas Health Science Center at Tyler.	II-60, Rider #39 Rider Packet page II-21	II-60, Rider #38 Rider Packet page II-21		ADOPT AS AMENDED DELETE RIDER
68.	Youth Mobile Crisis Outreach Teams Senate directs HHSC to establish at least eight new YCOTs, establish three coverage tiers, and establish YCOT standards and reporting requirements.	II-61, Rider #41 Rider Packet page II-21	II-60, Rider #40 Rider Packet page II-21		SENATE AS AMENDED
69.	Informational Listing: Women's Health Funding House clarifies Legislative intent in subsection (d); clarifies Women's Health Programs eligible for additional caseload growth funding in subsection (d)(1); requires additional information for caseload growth notification; and identifies the funding for Women's Preventative Mobile Health Units in subsection (f).	II-64, Rider #51 Rider Packet page II-22	II-63, Rider #50 Rider Packet page II-22		HOUSE
70.	Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs. House identifies the funding for a regional support initiative.	II-66, Rider #60 Rider Packet page II-24	II-66, Rider #59 Rider Packet page II-24		HOUSE AS AMENDED

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71.	Rural Hospital Grant Program Senate identifies the funding and provides authority for additional grant use; defines the grant application process; and provides a grant deadline.	II-68, Rider #67 Rider Packet page II-25	II-67, Rider #66 Rider Packet page II-25		SENATE AS AMENDED
	House provides authority for additional grant use; requires a report on grant expenditures; and provides authority for additional FTEs for grant administration.				
72.	Maximum Security Salaries Senate provides authority for certain SSLC staff working in designated specialized Behavioral Health Management Units to be paid up to a 10.0 percent increase over other salary rates in the 2026-27 GAA.	II-72, Rider #77 Rider Packet page II-27	II-70, Rider #76 Rider Packet page II-27		SENATE
73.	Texas Pharmaceutical Initiative (TPI) Senate and House differ on the strategy structure for cross-biennia UB authority in subsection (a).	II-75, Rider #93 Rider Packet page II-28	II-73, Rider #92 Rider Packet page II-28		HOUSE
74.	Limitations on Transfer Authority Senate and House differ on organizational structure and language included in the rider, which provides authority for certain transfers between HHSC strategies.	II-83, Rider #108 Rider Packet page II-29	II-81, Rider #107 Rider Packet page II-29		SENATE
	House also provides additional authority for HHSC to transfer funding to meet end-of-year Medicaid waiver slots.				
75.	Disposition of Appropriation Transfers from State-owned Hospitals House allows HHSC to exempt state-owned hospitals outside of Article II from certain requirements related to the disposition of matching Federal Funds received for Disproportionate Share Hospital payments and Healthcare Transformation and Quality Improvement waiver payments.	II-88, Rider #115 Rider Packet page II-34	II-85, Rider #114 Rider Packet page II-34		SENATE AS AMENDED

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76.	Enhanced Capacity for Family Violence Services Senate identifies funding for distribution to existing family violence centers and special nonresidential projects to provide housing support and enhanced capacity for services to victims of family violence and their children.	II-91, Rider #129 Rider Packet page II-35			HOUSE
77.	Vision Screenings for Children Plan House directs HHSC to develop recommendations on ways to implement birth through four years old vision screenings.		II-88, Rider #130 Rider Packet page II-35		SENATE
78.	Summer EBT Administrative Costs House identifies appropriations provided for the state share of administrative costs associated with implementing the Summer EBT program in 2026.		II-88, Rider #131 Rider Packet page II-35		SENATE
79.	Colorectal Cancer Feasibility Study Senate identifies funding for a study to determine the feasibility of a Section 1115 Demonstration Waiver, or similar federal funding opportunity, for the purpose of early screening and treatment of colorectal cancer for uninsured or underinsured Texas residents.	II-91, Rider #131 Rider Packet page II-36			HOUSE
80.	Fatherhood EFFECT Senate identifies funding for grants to organizations that provide parent education and resources to fathers through the Fatherhood EFFECT Program.	II-91, Rider #132 Rider Packet page II-36			SENATE AS AMENDED
81.	Intensive Outpatient Services and Partial Hospitalization Services House identifies appropriations provided to include intensive outpatient services and partial hospitalization services as a benefit under Medicaid behavioral health services.		II-89, Rider #133 Rider Packet page II-36		SENATE

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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
82.	STAR Health Services Coordination House directs HHSC to coordinate with DFPS to develop written protocols to operationalize the service coordination requirements in the STAR Health Medicaid managed care contract. Note: See Special Provisions packet.			II-89, Rider #134 Rider Packet page II-37	HOUSE AS AMENDED (SEE SPECIAL PROVISIONS)
83.	Cost Comparison Report Senate includes perfecting changes to rider language.	II-92, Rider #134 Rider Packet page II-38		II-94, Rider #150 Rider Packet page II-38	SENATE
84.	Maternal Health Outcome Program House identifies funding for grants to organizations implementing maternal health outcome programs.			II-90, Rider #136 Rider Packet page II-39	HOUSE AS AMENDED
85.	Credentialing for Providers within the STAR Health Managed Care Program House directs HHSC to make improvements to the process for credentialing health care providers within the STAR Health managed care program.			II-90, Rider #137 Rider Packet page II-39	HOUSE AS AMENDED
86.	Long-Term Care Ombudsman Senate identifies appropriations to support services provided by the Long-Term Care Ombudsman.	II-93, Rider #137 Rider Packet page II-40			SENATE AS AMENDED
87.	Electronic Visit Verification Fraud Prevention Criteria Senate directs HHSC to develop and implement electronic visit verification fraud prevention criteria no later than September 1, 2025.	II-93, Rider #138 Rider Packet page II-40		II-91, Rider #139 Rider Packet page II-40	ADOPT AS AMENDED
	House requires the same development and implementation no later than September 1, 2026.				

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88. Maximize Federal Funds for Maternal Home Visiting Services House directs HHSC to conduct a study to determine the cost-effectiveness and feasibility of obtaining federal funds for home visiting services for pregnant women and children in the Medicaid program.			II-90, Rider #138 Rider Packet page II-41		SENATE
89. Rate Increase for Applied Behavior Analysis Services and Report on Autism Services Senate identifies appropriations provided to increase the reimbursement rate for applied behavior analysis services and requires HHSC to report on pediatric autism services in Medicaid.		II-93, Rider #139 Rider Packet page II-42			SENATE AS AMENDED
90. Rate Increase for Intellectual Developmental Disability Nursing Facilities House includes perfecting changes to rider language. Note: Other differences identify appropriations provided to revise the reimbursement methodology for an IDD nursing facility and are related to Item 5.		II-93, Rider #140 Rider Packet page II-43	II-88, Rider #129 Rider Packet page II-43		HOUSE
91. Implementation of Eligibility Policy Options House permits HHSC to implement eligibility policy options for the Supplemental Nutrition Assistance Program (SNAP), Medicaid, the Children's Health Insurance Program (CHIP), and Temporary Assistance for Needy Families (TANF) to streamline eligibility determination processes.			II-91, Rider #140 Rider Packet page II-43		SENATE
92. Nutritional Support Services House directs HHSC to permit Medicaid managed care organizations to offer nutritional support services in lieu of services covered under the Medicaid state plan.			II-91, Rider #141 Rider Packet page II-43		HOUSE AS AMENDED

