

**Senate Finance Committee  
Riders - Article II**

**Adopted**

**March 12, 2025**

**Legislative Budget Board**

By: Alvarado

**Department of State Health Services**  
**Proposed Rider and Funding**

Prepared by LBB Staff, 3/10//25

**Overview**

Appropriate \$1.0 million for the 2026-27 biennium to provide state support for an apprenticeship program for hospital healthcare professionals. These funds are available to hospitals participating in the Disproportionate Share Hospital Program to design and implement employer-led apprenticeship programs, apprenticeship programs may include pre-apprenticeship and youth apprentice programs to build and sustain the healthcare workforce needs in the state. The program will be responsive to specific workforce development needs in participating hospitals.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.1, Public Health Preparedness and Coordinated Services by \$500,000 from the General Revenue Fund in fiscal year 2026 and by \$500,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

\_\_\_\_\_ **Future Healthcare Workforce Apprenticeship Support.** Included in amounts appropriated above to the Department of State Health Services (DSHS) in Strategy A.1.1, Public Health Preparedness and Coordinated Services, is \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027, to provide grants to hospitals to develop and implement on-state healthcare workforce apprenticeship programs. Eligible hospitals must participate in the Disproportionate Share Hospital Program.

Any unexpended and unobligated balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes in the second fiscal year of the biennium.

Participating hospitals must submit any program data requested by DSHS. DSHS shall prepare a summary report identifying hospitals, the amount granted to each hospital, the number of apprentices, and the specialty area of each apprentice to be posted on the agency's website no later than October 1, 2026.

*April S. Paster*

By: Senator Hancock

**Department of State Health Services**  
**Proposed Rider**  
**Paternity Registry Upgrade**

Prepared by LBB Staff, 02/13/2025

**Overview**

Direct funding out of funds previously appropriated for system upgrades to the Texas Paternity Registry for electronic search requests and processing.

**Required Action**

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

**Paternity Registry Upgrade.** Out of funds appropriated above in Strategy A.1.2, Vital Statistics, the Department of State Health Services shall allocate \$200,000 in All Funds in fiscal year 2026 for system upgrades to the Texas Paternity Registry to allow for electronic search requests and processing.

Any unexpended and unobligated balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes in the second fiscal year of the biennium.

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Whole Blood Pilot Program**

Prepared by LBB Staff, 02/28/2025

**Overview**

Add funding and a rider to direct the Department of State Health Services (DSHS) to establish a Whole Blood Pilot Program for Emergency Medical Services (EMS) agencies to acquire resources and cover certain expenses to administer whole blood products to patients experiencing blood loss prior to transport to an acute care hospital.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS and Trauma Care Systems by \$10,000,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

\_\_\_\_\_ **Whole Blood Pilot Program.** Included in the amounts appropriated above to the Department of State Health Services (DSHS) in Strategy B.2.1, EMS and Trauma Care Systems, is \$10,000,000 from the General Revenue Fund in fiscal year 2026 to establish a program to support Emergency Medical Services (EMS) agencies administering whole blood to patients in the field suffering from extreme blood loss due to trauma, maternal hemorrhage, or other significant medical conditions, in order to stabilize them for transport to the appropriate acute care hospital.

DSHS, in consultation with Regional Advisory Councils (RAC), shall determine the most cost-effective method to secure the required resources for EMS agencies to operate a whole blood pilot program.

DSHS shall define the structure, process, and funding distribution for the state-wide prehospital whole blood pilot program.

No later than November 1, 2026, DSHS shall submit to the Legislative Budget Board and make publicly available a report with the status of the whole blood pilot program, including:

- (a) a listing of the entities that were awarded funding;
- (b) the amount awarded to each recipient;
- (c) the areas served grant funds;



(d) any challenges identified with implementing the pilot program; and

(e) reported outcomes of grant-funded activities.

Any unexpended and unobligated balances of these funds remaining at the end of the first fiscal year of the biennium are appropriated for the same purposes in the second fiscal year of the biennium.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Study on Program for Adults with Serious Mental Illness**

Prepared by LBB Staff, 3/10/25

**Overview**

Add rider to require the Health and Human Services Commission to conduct a study regarding program options for intensive residential services for individuals with severe and persistent mental illness.

**Required Action**

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

\_\_\_\_\_. **Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions Study.**

- (a) 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.
- (b) For the purposes of the developing the study and proposal:
- (1) 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 a co-occurring condition, such as a traumatic brain injury or intellectual and developmental disability;
  - ii. Have been incarcerated at least three times; and
  - iii. Voluntarily agree to participate in the program.
- (2) 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.
- (c) The study and proposal shall:
- (1) Assess the existing unmet needs in the service continuum for the target population;
  - (2) Assess the need for nursing-level care and other specialized services for the target population;
  - (3) Identify opportunities to modify or expand eligibility criteria for existing programs and services;

- (4) Scalable options for implementing the program at residential care facilities and nursing facilities;
  - (5) 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
  - (6) 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.
- (d) 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 Hinojosa of Hidalgo

***Health and Human Services Commission, Article II***  
**Reporting of Opioid-Related Expenditures**

**Overview**

The following action amends the rider to have a September 1 deadline to avoid reporting provisional data for Medicaid opioid use services. This request would also replace "Article II agencies" with "HHSC" in last sentence to correspond with removing DFPS and DSHS from the reporting requirement.

**Required Action**

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

35. **Reporting of Opioid-Related Expenditures.** No later than ~~June 1~~September 1 of each year, the Executive Commissioner of the Health and Human Services Commission (HHSC) shall submit a report to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, and House Appropriations Committee that provides information about actual annual expenditures from the previous fiscal year for opioid-related programs at HHSC, the Department of Family and Protective Services, and the Department of State Health Services. The report shall include, but not be limited to, all programs specific to opioid use and misuse, including prevention, treatment, recovery, intervention, and withdrawal management programs, and all programs available to individuals who may have an opioid-use disorder. The report shall include expenditure data by program at the method of finance level and the amount distributed by ~~Article II agencies~~HHSC to institutions of higher education for each program at the method of finance level.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Substance Use Reimbursement Rates**

Prepared by LBB Staff, 3/10/25

**Overview**

Add rider to require the Health and Human Services Commission to develop federally funded reimbursement rates for substance use facilities that serve women and children. Require associated administrative funding and staff to be one-time.

**Required Action**

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase the number of full-time-equivalents (FTEs) by 3.0 FTEs in fiscal year 2026 and 3.0 FTEs in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.1.1, HHS System Supports, by \$533,356 in General Revenue in fiscal year 2026 and \$652,239 in General Revenue in fiscal year 2027.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Federal Reimbursement for Certain Substance Use Services.** Included in amounts appropriated above in Strategy L.1.1, HHS System Supports, is \$533,356 from the General Revenue Fund in fiscal year 2026 and \$652,239 from the General Revenue Fund in fiscal year 2027 for Health and Human Services Commission (HHSC) one-time administrative and salary costs related to developing a rate setting methodology and associated cost reporting for certain services reimbursable to grant recipients of the Federal Substance Use Prevention, Treatment, and Recovery Services block grant for up to three children accompanying the child or children’s mother in a residential treatment setting.

HHSC shall propose reimbursement rates for these services no later than January 1, 2026, in a format that will enable HHSC to receive public comments on the proposed rates. HHSC shall consider public comments as well as characteristics of the population served and financial sustainability for the rates prior to adoption of the final rates.

**Article II, Health and Human Services**  
**Proposed Rider**  
**Appropriation of Unexpended Balances for Alternative Therapy Studies**

Prepared by LBB Staff, 02/28/2025

**Overview**

Add a rider to appropriate any unexpended balances remaining from the 87<sup>th</sup> Legislature's appropriations for the implementation of House Bill 1802. It was the intent of the 87<sup>th</sup> Legislature to provide the maximum amount of time to complete the studies on alternative treatment methods for PTSD mandated by House Bill 1802. This rider ensures the legislative intent of House Bill 1802 is fulfilled by directing the HHSC to use unexpended balances to fund completion of the study, providing sufficient funding and time for successful completion at no additional cost to the State.

**Required Action**

1. On page II-131, add the following rider:

\_\_\_\_\_ **Appropriation of Unexpended Balances for Alternative Therapy Studies.** Notwithstanding any other provision of this Act, any unexpended and unobligated balances remaining as of August 31, 2025, out of funds originally appropriated by the Eighty-seventh Legislature to the Health and Human Services Commission (HHSC) for the purpose of implementing the provisions of House Bill 1802, Eighty-seventh Legislature, Regular Session, 2021, or similar legislation, are appropriated to HHSC for the biennium beginning September 1, 2025 for the same purpose. These funds shall be allocated within Strategy D.2.1, Community Mental Health Services, to continue to the implementation of alternative therapy studies for the treatment of post-traumatic stress disorder in accordance with the provisions of the enabling legislation.



By: Alvarado

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## Health and Human Services Commission, Article II

### ~~Clear Process~~ Proposed Rider

#### Overview

This rider reinstates the existing Clear Process Rider in the budget, which requires a 90-day timeline for HHSC's review and coverage processes for drugs within the Texas Medicaid program.

#### Required Action

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

- \_\_\_\_\_. **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.** The Texas Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children's Health Insurance Programs. In maintaining the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board notification, and making the product available, does not extend past the 90th day of receipt of the completed application for coverage on the Texas Drug Code Index. After the applicable Drug Utilization Review Board meeting and approval by the HHSC Executive Commissioner, HHSC will complete the public posting of medical policies associated with the product.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Long-Term Care Ombudsman Staffing**

Prepared by LBB Staff, 03/10/25

**Overview**

Add funding, full-time-equivalents, and a new rider at the Health and Human Services Commission to support services provided by the Long-Term Care Ombudsman.

**Required Action**

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase the Number of Full-Time Equivalents (FTE) by 1.0 in fiscal year 2026 and 1.0 in fiscal year 2027.
2. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy I.2.1., Community Services Admin & Access, by \$1,500,000 in General Revenue in fiscal year 2026 and \$1,500,000 in General Revenue in fiscal year 2027.
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Long-Term Care Ombudsman.** Included in the amounts appropriated above in Strategy I.2.1., Community Services Admin & Access, is \$1,500,000 from the General Revenue Fund and 1.0 full-time-equivalent (FTE) in fiscal year 2026 and \$1,500,000 in General Revenue and 1.0 FTE in fiscal year 2027, to support services provided by the Long-Term Care Ombudsman. Any unexpended balances remaining at the end of the first fiscal year of the biennium are appropriated for the same purpose for the second fiscal year of the biennium.



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

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Healthy Texas Women Short Form Application**

Prepared by LBB Staff, 03/10/2025

**Overview**

Provide a directive for the agency to create and implement a short form application for the Healthy Texas Women program.

**Required Action**

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

\_\_\_\_\_. **Healthy Texas Women Short Form Application.** It is the intent of the Legislature that the Health and Human Services Commission shall, to the extent allowable by federal law, implement a short form application for the Healthy Texas Women program, limiting the required elements conforming to the application for Family Planning Only populations in accordance with 42 CFR 435.907(c)(2).

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

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Enhanced Capacity for Family Violence Services**

Prepared by LBB Staff, 03/10/2025

**Overview**

Provide funding and a rider for housing support and enhanced capacity for services to victims of family violence and their children.

**Required Action**

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.1, Family Violence Services, by \$2,000,000 from the General Revenue Fund in fiscal year 2026 and \$2,000,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Enhanced Capacity for Family Violence Services. Included in amounts appropriated above for the Health and Human Services Commission in Strategy F.3.1, Family Violence Services, is \$2,000,000 from the General Revenue Fund in fiscal year 2026 and \$2,000,000 from the General Revenue Fund in fiscal year 2027 to be distributed 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.**



By: Alvarado

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

### **Proposed Rider**

#### **Provider Enrollment and Management System (PEMS)**

##### **Overview**

Increase funding and the number of full-time equivalents to support the enhancement of the Provider Enrollment and Management System (PEMS).

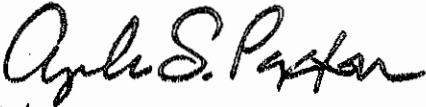
##### **Required Actions**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, by \$2,160,543 in General Revenue and \$9,439,514 in Federal Funds in fiscal year 2026 and \$2,104,573 in General Revenue and \$9,359,325 in Federal Funds in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission's bill pattern, increase the number of full-time equivalents by 14.7 in each fiscal year.
3. On page II-XX of the Health and Human Services Commission's bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$8,982,597 in fiscal year 2026 and \$8,989,875 in fiscal year 2027 for PEMS in the MMIS - Medicaid Management Information System capital budget project.
4. On page II-XX of the Health and Human Services Commission's bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$42,148 in fiscal year 2026 and \$42,148 in fiscal year 2027 in the Seat Management Services (PCs, Laptops, & Servers) capital budget project.
5. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**. Provider Enrollment and Management System.** Included in amounts appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, is \$2,160,543 from the General Revenue Fund and \$9,439,514 from Federal Funds in fiscal year 2026 and \$2,104,573 from the General Revenue Fund and \$9,359,325

from Federal Funds in fiscal year 2027 to make enhancements to the Provider Enrollment and Management System. In addition, the "Number of Full-Time Equivalents" is increased by 14.7 in each fiscal year.

Any unexpended balances remaining at the end of the first fiscal year of the biennium are appropriated for the same purpose for the second fiscal year of the biennium.

  
By: Paxton  
Alvarado

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

Prepared by LBB Staff, 2/26/25

**Overview**

Add reporting requirement related to hospital data reporting.

**Required Action**

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

\_\_\_\_\_ . **Consolidation of Data Collected from Hospitals.** Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) shall improve hospital reporting and transparency, including elimination of duplicative reporting requirements or modification of data collection tools to increase efficiency. Not later than November 1, 2026, HHSC shall submit a report to the Legislative Budget Board and the Office of the Governor that includes a list of all mandatory and optional data or information collection requirements for hospitals operating in Texas, a summary and list of any eliminated or modified reports, and the stated purpose for all remaining information or data collection requirements.

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

**Health and Human Services Commission, Article II  
Proposed Funding Rider Amendment  
Child Advocacy Center Programs**

Prepared by LBB Staff, 03/10/2025

**Overview**

Provide additional funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs and amend the associated rider.

**Required Action**

1. On page II-42 of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy F.3.2, Child Advocacy Programs, by \$2,500,000 from the General Revenue Fund in fiscal year 2026 and \$2,500,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-85 of the Health and Human Services Commission’s bill pattern, amend the following rider:

**60. Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.**

- (a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is ~~\$29,827,834~~ \$32,327,834 from the General Revenue Fund, \$5,000,000 from the General Revenue - Dedicated Sexual Assault Program Account No. 5010, and \$6,948,063 from Federal Funds (~~\$41,775,897~~ \$44,275,897 from All Funds) in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.
- (b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$15,950,500 from the General Revenue Fund and \$13,500 from the License Plate Trust Fund Account No. 0802 (\$15,964,000 from All Funds) in each fiscal year of the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the

dynamics of child abuse and neglect and experience in operating volunteer advocate programs.

- (c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining at the end of the first fiscal year of the biennium, are appropriated for the same purposes for the second fiscal year of the biennium.
- (d) No later than December 1 of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, services provided and the number of children for whom the services were provided, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Sexual Assault Program Account No. 5010, oversight activities conducted relating to the child advocacy programs, and an analysis of the effectiveness of the contracts awarded in subsections (a) and (b). The report shall be submitted to the Legislative Budget Board, the Governor's Office, the Senate Finance Committee, and the House Appropriations Committee.

By: April S. Paster

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

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a rider directing the Health and Human Services Commission to 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.

**Required Action**

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

. **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 September 1, 2025, 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.



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

Prepared by LBB Staff, 03/10/25

**Overview**

Increase the reimbursement rates for applied behavior analysis (ABA) therapy services to \$14.50.

For purposes of this rider, the ABA services procedure codes are defined as Current Procedural Terminology (CPT) code 97153.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$5,549,400 in General Revenue and \$8,268,826 in Federal Funds in fiscal year 2026 and \$6,947,212 in General Revenue and \$10,347,316 in Federal Funds in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**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 Funding and Rider**  
**Fatherhood EFFECT Program**

Prepared by LBB Staff, 03/10/2025

**Overview**

Provide funding and a rider for the Fatherhood (Educating Fathers For Empowering Children Tomorrow) EFFECT Program.

**Required Action**

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy O.1.4, Other At-risk Prevention Programs, by \$1,400,000 from the General Revenue Fund in fiscal year 2026 and \$1,400,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Fatherhood EFFECT Program.** Included in amounts appropriated above for the Health and Human Services Commission in Strategy O.1.4, Other At-risk Prevention Programs, is \$1,400,000 from the General Revenue Fund in fiscal year 2026 and \$1,400,000 from the General Revenue Fund in fiscal year 2027 to provide grants to organizations that provide parent education and resources to fathers through the Fatherhood EFFECT Program.

By: Paxton

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Colorectal Cancer Feasibility Study**

Prepared by LBB Staff, 03/10/2025

**Overview**

Provide a rider for a feasibility study of including colorectal cancer early screening and treatment with Centers for Medicare and Medicaid Services Section 1115 Demonstration Waiver, or similar federal funding opportunities.

**Required Action**

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

\_\_\_\_\_. **Colorectal Cancer Feasibility Study.** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct 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. HHSC shall make recommendations and report on the feasibility of a Section 1115 Demonstration Waiver, or similar federal funding opportunity, by September 1, 2026, and submit the report to the Legislative Budget Board and the Office of the Governor.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Guardianship Rates**

Prepared by LBB Staff, 03/10/25

**Overview**

Add additional funding and rider at the Health and Human Services Commission to increase the monthly rate for individuals serving as a guardian to \$425 per month.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.1, Guardianship, by \$662,400 in General Revenue in fiscal year 2026 and \$662,400 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:

\_\_\_\_\_. **Guardianship Service Provider Rates. Included in the amounts appropriated above to the Health and Human Services Commission in Strategy F.1.1, Guardianship, is \$662,400 from the General Revenue Fund in each fiscal year of the biennium to increase the contracted rates for guardianship services to a maximum of \$425 per client per month.**

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Healthy Community Collaboratives**

Prepared by LBB Staff, 3/8/25

**Overview**

Amend Health and Human Services Commission Rider 36, Community Mental Health Grant Programs, to add funding for the Healthy Community Collaboratives grants for Haven for Hope.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.4, Community Mental Health Grant Programs, 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-73 of the Health and Human Services Commission bill pattern, amend the following rider:

**36. Community Mental Health Grant Programs.**

- (a) **Informational Listing.** Included in amounts appropriated above in Strategy D.2.4, Community Mental Health Grant Programs, is the following:
  - (1) \$10,000,000 from the General Revenue Fund in each fiscal year of the biennium for a grant program for mental health services for veterans and their families established pursuant to Government Code, Section 531.0992;
  - (2) \$45,000,000 from the General Revenue Fund in each fiscal year of the biennium for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment established pursuant to Government Code, Section 531.0993;
  - (3) \$27,500,000 from the General Revenue Fund in each fiscal year of the biennium for a community mental health grant program established pursuant to Government Code, Section 531.0991;
  - (4) ~~\$16,500,000~~ \$19,000,000 from the General Revenue Fund in each fiscal year of the biennium to provide grants for Healthy Community Collaboratives pursuant to Government Code, Section 539.002;
  - (5) \$14,762,133 from the General Revenue Fund in each fiscal year of the biennium to provide grants for community-based initiatives that promote identification of mental health issues and improve access to early intervention and treatment for children and families pursuant to Government Code 531.09915; and
  - (6) \$1,500,000 from the General Revenue Fund in each fiscal year of the biennium to provide grants to establish or expand behavioral health centers or jail diversion centers pursuant to Government Code 531.09936.
- (b) **Unexpended Balance Authority within the Biennium.** Any unexpended balances remaining at the end of the first fiscal year of the biennium in Strategy D.2.4, Community Mental Health Grant Programs, are appropriated for the same purposes for the second fiscal year of the biennium.
- (c) **Reporting Requirement.** By November 1, 2026, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy D.2.4, Community Mental Health Grant Programs. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of individuals 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 Office of the Governor, the Senate Finance Committee, and the House Appropriations Committee.

- (d) **Other Requirements.** Contingent upon the availability of local matching funds pursuant to Government Code, Section 539.002, \$10,000,000 from the General Revenue Fund for the biennium from the amount identified above in subsection (a)(4) may be allocated to fund Healthy Community Collaboratives in rural areas. HHSC shall consider funding received by a collaborative from the Texas Department of Housing and Community Affairs prior to releasing funds in subsection (a)(4) to the collaborative.

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

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Rate Increase for Intellectual Developmental Disability Nursing Facilities**

Prepared by LBB Staff, 03/10/25

**Overview**

Revise the reimbursement methodology for an Intellectual Developmental Disability nursing facility special reimbursement class to mirror that of the allowable Medicare equivalent.

**Required Action**

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$519,870 from the General Revenue Fund (\$1,299,675 from All Funds) in fiscal year 2026 and \$540,665 from the General Revenue Fund (\$1,351,662 from All Funds) in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**. Rate Increase for Intellectual Developmental Disability Nursing Facilities.**

- (a) Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$519,870 from the General Revenue Fund (\$1,299,675 from All Funds) in fiscal year 2026 and \$540,665 from the General Revenue Fund (\$1,351,662 from All Funds) in fiscal year 2027 to revise the reimbursement methodology for an Intellectual Developmental Disability (IDD) nursing facility special reimbursement class, in which 90% percent of residents have a Preadmission Screening and Resident Review positive screen for IDD, to mirror that of the allowable Medicare equivalent.
- (b) It is the intent of the Legislature that, out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission conduct an annual review, by August 31 of each year, of reimbursement rates for Intellectual Developmental Disability nursing facility services delivered under Medicaid.

**Senate Finance Committee  
Riders - Article II**

**Article XI**

**March 12, 2025**

**Legislative Budget Board**



By Sparks /Perry

**Department of Family & Protective Services/Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 513**

Prepared by LBB Staff, 2/24/2025

**Overview**

Prepare a rider which appropriates \$2,500,000 in fiscal year 2026 and \$2,500,000 in fiscal year 2027 from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 513, contingent upon its enactment.

**Required Action**

On page II-23 of the bill pattern for the Department of Family & Protective Services, add the following new rider:

          : Contingency for Senate Bill 513. Contingent on enactment of Senate Bill 513, or similar legislation relating to a rural community-based care pilot program by the Eighty-ninth Legislature, Regular Session, the Department of Family & Protective Services is appropriated \$2,500,000 for fiscal year 2026 and \$2,500,000 in fiscal year 2027 from the General Revenue Fund to implement the provisions of the legislation.

*April S. Paxton*

By: Senator Paxton

**Department of State Health Services  
Proposed Funding and Rider  
Contingency for House Bill 2058, or Similar Legislation**

Prepared by LBB Staff, 02/28/2025

**Overview**

Add a contingency rider for House Bill 2058, or similar legislation, relating to perinatal palliative care provided by certain hospitals, a perinatal palliative care grant program and perinatal palliative care hospital recognition program, to increase appropriations at the Department of State Health Services to implement provisions of the legislation, contingent upon its enactment

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, add \$2,500,000 from the General Revenue Fund and \$5,000,000 in All Funds in each fiscal year of the biennium.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Contingency for House Bill 2058. Contingent upon the enactment of House Bill 2058, or similar legislation, relating to perinatal bereavement care provided by certain hospitals, a perinatal bereavement care grant program, and a perinatal bereavement care hospital recognition program, by the Eighty-ninth Legislature, Regular Session, the Department of State Health Services is appropriated \$2,500,000 from the General Revenue Fund (\$5,000,000 from All Funds) for fiscal year 2026 and \$2,500,000 from the General Revenue Fund (\$5,000,000 from All Funds) for fiscal year 2027, to implement the provisions of the legislation.

By: Parker/Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider and Funding**  
**Contingency for Senate Bill XX**

Prepared by LBB Staff, 02/20/2025

**Overview**

This rider would provide \$25,000,000 from the General Revenue Fund in fiscal year 2027 to implement the provisions of Senate Bill XX, relating to the eligibility for and access to certain Medicaid waiver programs, including the medically dependent children (MDCP) and the Texas home living (TxHmL) waiver programs.

**Required Action**

1. On page \_\_\_ of the Health and Human Services Commission bill pattern, increase appropriations in Strategy X.X.X by \$25,000,000 from the General Revenue Fund in fiscal year 2027.
2. On page \_\_\_ of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_ . **Contingency for Senate Bill XX, Contingent on enactment of Senate Bill XX, or similar legislation relating to the eligibility for and access to certain Medicaid waiver programs, including the medically dependent children (MDCP) and the Texas home living (TxHmL) waiver programs, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission, is \$25,000,000 from the General Revenue Fund in fiscal year 2027 in Strategy X.X.X, to implement the provisions of the legislation.**

By: Perry

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Contingency for Senate Bill 502**

Prepared by LBB Staff, 2/19/25

**Overview**

Add funding and rider related to pay at the Health and Human Services Commission - Office of Inspector General contingent upon passage of Senate Bill 502, Eighty-ninth Legislature, Regular Session, 2025.

**Required Action**

- 1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy K.I.I, Office of Inspector General, by \$1,348,911 in General Revenue and \$145,219 in Federal Funds in fiscal year 2026 and \$1,348,911 in General Revenue and \$145,219 in Federal Funds in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Contingency for Senate Bill 502. Contingent on enactment of Senate Bill 502, or similar legislation relating to peace officers commissioned by the Health and Human Commission's office of inspector general, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$1,348,911 from the General Revenue Fund and \$145,219 from Federal Funds in each fiscal year of the biennium in Strategy K.I.I, Office of Inspector General, to implement the provisions of the legislation.**

Rogers WNY

**Article II: Health & Human Services Commission  
Proposed New Rider  
Support Kinship Caregivers**

**Overview**

This rider would provide funding to continue and expand the Texas Kinship Navigator Programs.

**Proposed Action**

1. On page II-44 of the Health and Human Services Commission bill pattern, increase appropriations by \$2,300,000 in General Revenue each fiscal year of the 2026-2027 biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Texas Kinship Navigator Programs.** Included in amounts appropriated above in Strategy O.1.1, Family and Youth Success Program, is \$2,300,000 in General Revenue each year of the 2026-2027 biennium to provide grants to organizations that guide kinship caregivers who are providing care to a non-biological child, connecting them to counseling services, education and other resources.

**Background**

- In 2021, Texas started a kinship navigator pilot program. 4 pilot sites were created which serve 21 out of our 254 counties.
- When Kinship caregivers intervene, their help reduces the number of kids entering state custody or foster care. For the child this also has been found to improve permanency and mental and behavioral health, and decrease trauma.
- Kin face additional challenges compared to other parents, as they are not eligible for resources that a legal custodial parent (or foster parent) would receive.
- In a preliminary study conducted in February 2024, 77.4% of caregivers enrolled in the kinship navigator pilots reported feeling they are better able to meet the needs of the children in their care. The report showed additional positive outcomes related to child safety, child/adult wellbeing and referrals/access to services
- Most kinship placements are “informal” meaning that there is no formal legal removal of the child and there aren’t other critical financial and social support in place. In 2021, Generations United found that for every 1 child living in formal kinship care, there are 24 children living in informal kinship care. Kinship Navigator Programs are some of the few community resources that understand what Kin families are experiencing.