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93.	Reporting Requirement: Data Collection to Assess Financial Stability of Certain Medicaid Long-Term Care Providers Senate directs HHSC to collect and report on information related to the financial stability of certain Medicaid long-term care providers.	II-94, Rider #141 Rider Packet page II-44			SENATE
94.	Childcare Development Center Senate provides intent that the center will be available for state employee use regardless of employment at health and human services agencies.	II-94, Rider #142 Rider Packet page II-45	II-95, Rider #154 Rider Packet page II-45		SENATE AS AMENDED
95.	Prescribed Pediatric Extended Care Centers (PPECC) House identifies funding for salaries, travel, and operating expenses for HHSC's Regulatory Services Division to perform timely reviews of the architectural requirements for PPECC.		II-91, Rider #142 Rider Packet page II-46		SENATE
96.	Out-Stationed Eligibility Staff House exempts out-stationed eligibility staff for whom the state does not pay a portion of the salary or benefits from certain limitations on full-time equivalents.		II-91, Rider #143 Rider Packet page II-46		SENATE
97.	Montgomery County Mental Health Treatment Facility Senate provides authority for appropriations to continue to be used to reimburse Montgomery County for administrative fees related to the Montgomery county Mental Health Treatment Facility, including bond debt.	II-95, Rider #144 Rider Packet page II-46			SENATE
98.	External Evaluation of Child Care Rules and Minimum Standards House identifies funding for and directs HHSC to conduct and evaluation of HHSC's rules and minimum standards for licensed various licensed child care facilities.		II-92, Rider #144 Rider Packet page II-47		HOUSE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
99.	Interest List Reduction Workgroup House directs HHSC to create a workgroup to study the feasibility and impact of certain approaches to decrease intellectual and developmental disability waiver interest lists and ensure timely access to supports.		II-92, Rider #145 Rider Packet page II-48		SENATE
100.	Unexpended Balance Authority for Certain Capital Projects Senate provides unexpended balance authority across biennia related to certain construction projects.	II-95, Rider #145 Rider Packet page II-49			SENATE AS AMENDED
101.	Offsite Healthcare Study Senate requires HHSC to study and report on recommendations to reduce offsite healthcare costs at TCCO.	II-95, Rider #146 Rider Packet page II-50			HOUSE
102.	Funding for Search Engine Multi-Agency Reportable Conduct (SEMARC) House identifies funding for the SEMARC system to support the safety and oversight of individuals working with vulnerable populations.		II-93, Rider #146 Rider Packet page II-50		HOUSE
103.	Mobile and School-Based Dental Services House provides direction that the Medicaid program includes mobile and school-based dental programs for beneficiaries 18 years old and under.		II-93, Rider #147 Rider Packet page II-51		SENATE
104.	Cost Containment House includes identifying underpayments and overpayments in Medicaid managed care that are recovered as a cost containment initiative.	II-95, Rider #147 Rider Packet page II-52	II-97, Rider #158 Rider Packet page II-52		SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	Explanation
105.	Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions Study Senate requires HHSC to conduct a study regarding program options for intensive residential services for individuals with severe and persistent mental illness.	II-96, Rider #148 Rider Packet page II-52			SENATE AS AMENDED
106.	Medicaid Reimbursement Rates for Rapid Testing House states the intent of the Legislature that HHSC shall evaluate the reimbursement rate for services related to syphilis testing and treatment.		II-93, Rider #148 Rider Packet page II-54		SENATE
107.	Rate Review for Pediatric Care Center Services House states the intent of the Legislature that HHSC shall conduct an annual review of reimbursement rates for pediatric care center services delivered to children under Medicaid.		II-94, Rider #149 Rider Packet page II-54		HOUSE
108.	Federal Reimbursement for Certain Substance Use Services Senate requires HHSC to develop federally funded reimbursement rates for substance use facilities that serve women and children, and specifies that associated administrative funding and staff are one-time.	II-97, Rider #149 Rider Packet page II-54			SENATE
109.	Appropriation of Unexpended Balances for Alternative Therapy Studies Senate provides unexpended balance authority across biennia related to House Bill 1802, Eighty-seventh Legislature, Regular Session, 2021.	II-97, Rider #150 Rider Packet page II-55			HOUSE
110.	Guardianship Service Provider Rates Senate identifies funding to increase the contracted rates for guardianship services to a maximum of \$425 per client per month.	II-97, Rider #151 Rider Packet page II-55			SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
111.	Report on the Development of Hospital Inpatient Rates House directs HHSC to submit a report on its proposal to rebase Medicaid inpatient hospital base rates.		II-94, Rider #151 Rider Packet page II-55		SENATE
112.	Streamlining Managed Care Enrollment House directs HHSC to develop and implement an automatic enrollment process for Medicaid managed care.		II-95, Rider #152 Rider Packet page II-56		SENATE
113.	Regulatory Services Division (RSD) Senate identifies one-time funding for RSD related to clearing Abuse, Neglect, and Exploitation backlogs by December 2026.	II-97, Rider #152 Rider Packet page II-56			SENATE AS AMENDED
114.	Establishment of Additional PACE Sites House provides undetermined transfer authority and authorization for up to three new Program for All-Inclusive Care for the Elderly (PACE) sites beginning in fiscal year 2026.		II-96, Rider #156 Rider Packet page II-57		SENATE
115.	Psychiatric Residential Youth Treatment Facility House identifies funding to purchase and repurpose a building in Southeast Texas to serve as a psychiatric residential youth treatment facility and youth mental health facility.		II-97, Rider #157 Rider Packet page II-58		SENATE
116.	Study on Including Psychiatric Residential Treatment Facility as a Medicaid State Plan Benefit House requires HHSC to study and provide recommendations regarding adding psychiatric residential treatment facilities as a Medicaid state plan benefit for youth between the ages of 13-17 with high acuity behavioral health conditions.		II-97, Rider #159 Rider Packet page II-58		SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
117.	McLennan County Crisis Stabilization and Inpatient Services House identifies funding to support mental health screening and assessment, crisis services, and expanded inpatient bed capacity in McLennan County, including requiring HHSC to enter into a memorandum of understanding with the Commissioner's Court for this purpose.		II-98, Rider #160 Rider Packet page II-59		HOUSE AS AMENDED
118.	Pediatric Child Care Facility Developmentally Appropriate Care House identifies funding for a grant to pediatric care centers to support developmentally appropriate care for pediatric nursing facility residents.		II-98, Rider #161 Rider Packet page II-59		HOUSE
119.	Uvalde Behavioral Health Campus House identifies funding provided for start-up and operation of the Uvalde Behavioral Health Campus.		II-98, Rider #162 Rider Packet page II-60		HOUSE AS AMENDED
120.	Connecting Technology Services House identifies funding for grants to organization that provides connecting technology to address the needs of children and families.		II-98, Rider #163 Rider Packet page II-60		ADOPT AS AMENDED (MOVE TO DFPS)
121.	Medicaid and CHIP Residency Verification House directs HHSC, to the extent allowable under state and federal law and regulations, to verify the residency status of all Medicaid and CHIP recipients at least once per month.		II-98, Rider #164 Rider Packet page II-61		HOUSE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR- DedicatedAll Funds	Explanation
122.	Diabetes Prevention Program House directs HHSC to conduct a study in collaboration with DSHS to evaluate the cost-effectiveness and feasibility of implementing a diabetes prevention program for Medicaid recipients.		II-99, Rider #165 Rider Packet page II-61		HOUSE AS AMENDED
123.	Study on Language Accessibility House directs HHSC to employ a language access coordinator to conduct an assessment of non-English speakers' access to HHSC programs and 2-1-1 services provided by the Texas Information and Referral Network (TIRN).		II-99, Rider #166 Rider Packet page II-62		SENATE
124.	Evaluation of Federal Medicaid Funding or Policy Changes House directs HHSC to evaluate the impact of any federal changes to Medicaid funding or policy within 30 days of announcement, to determine the extent of any impact to operation of programs supporting Medicaid and uninsured patient care.		II-99, Rider #167 Rider Packet page II-62		SENATE
125.	Medicaid Dental Reimbursement Rate Reallocation House directs HHSC to reverse dental managed care reimbursement rates that took effect March 1, 2025, for certain procedure codes, and redistribute the funds to procedure codes specified in the rider.		II-99, Rider #168 Rider Packet page II-63		HOUSE AS AMENDED

		Outstanding Items for Consideration				Tentative Conference Committee Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation	
126.	Report on Medicaid Eligibility Determinations House directs HHSC to submit a report detailed data on Medicaid eligibility determinations for each state fiscal year starting with fiscal year 2018.			II-100, Rider #169 Rider Packet page II-64				SENATE	
Conference Committee Revisions and Additions:									
1.	Update Rider 3 Medicaid Informational Rider to note that the listing excludes reductions for cost containment initiatives.							ADOPT	
2.	Youth Mental and Behavioral Health. Add funding and rider concerning youth mental and behavioral health services in Jefferson County.					\$ 5,000,000	\$ 5,000,000	ADOPT	
3.	East Texas Crisis Stabilization Services. Add funding and rider concerning crisis services.					\$ 4,000,000	\$ 4,000,000	ADOPT	
4.	Comal County Mental Health Facility. Add funding and rider concerning operational costs for a mental health facility.					\$ 6,000,000	\$ 6,000,000	ADOPT	
5.	Exempt Position: HHS Executive Commissioner. Change the salary group from Group 9 to Group 10.							ADOPT	
6.	Dallas State Hospital. Add funding, FTEs, and rider to provide additional direction on Dallas State Hospital operations.					\$ 14,157,022	\$ 14,157,022	ADOPT (1,366.5/1,366.5 FTEs) SEE ALSO HOUSE BILL 500	
7.	Brazoria County Mental Health Capacity. Add funding and rider concerning operational costs for a mental health capacity.					\$ 5,000,000	\$ 5,000,000	ADOPT	
8.	Tarrant County Mental Health Capacity. Add funding and rider concerning operational costs for a mental health capacity.					\$ 5,000,000	\$ 5,000,000	ADOPT	

		Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Health and Human Services Commission (529) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
9.	Texas Service Members, Veterans, and Families Program.					\$ 1,000,000	\$ 1,000,000	ADOPT
10.	All Payors Claim Database Reduction.					\$ (5,000,000)	\$ (5,000,000)	ADOPT MOVE TO UTHSC HOUSTON
11.	Deferred Maintenance Baseline Funding. Adopt funding for deferred maintenance for state-owned facilities in the supplemental bill.					\$ (98,000,000)	\$ (98,000,000)	ADOPT IN HOUSE BILL 500
Total, Outstanding Items / Tentative Decisions		\$ 1,435,747,870	\$ 3,083,283,481	\$ 2,109,596,825	\$ 4,698,846,953	\$ 1,776,824,435	\$ 5,063,345,978	
						<u>FY 2026</u>	<u>FY 2027</u>	
Total, Full-time Equivalents						1,885.6	1,886.6	

	Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) SB 1 Conference Committee Items for Consideration	Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
Senate / House Committee Substitute Grand Total, Special Provisions Relating to All Health and Human Services	\$ -	\$ -	\$ -	\$ -			
	FY 2026	FY2027	FY 2026	FY 2027			
Senate / House Total Number of Full-Time-Equivalents (FTE)	0.0	0.0	0.0	0.0			
Technical Adjustment:							
1. System Support Services Reallocate exceptional item funding appropriated at HHSC among Article II agencies to support increased system support services assessments, including conforming changes to align with Conference Committee decisions							ADOPT
2. Restore Reduction for System Support Services at HHSC HHSC's baseline request was reduced in General Revenue for amounts that had transferred to DFPS and DSHS related to system support services and were no longer available at HHSC.							ADOPT
Senate / House Differences in SB 1:							
1. Limitations on Transfer Authority House adds a 30-business day time clock related to transfer requests among Article II agencies.	II-101, Sec. 6 Rider Packet page II-65		II-104, Sec. 6 Rider Packet page II-65				SENATE
2. Federal Funds Requirement House adds a 30-business day time clock related to Article II agency requests to increase the state's maintenance of effort (MOE) requirement for any federal grant.	II-110, Sec. 24 Rider Packet page II-66		II-113, Sec. 24 Rider Packet page II-66				SENATE

		Outstanding Items for Consideration		Tentative Conference Committee Decisions	
Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	Explanation
3.	Residential Services for High Acuity Youth in Department of Family and Protective Services Conservatorship Senate requires HHSC to establish a residential treatment facility dedicated to youth in conservatorship.	II-112, Sec. 28 Rider Packet page II-68			SENATE
4.	Transparency in Child Care Regulatory Activities House requires HHSC to submit an annual report on Child Care Regulatory Division activities.		II-115, Sec. 28 Rider Packet page II-69		SENATE
5.	Transparency in State Monitoring House requires HHSC and DFPS to report annually on deidentified information on child care facilities placed on heightened monitoring.		II-116, Sec. 29 Rider Packet page II-70		HOUSE AS AMENDED (MERGE WITH SEC. 26)
6.	Contract Reporting Senate requires Article II agencies to report quarterly on the number of no-cost contracts and interagency contracts with institutions of higher education.	II-113, Sec. 29 Rider Packet page II-71			SENATE
7.	Consolidation of Data Collected from Hospitals Senate requires HHSC and DSHS to report on hospital data requirements, eliminated or modified reports, and the stated purpose of all remaining information or data collection requirements.	II-114, Sec. 30 Rider Packet page II-72			SENATE

		Outstanding Items for Consideration				Tentative Conference Committee Decisions		
Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) SB 1 Conference Committee Items for Consideration		Senate <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		House <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Explanation
8.	STAR Health Services Coordination House directs HHSC to coordinate with DFPS to develop written protocols to operationalize the service coordination requirements in the STAR Health Medicaid managed care contract. Note: This is reflected in the HHSC bill pattern but, if adopted, would be moved to Special Provisions.			II-89, HHSC Rider 134 Rider Packet page II-37				HOUSE AS AMENDED
Conference Committee Revisions and Additions:								
1.	Texas Child Centered Care (T3C) Add rider directing DFPS and HHSC to review and evaluate assumptions related to Texas Child Centered Care System for Child Placing Agencies and General Residential Operations.							ADOPTED AS AMENDED
Total, Outstanding Items / Tentative Decisions		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
						<u>FY 2026</u>	<u>FY 2027</u>	
Total, Full-time Equivalents						0.0	0.0	

By: _____

Department of Family and Protective Services
Proposed Rider
Rate Listing and Limitations

Prepared by LBB Staff, 05/06/2025

Overview

Amend rider to include that rates cannot be increased in contracts without approval.