Carl Alva

By: Alvarado

**Health and Human Services Commission, Article II  
Add Rider  
Contingency Rider for SB 722, or Similar Legislation**

Prepared by LBB Staff, 02/25/2025

**Overview**

Add a contingency rider for Senate Bill 722, or similar legislation, relating to a mobile stroke unit grant program, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon its enactment.

**Required Action**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.10, Additional Specialty Care, by \$ \_\_\_\_\_ from the General Revenue Fund in fiscal year 2026 and \$ \_\_\_\_\_ from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

\_\_\_\_\_. Contingency for Senate Bill 722. In the amounts appropriated above and contingent on enactment of Senate Bill 722, or similar legislation, relating to a Mobile Stroke Unit Grant program, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is appropriated \$ \_\_\_\_\_ from the General Revenue Fund for fiscal year 2026 and \$ \_\_\_\_\_ from the General Revenue Fund for fiscal year 2027 to implement the provisions of the legislation.

Carl Alvarado

By: Alvarado

**Health and Human Services Commission, Article II  
Add Rider  
Contingency Rider for SB 481, or Similar Legislation**

Prepared by LBB Staff, 02/25/2025

**Overview**

Add a contingency rider for Senate Bill 481, or similar legislation, relating to emergency preparedness and response plans for the continued care and safety of nursing facility and assisted living facility residents, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon its enactment.

**Required Action**

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy \_\_\_\_\_, \_\_\_\_\_, by \$\_\_\_\_\_ from the General Revenue Fund and \$\_\_\_\_\_ from Federal Funds (\$\_\_\_\_\_ from All Funds) in fiscal year 2026 and \$\_\_\_\_\_ from the General Revenue Fund and \$\_\_\_\_\_ from Federal Funds (\$\_\_\_\_\_ from All Funds) in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission’s bill pattern, increase full-time-equivalents (FTEs) by 35.0 in fiscal year 2026 and \_\_\_\_\_ in fiscal year 2027.
3. On page II-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

\_\_\_\_\_. Contingency for Senate Bill 481. Included in the amounts appropriated above to the Health and Human Services Commission, and contingent on enactment of Senate Bill 481, or similar legislation, relating to emergency preparedness and response plans for the continued care and safety of nursing facility and assisted living facility residents, by the Eighty-ninth Legislature, Regular Session, is appropriated \$\_\_\_\_\_ from the General Revenue Fund (\$\_\_\_\_\_ from All Funds) and 35.0 full-time-equivalents (FTEs) for fiscal year 2026 and \$\_\_\_\_\_ from the General Revenue Fund (\$\_\_\_\_\_ from All Funds) and \_\_\_\_\_ FTEs for fiscal year 2027 to implement the provisions of the legislation.

Cal Alva

By: Senator Alvarado

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Contingency for Senate Bill 1263**

Prepared by LBB Staff, 02/24/2025

**Overview**

Add funding and a rider at the Department of State Health Services bill pattern that directs funding from the Opioid Abatement Account in the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 1263, which creates a Prescription Drug Disposal Pilot Program, contingent upon its enactment.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy C.1.1, Food (Meat) and Drug Safety by \$3,200,000 from the General Revenue Fund in fiscal year 2026 and \$5,200,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Department of State Health Services bill pattern, increase the agency FTE cap by 2.0 FTEs in fiscal year 2026 and in fiscal year 2027.
3. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

**Contingency for Senate Bill 1263.** Contingent on enactment of Senate Bill 1263, or similar legislation related to the creation of Prescription Drug Disposal Pilot Program, by the Eighty-ninth Legislature, Regular Session, the Department of State Health Services is appropriated \$3,200,000 from the General Revenue Fund Opioid Abatement Account 5189 in fiscal year 2026 and \$5,200,000 from the General Revenue Fund Opioid Abatement Account 5189 in fiscal year 2027, in Strategy C.1.1, Food (Meat) and Drug Safety, to implement the provisions of the legislation.

Additionally, the "Number of Full-Time-Equivalents (FTE)" is increased by 2.0 in each fiscal year of the agency's bill pattern.





By Sparks & Alvarado

## **Health & Human Services Commission/Article II**

### **Proposed Rider**

### **Contingency for Senate Bill 469**

Prepared by LBB Staff, 2/24/2025

#### **Overview**

Prepare a rider which appropriates \$250,000 in fiscal year 2026 and \$950,000 in fiscal year 2027 from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 469, contingent upon its enactment.

#### **Required Action**

On page II-116 of the bill pattern for the Health & Human Service Commission, add the following new rider:

\_\_\_\_\_ : Contingency for Senate Bill 469. Contingent on enactment of Senate Bill 469, or similar legislation relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services by the Eighty-ninth Legislature, Regular Session, the Health & Human Service Commission is appropriated \$250,000 for fiscal year 2026 and \$950,000 in fiscal year 2027 from the General Revenue Fund to implement the provisions of the legislation.



By (Alvarado)

*Health and Human Services Commission, Article II*

**Proposed Funding and Rider**

**211 Texas Information and Referral Network Area Information Center (AIC) Operations**

**Overview**

The following action adds a new rider that directs \$6 million for each year of the biennium for increased 211 call center staffing and operational support.

2-1-1 Texas Information & Referral Network (TIRN), a program of Texas Health and Human Services (HHSC), is operated by Area Information Centers (AICs) throughout the state. 211 TIRN's funding still hasn't returned to pre-2011 levels and rising operational costs have made existing funding from HHSC insufficient for Area Information Centers (AICs).

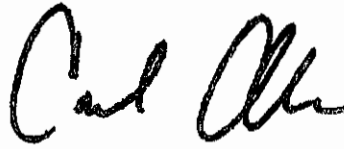
**Required Action**

On page II-70 of Health and Human Services Commission's bill pattern, add the following new rider:

2-1-1 Texas Information & Referral Network (TIRN) Area Information Center (AIC) Operations. Out of funds appropriated above, the Health and Human Services Commission shall allocate the following amounts for improvement of 2-1-1 TIRN:

\$3,000,000 in General Revenue and \$3,000,000 in Federal Funds (\$ 6,000,000 in All Funds) in each fiscal year in Strategy I.1.1, Integrated Eligibility and Enrollment, for staff retention and hiring, necessary hardware and devices, and other operational needs at contracted Area Information Centers (AICs). The funds must be allocated in a manner that ensures fair distribution among contracted Area Information Centers, taking into account factors such as call volume.

**. Rider Title** 2-1-1 Texas Information & Referral Network (TIRN) Area Information Center (AIC) Operations



By \_\_\_\_\_ Menéndez & Alvarado \_\_\_\_\_

***Health and Human Services Commission, Article II***  
**Crisis Nursery Facility License**

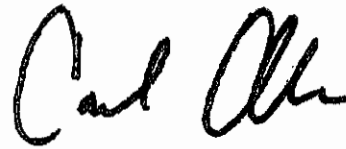
**Overview**

The following action adds a new rider that directs \$6,000,000 over the 2026-27 biennium from General Revenue for the purpose of the creation of a crisis nursery facility license if Senate Bill 1275, or similar legislation relating to crisis nurseries, is enacted. Crisis nursery facilities are child-care facilities that provide care and supervision for children who are voluntarily placed for temporary care for all or part of the 24-day by a parent or legal guardian to prevent or to help resolve a family crisis or stressful situation, or address a problem whose solution is critical to the family's healthy functioning.

**Required Action**

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

\_\_\_\_\_. **Crisis Nurseries Licensure.** Contingent on the enactment of Senate Bill 1275 or similar legislation relating to the establishment of a crisis nursery facility license, included in Strategy H.2.1 Child Care Regulation to implement the provisions of the legislation.



By Menéndez & Alvarado

***Health and Human Services Commission, Article II***  
**Relative Caregiver Payment Parity**

**Overview**

The following action adds a new rider that directs ~~\$6,000,000~~ over the 2026-27 biennium from General Revenue for the purpose of creating a procedure for the issuance of a license to a relative caregiver that would allow for them to receive monthly income similar to that of a licensed foster caregiver if Senate Bill 545 or similar legislation relating to relative caregiver payment parity, is enacted.

**Required Action**

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

\_\_\_\_. **Relative Caregiver Payment Parity.** Contingent on enactment of Senate Bill 545 or similar legislation relating to relative caregiver payment parity, included in Strategy H.2.1 Child Care Regulation is \$6,000,000 from General Revenue funds in each fiscal year of the 2026-27 biennium to allow for the Health and Human Services Commission to make necessary technology upgrades to the CLASS system for the purposes of implementing the provisions of this legislation.

By: Paxton



**Health and Human Services Commission, Article II  
Proposed Funding and Rider  
Contingency for HB 555**

Prepared by LBB Staff, 2/27/2025

**Overview**

Add rider and funding for House Bill 555, or similar legislation relating to improvements to the Texas Information and Referral Network, contingent upon enactment.

**Required Actions:**

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy \_\_\_\_\_, \_\_\_\_\_, by \$2,400,000 from the General Revenue Fund and \$3,600,000 from Federal Funds in fiscal year 2026 and \$2,400,000 from the General Revenue Fund and \$3,600,000 from Federal Funds in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add, add the following rider:

\_\_\_\_\_. **Contingency for House Bill 555** Contingent on enactment of House Bill 555 or similar legislation relating to improvements to the Texas Information and Referral Network, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$2,400,000 from the General Revenue Fund and \$3,600,00 from Federal Funds in each fiscal year of the biennium in Strategy XX, to implement the provisions of the legislation.

By: Ayala S. Pastan

**Health and Human Services Commission  
Proposed Funding and Rider  
Nutrition Support Services**

**Overview**

Add funding for nutrition support services for prenatal and postpartum women to reduce unnecessary emergency room visits and improve health outcomes.

**Required Action**

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations for Strategy A.1.1, Medicaid Client Services, by \$6,000,000 in General Revenue and \$9,000,000 in Federal Funds (\$15,000,000 All Funds) in each fiscal year.
2. On Page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Nutrition Support Services.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.1, Medicaid Client Services, is \$6,000,000 in General Revenue and \$9,000,000 in Federal Funds (\$15,000,000 All Funds) in each fiscal year to fund Medicaid nutrition support services for prenatal and postpartum women to reduce unnecessary emergency room visits and improve health outcomes. It is the intent of the legislature that HHSC implement nutrition support services as soon as practicable, but not later than February 1, 2026. Covered nutrition support services include counseling services including case management, and any other services the commission determines are necessary and cost-effective.

Not later than December 1 of each even-numbered year, the commission shall prepare and submit to the legislature a biennial report on the health outcomes of providing nutrition support services to improve maternal healthcare. The report must include the number of recipients receiving nutrition support services and outcomes, including decreases in emergency room visits, and any other measure HHSC determines relevant to evaluate the effectiveness of nutrition support services.

**Department of State Health Services**  
**Proposed Rider**  
**Charity Care Clinics in Texas**

Prepared by LBB Staff, 03/10/2025

**Overview**

Increase funding at the Department of State Health Services (DSHS) to establish a Charity Care Clinics Grant program, providing \$5.0 million for the 2026-27 biennium. This funding will support eligible charitable care clinics across Texas in delivering essential healthcare services to underserved and uninsured populations.

This program aims to strengthen healthcare access for underserved communities, improve patient outcomes, and ensure transparency and accountability in the allocation of state funds. By providing accessible and cost-effective care for routine and basic medical needs, this program also helps reduce the financial burden on taxpayers by preventing unnecessary emergency room visits for non-emergency conditions, ultimately leading to significant savings in state-funded healthcare expenditures.

**Required Action**

1. On page II-XX of the Department of State Health Services (DSHS) bill pattern, increase appropriations in Strategy B.2.2, Texas Primary Care Office by \$2,500,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium.
2. On Page II-XX of the Department of State Health Services bill pattern, add the following rider:

        . **Charitable Care Clinics Grant Program.** Included in the amounts appropriated above in Strategy B.2.2, Texas Primary Care Office is \$2,500,000 from the General Revenue Fund in fiscal year 2026 and \$2,500,000 from the General Revenue Fund in fiscal year 2027 to establish the Charitable Care Clinics Grant Program to provide grants to eligible charitable care clinics in Texas.

- (a) Funds shall be distributed through a competitive grant process administered by the Department of State Health Services (DSHS), with a maximum grant award of \$250,000 per clinic per fiscal year;
- (b) Funding shall be allocated using a Volume Model, which calculates a per-patient funding amount based on the total number of unduplicated patients served by participating clinics annually; and
- (c) No single clinic shall receive more than \$250,000 per fiscal year or more than 50 percent of its annual operating budget from this grant program

Participating clinics shall submit annual reports to DSHS detailing:

- (a) Total number of unduplicated patients served;
- (b) Use of grant funds, including personnel, technology, outreach, and other operational expenses;

- (c) Measurable outcomes and impact of the grant funds on patient care and services.

DSHS shall provide a report to the Legislative Budget Board on reports submitted to DSHS no later than August 31 of each fiscal year.

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





By: Paxton

**Health & Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 1751**

**Overview**

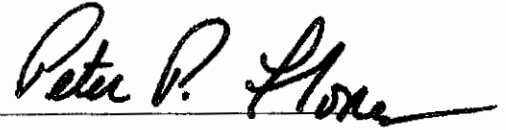
The following rider appropriates \$XX in fiscal year 2026 and \$XX in fiscal year 2027 from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 1751, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_ : Contingency for Senate Bill 1751. Contingent on enactment of Senate Bill 1751, or similar legislation by the Eighty-ninth Legislature related the definition of licensing authority as it relates to the collection of certain licensing information about certain day-care employees, the XX is appropriated \$XX out of General Revenue Fund in fiscal year 2026 and \$XX out of the General Revenue Fund in fiscal year 2027 to implement provisions of the bill. Any unexpended balances as of August 31, 2026, are appropriated for the same purpose for the fiscal year beginning September 1, 2026.

By: Sparks



**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Permian Basin Behavioral Health Center**

Prepared by LBB Staff, 2/19/25

**Overview**

Add funding and rider related to operation of 42 competency restoration beds at the Permian Basin Behavioral Health Center.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals, by \$10,278,192 in General Revenue in fiscal year 2026 and \$12,225,914 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:

\_\_\_\_\_ **Permian Basin Behavioral Health Center. Included in the amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$10,278,192 from the General Revenue Fund in fiscal year 2026 and \$12,225,914 from the General Revenue Fund in fiscal year 2027 for operation of 42 competency restoration beds at the Permian Basin Behavioral Health Center.**



By: Blanco/Flores

***Health and Human Services Commission***  
***Article II***  
**Veterans Community Health Programs**  
**Contingency for Senate Bill 897**

**Overview**

The following action adds a new rider contingent enactment of S.B.897 or similar legislation of the 89<sup>th</sup> Legislature, Regular Session, 2025, relating to the administration of a grant program to support community mental health programs for veterans and their families.

**Required Action**

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

\_\_\_\_\_. **Contingency for Senate Bill 897.** Contingent on the enactment of S.B. 897 or similar legislation of the 89<sup>th</sup> Legislature, Regular Session, 2025, relating to the administration of a grant program to support community mental health programs for veterans and their families, add the following:

- (1) In Article II of the bill, in the appropriations to the Health & Human Services Commission (page II-73) increase general revenue appropriations for Strategy D.2.4, (1) veterans and their families grant program established pursuant to Government Code, Section 531.0992, by \$5,000,000 for each state fiscal year of the state fiscal biennium ending August 31, 2027. Such appropriations shall be available only to those programs in a county with a population of 250,000 or more.
- (2) In Article II of the bill, in the appropriations to the Health & Human Services Commission (page II-73) increase general revenue appropriations for Strategy D.2.4, (1) veterans and their families grant program established pursuant to Government Code, Section 531.0992, by \$10,000,000 for the state fiscal biennium ending August 31, 2027.
- (3) Adjust totals and methods of financing accordingly.

*Zappini*

*José Mendez*

By Mendez

*Health and Human Services Commission, Article II*

Contingency for Legislation Relating to a Technology Grant Program for Health Care Facilities Providing Mental Health Care Services.

**Overview**

The following action adds a new rider that directs \$20,000,000 for health care facilities providing mental health care services to retain technology as it relates to electronic health digital systems contingent upon legislation passing to establish the program.

**Required Action**

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

- \_\_\_\_. **Contingency for Legislation Relating to a Technology Grant Program for Health Care Facilities Providing Mental Health Care Services.** Contingent upon enactment of legislation establishing a matching grant program for freestanding psychiatric hospitals to enhance technology as it relates to electronic health digital systems, the Health and Human Services Commission (HHSC) is appropriated \$20,000,000 in General Revenue in Strategy D.2.6 Community Mental Health Grant Programs, to implement the provisions of the legislation.

By: Aylin S. Pagan

**Health and Human Services Commission, Article II  
Add Rider  
Contingency Rider for SB 206, or Similar Legislation**

Prepared by LBB Staff, 02/25/2025

**Overview**

Add a contingency rider for Senate Bill 206, or similar legislation, relating to a webpage and mobile application for the provision of pregnancy-related resources and information, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon its enactment.

**Required Action**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy \_\_\_\_\_, \_\_\_\_\_, by \$ \_\_\_\_\_ from the General Revenue Fund and \$ \_\_\_\_\_ from Federal Funds (\$ \_\_\_\_\_ from All Funds) in fiscal year 2026 and \$ \_\_\_\_\_ from the General Revenue Fund and \$ \_\_\_\_\_ from Federal Funds (\$ \_\_\_\_\_ from All Funds) in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

\_\_\_\_\_. **Contingency for Senate Bill 206.** In the amounts appropriated above and contingent on enactment of Senate Bill 206, or similar legislation, relating to emergency preparedness and response plans for the continued care and safety of nursing facility and assisted living facility residents, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is appropriated \$ \_\_\_\_\_ from the General Revenue Fund (\$ \_\_\_\_\_ from All Funds) for fiscal year 2026 and \$ \_\_\_\_\_ from the General Revenue Fund (\$ \_\_\_\_\_ from All Funds) for fiscal year 2027 to implement the provisions of the legislation.



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

**Health & Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 1751**

**Overview**

The following rider appropriates \$XX in fiscal year 2026 and \$XX in fiscal year 2027 from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 1751, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_ : **Contingency for Senate Bill 1751. Contingent on enactment of Senate Bill 1751, or similar legislation by the Eighty-ninth Legislature related the definition of licensing authority as it relates to the collection of certain licensing information about certain day-care employees, the XX is appropriated \$XX out of General Revenue Fund in fiscal year 2026 and \$XX out of the General Revenue Fund in fiscal year 2027 to implement provisions of the bill. Any unexpended balances as of August 31, 2026, are appropriated for the same purpose for the fiscal year beginning September 1, 2026.**

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Contingency for Senate Bill 3**

Prepared by LBB Staff, 03/09/2025

**Overview**

The Department of State Health Services conducts the Consumable Hemp Program, which includes inspections every six years currently, based on staffing levels. The required actions increase appropriations and FTEs to change the inspection frequency to annually. Additionally, the amended rider specifies the intent that the DSHS Consumable Hemp Program be fully funded with fees by the end of fiscal year 2027.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy C.1.1, Food (Meat) and Drug Safety by \$7,749,399 from the General Revenue Fund in fiscal year 2026 and \$7,749,399 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Department of State Health Services bill pattern, increase the agency FTE cap by 48.0 FTEs in fiscal year 2026 and in fiscal year 2027.
3. On page II-XX of the Department of State Health Services bill pattern, included the following rider:

\_\_\_\_\_. **Contingency for Senate Bill 3.** Contingent on enactment of Senate Bill 3, or similar legislation relating to the regulation of consumable hemp products and hemp-derived cannabinoids, by the Eighty-ninth Legislature, Regular Session, included in the amounts appropriated above in Strategy C.1.1, Food (Meat) and Drug Safety is \$7,749,399 from the General Revenue Fund in fiscal year 2026 and \$7,749,399 from the General Revenue Fund in fiscal year 2027. Additionally, the “Number of Full-Time-Equivalents (FTE)” is increased by 48.0 in each fiscal year of the agency’s bill pattern.

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

\_\_\_\_\_. **Hemp Regulation.** Included in amounts appropriated above, in Strategy C.1.1, Food (Meat) and Drug Safety, is an estimated \$1,305,563 in each fiscal year from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products for the purposes of implementing Health and Safety Code, Chapter 443.

Additional revenue from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products in excess of the amounts appropriated above (estimated to

be \$0) is appropriated to the Department of State Health Services (DSHS) for the same purpose up to an additional \$411,344,604,950 each fiscal year.

Any unexpended balances of these funds for the state fiscal year ending August 31, 2026, are appropriated to DSHS for the same purposes for the fiscal year beginning September 1, 2026.

It is the intent of the legislature that DSHS shall raise fees to meet the cost of the consumable hemp program by August 31, 2027.



**Senate Finance Committee  
Riders - Article II**

**Not Adopted**

**March 12, 2025**

**Legislative Budget Board**

*Bryan C. Cragg*

**Department of Family and Protective Services**  
**Funding to Increase Interoperable Data Exchange for Community Base Care**

**Overview**

Add a rider providing funding to the Department of Family and Protective Services to establish a data exchange warehouse between the Single Source Continuum Contractor and DFPS. Currently, interoperability between the SSCC's newer data systems and the Department's legacy IMPACT system is limited, requiring duplicate entry of data by the SSCCs. This takes precious resources, including human resources away from the SSCC's core mission of delivering community based care to Texas children. By implementing, a secure, centralized data exchange Texas can eliminate redundant data entry, improve real-time information sharing, and enhance coordinate of care for children and families. Although IMPACT is likely to be replaced in the coming years, the ultimate replacement of SSCC functionality in that system is at least 5 years away.

**Required Action**

- 1) On page \_\_\_ of the Texas Department of Family and Protective Services increase Strategy
- 2) On page \_\_\_ of the Texas Department of Family and Protective Services, add the following rider:

\_\_\_\_. **Data Exchange Warehouse for Community Based Care.** Out of funds appropriated above, the Department shall provide \$6,000,000 to the Single Source Continuum Contractors to establish a dedicated information exchange platform to facilitate the necessary data transactions between the SSCCs' IT systems and the Department's legacy IMPACT system. The shared system shall standardize and validate data from each SSCC region and deliver the data to IMPACT in real-time.



By Alvarado

*Department of State Health Services, Article II*  
**Consolidation of Data Collected from Hospitals**

**Overview**

The following action adds a new rider that directs DSHS and HHSC to eliminating duplicative reporting requirements or modifying data collection tools to increase efficiency for Texas hospitals.

**Required Action**

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

**Sec. XX. Consolidation of Data Collected from Hospitals.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) shall improve hospital reporting and transparency, including by eliminating duplicative reporting requirements or modifying data collection tools to increase efficiency. Not later than November 1, 2026, HHSC shall submit a report to the Legislative Budget Board and the Office of the Governor listing all mandatory and optional data or information collection requirements for hospitals operating in Texas, a summary and list of any eliminated or modified reports, and the state purpose for all remaining information or data collection requirements.



By: Senator Alvarado

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Statewide Cardiopulmonary Resuscitation (CPR) Awareness Campaign**

Prepared by LBB Staff, 02/06/2025

**Overview**

Provide funding for a statewide cardiopulmonary resuscitation (CPR) awareness campaign to highlight the importance of CPR and automated external defibrillator (AED) administration and usage.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.3.1, Health Promotion and Chronic Disease Prevention by \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

**Statewide Cardiopulmonary Resuscitation (CPR) Awareness Campaign.**  
Amounts appropriated above to the Department of State Health Services in Strategy A.3.1, Health Promotion and Chronic Disease, include \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027, to establish a statewide CPR awareness campaign to spotlight the significance of CPR and automated external defibrillator (AED) administration in saving lives.

The awareness campaign shall begin no later than September 1, 2026 and may include online and printed materials, public service announcements, or other advertising media.

Cal Alvarado

By Alvarado

*Department of State Health Services, Art. II*

**Emergency Medical Task Force**

**Overview**

The following action adds a new rider that directs \$10 million – an increase of \$3 million - for the Emergency Medical Task Force. The EMTF program acts as the state’s disaster medical safety net – leveraging relationships with professional medical and EMS personnel from across the state to provide needed assistance when a local jurisdiction’s medical and EMS personnel need augmentation or have been incapacitated or overwhelmed by a natural disaster or emergency. For instance, the EMTF provided critical, life-saving emergency services throughout the COVID-19 pandemic, in the Texas Panhandle during the Smokehouse Creek fires, in the aftermath of the Uvalde CISD shooting, Hurricane Harvey, and Beryl. The program has depended on federal grant money to fund its ongoing activities and those funds have steadily decreased despite a steady increase in the activation of the EMTF units. Just like the state provides financial outlays to support ongoing support for natural disasters and other critical events from Texas Task Force-1 and Texas Task Force-2 (the state’s search and rescue safety net), this would provide similar stability to the emergency medical safety net.

**Required Action**

1) On page II-24 of the Department of State Health Services’ bill pattern, increase appropriations in Strategy A.1.1, Public Health Preparedness, by \$1,500,000 in General Revenue Funds in fiscal year 2026 and in fiscal year 2027.

2) On page II-35 of the Department of State Health Services bill pattern, amend Rider 23 as follows:

**23. Emergency Medical Task Force.** (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall provide ~~\$1,000,000~~ \$2,000,000 in each fiscal year of the biennium out of General Revenue Funds appropriations to fund ongoing programs, exercises, and readiness for the Emergency Medical Task Force (EMTF).

(b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$250,000~~ \$500,000 in each fiscal year of the biennium out of General Revenue Funds appropriations to fund the management of the EMTF program.

(c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$1,250,000~~ \$1,500,000 in each fiscal year of the biennium out of General Revenue Funds appropriations for the replacement of critical emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.

(d) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall utilize \$1,000,000 in General Revenue in each fiscal year of the biennium out of General Revenue Fund appropriations for any purpose stated above in Sections (a), (b), and (c).

By: Senator Perry

**Department of State Health Services**  
**Proposed Funding and Rider**  
**Contingency for Senate Bill XX**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add funding and a rider at the Department of State Health Services that directs funding to the Consumable Hemp Products account for the purposes of implementing the provisions of Senate Bill XX, contingent upon its enactment.

**Required Action**

1. On page II-XX of the Department of State Health Services bill pattern, add new General Revenue-Dedicated account “Consumable Hemp Products.”
2. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

**Contingency for Senate Bill XX.** Contingent on enactment of Senate Bill XX, or similar legislation by the Eighty-ninth Legislature, Regular Session, the Department of State Health Services is appropriated \$1,305,536 from the Consumable Hemp Products Account in Strategy C.1.1, Food (Meat) and Drug Safety, in fiscal year 2026 and fiscal year 2027, and appropriations from the General Revenue Fund are decreased in Strategy C.1.1, Food (Meat) and Drug Safety, by \$1,305,536 in fiscal year 2026 and fiscal year 2027, to implement the provisions of the legislation.



**Department of State Health Services**  
**Proposed Funding and Rider**  
**Emergency Medical Task Force**

Add funding and a new rider at the Department of State Health Services to direct the funds to the Emergency Medical Task Force (EMTF) program units and its State Coordinating Office to restore funding for the state's disaster emergency medical response capability.