Required Action

On page II-11 of the Department of Family and Protective Services bill pattern, amend the following rider:

23. Rate Listing and Limitations.

- (a) Informational Listing. Amounts appropriated above are intended to provide the following rates in each fiscal year. In addition, the Department of Family and Protective Services (DFPS) or Single Source Continuum Contractor (SSCC), where Community-based Care (CBC) is operating, is required to reimburse foster families under the Service Level System at least \$27.07 per day per child or the daily foster family passthrough amount associated with each Service Package and Add-On Service if the child is receiving services in a foster family home under the Texas Child Centered Care (T3C) system.
 - (1) Strategy B.1.1, CPS Direct Delivery Staff, and Strategy B.1.9, Foster Care Payments, Community-based Care (CBC) Stage I and Stage II Network Support Payment: \$2,300 per child full-time equivalent (FTE) per year.
 - (2) Strategy B.1.9, Foster Care Payments, daily rate per child under the Service Level System:
 - (A) Basic Foster Family: \$27.07
 - (B) Basic Child Placing Agency: \$57.71
 - (C) Basic Residential: \$52.65
 - (D) Moderate Foster Family: \$47.37
 - (E) Moderate Child Placing Agency: \$101.77
 - (F) Moderate Residential: \$126.03
 - (G) Specialized Foster Family: \$57.86
 - (H) Specialized Child Placing Agency: \$126.62
 - (I) Specialized Residential Facility: \$227.34
 - (J) Intense Foster Family: \$92.43
 - (K) Intense Child Placing Agency: \$218.11
 - (L) Intense Residential Facility: \$324.52
 - (M) Intense Plus: \$480.86
 - (N) Treatment Foster Family Care Foster Family: \$137.52
 - (O) Treatment Foster Family Care Child Placing Agency: \$318.98

- (P) Intensive Psychiatric Transition Program: \$449.20
- (Q) Emergency Care Services: \$153.09
- (R) Temporary Emergency Placement: \$480.86
- (3) Strategy B.1.9, Foster Care Payments, for eligible services delivered under the Service Level System, 24-Hour Awake Supervision: \$15.46 per hour
- (4) Strategy B.1.11, Relative Caregiver Payments:
 - (A) Daily Payment: \$23.45
 - (B) Post-Permanency Care Assistance Payments: \$500
- (5) Strategy B.1.9, Foster Care Payments, daily rate per child under T3C for Service Packages and Add-On Services:
 - (A) Child Placing Agency/Foster Family Home T3C Daily Foster Care Rates Community-based Services Packages
 - (1) T3C Basic Foster Family Home Support Services Foster Family: \$46.90
 - (2) T3C Basic Foster Family Home Support Services Child Placing Agency: \$83.29
 - (3) Substance Use Support Services Foster Family: \$59.57
 - (4) Substance Use Support Services Child Placing Agency: \$148.14
 - (5) Short-term Assessment Support Services (not eligible for Add-On services) Foster Family: \$73.18
 - (6) Short-term Assessment Support Services (not eligible for Add-On services) Child Placing Agency: \$150.40
 - (7) Mental and Behavioral Health Support Services Foster Family: \$59.57
 - (8) Mental and Behavioral Health Support Services Child Placing Agency: \$169.49
 - (9) Sexual Aggression/Sex Offender Support Services Foster Family: \$90.78
 - (10) Sexual Aggression/Sex Offender Support Services Child Placing Agency: \$186.47
 - (11) Complex Medical Needs or Medically Fragile Support Services Foster Family: \$93.27
 - (12) Complex Medical Needs or Medically Fragile Support Services Child Placing Agency: \$187.80
 - (13) Human Trafficking Victim/Survivor Support Services Foster Family: \$100.21
 - (14) Human Trafficking Victim/Survivor Support Services Child Placing Agency: \$217.26
 - (15) Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Foster Family: \$90.78
 - (16) Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Child Placing Agency: \$219.98
 - (17) T3C Treatment Foster Family Care Support Services Foster Family: \$139.58
 - (18) T3C Treatment Foster Family Care Support Services Child Placing Agency: \$328.41

- (B) Child Placing Agency/Foster Family Home T3C Daily Foster Care Rates
Community-based Add-On Services
 - (1) Transition Support Services for Youth & Young Adults Add-On Service Foster Family: \$26.12
 - (2) Transition Support Services for Youth & Young Adults Add-On Service Child Placing Agency: \$37.40
 - (3) Kinship Caregiver Support Services Add-On Service Child Placing Agency: \$38.22
 - (4) Pregnant & Parenting Youth or Young Adults Support Services Foster Family: \$26.28
 - (5) Pregnant & Parenting Youth or Young Adults Support Services Child Placing Agency: \$51.22
- (C) General Residential Operations - Tier I T3C Daily Foster Care Rates
Treatment/Transition Service Packages
 - (1) T3C Basic Child Care Operation: \$270.80
 - (2) Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting: \$365.60
 - (3) Sexual Aggression/Sex Offender Treatment Services to Support Community Transition: \$366.17
 - (4) Substance Use Treatment Service to Support Community Transition: \$389.67
 - (5) Emergency Emotional Support & Assessment Center Services: \$390.91
 - (6) Complex Medical Needs Treatment Services to Support Community Transition: \$422.30
 - (7) Mental & Behavioral Health Treatment Services to Support Community Transition: \$453.53
 - (8) Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition: \$461.23
 - (9) Human Trafficking Victim/Survivor Treatment Services to Support Community Transition: \$472.14
- (D) General Residential Operations - Tier II T3C Daily Foster Care Rates
Treatment/Transition Service Packages
 - (1) Sexual Aggression/Sex Offender Services to Support Stabilization: \$540.60
 - (2) Substance Use Services to Support Stabilization: \$565.50
 - (3) Aggression/Defiant Disorder Services to Support Stabilization: \$574.65
 - (4) Complex Mental Health Services to Support Stabilization: \$583.33
 - (5) Complex Medical Services to Support Stabilization: \$623.53
 - (6) Human Trafficking Victim/Survivor Services to Support Stabilization: \$669.03
- (b) None of the funds appropriated in this Act to DFPS may be used to reimburse a provider for foster care services in an amount that exceeds the applicable foster care reimbursement rate listed in Subsection (a) unless DFPS is unable to locate a provider that is willing and able to provide a safe and appropriate placement at the applicable rate.
- (c) DFPS may not increase the network support payment in contracts with SSCCs without the prior written approval of the Legislative Budget Board and the Governor.

A request shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any request for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

- (de) DFPS may not ~~pay increase a rate in contracts with providers that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act in a strategy for the services to which the rate applies~~ without the prior written approval of the Legislative Budget Board and the Governor. A request shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any request for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

- (e) For services not identified in subsection (a), DFPS shall seek guidance from the Legislative Budget Board as to whether a reimbursement methodology is considered a rate for purposes of complying with this subsection prior to implementing a new reimbursement methodology. To request approval for such a proposed rate, DFPS shall submit a written request to the Legislative Budget Board and the Governor at least 60 business days prior to the proposed implementation date. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a list of each proposed rate increase or proposed new rate;
- (2) an estimate of the fiscal impact of each proposed rate by fiscal year and method-of-financing; and
- (3) an estimate of the amount by which expenditures would exceed appropriations due to the proposed rates.

A request pursuant to this subsection shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any request for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

By: _____

Department of Family and Protective Services
Proposed Rider
Texas Family First and Enhanced Family Engagement Pilot

Prepared by LBB Staff, 05/06/2025

Overview

Add a rider continuing the Family First Pilot Program and directing SSCCs to provide enhanced family engagement efforts.

Required Action

On page II-X of the Department of Family and Protective Services bill pattern, add the following rider:

_____. **Texas Family First and Enhanced Family Engagement Pilot.** Out of amounts appropriated above, the Department of Family and Protective Services (DFPS) and the Single Source Continuum Contractors (SSCCs) shall continue to operate the Texas Family First Pilot Program to serve families meeting the criteria established in Texas Family Code, Section 262.401 and, if the Commissioner identifies excess capacity within the pilot program, other children at imminent risk of removal, including to prevent parental relinquishment under Texas Family Code, Section 261.001(4)(B)(i) may be served within appropriations.

To the extent funds are available, SSCCs currently operating the Texas Family First Pilot Program sites shall also implement enhanced family engagement efforts within the conservatorship stage of service for families identified by the SSCC who would most benefit from those services. These SSCCs shall provide enhanced support to reunified families who most demonstrate a continued need for those enhanced services.

DFPS shall include in its independent Texas Family First evaluation an assessment of whether the enhanced services were effective to prevent removal of children and/or improve reunification outcomes.

By: _____

Department of Family and Protective Services
Proposed Funding and Rider
Kinship Funds Awareness Campaign

Prepared by LBB Staff, 05/07/2025

Overview

Amend rider to remove funding allocation and other text.

Required Action

On page II-18 of the Department of Family and Protective Services bill pattern, amend the following rider:

41. **Kinship Funds Awareness Campaign.** Out of funds appropriated above to the Department of Family and Protective Services, ~~is \$300,000 from the General Revenue Fund in each fiscal year of the biennium~~ the agency shall to establish and promote a statewide campaign on kinship care funds.

The public awareness campaign shall begin no later than ~~December~~ September 1, 2025. The public awareness campaign may include online materials, printed materials, public service announcements, or other advertising media. ~~The public awareness campaign may not convey a message that it is unlawful or misleading regarding funds that are available to qualifying kinship care homes under Temporary Assistance for Needy Families (TANF) and other Health and Human Services Commission programs.~~

By: _____

Department of Family and Protective Services, Article II
House Rider
Connecting Technologies

Prepared by LBB Staff, 05/11/2025

Overview

Add new rider and funding at the Department of Family and Protective Services related to Connecting Technologies.

- ____. **Connecting Technology Services.** Included in amounts appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.1, CPS Direct Delivery Staff, is \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027. DFPS shall contract with an organization that provides connecting technology for children and families in Texas. The technology services include providing community partners the opportunity to address the needs of children and families in their community.

By: _____

Department of Family and Protective Services
Proposed Rider
Case Management System

Prepared by LBB Staff, 05/14/25

Overview

Add a rider to direct the Single Source Continuum Contractors (SSCCs) to use a new case management system and for Department of Family and Protective Services to work with SSCCs.