The EMTF program acts as the state's disaster medical safety net – leveraging relationships with professional medical and EMS personnel from across the state to provide needed assistance when a local jurisdiction's medical and EMS personnel need augmentation or have been incapacitated or overwhelmed by a natural disaster or emergency. For instance, the EMTF provided critical, life-saving emergency services throughout the COVID-19 pandemic, in the aftermath of the Uvalde CISD shooting, Hurricane Harvey, and the recent tornado event in Deer Park. The program has depended on federal grant money to fund its ongoing activities and those funds have steadily decreased despite a steady increase in the activation of the EMTF units. Just like the state provides financial outlays to support Texas Task Force-1 and Texas Task Force-2 to act as the state's search and rescue safety net, this would provide similar stability to the emergency medical safety net.

**Required Action**

1) On page II-24 of the Department of State Health Services' bill pattern, increase appropriations in Strategy A.1.1, Public Health Preparedness, by \$1,500,000 in General Revenue Funds in fiscal year 2024 and in fiscal year 2025.

2) On page II-35 of the Department of State Health Services bill pattern, amend Rider 23 as follows:

**Emergency Medical Task Force.**

23. Emergency Medical Task Force. (a) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, the Department of State Health Services (DSHS) shall provide ~~\$1,000,000~~ \$2,000,000 in each fiscal year of the biennium out of General Revenue Funds appropriations to fund ongoing programs, exercises, and readiness for the Emergency Medical Task Force (EMTF).

(b) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$250,000~~ \$500,000 in each fiscal year of the biennium out of General Revenue Funds appropriations to fund the management of the EMTF program.

(c) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall provide ~~\$1,250,000~~ \$1,500,000 in each fiscal year of the biennium out of General Revenue Funds appropriations for the replacement of critical



emergency medical response equipment statewide, including specialized emergency medical vehicles, trailers, inflatable equipment, and durable medical equipment.

(d) Out of the amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, DSHS shall utilize \$1,000,000 in General Revenue in each fiscal year of the biennium out of General Revenue Fund appropriations for any purpose stated above in Sections (a), (b), and (c) except for the purchase or replacement of ambulance buses (AMBUSes).

Carl Alvarado

By Johnson/Alvarado

***Health and Human Services, Article II***  
**Funding Texas Maternal Mortality Review System (MMRS) Integration**

**Overview**

The following action adds a new rider that directs \$9.9 million for integrating the Maternal Child Health Quality Improvement System (MCHQIS) and Maternal Mortality Review System (MMRS) systems so that data can be shared between these systems and other datasets. The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) uses the MMRS to review maternal mortality cases and the MCHQIS to create data visualizations for implementation purposes. The MMMRC must use the systems in conjunction with each other to understand the maternal health landscape in Texas, but the systems are currently not integrated, which results in data lags and lengthens the timelines between case reporting and review. Such lags contribute to the MMMRC's decision to occasionally bypass review of certain years in order to move on to more recent cases, as occurred in 2024.

**Required Action**

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

- \_\_\_\_. **Funding Texas Maternal Mortality Review System (MMRS) Integration.** Out of funds appropriated above, the Department of State Health Services shall allocate \$9,900,000 per biennium for integrating the Maternal Child Health Quality Improvement System (MCHQIS) and Maternal Mortality Review System (MMRS) data systems. The Texas Maternal Mortality and Morbidity Review Committee shall analyze data from the preceding five years.

By Johnson/Alvarado

***Health and Human Services, Article II***  
**Peace Officer Wellness Program**

**Overview**

The following action adds a new rider that directs \$6,400,000 per biennium for the Peace Officer Wellness Program to establish and maintain a wellness program for peace officers. The Peace Officer Wellness Program was established through passage of HB 3858 in the 88<sup>th</sup> Regular Session.

**Required Action**

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

\_\_\_\_\_. **Peace Officer Wellness Program.** It is the intent of the Legislature to provide \$6,400,000 per biennium to the Health and Human Services Commission for the Peace Officer Wellness Program under Government Code Chapter 425. Of that amount, \$5,000,000 per biennium shall be dedicated for making grants under Government Code Section 425.102. The remaining \$1,400,000 shall be appropriated to the Health and Human Services Commission for administration of the program.



By: Johnson/Alvarado

***Health and Human Services, Article II***  
**Outpatient Competency Restoration**

**Overview**

The following action adds a new rider that directs \$14,000,000 in capital funding for outpatient competency restoration needs for Dallas County jails. Whenever Dallas County jails are full and there are not enough beds at the state hospital, Parkland acts as the healthcare provider. Parkland is Dallas County's indigent care hospital and it is not equipped to handle an inmate population. Funding is needed to build more competency restoration space in Dallas County.

**Required Action**

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

- \_\_\_\_. **Parkland Outpatient Competency Restoration.** From the General Revenue Fund, the Health and Human Services Commission shall allocate \$14,000,000 for the biennium for the purpose of expanding outpatient competency restoration services at Parkland Health & Hospital System.



By: Johnson/Alvarado

***Health and Human Services Commission, Article II***  
**Healthy Community Collaboratives**

**Overview**

The following action adds a new rider that directs an additional \$10,000,000 for the Healthy Community Collaboratives. This program is a statewide grant program administered by HHSC to help indigent and homeless people with mental illness receive mental health services and find housing.

Funds are distributed across 7 regional programs and are also awarded to nonprofits. The North Texas Behavioral Health Authority (NTBHA) is Dallas' regional program. NTBHA received \$581,026 in the 2022-2023 biennium. Additional available funding could help expand the program.

**Required Action**

On page II-74 of Health and Human Services Commission bill pattern, add the following new rider:

\_\_\_\_. **Healthy Community Collaboratives.** Contingent upon the availability of local matching funds pursuant to Government Code, Section 539.002, an additional \$10,000,000 from the General Revenue Fund for the biennium shall be allocated to fund Health Community Collaboratives. HHSC shall consider funding received by a collaborative from the Texas Department of Housing and Community Affairs prior to releasing funds in subsection (a)(4) to the collaborative.



By: Johnson/Alvarado

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

### **Proposed Rider**

#### **STAR+PLUS HCBS and MDCP Waiver Interest List Financial Eligibility Verification Before Functional Eligibility Determination**

##### **Overview**

Add a rider to direct HHSC to verify financial eligibility before Managed Care Organizations (MCOs) conduct functional eligibility determinations for individuals seeking services through the STAR+PLUS Home and Community-Based Services (HCBS) and Medically Dependent Children Program (MDCP) waiver interest lists. This change will improve efficiency, reduce unnecessary costs, and expedite access to services for individuals who truly qualify.

##### **Required Action**

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

\_\_\_\_. STAR+PLUS HCBS and MDCP Waiver Financial Eligibility Verification Before Medical Necessity Determination. Out of funds appropriated above in Strategy B.1.1. Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission shall assess the financial eligibility of individuals seeking long-term care services through the STAR+PLUS Home and Community-Based Services (HCBS) and the Medically Dependent Children Program (MDCP) waiver interest lists before Managed Care Organizations (MCOs) conduct functional eligibility determinations on those individuals.



By: Johnson/Alvarado

## Health and Human Services Commission, Article II

### Proposed Rider

#### Medicaid Program Efficiencies – Streamlining Managed Care Enrollment and Disenrollment

#### Overview

Add a rider to direct HHSC to develop and implement an automatic enrollment process for Medicaid managed care.

#### Required Action

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

\_\_\_. Medicaid Program Efficiencies – Streamlining Managed Care Enrollment and Disenrollment. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall develop and implement initiatives to improve efficiencies in Medicaid and the Children's Health Insurance Program (CHIP) managed care and fee-for-service delivery models. These initiatives shall minimize beneficiary and provider abrasion and reduce unnecessary administrative and operational costs at HHSC.

As part of these initiatives, HHSC shall automatically enroll applicants in a Medicaid managed care plan on the day the applicant is determined to be eligible for Medicaid. If an applicant does not choose a managed care plan during the application process, HHSC shall automatically enroll the applicant in a managed care plan using a default enrollment process that complies with federal and state laws and regulations. When implementing this provision HHSC should mitigate any impact to state supplemental funding by transitioning it from fee for service claims to managed care claims.



By Johnson/Alvarado

***Health and Human Services Commission, Article II of the Budget***  
**Data Interoperability Landscape Assessment Rider**

**Overview**

Data interoperability allows healthcare systems, providers, payors and hospitals to share health care information for the purposes of payment, treatment, driving health outcomes and other healthcare operations. This exchange of healthcare data occurs at the regional levels through five non-profit health information exchanges (regional HIEs), provider's electronic medical records, national interoperability organization, and through the Texas Health Services Authority. Stakeholders have indicated an interest in utilizing existing interoperability infrastructures to collect and exchange of data related to the screening and referral of Texans experiencing chronic illnesses or challenges with non-medical drivers of healthcare, such as food insecurity, housing, employment, education, and other non-medical needs.

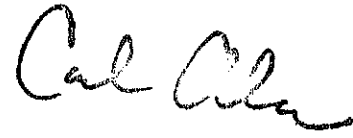
Better integration of data and technology can help drive down healthcare costs for the State, improve coordination between providers, CBOs, and MCOs, avoid duplication of efforts, improve health outcomes, and improve the patient's experience. To fully recognize the benefits of exchanging healthcare data in real time, it is necessary to conduct a landscape assessment of data interoperability, including and not limited to health information exchange and data sharing related to screening, referrals, and assessments between providers, Medicaid Managed Care Organizations, community-based organizations, and the Health and Human Services Commission (HHSC).

**Required Action**

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

\_\_\_ . **Data Interoperability Landscape Assessment Rider** Included in the amounts appropriated above, HHSC shall contract with the University of Texas System to perform a landscape assessment on data interoperability, including and not limited to health information exchange and data sharing related to screening, referrals, and assessments between providers, Managed Care Organizations (MCOs), community-based organizations, and HHSC. The study assessment shall be informed by information collected from the regional health information exchanges, Texas Health Services Authority, representatives from key provider groups, MCOs, and HHSC. The assessment shall include the best practices from other states and identify opportunities to maximize federal funding for HHSC and the regional health information exchanges. Based on that assessment, HHSC shall create a strategic plan to be submitted to the Legislature no later than September 2026.





By Johnson/Alvarado

***Health and Human Services, Article II***  
**Texas Colorectal Cancer Initiative**

**Overview**

The following action adds a new rider that directs \$10,000,000 per biennium for uninsured and underinsured Dallas residents to receive colorectal cancer screenings. This is an expansion of Rider 86, Article II, HB 1 (88R), which appropriated funds to provide colorectal cancer treatment for under and uninsured Texans with income at or below 200 percent of the FPL. Currently, the pilot program is only funded in Harris County.

**Required Action**

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

\_\_\_\_. **Texas Colorectal Cancer Initiative.** Out of funds appropriated above to the Health and Human Services Commission in D.1.10, Additional Specialty Care, is \$5,000,000 in General Revenue in each fiscal year for the Health and Human Services Commission to fund the treatment of colorectal cancer for uninsured and underinsured Dallas County residents with household incomes at or below 200 percent of the federal poverty level. HHSC shall identify and pursue opportunities to use any available federal funding to implement this program.

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



By Johnson/Alvarado

*Health and Human Services Commission, Article II*

**ATLIS Interoperability Task Force**

**Overview**

Texas Health and Human Services Commission's (HHSC's) new Aligning Technology by Linking Interoperable Systems (ATLIS) program needs a clear understanding of hospitals' existing interoperability systems. Hospitals (private, non-profit and governmental entities), providers, and Managed Care Organizations (MCOs) have invested significant funds in their existing interoperability infrastructure to improve patient outcomes. There is a clear path for HHSC's interoperability goals to improve patient outcomes that leverages hospitals' existing infrastructure and current investments. HHSC shall convene and work diligently with an "ATLIS Interoperability Task Force" ("Task Force") to mitigate the unnecessary expenses and duplicative reporting that hospitals will incur without changing the proposed ATLIS program. Further, as several Texas hospital systems have experienced costly data-breaches in the last several years, it is critical that the significant privacy and security concerns for the ATLIS program must be addressed.

**Required Action**

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

    . **ATLIS Interoperability Task Force.** Leveraging Existing Interoperability Infrastructure to Support Efficient Implementation of ATLIS Interoperability Program

Out of funds appropriated above, the Health and Human Services Commission shall convene an ATLIS Interoperability Task Force made up of: (i) multiple hospital representatives that utilize the major electronic health record platforms, (ii) representatives from all of the five Texas regional Health Information Exchanges (HIEs), (iii) HHSC's Chief Information Technology Officer, (iv) Department of State Health Services leadership, (v) Texas Health Services Authority, and (vi) representatives from managed care organizations. The Task Force shall develop recommendations for HHSC on mitigating the unnecessary expenses and duplicative reporting that hospitals will incur without changing the proposed ATLIS interoperability structure by utilizing hospitals' existing interoperability infrastructure, addressing the privacy and security considerations, and cost considerations associated with implementation of the program.

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

Prepared by LBB Staff, 02/27/25

Overview

Add funding to increase reimbursement rates for Medicaid inpatient and outpatient services provided by rural hospitals. Amend Rider 8, Hospital Payments, to identify appropriations for this purpose.

Required Action

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$41,150,284 from the General Revenue Fund (\$101,342,484 from All Funds) in each fiscal year.
2. On page II-XX 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 \$173,647,077 ~~\$132,496,793~~ from the General Revenue Fund, \$83,286,919 from Interagency Contracts, and \$376,157,410 ~~\$315,965,210~~ from Federal Funds (\$633,091,406 ~~\$531,748,922~~ from All Funds) in fiscal year 2026 and \$176,429,483 ~~\$135,279,199~~ from the General Revenue Fund, \$83,286,918 from Interagency Contracts, and \$379,868,777 ~~\$319,376,577~~ from Federal Funds (\$639,285,178 ~~\$537,942,694~~ 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) \$50,627,081 from the General Revenue Fund, \$10,242,919 from Interagency Contracts, and \$89,130,000 from Federal Funds (\$150,000,000 from All Funds) in fiscal year 2026 and \$50,792,082 from the General Revenue Fund, \$10,152,918 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) ~~\$59,498,990~~ ~~\$26,945,120~~ from the General Revenue Fund and ~~\$87,072,755~~ ~~\$39,454,880~~ from Federal Funds (~~\$146,571,745~~ ~~\$66,400,000~~ from All Funds) in fiscal year 2026 and ~~\$59,532,190~~ ~~\$26,978,320~~ from the General Revenue Fund and ~~\$87,039,555~~ ~~\$39,421,680~~ from Federal Funds (~~\$146,571,745~~ ~~\$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) ~~\$14,138,163~~ ~~\$5,541,749~~ from the General Revenue Fund and ~~\$20,688,932~~ ~~\$8,114,607~~ from Federal Funds (~~\$34,827,095~~ ~~\$13,656,356~~ from All Funds) in fiscal year 2026 and ~~\$14,319,613~~ ~~\$5,723,199~~ from the General Revenue Fund and ~~\$20,937,266~~ ~~\$8,362,941~~ from Federal Funds (~~\$35,256,879~~ ~~\$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; and
- (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.

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 Subsections (c), (d), (e), (f), and (g), 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.

By: Perry

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## Health and Human Services Commission, Article II

Proposed Rider

Rural Hospital Safe Patient Handling Grant Program

Prepared by LBB Staff, 02/24/2025

### Overview

Add a rider for matching grants to rural hospitals to acquire safe patient handling equipment and for training on safe patient handling equipment.

### Required Action

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

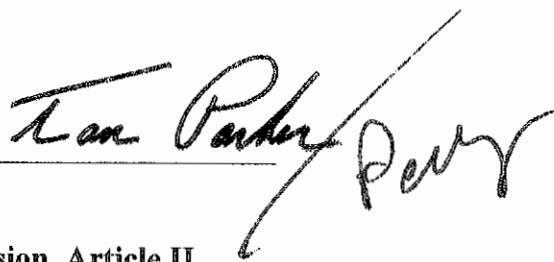
Rural Hospital Safe Patient Handling Grant Program. Included in amounts appropriated above in Strategy F.3.3, Additional Advocacy Programs, is \$4,000,000 from the General Revenue Fund in fiscal year 2026 to eligible rural hospitals to acquire safe patient handling equipment and for training on safe patient handling equipment; and \$50,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium in Strategy L.1.1, HHS System Supports, to administer the program.

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.

HHSC shall establish a grant application process that shall (1) provide one-to-one matching grants to eligible facilities as described above, (2) provide a grant amount not to exceed \$50,000 for any one eligible facility, (3) give priority to eligible facilities that demonstrate a financial hardship in acquiring safe patient-handling equipment, (4) exempt eligible facilities demonstrating a financial hardship in acquiring safe patient handling equipment to provisions 1 and 2 above.

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.

By: Parker



**Health and Human Services Commission, Article II**  
**Proposed Rider and Funding**  
**Contingency for Senate Bill XX**

Prepared by LBB Staff, 02/20/2025

**Overview**

This rider would provide \$25,000,000 from the General Revenue Fund in fiscal year 2027 to implement the provisions of Senate Bill XX, relating to the eligibility for and access to certain Medicaid waiver programs, including the medically dependent children (MDCP) and the Texas home living (TxHmL) waiver programs.

**Required Action**

1. On page \_\_\_ of the Health and Human Services Commission bill pattern, increase appropriations in Strategy X.X.X by \$25,000,000 from the General Revenue Fund in fiscal year 2027.
2. On page \_\_\_ of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_ **Contingency for Senate Bill XX.** Contingent on enactment of Senate Bill XX, or similar legislation relating to the eligibility for and access to certain Medicaid waiver programs, including the medically dependent children (MDCP) and the Texas home living (TxHmL) waiver programs, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission, is \$25,000,000 from the General Revenue Fund in fiscal year 2027 in Strategy X.X.X, to implement the provisions of the legislation.

By: Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Jail Diversion Program at Austin State Hospital**

Prepared by LBB Staff, 2/26/25

**Overview**

Add rider to require the Health and Human Services Commission to repurpose space on the Austin State Hospital Campus.

**Required Action**

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

\_\_\_\_\_ **Jail Diversion Program at Austin State Hospital.** The Health and Human Services Commission (HHSC) shall engage in land use and program planning with Travis County to utilize vacated land and buildings on the Austin State Hospital campus for the purpose of the provision of mental health services, including jail diversion efforts. Planning should consider the full mental health continuum of care in services considered for inclusion on the property. As part of the planning and implementation of services, HHSC may enter into a nominal cost, long-term lease agreement with Travis County for use of portions of the ASH campus determined as no longer utilized by HHSC as necessary to implement programs described above.



By: Perry

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**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Base Wage Increase for Personal Attendant Services**

Prepared by LBB Staff, 02/27/25

Overview

Add funding to maintain the Attendant Compensation Rate Enhancement Program (ACRE). Amend Rider 23, Base Wage Increase for Personal Attendant Services, to identify appropriations for this purpose.

Required Action

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.
2. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.1, Home and Community-based Services, by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.
3. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.2, Community Living Assistance (CLASS), by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.
4. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.3, Deaf-Blind Multiple Disabilities, by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.
5. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.4, Texas Home Living Waiver, by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.
6. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.3, Behavioral Hlth Waiver & Amendment, by XX from the General Revenue Fund (XX from All Funds) in fiscal year 2026 and XX from the General Revenue Fund (XX from All Funds) in fiscal year 2027.

7. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.2, Non-Medicaid Services, by XX from the General Revenue Fund in each fiscal year.
8. On page II-66 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, NonMedicaid Services, is ~~XX \$369,593,897~~ from the General Revenue Fund and ~~XX \$527,126,605~~ from Federal Funds (~~XX \$896,720,502~~ from All Funds) in fiscal year 2026 and ~~XX \$386,612,193~~ from the General Revenue Fund and ~~XX \$552,232,379~~ from Federal Funds (~~XX \$938,844,572~~ from All Funds) in fiscal year 2027 to increase the base wage for personal attendant services to ~~\$12.00 per hour~~; \$11.60 per hour; to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027; and to increase service support funding for all Home and Community Services Agency Community Attendant services to a rate of \$3.25 per hour.
- (b) Included in amounts appropriated above in Goal A, Medicaid Client Services, and F.1.2, Non-Medicaid Services, is ~~XX~~ in General Revenue and ~~XX~~ in Federal Funds (~~XX~~ in All Funds) in fiscal year 2026 and ~~XX~~ in General Revenue and ~~XX~~ in Federal Funds (~~XX~~ in All Funds) in fiscal year 2027 to maintain the attendant care rate enhancement program at fiscal year 2025 levels.

By: Hughes/Perry

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## Health and Human Services Commission, Article II

### Proposed Rider

#### Rate Review for Pediatric Care Center Services

Prepared by LBB Staff, 02/27/2025

#### Overview

Add a rider directing the Health and Human Services Commission to conduct a review of reimbursement rates for pediatric care center services delivered to children under Medicaid.

#### Required Action

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

\_\_\_\_\_. Rate Review for Pediatric Care Center Services. It is the intent of the Legislature that, out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall, not later than August 31 of each year, conduct a review of reimbursement rates for pediatric care center services delivered to children under Medicaid.

## Health and Human Services Commission, Article II

### Proposed Rider Interest List Reduction Workgroup

Prepared by LBB Staff, 02/27/25

#### Overview

Add a new rider at the Health and Human Services Commission to create a workgroup to study and provide recommendations on the feasibility, impact, and implementation of the following approaches to both decrease the number of individuals waiting on the intellectual and developmental disabilities (IDD) waiver interest lists, and ensure timely access to supports.

#### Required Action

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

Interest List Reduction Workgroup

- (a) Out of funds appropriated to the Health and Human Services Commission (HHSC) for the biennium beginning September 1, 2025, HHSC shall establish a workgroup as a subcommittee of the Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee, created by Government Code, Chapter 534. The subcommittee shall study and provide recommendations on the feasibility, impact, and implementation of the following approaches to both decrease the number of individuals waiting on the IDD Waiver interest lists, and ensure timely access to supports, including:
  - (1) Implementing changes to interest list management, including eligibility screenings, prioritization criteria, and automation to improve efficiency and accuracy;
  - (2) Evaluating the feasibility of implementing the Tax Equity and Fiscal Responsibility Act (TEFRA) option to extend Medicaid eligibility for children with significant disabilities, potentially reducing demand for waiver services;
  - (3) Examining options for restructuring the Texas Home Living (TxHmL) waiver as the lowest-cost waiver to provide basic services to more individuals currently on the interest list;

- (4) Establishing a dedicated fund or endowment to ensure sustainable financing for Medicaid waiver slots and interest list reduction; and
- (5) Studying interest list reduction strategies implemented in other states to identify best practices and potential models for Texas.
- (b) The subcommittee shall include representatives from state agencies, advocacy organizations, service providers, individuals with intellectual and developmental disabilities, and fiscal policy experts, as well as other stakeholders deemed appropriate by the executive commissioner.
- (c) HHSC shall convene the subcommittee no later than December 1, 2025. The subcommittee shall conduct research, gather stakeholder input, and analyze data on current and potential interest list reduction strategies. HHSC shall provide quarterly updates to the Legislative Budget Board and relevant legislative committees on the progress of the study. A report detailing findings, cost-benefit analyses, and recommendations shall be submitted to the Governor, Lieutenant Governor, Speaker of the House, Senate Finance Committee, and House Appropriations Committee no later than September 1, 2026. The final report shall include legislative and budgetary recommendations for the 90th Legislature's consideration to both reduce the number of individuals waiting for services and ensure timely access to supports for people with IDD.

By: Perry

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Institutions of Mental Disease Exclusion Waiver**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a rider directing the Health and Human Services Commission to seek a Section 1115 Demonstration Waiver from the Centers for Medicare and Medicaid Services to receive federal financial participation for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.

**Required Action**

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

\_\_\_\_\_. **Institutions of Mental Disease Exclusion Waiver.** Out of funds appropriated above in Strategy B.I.I, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall prepare and submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive federal financial participation for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease.

By:

Perry

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**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Rate Increase for Complex Rehabilitation Technology**

Prepared by LBB Staff, 02/15/25

Overview

Increase the reimbursement rates for certain items and services associated with complex rehabilitation technology (CRT) equipment, supplies, and labor codes.

For the purpose of this rider, CRT equipment, supplies, and labor codes are defined as the following healthcare common procedure coding system (HCPS) coded items: K0820-K0898, E0950-E0961, E0639-E0640, E1002-E1008, E1010, E1012, K0739, K0069-K0073, E1014-E1016, E1028-E1029, E1232-E1238, E1020, E1161, K0015, E1225-E1226, E1296-E1297, E2201-E2215, E2225-E2228, E2321, E2601, K0056, E2219-E2222, E2310-E2313, E2323E2330, E2340-E2343, K0065, K0077, K0105, E2369-E2371, E2373-E2378, E2381-E2396, E2510-E2511, K0733, K0098, E2508, E2621-E2625, K0004-K0005, K0017-K0020, K0037K0047, E2506, E2504, E2502, K0050-K0053, K0069-K0073, E2500, E2398, E2366, E2363, E2361, E2359, E2351, E0976, E0971, E0973, E0974, E0978, E0980-E0982, E0992, and E0994E0995.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$5,440,000 from the General Revenue Fund (\$13,600,000 from All Funds) in fiscal year 2026 and \$5,440,000 from the General Revenue Fund (\$13,600,000 from All Funds) in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Rate Increase for Complex Rehabilitation Technology. Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$5,440,000 from the General Revenue Fund and \$8,160,000 from Federal Funds (\$13,600,000 from All Funds) in each fiscal year to increase the Medicaid reimbursement rates for certain

Durable Medical Equipment (DME) items and services associated with complex rehabilitation technology equipment, supplies, and labor healthcare common procedure coding system (HCPCS) codes. Health plans that participate in the Statewide Medicaid Managed Care program shall pass through the increase to DME providers. The Health and Human Services Commission shall have the authority to implement these changes prior to the completion of any regulatory process undertaken in order to effect such change.



By: Sen. Perry

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Sunrise Canyon Operations**

Prepared by LBB Staff, 2/12/25

**Overview**

Provide additional funding and rider to increase the bed-day rate for 30 existing inpatient mental health beds and 30 new inpatient mental health beds at Sunrise Canyon Hospital.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.2, Mental Health Community Hospitals, by \$17,836,000 in General Revenue in fiscal year 2026 and \$17,520,000 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:

\_\_\_\_\_ **Sunrise Canyon Hospital Operations.** Included in amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$17,836,000 from the General Revenue Fund in fiscal year 2026 and \$17,520,000 from the General Revenue Fund in fiscal year 2027 to increase funding for 30 existing inpatient beds and provide funding for 30 new inpatient beds at Sunrise Canyon Hospital.

By: Perry

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

### **Proposed Rider**

#### **Nursing Facility Base Rate Method of Finance Adjustment**

Prepared by LBB Staff, 02/15/25

#### **Overview**

Add a rider to adjust the method-of-finance allocation for the nursing facility base rate in the Medicaid program.

#### **Required Action**

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

**Nursing Facility Base Rate Method of Finance Adjustment.** It is the intent of the Legislature that the method of finance for the nursing facility base rate in Strategy A.1.1, Medicaid Client Services shall be adjusted by the Health and Human Services Commission to add the net amount of the annual Social Security benefit increase given to nursing facility residents, to the nursing facility base rate during the next rate review period. This Social Security benefit adjustment is given to recipients annually and published in the Federal Register and is part of the resident's share of the nursing facility payment. The adjustment to the base rate shall use and be equivalent to the net resident's share increase, up to and including eight percent per year. The amount added to the base rate shall be ratably allocated to each rate component based upon the prior year funding for each individual component.