Required Action

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

_____. **Case Management System.**

- (a) Contingent upon funding of a transition to a new case management system, Single Source Continuum Contractors (SSCCs) and subcontractors must agree to use the Department of Family and Protective Services' (DFPS) new case management system to record all case management and placement activities.
- (b) DFPS may partner with the SSCCs to ensure the new system is designed to meet their business needs.

By: _____

Department of Family and Protective Services
Proposed Funding and Rider
Safe Haven and Public Awareness Campaign

Prepared by LBB Staff, 05/19/2025

Overview

Add funding and FTEs for the Safe Haven Hotline and public awareness campaign

Required Action

1. On page II-XX of the DFPS bill pattern, add the following rider:

_____. **Safe Haven and Public Awareness Campaign.** Included in amounts above in the Department of Family and Protective Services (DFPS) Strategy A.1.1, Statewide Intake Services, is \$2,000,000 from the General Revenue Fund and 2.0 FTEs in each fiscal year of the biennium to support the Texas Baby Moses Hotline and implement a public awareness campaign to ensure that women of childbearing age in this State have access to information regarding the Safe Haven Law and related public and private resources.

DFPS shall collaborate with the Health and Human Services Commission to determine how services at both agencies may best support the functions of the hotline and what existing programs could be enhanced to convey public awareness of the Safe Haven Law.

Not later than November 1, 2026, DFPS, in collaboration with HHSC, shall submit a report to the Office of the Governor, the Legislative Budget Board, and the Legislature on the progress regarding improving awareness of the law, including any available data on the use of safe havens and information regarding strategies for raising awareness of the program that have been found to be especially successful.

Any unexpended balances of these funds remaining as of August 31, 2026, are appropriated for the same purpose in the State fiscal year beginning September 1, 2026.

By: _____

Department of State Health Services
Proposed Rider
HIV Injectable Treatment

Prepared by LBB Staff, 05/07/2025

Overview

Add a rider for an HIV Injectable Treatment Pilot Program.

Required Action

1. On page II-30 of the Department of State Health Services bill pattern, strike Rider 31, HIV Long-acting Injectable Treatment.
2. On page II-30 of the Department of State Health Services bill pattern, add the following rider:

_____. **HIV Injectable Treatment.** Out of funds appropriated above in Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services (DSHS) shall allocate \$300,000 in fiscal year 2026 and \$300,000 in fiscal year 2027 from the General Revenue Fund to pilot a program to provide HIV injectable treatment for up to 210 clients eligible for the Texas AIDS Drug Assistance Program (ADAP). DSHS shall prioritize clients in the following order based on available funding:

- a) clients eligible for the Texas Insurance Assistance Program-PLUS (TIAP-PLUS) and are waiting for the open enrollment period.

If funds are not exhausted in item a), DSHS shall prioritize clients in the following order based on available funding:

- b) clients who are eligible for TIAP-PLUS but do not enroll to maintain continuity of care with their local provider; and
- c) other clients eligible for ADAP.

Contingent on DSHS collecting HIV rebate revenue in excess of \$29,500,000 in fiscal year 2026 or \$65,400,000 in fiscal year 2027, the appropriation in Strategy A.2.2, HIV/STD Prevention, shall be reduced by the amount that the HIV rebate revenue exceeds the amounts listed above up to \$300,000 in fiscal year 2026 and \$300,000 in fiscal year 2027.

By: _____

Department of State Health Services
Proposed Rider
Unexpended Balances: Emergency Medical Services Extraordinary Emergencies
Allocation

Prepared by LBB Staff, 5/7/25

Overview

Add rider providing the Department of State Health Services (DSHS) unexpended balance (UB) authority within the biennium for funds in the extraordinary emergencies reserve.

Required Action

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

_____. **Unexpended Balances: Emergency Medical Services Extraordinary Emergencies Allocation.**

In accordance with Health and Safety Code Section 780.004(b), any unexpended balances from the \$500,000 reserved for extraordinary emergencies from the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 remaining as of August 31, 2026, are appropriated to the Department of State Health Services for the fiscal year beginning September 1, 2026, for the same purpose.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Legislative Intent Regarding House Bill 4611, Eighty-eighth Legislature, Regular Session,
2023

Prepared by LBB Staff, 04/28/2025

Overview

Add rider stating that references to Government Code in the Health and Human Services Commission (HHSC) bill pattern that were renumbered pursuant to House Bill 4611, Eighty-eighth Legislature, Regular Session, 2023, (HB 4611) now apply to the new law reference that took effect April 1, 2025.

HB 4611 made non-substantive revisions to health and human services laws governing HHSC. Conforming, non-substantive technical corrections to Government Code references will be made during the 2026-27 Fiscal Size-up version of the bill pattern to align with HB 4611 and subsequent legislation passed during the Eighty-ninth Legislative Session to allow for all changes to be made comprehensibly. References to the previous structure will remain valid and do not impact the implementation or interpretation of the impacted rider.

Required Action

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

_____. **Government Code References.** It is the intent of the Legislature that any references in this Act to health and human services laws that were in effect prior to April 1, 2025, are to be considered as references to the new health and human services laws that took effect as of April 1, 2025, pursuant to House Bill 4611, Eighty-eighth Legislature, Regular Session, 2023.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Office of Inspector General Performance Measure

Prepared by LBB Staff, 05/07/2025

Overview
Amend Senate Rider 1, Performance Measure Targets, to revise the target for the Office of Inspector General’s Total Dollars Recovered (Millions) performance measure.

Required Action
On page II-43 of the Health and Human Services Commission bill pattern, amend Senate Rider 1, Performance Measure Targets, to revise the following performance measure target:

K. Goal: OFFICE OF INSPECTOR GENERAL			
K.1.1. Strategy: OFFICE OF INSPECTOR GENERAL			
Output (Volume):			
Total Dollars Recovered (Millions)	\$500 <u>\$450</u>		\$500 <u>\$450</u>

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Hospital Payments

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 8, Hospital Payments, in Senate Bill 1 as Engrossed.

Required Action

1. On page II-48 of the Health and Human Services Commission bill pattern, amend the following rider:
 - 8. Hospital Payments.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.1, Medicaid Client Services, is \$148,223,452 from the General Revenue Fund, \$80,127,880 from Interagency Contracts, and \$334,691,465 from Federal Funds (\$563,042,797 from All Funds) in fiscal year 2026 and \$151,177,280 from the General Revenue Fund, \$80,127,880 from Interagency Contracts, and \$338,350,362 from Federal Funds (\$569,655,522 from All Funds) in fiscal year 2027 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:
 - (a) \$73,044,000 from Interagency Contracts and \$106,956,000 from Federal Funds (\$180,000,000 from All Funds) in fiscal year 2026 and \$73,134,000 from Interagency Contracts and \$106,866,000 from Federal Funds (\$180,000,000 from All Funds) in fiscal year 2027 for trauma care;
 - (b) \$53,786,120 from the General Revenue Fund, \$7,083,880 from Interagency Contracts, and \$89,130,000 from Federal Funds (\$150,000,000 from All Funds) in fiscal year 2026 and \$53,951,120 from the General Revenue Fund, \$6,993,880 from Interagency Contracts, and \$89,055,000 from Federal Funds (\$150,000,000 from All Funds) in fiscal year 2027 for safety-net hospitals;
 - (c) \$26,945,120 from the General Revenue Fund and \$39,454,880 from Federal Funds (\$66,400,000 from All Funds) in fiscal year 2026 and \$26,978,320 from the General Revenue Fund and \$39,421,680 from Federal Funds (\$66,400,000 from All Funds) in fiscal year 2027 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
 - (d) \$11,849,360 from the General Revenue Fund and \$17,350,640 from Federal Funds (\$29,200,000 from All Funds) in fiscal year 2026 and \$13,611,050 from the General Revenue Fund and \$19,888,950 from Federal Funds (\$33,500,000 from All Funds) in fiscal year 2027 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor;
 - (e) \$5,541,749 from the General Revenue Fund and \$8,114,607 from Federal Funds (\$13,656,356 from All Funds) in fiscal year 2026 and \$5,723,199 from the General Revenue Fund and \$8,362,941 from Federal Funds (\$14,086,140 from All Funds) in fiscal year 2027 for rural hospitals to maintain increases to inpatient rates in addition to those identified in Subsection (d);
 - (f) \$24,753,594 from the General Revenue Fund and \$36,245,899 from Federal Funds (\$60,999,493 from All Funds) in fiscal year 2026 and \$25,378,912 from the General Revenue Fund and \$37,084,569 from Federal Funds (\$62,463,481 from All Funds) in fiscal year 2027 to maintain increases in reimbursement for Medicaid services provided by rural hospitals;
 - (g) \$12,779,889 from the General Revenue Fund and \$18,713,184 from Federal Funds (\$31,493,073 from All Funds) in fiscal year 2026 and \$12,795,636 from the General

Revenue Fund and \$18,697,437 from Federal Funds (\$31,493,073 from All Funds) in fiscal year 2027 for HHSC to maintain a \$1,500 Medicaid add-on payment for labor and delivery services provided by rural hospitals; and

- (h) \$12,567,620 from the General Revenue Fund and \$18,726,255 from Federal Funds (\$31,293,875 from All Funds) in fiscal year 2026 and \$12,739,043 from the General Revenue Fund and \$18,973,785 from Federal Funds (\$31,712,828 from All Funds) in fiscal year 2027 for HHSC to increase reimbursement for Medicaid inpatient and outpatient services provided by rural hospitals.

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

For purposes of this provision, rural hospitals are defined as (1) hospitals located in a county with 68,750 or fewer persons according to the 2020 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.