By: Perry

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Rate Increase for Nutritional Formula**

Prepared by LBB Staff, 02/19/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase the Medicaid reimbursement rate for nutritional formula by ten percent.

For the purpose of this rider, nutritional formula is defined as the following Healthcare Common Procedure Coding System (HCPCS) coded items: B4149 (blenderized whole food tube feeding formula), B4150 (age 15+ tube feeding formula), B4153 (age 15+ formula for patients that lack the ability to break down proteins), B4160 (pediatric tube feeding formula), and B4161 (pediatric formula for patients that lack the ability to break down proteins).

**Required Action**

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$4,000,000 from the General Revenue Fund (\$10,000,000 from All Funds) in fiscal year 2026 and \$4,000,000 from the General Revenue Fund (\$10,000,000 from All Funds) in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Rate Increase for Nutritional Formula.** Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$4,000,000 from the General Revenue Fund and \$6,000,000 from Federal Funds (\$10,000,000 from All Funds) in fiscal year 2026 and \$4,000,000 from the General Revenue Fund and \$6,000,000 from Federal Funds (\$10,000,000 from All Funds) in fiscal year 2027 to increase the Medicaid reimbursement rate for nutritional formula by 10 percent.

By Hinojosa of Hidalgo

*Health and Human Services Commission, Article II*  
**Disposition of Appropriation Transfer from State-owned Hospitals**

**Overview**

State-owned hospitals that provide services to persons with Medicaid or who are uninsured may be eligible for federal funds for uncompensated care through the Disproportionate Share Hospital (DSH) or the Uncompensated Care (UC) programs. When HHSC applies for and draws the Federal Funds for the hospitals through these programs, HHSC deposits to the treasury the equivalent amount of funding to be used as General Revenue. As a result of this “general revenue sweep,” the hospitals receive no net benefit from these funds.

Modifying this rider would restrict its application only to Article II hospitals (i.e. the “State Hospitals” that provide mental health and public health services), and not to state-owned teaching hospitals that provide uncompensated care. This will allow state-owned teaching hospitals to receive federal funding for the uncompensated care they deliver (up to their uncompensated costs) and to be treated in the same manner as other non-state-owned teaching hospitals.

**Required Action**

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

- (a) 115. **Disposition of Appropriation Transfer from State-owned Hospitals.**  
The Health and Human Services Commission (HHSC) shall use the sums

transferred from state owned hospitals as provided elsewhere in this Article ~~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 as provided elsewhere in this Article 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 state fiscal year 2023 based on the non-enhanced Federal Medical Assistance Percentages, HHSC shall calculate the difference and provide notice to the state-owned hospital, the Legislative Budget Board, the Comptroller of Public Accounts, and the Office of the Governor.
- ~~(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 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.

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

### **Proposed Rider**

### **Disproportionate Share Hospital (DSH) Qualification Criteria for Certain Hospitals in Certain Counties**

#### **Overview**

The Medicaid Disproportionate Share Hospital (DSH) program reimburses hospitals for uncompensated care costs for Medicaid and uninsured individuals. To qualify for the program, hospitals must demonstrate that they serve a more significant share of the Medicaid or Low-Income population, relative to other hospitals in the state. One such method of qualification is by showing that the number of Medicaid days is higher than others. There are two tiers of this measurement depending on the population size of the county in which the hospital is located. The population is updated based upon the most recent decennial census.

This rider directs HHSC to update the threshold for determining whether a hospital is located in a large population county, or a small population county. This new threshold in the rider would re-designate Galveston County and Nueces County as small population counties, and would maintain Lubbock County as a small population county. Without this change, the hospitals in these counties would be required to demonstrate their days in the same category as hospitals located in larger, urban counties.

The rider further instructs HHSC to take steps to protect the qualification and funding for rural hospitals that might otherwise be impacted by the change in population threshold that moves Galveston and Nueces Counties to be considered small, rather than large, population counties.

#### **Required Action**

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

**Disproportionate Share Hospital (DSH) Qualification Criteria for Certain Hospitals in Certain Counties.** Out of funds appropriated above in Goal L, the Health and Human Services Commission shall increase by rule the population threshold for counties used to determine the qualification of a hospital based upon total Medicaid inpatient days in the Disproportionate Share Hospitals (DSH) program to 355,000 as estimated in the most recent decennial census and shall decrease the percentage of the sum of the mean days to a level determined by the Commission that is estimated to maintain eligibility of small hospitals that were participants in the program in state fiscal year 2025. HHSC shall set aside a sufficient amount of funds for rural public and rural private hospitals to ensure the rule change has no adverse economic effect on rural communities. The rule changes must be effective no later than February 28, 2026.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Ground Ambulance Reimbursement Rates**

**Overview**

Add rider at the Health and Human Services Commission to provide reimbursement for ground ambulance services.

**Required Action**

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

\_\_\_\_. **Ground Ambulance Reimbursement Rates.** Included in amounts appropriated above to the Health and Human Services in Strategy A.1.1, Aged and Medicare-Related, A.1.2 Disability Related, A.1.3 Pregnant Women, A.1.4 Other Adults, and A.1.5 Children, the Health and Human Services Commission shall use funds over the biennium for the purposes of increasing Medicaid ground ambulance Base Rates. This rate increase will consist of a 40% increase to all Medicaid ground ambulance base rates

By Hinojosa of Hidalgo

***Health and Human Services Commission, Article II***  
**Medicaid Enterprise Systems (MES)**

**Overview**

The following action amends HHSC Rider 6, Medicaid Enterprise Systems (MES), to apply the same capital budget and transfer restrictions as exist for other Medicaid administrative funding. The introduced budget bills funded HHSC exceptional items included in the 2026-27 Legislative Appropriations Request, but in some cases only the General Revenue portion appears to have been funded. Without the federal funding, the requirements in Rider 6 would require requests to exceed to expend the Federal Funds drawn by appropriated General Revenue. This may also be true due to matching rates that differ from appropriated for Capital Budget projects, which may allow HHSC to draw additional federal funding. This could allow HHSC to mitigate technical debt and implement modernization projects more efficiently. Amending this rider could reduce the number of requests HHSC would need to submit and ensure timely expenditure of appropriated funds. Without these rider amendments, existing restrictions may hinder HHSC's ability to promptly pay for contracts or advance modernization projects.

**Required Action**

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

6. **Medicaid Enterprise Systems (MES).** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission shall maintain an Executive Steering Committee for the contracts supporting the Texas Medicaid Management Information System (MMIS) and MMIS Modernization capital projects. The Medicaid Enterprise Systems (MES) Executive

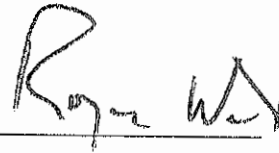


Steering Committee shall provide executive-level strategic direction and commitment to the MES contracts and MMIS projects. Strategic direction includes, but is not limited to, review of contract terms prior to execution of a new contract or amendment and reports from third-party quality assurance and independent verification and validation vendors. The Executive Commissioner or his or her designee shall chair the MES Executive Steering Committee. Membership of the MES Executive Steering Committee shall include similar executive level representatives, including the Chief Financial Officer, Information Resource Manager, technology sponsors, project managers, project contractors, staff of the Legislative Budget Board, and members of the Quality Assurance Team or their designee.

In addition, the MES Executive Steering Committee shall report any anticipated contract or project cost over-runs or delays to the Legislative Budget Board.

~~Notwithstanding the limitations of Article IX, Section 14.03, Transfers—Capital Budget, and any other transfer provisions of this Act, funds appropriated by this Act to the Health and Human Services Commission may not be expended in excess of the amounts identified in Rider 2, Capital Budget, for the MMIS and MMIS Modernization capital budget projects without prior written approval from the Legislative Budget Board. Additional information requested by the Legislative Budget Board related to this approval shall be provided in a timely manner and shall be prepared in a format specified by the Legislative Budget Board. The request shall be considered to be approved unless the Legislative Budget Board 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 proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days.~~

By: Sen. West



**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Dallas-based Facilities**

Prepared by LBB Staff, 02/11/2025

**Overview**

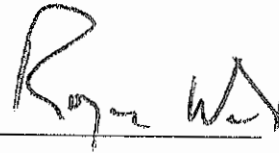
Provide funding to construct new and expand and remodel existing facilities for Metrocare Services, the local intellectual and developmental disability authority serving Dallas County.

**Required Action**

- 1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs & Renov, by \$5,000,000 in General Revenue in fiscal year 2026.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Dallas County Facilities.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$5,000,000 from the General Revenue Fund in fiscal year 2026 to construct new and expand and remodel existing facilities for the local intellectual and developmental disability authority serving Dallas County.

By: Sen. West



**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Dallas-based Facilities**

Prepared by LBB Staff, 02/11/2025

**Overview**

Provide funding to construct new and expand and remodel existing facilities for Metrocare Services, the local intellectual and developmental disability authority serving Dallas County.

**Required Action**

- 1) On page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs & Renov, by \$5,000,000 in General Revenue in fiscal year 2026.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. **Dallas County Facilities.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$5,000,000 from the General Revenue Fund in fiscal year 2026 to construct new and expand and remodel existing facilities for the local intellectual and developmental disability authority serving Dallas County.

By: Ray W

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Viola's House**

Prepared by LBB Staff, 02/25/2025

**Overview**

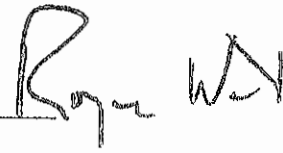
Provide funding and a rider for Viola's House to provide maternity housing and support services to mothers in Dallas County.

**Required Action**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.2, Thriving Texas Families, by \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

**Viola's House.** Included in amounts appropriated above for the Health and Human Services Commission in Strategy D.1.2, Thriving Texas Families, is \$500,000 from the General Revenue Fund in fiscal year 2026 and \$500,000 from the General Revenue Fund in fiscal year 2027 to Viola's House to provide maternity housing and support services to mothers in Dallas County.

By: Senator West



**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Maternal Health Outcome Program**

Prepared by LBB Staff, 02/10/24

**Overview**

Add rider and funding totaling \$10,000,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium and unexpended balance authority to the Health and Human Services Commission (HHSC) to provide grant funding to organizations implementing maternal health outcome programs.

**Required Action**

1. On page \_\_\_ of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.1.1, Women's Health Programs by \$10,000,000 from the General Revenue Fund in fiscal year 2026 and \$10,000,000 from the General Revenue Fund in fiscal year 2027.
2. On page \_\_\_ of the Health and Human Services Commission bill pattern, add the following rider.

\_\_\_\_\_. **Maternal Health Outcome Program.** Included in the amounts appropriated above in Strategy D.1.1, Women's Health Programs, is \$10,000,000 from the General Revenue Fund in fiscal year 2026 and \$10,000,000 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, 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: Alvarado

## **Health and Human Services Commission**

### **Proposed Funding and Rider**

#### **Behavioral Health Infrastructure in Harris County**

#### **Overview**

This rider would provide funding for a nonprofit health care organization located in Harris County to expand capacity for behavioral health services. This investment will ensure that individuals have a place to receive behavioral health services in a primary care setting and will seek to avert emergency room use for crisis situations.

#### **Required Action**

1. On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations by \$2.5 million in General Revenue each fiscal year of the 2026-27 biennium.
2. On page II-x of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Behavioral Health Infrastructure in Harris County.** In addition to amounts appropriated above to the Health and Human Services Commission in Strategy D.1.1 Community Mental Health Services, the Commissioner shall allocate \$2.5 million in General Revenue in each fiscal year of the biennium to a nonprofit health care organization in Harris County for the purpose of increasing capabilities to serve medically underserved individuals requiring behavioral health treatment. This nonprofit organization must have an established presence in providing medical, dental, diagnostic, specialty and mental health services for the medically underserved community. The Commissioner may require the organization to provide any expenditure and performance data necessary to assess the success of the program.

Cal Alva

By: Eckhardt and Alvarado

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Austin State Supported Living Center**

Prepared by LBB Staff, 2/21/25

**Overview**

Add a rider stating legislative intent for the Health and Human Services Commission to enter into a public-private agreement to replace structures and re-develop areas on the Austin State Supported Living Center campus.

**Required Action**

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

\_\_\_\_. **Public-Private Partnership for Redevelopment of Unused and Underutilized Parcels of the Austin State Supported Living Center.** Pursuant to authority provided under Government Code, Chapter 2267 and other similar state laws, it is the intent of the legislature that the Executive Commissioner of the Health and Human Services Commission (HHSC), acting on behalf of HHSC, undertake appropriate and necessary actions to establish a public-private partnership for the purpose of creating and implementing a comprehensive plan for the redevelopment of unused and underutilized areas of the Austin State Supported Living Center (SSLC) property.

A long-term agreement executed by HHSC for this purpose shall provide for the following:

- (a) That the State retains full ownership of the land;
- (b) That approximately 20 acres be set-aside for the construction of new facilities to replace existing structures used to serve persons at the Austin SSLC without displacement of the population residing and receiving services at the site and that the cost of construction be incurred by the development;
- (c) That ownership of all improvements reverts to the State according to the terms of the agreement;
- (d) That no financial participation by HHSC in the cost of development be required, and;
- (e) That HHSC receive a negotiated share of revenues generated through the development project.



By: Alvarado

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Full-Time Equivalent (FTE) Authority for Mobile Eligibility Workers**

**Overview**


Add authority for full-time-equivalents (FTEs) to provide eligibility and enrollment services at certain program sites.