Health and Human Services Commission, Article II

Proposed Rider

Base Wage Increase for Personal Attendant Services

Prepared by LBB Staff, 05/020/2025

Overview

Amend HHSC Rider 23, Base Wage Increase for Personal Attendant Services, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-55 of the Health and Human Services Commission bill pattern, amend the following rider:

23. Base Wage Increase for Personal Attendant Services.

- (a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Hlth Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, is \$470,883,027 from the General Revenue Fund and \$716,822,548 from Federal Funds (\$1,187,705,575 from All Funds) in fiscal year 2026 and \$494,762,919 from the General Revenue Fund and \$753,159,237 from Federal Funds (\$1,247,922,156 from All Funds) in fiscal year 2027 to increase the base wage for personal attendant services to \$13.00 per hour, increase the associated payroll costs, taxes, and benefits percentage to 15.0 percent for services provided in residential settings and 14.0 percent for services provided in non-residential settings, and increase the associated administrative rate by \$0.24 per hour. are the following:
 - (1) ~~\$653,342,819 from the General Revenue Fund and \$955,481,745 from Federal Funds (\$1,648,824,564 from All Funds) in fiscal year 2026 and \$685,729,992 from the General Revenue Fund and \$1,044,698,132 from Federal Funds (\$1,730,428,124 from All Funds) in fiscal year 2027;~~
 - (2) ~~\$61,193,965 from the General Revenue Fund and \$92,072,335 from Federal Funds (\$153,266,300 from All Funds) in fiscal year 2026 and \$61,365,335 from the General Revenue Fund and \$92,134,134 from Federal Funds (\$153,499,470 from All Funds) in fiscal year 2027; and~~
 - (3) ~~\$80,558,343 from the General Revenue Fund and \$122,901,912 from Federal Funds (\$203,460,255 from All Funds) in fiscal year 2026 and \$84,040,662 from the General Revenue Fund and \$128,156,242 from Federal Funds (\$212,196,904 from All Funds) in fiscal year 2027.~~
- (b) The Health and Human Services Commission (HHSC) shall utilize any funds that were previously expended for the attendant compensation rate enhancement programs for the base wage increase described in subsection (a) and shall discontinue the attendant compensation rate enhancement programs for community care services, intermediate care facility services, and intellectual and developmental disability services. only expend the funds appropriated in subsection (a)(1) to increase the base wage for personal attendant services to \$14.28 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 14 percent; the funds appropriated in subsection (a)(2) to further increase the base wage for personal attendant services in the Home and Community-based Services waiver, the Texas Home Living waiver, and intermediate care facilities to \$17.50 per hour; and the funds appropriated in subsection (a)(3) to increase the administrative subcomponent of the reimbursement rate for personal attendant services by \$0.48 per attendant hour assumed in the billing unit.
- (c) Out of funds appropriated in Strategy B.1.1, Medicaid & CHIP Contracts and Administration, HHSC shall continue to collect biennial cost reports from providers to monitor the average hourly wage and associated payroll costs, taxes, and benefits. HHSC shall calculate for each provider the total amount that was paid to the provider that is attributable to the direct care wages, payroll costs, taxes, and benefits, the amount expended by the provider for that purpose, and the ratio of expenses to revenue to determine a direct care wage and benefits

expense ratio. HHSC shall report to the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the Office of the Governor on an annual basis by November 1 of each year on the findings, including a list of providers whose calculated direct care staff wage and benefits expense ratio is less than 0.90.

Health and Human Services Commission, Article II

Proposed Rider

Rate Increase for Nursing Facilities

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 25, Rate Increase for Nursing Facilities, in Senate Bill 1 as Engrossed.

Required Action

1. On page II-55 of the Health and Human Services Commission bill pattern, amend the following rider:

25. Rate Increase for Nursing Facilities. Contingent on enactment of Senate Bill 457, or similar legislation relating to the regulation of certain nursing facilities, including licensing requirements and Medicaid participation and reimbursement requirements, by the Eighty-ninth Legislature, Regular Session, 2025, subsections (c) and (d) of this provision shall not take effect.

- (a) Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, are the following amounts:
 - (1) \$78,359,051 from the General Revenue Fund and \$116,758,109 from Federal Funds (\$195,117,160 from All Funds) in fiscal year 2026 and \$82,477,647 from the General Revenue Fund and \$122,843,855 from Federal Funds (\$205,321,502 from All Funds) in fiscal year 2027 to increase the dietary rate for nursing facilities; and
 - (2) \$26,119,684 from the General Revenue Fund and \$38,919,370 from Federal Funds (\$65,039,054 from All Funds) in fiscal year 2026 and \$27,492,549 from the General Revenue Fund and \$40,947,952 from Federal Funds (\$68,440,501 from All Funds) in fiscal year 2027 to increase the administrative rate for nursing facilities.
- (b) The Health and Human Services Commission (HHSC) shall only expend the funds in subsection (a)(1) to provide reimbursement rate increases that will increase the dietary subcomponent and subsection (a)(2) to provide reimbursement rate increases that will increase the facility and operations subcomponents.
- (c) HHSC shall implement the rate increases in a manner that will enable HHSC to ensure that at least 90 percent of the funds appropriated in subsection (a)(1) are expended for dietary and nutrition expenses and 90 percent of the facility and operations funds appropriated in subsection (a)(2) are expended for facility and operational costs. For purposes of these funds, “facility and operational costs” means costs related to fixed capital and general and administrative costs, but does not include:
 - (1) professional and facility malpractice or liability insurance expenses;
 - (2) advertising expenses;
 - (3) travel and seminar expenses;
 - (4) association and other dues;
 - (5) facility owner, partner, or stockholder salaries, wages, and/or benefits;

- (6) professional service fees;
 - (7) management consultant fees;
 - (8) management fees; or
 - (9) total central office overhead expenses or individual central office line items.
- (d) HHSC shall return to the Comptroller of Public Accounts any amount recouped from a provider who does not utilize the funds in accordance with the stated purpose. HHSC may not expend funds appropriated for nursing facility services in Medicaid managed care in lieu of payments that are currently authorized by the Centers for Medicare and Medicaid Services for the Quality Improvement Payment Program; and HHSC may not expend funds appropriated for nursing facility services in Medicaid fee-for-service that would not result in receipt of Federal Funds.

To receive reimbursement rate increases appropriated under subsection (a), nursing facilities must report to HHSC on their cost report, as specified by HHSC, to demonstrate that at least 90 percent of the funds were expended for the purpose of dietary and nutrition expenses and facility and operational costs, as defined above.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Youth Mobile Crisis Outreach Teams

Prepared by LBB Staff, 05/11/2025

Overview

Amend Senate Rider 41, Youth Mobile Crisis Outreach Teams, to require a report.

Required Action

On page II-61 of the Health and Human Services Commission bill pattern, amend the following rider:

41. **Youth Mobile Crisis Outreach Teams.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$27,000,000 from the General Revenue Fund in each fiscal year of the biennium for youth mobile crisis outreach teams (YCOTs), including funding to establish at least eight new YCOTs. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) prioritize establishment of the new YCOTs in urban areas of the state.

HHSC may establish three coverage tiers for YCOTs with minimum coverage consisting of YCOT staff available for eight hours each weekday for crisis response, stabilization, follow-up care, and community outreach and engagement activities and maximum coverage to include weekday and weekend on-call coverage available 24 hours for crisis response. HHSC shall establish YCOT standards and reporting requirements to ensure program integrity and financial accountability.

No later than September 1 of each fiscal year, HHSC shall submit a report to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, and House Appropriations Committee on the number of YCOTs in the state, the number of individuals served by the YCOTs, and any other information requested by the Legislative Budget Board.

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider Amendment

Rural Hospital Grant Program

Prepared by the LBB, 05/07/2025

Overview

Amend rider to include a contingency provision and a provision limiting a “parent” entity from retaining any portion of a disbursed grant award for the Rural Hospital Grant Program to support hospitals that serve Texans in rural areas and reduce funding by \$12,500,000 each year of the biennium.

Required Action

1. On Page II-87 of the Health and Human Services Commission’s bill pattern, amend the following rider:

67. Rural Hospital Grant Program.

- (a) Contingent on enactment of House Bill 18, or similar legislation relating to the establishment and administration of certain programs and services providing health care services to rural counties, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission (HHSC) shall use the funding described in subsection (b) of this rider to implement the provisions of the legislation.
- (b) **Informational Listing.** Included in amounts appropriated above to ~~the Health and Human Services Commission (HHSC)~~ is ~~\$25,000,000~~ \$16,666,667 from the General Revenue Fund in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to provide grants for purposes described in Subsection (~~bc~~); and ~~\$12,500,000~~ \$8,333,333 from the General Revenue Fund in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to provide grants for purposes described in Subsection (~~ed~~); and \$500,000 from the General Revenue Fund in each fiscal year in Strategy L.1.1, HHS System Supports, to administer the program.
- (c) Grants awarded under this section shall be expended for the following purposes:
 - (1) Recruitment, retention, and development of physician workforce, including Obstetricians-Gynecologists and Emergency Physicians, and nursing workforce in underserved areas;
 - (2) Financial stabilization for rural hospitals;
 - (3) Improving maternal health outcomes and increasing access to maternal care services;
 - (4) Financing innovative methods to deliver care in rural areas, including using technology to expand access to care; and
 - (5) Enhancing critical care transport.
 - (6) HHSC shall ensure that at least 50 percent of the funds awarded for financial stabilization for rural hospitals are made to hospitals paid using a prospective payment system by Medicare.
- (d) **Essential Access Grants.** HHSC shall award grants under this subsection to a hospital that meets one of the following criteria: (1) A hospitals located in a county with 68,750 or fewer persons according to the 2020 U.S. Census; or (2) A hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA);

or (3) A hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

Grants may be expended for the following purposes:

- (1) Recruitment, retention, and development of physician workforce, including Obstetricians-Gynecologists and Emergency Physicians, and nursing workforce in underserved areas;
 - (2) Financial stabilization, including for a hospital that has recently experienced a change in federal designation that is anticipated to negatively impact access to care, including loss of Critical Access Hospital designation; and
 - (3) Rural hospitals eligible for funding under this subsection shall not be limited from applying for funds available in subsection a.
- (e) **Application Process:** In making awards under the Rural Hospital Grant Program, HHSC must reduce any unnecessary or overly burdensome requirements on rural hospital grant applicants, or the internal processes required to post a solicitation for applications for the Rural Hospital Grant Program. HHSC shall, at a minimum, review and revise current grant policies, procedures, and templates in a manner that expedites the solicitation process and reduces the administrative burden to rural hospital grant applicants and grantees. The review must include a determination of the applicability to grants of required terms, conditions, requirements, and clauses in the Texas Procurement and Contract Management Guide and eliminate any that are not expressly statutorily required and applicable.
- (f) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of August 31, 2026, are appropriated for the same purposes for the fiscal year beginning September 1, 2026.
- (g) **Grant Deadline:** All funds shall be awarded by August 31, 2027.
- (h) **Reporting Requirement.** By November 1 of each fiscal year of the biennium, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy F.3.3, Additional Advocacy Programs, for the Rural Hospital Grant Program. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of hospitals served by each grant program, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, the Governor's Office, the Senate Finance Committee, and the House Appropriations Committee.
- (i) Notwithstanding the limitations in Article IX, Sec. 6.10, Limitations on State Employment Levels, of this Act, HHSC may increase the "number of full-time-equivalents (FTEs)" appropriated above by 6.0 FTEs in each fiscal year to address staffing needs related to providing grants under this provision.
- (j) It is the intent of the Legislature that all grant awards disbursed by HHSC to a local hospital, as provided in this rider, are to be retained and expended in their entirety by the local hospital for the purposes specified in Subsections (c) and (d). Grant funds shall not be used for the purpose of paying administrative and other fees to a hospital system which governs the local hospital.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Disposition of Appropriation Transfers from State-owned Hospitals

Prepared by LBB Staff, 05/11/2025

Overview

Amend HHSC Rider 115, Disposition of Appropriation Transfers from State-owned Hospitals, in Senate Bill 1 as Engrossed.

Required Action

1. On page II-88 of the Health and Human Services Commission bill pattern, amend the following rider:

115. Disposition of Appropriation Transfers from State-owned Hospitals.

- (a) The Health and Human Services Commission (HHSC) shall use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue.
- (b) If a state owned hospital is eligible and chooses to participate in a hospital directed payment program authorized under the federal Healthcare Transformation and Quality Improvement Waiver, and the amount of funds deposited by HHSC under paragraph (a) of this provision is not equivalent to the amount deposited in the second fiscal year of the previous biennium based on the non-enhanced Federal Medical Assistance Percentages.
- (c) Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, Section 50, Transfer of Appropriations for Participation in the Healthcare Transformation and Quality Improvement Waiver.
- (d) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments, and any additional reporting as requested by the Legislative Budget Board, to the Comptroller of Public Accounts, the Office of the Governor, and the Legislative Budget Board.
- (e) The Comptroller of Public Accounts shall process all payments and transfers, unless disapproved or modified by the Legislative Budget Board or the Office of the Governor.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider Amendment
Maternal Health Outcome Program

Prepared by LBB Staff, 5/11/2025

Overview

Amend rider to remove references to a geographic region and reduce General Revenue Fund appropriations to \$2,500,000 each fiscal year of the biennium.

Required Action

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

- 136. Maternal Health Outcome Program.** Included in the amounts appropriated above in Strategy D.1.1, Women’s Health Programs, is ~~\$10,000,000~~ \$2,500,000 from the General Revenue Fund in fiscal year 2026 and ~~\$10,000,000~~ \$2,500,000 from the General Revenue Fund in fiscal year 2027 for grants to organizations implementing maternal health outcome programs. Any organization selected for grant funding must design and implement successful health outcome programs that reduce severe obstetric complications, offer administrative and technological support, and enhance participation in the program., ~~and operate in a geography with a contiguous population of at least five million.~~

Any unexpended balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated to the agency for the same purpose in the second year of the biennium.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Credentialing for Providers within the STAR Health Managed Care Program

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 137, Credentialing for Providers within the STAR Health Managed Care Program, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-55 of the Health and Human Services Commission bill pattern, amend the following rider:

137. Credentialing for Providers within the STAR Health Managed Care Program. Out of funds appropriated above in Strategy B.1.1. Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall, directly or through contract, analyze and make all necessary improvements to the process for credentialing health care providers, particularly those health care providers that provide and bill for mental and behavioral health services, within the STAR Health managed care program. Specifically, HHSC shall implement any changes needed to accomplish the expeditious credentialing and enrollment of health care providers, including:

- (a) ~~Authority for an individual health care provider to bill under the National Provider Identifier Standard of their employer organization, so long as the organization is in good standing. HHSC shall prioritize allowing billing from the date of employment. However, if HHSC determines that such billing is disallowed by law, HHSC shall facilitate the retroactive billing of individual health care providers who become fully credentialed after beginning employment;~~
- (b) A single process to permit credentialing across managed care organizations; and
- (~~b~~ e) Any other process, policy, or other efficiencies to streamline access to qualified health care providers.

~~HHSC shall make all changes within its legal authority not later than December 31, 2025. HHSC shall report to the Senate Finance Committee and the House Appropriations Committee on its overall findings, the actions taken in response, any actions HHSC has determined require state or federal legal changes, and any additional recommendations for the Legislature's consideration no later than March 31, 2026.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Electronic Visit Verification Fraud Prevention Criteria

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 139, Electronic Visit Verification Fraud Prevention Criteria, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

139. Electronic Visit Verification Fraud Prevention Criteria. Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall establish clear, specific, and restricted criteria for when the use of compliance grace periods and match bypasses is permitted in the electronic visit verification process in order to prevent fraud, waste, and abuse. These exceptions shall only be permitted when not explicitly required by federal law or tied to a federal action.

No later than February 1, 2026 ~~September 1, 2026~~, HHSC shall develop and implement these criteria and submit a report to the Legislative Budget Board, Governor, Chair of the Senate Finance Committee, and Chair of the House Appropriations Committees. The report must include:

- (a) The established fraud prevention criteria for compliance grace periods and match bypasses;
and
- (b) The frequency and circumstances under which these exceptions can be applied.

HHSC shall ensure that compliance grace periods and match bypasses are applied consistently and do not undermine accountability or responsible use of funds.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Rate Increase for Applied Behavior Analysis Services and Report on Autism Services

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 139, Rate Increase for Applied Behavior Analysis Services and Report on Autism Services, in Senate Bill 1 as Engrossed

Required Action

1. On page II-93 of the Health and Human Services Commission bill pattern, amend the following rider:

139. Rate Increase for Applied Behavior Analysis Services and Report on Autism Services. Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$5,549,400 from the General Revenue Fund and \$8,268,826 from Federal Funds (\$13,818,226 from All Funds) in fiscal year 2026 and \$6,947,212 from the General Revenue Fund and \$10,347,316 from Federal Funds (\$17,294,528 from All Funds) in fiscal year 2027 to increase the Medicaid reimbursement rate for certain applied behavior analysis services to \$14.50 per unit in both Medicaid fee-for-service and managed care models. ~~To the extent allowable by federal and state law, HHSC shall implement an age cap for autism services only allowing services for children aged 10 and younger.~~

HHSC shall report to the Legislative Budget Board and Governor by September 1, 2026, the following:

- (a) The compliance by managed care organizations in increasing reimbursement rates pursuant to this rider;
- (b) The number of monthly utilizers of pediatric autism services in Medicaid; and
- (c) An analysis on whether the utilization of autism services aligns with the actual need for services, considering the incidence rates of autism within the general population and the projected rates of individuals potentially eligible for autism services in Medicaid.

By: _____

Health and Human Services Commission, Article II

Proposed Rider

Nutritional Support Services

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 141, Nutritional Support Services, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

141. Nutritional Support Services. Out of funds appropriated above, the Health and Human Services Commission (HHSC) ~~may shall~~ permit a managed care organization to offer nutritional support services in lieu of a service or setting covered under the state plan. The nutritional support services must be clinically appropriate, ~~evidence-based~~, and a cost-effective substitute for a covered Medicaid service.

In determining nutritional support services to include in the contract with managed care organizations, the commission shall take into consideration nutrition counseling and instruction services, ~~the following services~~, tailored to health risk or demonstrated outcome improvement:

- ~~(a) Nutrition counseling and instruction;~~
- ~~(b) Home delivered meals or pantry stocking;~~
- ~~(c) Nutrition prescriptions;~~
- ~~(d) Grocery provisions, for high risk individuals to avoid unnecessary acute care admission or institutionalization; and~~
- ~~(e) Additional federally allowable nutritional support services HHSC determines to be appropriate, evidence-based, and cost-effective.~~

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Childcare Development Center

Prepared by LBB Staff, 5/18/2025

Overview

Amend rider to change language on operations of the childcare development center.

Required Action

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

XX. Childcare Development Center. Notwithstanding the limitations of Rider 16, Use of Certain Additional Medicaid Revenues, Section (b); Rider 108, Limitations on Transfer Authority; Article II, Special Provisions Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; and Article IX, Section 14.03, Transfers – Capital Budget, the Health and Human Services Commission (HHSC) may transfer funds from Strategy A.1.1, Medicaid Client Services, to Strategy L.2.2, Regional Program Support, subject to the following limitations:

- (a) HHSC may only transfer up to \$20,000,000 for the 2026-27 biennium in Medicaid Program Income No. 705 as defined in Rider 16, Use of Certain Additional Medicaid Revenues, Subsection (a)(1);
- (b) Transferred funds shall only be used to contract with the Texas Facilities Commission (TFC) to build and equip a Childcare Development Center (CDC) in the HHSC John H. Winters Building parking lot to support the HHSC North Austin Complex, and to separately contract with an expert in project management and childcare consulting services;
- (c) Transferred funds may be transferred to a new capital budget item not present in the agency's bill pattern to implement the CDC project;
- (d) Once complete, the CDC ~~shall~~ may be operated by the University of Texas with oversight provided by HHSC in collaboration with TFC; and
- (e) HHSC shall provide written notification of any transfer to the Legislative Budget Board and the Governor's Office within 30 calendar days of making a transfer.

Once the CDC is in operations, is the intent of the Legislature that the CDC's services will be available for state employees regardless of employment at health and human services agencies.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Capital Projects

Prepared by LBB Staff, 05/07/2025

Overview

Amend Senate Rider 145, Unexpended Balance Authority for Certain Capital Projects, to specify the projects.

Required Action

On page II-95 of the Health and Human Services Commission bill pattern, amend the following rider:

145. **Unexpended Balance Authority for Certain Capital Projects.** ~~Unexpended balances for certain capital budget projects remaining as of August 31, 2025, (estimated to be \$0) are appropriated for the same purpose for the fiscal year beginning September 1, 2025. This Section applies to each project requiring capital expenditures for:~~

- ~~(a) one-time construction of buildings and facilities as described in Article IX, Section 14.03, Subsection (a)(1)(B); and~~
- ~~(b) repairs and rehabilitations of buildings or other facilities as described in Article IX, Section 14.03, Subsection (a)(1)(C), exceeding \$5,000,000.~~

Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) are unexpended and unobligated balances from appropriations originally appropriated to HHSC by Senate Bill 30, Eighty-eighth Legislature, Regular Session, 2023, remaining as of August 31, 2025, (estimated to be \$0) for the 2026-27 biennium. Any unexpended balances described herein applies to the following appropriations made to HHSC by Senate Bill 30, Eighty-eighth Legislature, Regular Session, 2023:

- (a) Section 3.02(a)(15), Community Mental Health Grant Program;
- (b) Section 3.02(a)(16), Mental Health Inpatient Facility Grant Program;
- (c) Section 3.02(a)(18), Beaumont Baptist Hospital; and
- (d) Section 3.02(a)(19), Children's Hospitals Construction Grant Program.

Any unexpended balances remaining as of August 31, 2026, are appropriated to HHSC for the fiscal year beginning September 1, 2026, for the same purpose.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions Study

Prepared by LBB Staff, 05/06/2025

Overview

Amend Senate Rider 148, Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions Study, to provide additional direction on eligibility criteria.

Required Action

On page II-96 of the Health and Human Services Commission bill pattern, amend the following rider:

148. Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions Study. Out of funds appropriated in Strategy D.2.5, Community Behavioral Health Administration, the Health and Human Services Commission (HHSC) shall study and develop a proposal to implement a pilot program that provides residential intermediate care services for individuals with severe and persistent mental illness who may have co-occurring conditions, including traumatic brain injury, and intellectual or developmental disabilities, who, due to the acuity of their conditions, are inappropriate for community placement but no longer meet criteria for inpatient psychiatric care.

For the purposes of the developing the study and proposal:

- (a) An individual must meet the following eligibility criteria to qualify for the pilot program:
 - i. Have a diagnosis of severe and persistent mental illness ~~with~~ and may have a co-occurring condition, such as a traumatic brain injury or intellectual and developmental disability;
 - ii. Spent three or more of the past five years in a psychiatric hospital;
 - iii. Have been incarcerated ~~at least more than~~ three times and experienced two psychiatric crises in the previous three years; and
 - iv. ~~Voluntarily agree to participate in the program~~ Have been admitted to hospital emergency rooms more than three times with psychiatric crises.
- (b) The proposed location of the pilot program shall not be classified as an Institution of Mental Disease under federal Medicaid regulations and shall be designed to ensure compliance with federal funding requirements.

The study and proposal shall:

- (a) Assess the existing unmet needs in the service continuum for the target population;
- (b) Assess the need for nursing-level care and other specialized services for the target population;
- (c) Identify opportunities to modify or expand eligibility criteria for existing programs and services;

- (d) Scalable options for implementing the program at residential care facilities and nursing facilities;
- (e) Evaluate whether vacated buildings on state hospital campuses or other state facilities could be rehabilitated and used to provide intensive residential services for the target population; and
- (f) Evaluate statutory changes and funding needed to establish the pilot program to serve the target population, including the estimated cost to provide intensive residential services for the eligible population and the estimated cost to rehabilitate vacated buildings on state facility campuses to serve as the location of the pilot program.

No later than October 15, 2026, HHSC shall submit findings and recommendations from the study to the Senate Finance Committee, the House Appropriations Committee, the Legislative Budget Board, the Office of the Governor, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services

By: _____

Health and Human Services Commission, Article II
Amend Rider
Regulatory Services Division

Prepared by LBB Staff, 05/07/2025

Overview

Amend rider directing certain FTEs and associate funding as one-time costs in the Regulatory Services Division and add language directing the agency to clear the abuse, neglect, and exploitation backlog by December 2026.

Required Action

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

152. Regulatory Services Division.

- (a) Out of amounts appropriated above, the Health and Human Services Commission (HHSC) is appropriated, as one-time costs, in Strategy H.1.1, Facility/Community-Based Regulation, ~~\$3,561,204~~ \$7,122,408 from the General Revenue Fund (~~\$3,561,204~~ \$7,122,408 from All Funds) and ~~31.6~~ 32.0 full-time-equivalents (FTEs) in fiscal year 2026 and ~~\$3,561,204~~ \$7,122,408 from the General Revenue Fund (~~\$3,561,204~~ \$7,122,408 from All Funds) and ~~31.6~~ 32.0 FTEs in fiscal year 2027; Strategy L.1.2, IT Oversight & Program Support, ~~\$115,370~~ \$230,740 from the General Revenue Fund (~~\$126,419~~ \$252,838 from All Funds) in fiscal year 2026 and ~~\$115,370~~ \$230,740 from the General Revenue Fund (~~\$126,419~~ \$252,838 from All Funds) in fiscal year 2027; Strategy L.2.1, Central Program Support, ~~\$110,771~~ \$221,543 from the General Revenue Fund (~~\$164,282~~ \$221,543 from All Funds) in fiscal year 2026 and ~~\$110,771~~ \$221,543 from the General Revenue Fund (~~\$164,282~~ \$221,543 from All Funds) in fiscal year 2027; and Strategy L.2.2, Regional Program Support, ~~\$31,613~~ \$63,226 from the General Revenue Fund (~~\$38,830~~ \$77,660 from All Funds) and ~~2.0~~ 3.0 FTEs in fiscal year 2026 and ~~\$31,613~~ \$63,226 from the General Revenue Fund (~~\$38,830~~ \$77,660 from All Funds) and ~~3.0~~ 3.0 FTEs in fiscal year 2027 to address backlogs relating to abuse, neglect, and exploitation investigations in the Regulatory Services Division (RSD).
- (b) It is the intent of the Legislature that HHSC address and clear all backlogs relating to abuse, neglect, and exploitation investigations in the RSD by December 31, 2026.
- (c) **Unexpended Balances within the Biennium.** Any unexpended balances in funds described in subsection (a) of this rider remaining as of August 31, 2026, are appropriated to HHSC for the fiscal year beginning September 1, 2024, for the same purpose.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Heart of Texas Crisis Stabilization and Inpatient Services

Prepared by LBB Staff, 05/07/2025

Overview

Amend House Rider 160, McLennan County Crisis Stabilization and Inpatient Services, to designate funding and purpose.

Required Action

- 1) On page II-98 of the Health and Human Services Commission bill pattern, amend the following rider:

160. ~~McLennan County~~**Heart of Texas Crisis Stabilization and Inpatient Services.**
Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is ~~\$5,000,000~~**\$2,500,000** from the General Revenue Fund in each fiscal year of the biennium to support mental health screening and assessment, crisis services, and ~~expanded inpatient bed capacity in McLennan County~~**post-crisis services at the local mental health authority that services the Heart of Texas region.** ~~The Health and Human Services Commission shall enter into a memorandum of understanding with the McLennan County Commissioners Court for the transfer of funds.~~**It is the intent of the Legislature that the authority coordinate services with McLennan County in expending these funds.**

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider Uvalde Behavioral Health Campus

Prepared by LBB Staff, 05/07/2025

Overview

Amend House Rider 162, Uvalde Behavioral Health Campus, and associated funding to transfer the funding from Strategy G.2.2, Mental Health Community Hospitals, to Strategy D.2.1, Community Mental Health Services. Make other conforming changes.

Required Action

- 1) On page II-98 of the Health and Human Services Commission bill pattern, amend the following rider:
 162. **Uvalde Behavioral Health Campus.** ~~Out of amounts appropriated above to the Health and Human Services Commission for Strategy G.2.2, Mental Health Community Hospitals, the commission shall allocate \$2,500,000 of general revenue appropriations for the state fiscal year ending August 31, 2026, and \$10,000,000 of general revenue appropriations for the state fiscal year ending August 31, 2027, to fund the start-up and operations of the Uvalde Behavioral Health Campus.~~ Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$2,500,000 from the General Revenue Fund in fiscal year 2026 and \$10,000,000 from the General Revenue Fund in fiscal year 2027 for start-up and operational funding for the Uvalde Behavioral Health Campus.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Diabetes Prevention Program

Prepared by LBB Staff, 05/13/2025

Overview

Amend HHSC Rider 165, Diabetes Prevention Program, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-99 of the Health and Human Services Commission bill pattern, amend the following rider:

165. Diabetes Prevention Program.

- (a) Out of amounts appropriated above to the Health and Human Services Commission that are available for that purpose, the commission shall conduct a study, in consultation with the Department of State Health Services, to evaluate the cost-effectiveness and feasibility of implementing and administering a diabetes prevention program for Medicaid recipients, including alternative interventions for Medicaid recipients at risk of developing Type 2 diabetes.
- (b) ~~The Health and Human Services Commission may implement the diabetes prevention program if they determine it will improve health outcomes for Medicaid recipients and lower Medicaid costs.~~
- (e) Not later than November 1, 2026, the commission shall submit to the governor, the Legislative Budget Board, the Senate Finance Committee, the House Appropriations Committee, and each standing committee of the Legislature with jurisdiction over health and human services a written report containing the findings of the study conducted under this rider and any recommendations for legislative or other action based on those findings.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Dental Reimbursement Rate Reallocation

Prepared by LBB Staff, 05/07/2025

Overview

Amend HHSC Rider 168, Medicaid Dental Reimbursement Rate Reallocation, in Senate Bill 1 as Passed Second House.

Required Action

1. On page II-99 of the Health and Human Services Commission bill pattern, amend the following rider:

168. Medicaid Dental Reimbursement Rate Reallocation.

- (a) Out of amounts appropriated above to the Health and Human Services Commission for Strategy A.1.1, Medicaid Client Services, the commission shall:
 - (1) for each procedure code under which a dental service provided to a Medicaid recipient is billed:
 - (A) other than a procedure code described by Paragraph (B) of this subdivision, reduce the reimbursement rate for the dental service to the amount in effect for the dental service on February 28, 2025; and
 - (B) if the procedure code was impacted by policy changes resulting from the commission's biennial review of dental services reimbursement rates that took effect March 1, 2025, maintain the reimbursement rate implemented under the policy; and
 - (2) subject to Subsection (b) of this rider, after adjusting the reimbursement rates as prescribed by Subdivision (1), implement a uniform reimbursement rate increase for the following procedure codes: D0120, D0150, D0210, D0220, D0230, D0272, D0274, D0330, D1110, D1120, D1206, D1208, D1351, D1510, ~~D1515~~ D1516, D1517, D2140, D2150, D2160, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2751, D2930, D3120, D3220, D3310, D3320, D3330, D7140, D7240, D9248, D2931, D7111, D7210, D7220, D7230, D2750, D2752, D2790, D2933, D2934, D2940, and D9243.
- (b) In implementing the uniform reimbursement rate increase described by Subsection (a)(2) of this rider, the Health and Human Services Commission shall limit the percentage of the rate increases as necessary to ensure any overall increase in the amount of estimated expenditures on an annual basis is equivalent to the overall increase in amount of estimated expenditures that would have resulted from implementation of policy changes that took effect March 1, 2025, including changes in reimbursement rates, following the commission's biennial review of dental services reimbursement rates.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Informational Listing: Medicaid Client Services

Prepared by LBB Staff, 05/05/2025

Overview

Amend HHSC Rider 3, Informational Listing: Medicaid Client Services, in Senate Bill 1 as Engrossed.

Required Action

1. On page II-34 of the Health and Human Services Commission bill pattern, decrease appropriations in Strategy A.1.1, Medicaid Client Services, by \$3,427,791 from the General Revenue Fund in fiscal year 2026, and increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$3,427,791 from the General Revenue Fund in fiscal year 2027.
2. On page II-45 of the Health and Human Services Commission bill pattern, amend the following rider:
3. **Informational Listing: Medicaid Client Services.** This rider is informational only and does not make any appropriations. Appropriations above in Strategy A.1.1, Medicaid Client Services, include the following ~~and are adjusted for cost containment initiatives:~~
 - (a) **Aged and Medicare-Related:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
 - (b) **Disability-Related:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
 - (c) **Pregnant Women:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
 - (d) **Other Adults:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
 - (e) **Children:** XX from the General Revenue Fund, XX from Federal Funds, and XX from Other Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund, XX from Federal Funds, and XX from Other Funds (XX from All Funds) in fiscal year 2027;
 - (f) **Medicaid Prescription Drugs:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
 - (g) **Health Steps (Early and Periodic Screening, Diagnostic, and Treatment) Dental:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;

- (h) **Medical Transportation:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (i) **Community Attendant Services:** XX from the General Revenue Fund, XX from General Revenue-Dedicated Funds, and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund, XX from General Revenue-Dedicated Funds, and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (j) **Primary Home Care:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (k) **Day Activity & Health Services:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (l) **Nursing Facility Payments:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (m) **Medicare Skilled Nursing Facility:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (n) **Hospice:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (o) **Intermediate Care Facilities for Individuals with Intellectual Disabilities:** XX from the General Revenue Fund, XX from General Revenue-Dedicated Funds, and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund, XX from General Revenue-Dedicated Funds, and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (p) **School Health and Related Services:** XX from Federal Funds in fiscal year 2026 and XX from Federal Funds in fiscal year 2027;
- (q) **Emergency Services:** XX from the General Revenue Fund, XX from Federal Funds, and XX from Other Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund, XX from Federal Funds, and XX from Other Funds (XX from All Funds) in fiscal year 2027;
- (r) **Graduate Medical Education:** XX from Federal Funds and XX from Other Funds (XX from All Funds) in fiscal year 2026 and XX from Federal Funds and XX from Other Funds (XX from All Funds) in fiscal year 2027;
- (s) **Newborn Screening:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027;
- (t) **Other Medicaid Client Services:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027; and
- (u) **Medicare Payments:** XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund and XX from Federal Funds (XX from All Funds) in fiscal year 2027.

Not included in amounts identified in this provision are reductions of \$275,000,000 from the General Revenue Fund in each fiscal year of the biennium for cost containment initiatives identified in Health and Human Services Commission (HHSC) Rider XX, Cost Containment.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Youth Mental and Behavioral Health Services

Prepared by LBB Staff, 05/07/2025

Overview

Add funding and a rider concerning youth mental and behavioral health services.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$2,500,000 in General Revenue in fiscal year 2026 and \$2,500,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Youth Mental and Behavioral Health.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$2,500,000 from the General Revenue Fund in each fiscal year of the biennium to support a psychiatric residential youth treatment and mental health respite facility and educational opportunity center at the local mental health authority serving Jefferson County.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Crisis Center Funding

Prepared by LBB Staff, 05/12/2025

Overview

Add funding and rider related to crisis center services in East Texas.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$2,000,000 in General Revenue in fiscal year 2026 and \$2,000,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **East Texas Crisis Stabilization Services.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$2,000,000 from the General Revenue Fund in each fiscal year of the biennium to support crisis services at the local mental health authority in East Texas serving Nacogdoches County.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Crisis Center Funding

Prepared by LBB Staff, 05/13/2025

Overview

Add funding and rider related to crisis center services in Comal County.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$3,000,000 in General Revenue in fiscal year 2026 and \$3,000,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Comal County Mental Health Facility.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$3,000,000 from the General Revenue Fund in each fiscal year of the biennium for operational costs for a mental health facility operated by the local mental health authority serving Comal County.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Dallas State Hospital

Prepared by LBB Staff, 05/15/2025

Overview

Add rider related to the Dallas State Hospital.

Required Action

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

_____. **Dallas State Hospital.**

(a) It is the intent of the Legislature that, out of funds appropriated above, the Health and Human Services Commission (HHSC) shall operationalize the Dallas State Hospital within existing appropriations for the 2026-27 biennium before seeking to procure a contract with an entity for operations of the Dallas State Hospital, subject to the terms of subsection (b), (c), and (d) below.

(1) Notwithstanding the limitations in Rider 107, Limitations on Transfer Authority, and Article IX, Section 14.03, Transfers - Capital Budget, HHSC may increase the capital budget authority at HHSC to address operational needs for Dallas State Hospital.

(b) HHSC shall issue a Request for Information (RFI) by October 1, 2025, to assess the cost and feasibility of contracting for the operations of the Dallas State Hospital. HHSC shall share the results of the RFI with the Legislative Budget Board (LBB) no later than April 1, 2026.

(c) HHSC shall not enter into a contract to operate the Dallas State Hospital pursuant to subsection (a) without prior written approval of the LBB and the Governor. To request approval, HHSC shall submit a written request to the LBB and the Governor that includes the following information:

(1) the projected contracted amount for operations by fiscal year;

(2) The number of contracted beds included in the request; and

(3) Any other information requested by the LBB.

The request shall be considered to be approved unless the LBB issues a written disapproval within 30 business days of the date on which the staff of the LBB concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the LBB shall interrupt the counting of the 30 business days.

(d) HHSC may receive and expend mental health revenue including but not limited to Patient Support and Maintenance, Appropriated Receipts, and Medicare Receipts for the operations of beds.

- (e) Any unexpended balances of funds appropriated to support operations of the Dallas State Hospital remaining as of August 31, 2026, are appropriated for the same purposes for the fiscal year beginning September 1, 2026.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Mental Health Capacity – Brazoria and Galveston Counties

Prepared by LBB Staff, 5/19/2025

Overview

Add funding and rider related to mental health capacity for crisis stabilization facilities and services, and purchased psychiatric inpatient beds.

Required Action

- 1) Increase appropriations in Health and Human Services Commission (HHSC) Strategy D.2.1, Community Mental Health Services, by \$5,000,000 from the General Revenue Fund in fiscal year 2026.
- 2) On page II-XX of HHSC’s bill pattern, add the following rider:

_____. **Brazoria and Galveston County Mental Health Capacity.**

- (a) Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$5,000,000 from the General Revenue Fund in fiscal year 2026 to fund additional crisis stabilization facilities and services and provide additional state-purchased psychiatric inpatient beds at the local mental health authority serving Brazoria and Galveston Counties.
- (b) Any unexpended and unobligated balances remaining as of August 31, 2026, are appropriated for the same purposes for the fiscal year beginning September 1, 2026.

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider Mental Health Capacity – Tarrant County

Prepared by LBB Staff, 5/19/2025

Overview

Add funding and rider related to mental health capacity for crisis stabilization facilities and services and competency restoration beds.

Required Action

- 1) Increase appropriations in Health and Human Services Commission (HHSC) Strategy D.2.1, Community Mental Health Services, by \$5,000,000 from the General Revenue Fund in fiscal year 2026.
- 2) On page II-XX of HHSC's bill pattern, add the following rider:

_____. **Tarrant County Mental Health Capacity.**

(a) Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$5,000,000 from the General Revenue Fund in fiscal year 2026 to fund additional crisis stabilization facilities and services and provide additional inpatient competency restoration beds at the local mental health authority serving Tarrant County.

(b) Any unexpended and unobligated balances remaining as of August 31, 2026, are appropriated for the same purposes for the fiscal year beginning September 1, 2026.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Texas Service Members, Veterans, and Families Program

Prepared by LBB Staff, 05/18/2025

Overview

Provide additional appropriations from the General Revenue Fund and rider related to the Texas Service Members, Veterans, and Families Program.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy O.1.4, Other At-Risk Prevention Programs, by \$500,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Texas Service Members, Veterans, and Families Program** Included in amounts appropriated above in Strategy O.1.4, Other At-Risk Prevention Programs, is \$500,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium to provide grants through the Texas Service Members, Veterans, and Families program to organizations that provide parenting support, education, counseling, and youth development programming for families with children up to 17 years of age in which at least one parent is an active service member or a veteran of the armed forces, reserves, or National Guard.

By: _____

Special Provisions Relating to All Health and Human Services Agencies

Proposed Rider

Special Provisions Sec. 26, Reporting on Court Monitor Fees

Prepared by LBB Staff, 05/06/2025

Overview

Amend Sec. 26, Reporting on Court Monitor Fees to include language from House Rider Sec. 29, Transparency in State Monitoring.

Required Action

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

Sec. 26. Reporting on Court Monitor Fees. Out of funds appropriated above, the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) are authorized to pay reasonable costs related to court monitoring invoices in M.D. v. Abbott. DFPS and HHSC are prohibited from expending funds for court monitoring invoices unless the services relate directly to compliance with a remedial order and are sufficiently described therein.

DFPS in collaboration with HHSC shall report no later than 60 business days from the end of each quarter the amount billed from the court monitors and all agency costs related to the federal litigation. The report shall be prepared in a format specified by the Legislative Budget Board and shall include, but not limited to:

- (1) Invoices submitted by court monitors and what specific remedial orders and services were provided;
- (2) The number of facilities under heightened monitoring, including the type of facility, when the facility was placed under heightened monitoring and the licensed or actual capacity of the facility;
- (3) The number of facilities that have exited heightened monitoring and how they exited; ~~and~~
- (4) How many providers relinquished their licenses with DFPS; and
- (5) The total number of DFPS and HHSC staff with responsibility for heightened monitoring activities and associated expenditures.

The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing joint Legislative Oversight Committees, as appropriate.

By: _____

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

Proposed Rider STAR Health Services Coordination

Prepared by LBB Staff, 05/07/2025

Overview

This rider directs HHSC to develop internal protocols and policies to ensure the service coordinator requirements in the contract are operationalized, and service coordinators are regularly participating in the development of the Child's Plan of Service to address a child's needs. Both expectations are within the scope of the existing STAR Health contract.

Required Action

1. On page II-89 of the Health and Human Services Commission bill pattern, strike Rider 134, STAR Health Services Coordination.
2. On page II-XX of the Special Provisions Relating to All Health and Human Services Agencies, Article II bill pattern, add the following rider:

____. **STAR Health Services Coordination.** Not later than August 31, 2026, the Health and Human Services Commission shall, in collaboration with the STAR Health managed care organization and the Department of Family and Protective Services, develop written protocols to operationalize the service coordination requirements in the STAR Health Medicaid managed care contract. The written protocols should, at a minimum, define a process through which a STAR Health service coordinator participates in the development of the Child's Plan of Service and defines the service coordinator's role in facilitating access to all STAR Health covered services identified in the plan.

By: _____

**Special Provisions Relating to All Health and Human Services
Agencies**

**Proposed Rider
Texas Child Centered Care (T3C)**

Prepared by LBB Staff, 05/06/2025

Overview

Add a rider directing the Department of Family and Protective Services to work with the Health and Human Services Commission to review Texas Child Centered Care.

Required Action

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

_____. **Texas Child Centered Care (T3C).** Out of funds appropriated above to the Department of Family and Protective Services (DFPS), the agency in consultation with the Health and Human Services Commission (HHSC), shall review assumptions related to the Texas Child Centered Care System for Child Placing Agencies and General Residential Operations, including evaluating any regulatory and contractual requirements revisions.

Out of funds appropriated above to HHSC in Goal L, System Oversight & Program Support, HHSC shall recommend the DFPS reimbursement rates based upon the analysis of preliminary cost information and pro-forma model updates that incorporates the assumption review by DFPS.