**Required Action**

1. On page II-XX of the HHSC bill pattern, increase the number of FTEs by 10.0 FTEs in fiscal year 2026 and 10.0 FTEs in fiscal year 2027.
2. On page II-XX of the HHSC Commission bill pattern, add the following rider:

**Full-Time Equivalent (FTE) Authority for Mobile Eligibility Workers. Included in the amounts appropriated above in Strategy I.1.1, Integrated Eligibility and Enrollment, are 10.0 FTEs in each fiscal year of the biennium to be stationed at Thriving Texas Families and Family Violence Program sites for the purpose of delivering eligibility services to Thriving Texas Families and Family Violence Program clients. To the extent possible, HHSC shall recover from providers state costs associated with salaries and benefits for the out-stationed worker. HHSC is appropriated any funds collected for this purpose pursuant to authority in this Act for the collection of appropriated receipts.**





**Author: Alvarado**

**Article II**  
**Health & Human Services Commission**  
**Proposed New Rider**  
**Reducing Acute Care Stays for Behavioral Complex Patients**

**Overview**

Psychiatric and acute care hospitals are serving certain individuals with complex behavioral needs that **could be served in a nursing home**, improving outcomes for patients and decreasing costs in Medicaid. Several other states have created behavioral complex care rate add-ons to provide additional resources to nursing facilities to care for this population while requiring the nursing facility to provide additional services and supports.

Behavioral health add-ons are often created to address:

- Difficult to discharge patients,
- Lack of behavioral care,
- High utilizers of acute and psychiatric hospitals and jails, and
- Significant inpatient length of stays.

To improve patient outcomes, reduce hospitalizations and optimize resources in skilled nursing facilities, **Texas should create a behavioral complex care add-on** for skilled nursing facilities in Medicaid. In exchange for the additional funding, nursing facilities should be required to provide eligible patients **with enhanced care and support**.

Other states that have implemented this add-on have seen a reduction in health care costs, including a reduction in emergency room visits and medication reductions.

**Proposed Action**

Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission.


**Rider Language**

\_\_\_\_\_ **Pilot: Reducing Acute Care Stays for Behavioral Complex Patients.** Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$2,006,200 in General Revenue Funds and \$3,009,300 in Federal Funds (\$5,015,500 All Funds) in fiscal year 2027 to create a pilot program within a geographical region, as chosen by HHSC, to provide a behavioral health per diem \$175 add-on for up to 150 complex patients, at any given time, who reside in a nursing facility and require a high level of behavioral health supports and services. For a nursing facility to receive the add-on:

- a. The patient must have a clinically documented history of persistent and disruptive behaviors that require moderate to frequent behavioral interventions;

- b. The nursing facility shall provide enhanced care and support for the patient aimed at improving patient outcomes and lowering costs including the unnecessary utilization of emergency room visits including:
  - i. specialized staff training,
  - j. creation and implementation of a person-centered behavioral support plan, and
  - k. behavior management services provided by a team of behavioral health professionals, including medication management, behavioral intervention and psychotherapy.

HHSC shall collect and assess outcome-based data to determine the cost savings of the pilot population versus other behaviorally complex patients. HHSC shall provide a status update to the Legislative Budget Board and Governor by January 1, 2027 on initial findings and recommendations on how to expand the pilot for the following biennium.



Author: Alvarado

**Article II**  
**Health & Human Services Commission**  
**Proposed New Rider**

**Nutritional Support for Pregnant Women**

**Overview**

Federal law allows states to add in-lieu of services or settings (ILOS) in Medicaid managed care contracts. ILOS are defined services that a Medicaid managed care organization can offer as **an alternative to another Medicaid covered service** on a case-by-case basis, if the alternative service is more cost effective and can result in a better outcome. For example, if permitted to offer ILOS nutritional support services, a Medicaid health plan could offer a high-risk pregnant woman in a rural community healthy delivered meals to ensure a healthy baby and birth weight and reduce emergency room visits and neonatal intensive care services.

Federal guardrails require that the ILOS not be duplicative of any existing services and that the individual receiving the service can opt out at any time. Many states are adopting ILOS nutritional support services as **a tool for Medicaid managed care organizations to offer cost-effective nutrition support to high-risk pregnant women** tailored to their health risk or chronic condition.

**Poor nutrition**, or limited access to nutritious food, can have a **significant impact on the health of pregnant women and their babies**. In a recent Texas-based study, using Texas managed care data, it was estimated that **statewide, high-risk pregnancies resulted in a total of \$776 million dollars in health care costs to the Texas Medicaid program in FY 2021**. The study also shows that as many as two-thirds of low-income women between 18 and 44 have reported difficulty accessing food and overall medical costs savings of 3% to 24% may be achievable for individuals who are provided with interventions to address food insecurity.

**Proposed Action**

**Nutritional Support Services.** Out of funds appropriated above, the Health and Human Services Commission (commission) shall permit a managed care organization to offer nutritional support services to pregnant women 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 the following services, tailored to health risk or demonstrated outcome improvement:

- i. Nutrition counseling and instruction;

- ii. Home delivered meals or pantry stocking;
- iii. Nutrition prescriptions;
- iv. Grocery provisions, for high-risk individuals to avoid unnecessary acute care admission or institutionalization;
- v. Additional federally allowable nutritional support services the commission determines to be appropriate, evidence-based, and cost-effective.



By Alvarado

***Health and human Services Commission, Article II***  
**Funding to Address Disparity in Private Duty Nursing Rates**

**Overview**

The Provider Finance Division (PFD) of the Texas Health and Human Services Commission has released rate tables and calculators that they will be using to report fiscal impacts during the legislative session to help providers, advocates, and legislators calculate the same/similar costs for programmatic rate changes and/or wage increases. Rate tables for all LTSS programs (community care, non-PDN community nursing, etc.), acute care programs (Therapies and PDN) and hospitals can be found and downloaded at the link below, along with wage calculators for both Attendants and Nurses (new this year) where you can model the impact of changes to hourly wage. There may be some assumptions needed to use both the rate tables and calculators in conjunction – please consult with TAHC&H on any questions.

**Required Action**

1. On Page PAGE NUMBER of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1. Medicaid Acute Care, Entitlement, and Other Medicaid Client Services by \$190,586,853 in General Revenue and \$278,765,958 in Federal Funds (\$469,352,811 in All Funds) for the biennium.
2. On page PAGE NUMBER of the Health and Human Services Commission bill pattern, add the following rider:

**Increase Funding to Address Disparity in Private Duty Nursing Rates Across 1915(c) Waiver Programs**

Included in amounts appropriated above to the Health and Human Services Commission in Strategy A.1.1 Medicaid Acute Care, Entitlement, and Other Medicaid Client Services is \$190,586,853 in General Revenue and \$278,765,958 in Federal Funds (\$469,352,811 in All Funds) to increase the reimbursement rates for Private Duty Nursing. Providers continue to face significant challenges in retaining qualified nursing staff, leading to workforce shortages and reduced access to care. This rate increase will help align private duty nursing rates with other nursing in the state, ensuring providers can offer competitive wages, retain experienced nurses, and maintain the quality of care for medically fragile individuals requiring long-term, in-home nursing services.

Carl Alva

By: Alvarado

**Health and Human Services Commission, Article II  
Purposed Funding, FTEs, and Rider  
Prescribed Pediatric Extended Care Centers**

Prepared by LBB Staff. 02/26/2025

**Overview**

Provide funding, FTEs, and a rider for salaries, travel, and operating expenses to allowing the Health and Human Services Commission to perform timely reviews of the architectural requirements for Prescribed Pediatric Extended Care Centers (PPECC).

**Required Action**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy H.1.1, Facility/Community-based Regulation, by \$423,182 from the General Revenue Fund in fiscal year 2026 and \$406,715 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission's bill pattern, increase full-time-equivalents (FTEs) by 2.0 in fiscal year 2026 and 2.0 in fiscal year 2027.
3. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

**Prescribed Pediatric Extended Care Centers (PPECC).** Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy H.1.1, Facility/Community-based Regulation is \$423,182 from the General Revenue Fund and 2.0 full-time-equivalents (FTEs) in fiscal year 2026 and \$406,715 from the General Revenue Fund and 2.0 FTEs in fiscal year 2027 for salaries, travel, and operating expenses to allow HHSC's Regulatory Services Division perform timely reviews of the architectural requirements for PPECC.

Cal Alva

By: ALVARADO

**Health and Human Services Commission, Article II  
The University of Texas Health Science Center at Houston  
Informational Listing: Dunn and HCPC  
Proposed Funding and Rider  
February 28, 2025**

**Overview**

In Article II, on page II-75, amend Rider 39 to set the behavioral health bed rate for both the John S. Dunn Behavioral Sciences Center at UTHealth Houston and UTHealth Houston Harris County Psychiatric Center at \$782 per bed/day for state contracted beds. The bed rate was determined through a report required by Art II Rider 107 cost study rider from HB 1 in the 88<sup>th</sup> Session. The UTHealth Houston's Behavioral Sciences Campus is the largest academic behavioral health complex in the nation and treats both civil commitment and competency restoration patients with a total inpatient bed capacity of 538 beds (339 state contracted).

**Required Action**

1. In article II on page II-75 of the Senate filed version of SB 1, amend Rider 39 as follows:

39. **Informational Listing:** Community Mental Health Hospital Beds. Included in amounts appropriated above in Strategy G.2.2, Community Mental Health Hospitals, is ~~\$42,924,000~~ 47,952,240 from the General Revenue Fund in each fiscal year of the biennium for operation of ~~168 beds at~~ the John S. Dunn Behavioral Sciences Center at UTHealth Houston, and ~~\$43,508,000~~ 48,808,530 from the General Revenue Fund in each fiscal year of the biennium for operation of ~~149 beds at~~ the UTHealth Houston Harris County Psychiatric Center.

alvarado  
Carl Alh

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

### **Proposed Rider**

#### **Youth Empowerment Services (YES) Waiver**

##### **Overview**

The Youth Empowerment Services Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties. The YES Waiver provides intensive services delivered within a strengths-based team planning process called Wraparound. Wraparound builds on family and community support and utilizes YES services to help build your family's natural support network and connection with your community. Interest in the YES Waiver is initiated by an inquiry.

After receiving the inquiry, a case manager from the local authority is required to assess the child to determine whether the child meets the criteria for YES Waiver and is eligible. This assessment and eligibility determination is reimbursed to the center using the Medicaid targeted case management code. The TCM codes are not a part of the YES Waiver but are part of the Medicaid state plan benefits. Only after the assessment and eligibility are determined are children enrolled in the YES Waiver and begin receiving YES Waiver services.

The current TCM reimbursement rate for mental health services is reimbursed at a rate of \$31.69 per 15 minutes. This is higher than many other states' Medicaid rates for this code. This code may only be billed for time that the case manager is face-to-face with the client. The rate is built to be sufficient to cover the costs of the case manager's salary, plus up to 30% of the time spent on administrative activities, such as travel time, charting, etc.

YES Waiver case management requirements for administrative time are more significant than the typical Medicaid service delivery contemplates. Estimates from HHSC BHS are that case managers spend approximately 75% of their time on administrative activities that are not face-to-face with the client for new clients. Reimbursing for these additional administrative costs are not permitted by Medicaid because Medicaid reimbursements are limited to reasonable and necessary costs that are face-to-face with the client.

The YES Waiver Program utilizes the wraparound model, which is evidenced based and requires extensive planning, coordination, and preparation work to be successful. The YES Waiver case manager, or wraparound facilitator, is responsible for this teaming process. Although they are having countless contacts with family members, natural supports, and professional supports each month, only the face-to-face contacts with the youth are billable. Some of the necessary non-billable



activities include but are not limited to meeting coordination, crisis planning, and documentation.

Due to the lack of available case managers to conduct the targeted case management activities prior to entry in the YES Waiver, some waiver slots are going unfilled. Once children are able to enter the YES Waiver, the rates for client services are close to the methodological rate. Continued administrative costs for case management continue to be unreimbursed when they exceed 30% of the time.

Solution: Create a general revenue-only administrative reimbursement for excess case management administrative costs for reimbursement to local authorities for the costs incurred while conducting assessments and determining eligibility for the YES Waiver.

### **Required Actions**

Add the following Rider as appropriate to HHSC budget pattern:

.YES Waiver. In addition to the amounts appropriated above, \$5,783,609 in general revenue is appropriated in state fiscal year 2026 and \$7,140,316 in general revenue is appropriated in state fiscal year 2027 in Strategy D.2.5, Community Behavioral Health Adm, to create a monthly reimbursement stipend for administrative expenses incurred by providers conducting assessments and eligibility determinations for the YES Waiver and providing intensive wraparound supports and services in the first 90 days, and a monthly stipend for ongoing administrative costs that are not otherwise reimbursed for ongoing case management of YES Waiver clients. The monthly stipend for caseworkers for clients who have not yet been enrolled in the YES Waiver and those enrolled for the first 90 days shall not exceed \$1001 and the monthly stipend for caseworkers for clients who are enrolled in the YES Waiver shall not exceed \$169.

alvarado  
Carl Alh

**Health and Human Services Commission, Article II  
Proposed Rider  
Search Engine Multi-Agency Reportable Conduct (SEMARC)**

**Overview**

To ensure that schools, child care facilities, long-term care providers, and juvenile detention centers can efficiently hire employees without histories of reportable conduct such as abuse or neglect, additional Tier 1 IT Help Desk resources are needed to triage callers experiencing technical issues with the Search Engine Multi-Agency Reportable Conduct (SEMARC) registry, established by Senate Bill 1849, 88<sup>th</sup> Regular Session. This funding will allow HHSC to add contracted Help Desk staff to provide basic technical support, trouble shoot system-related challenges, triage callers to DFPS for more advanced SEMARC technical issues, and help reduce delays in the hiring process, ensuring timely and accurate processing of background checks for individuals working with vulnerable populations.

**Required Action**

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy L.1.2, IT Oversight & Program Support, by \$500,381 from the General Revenue Fund in each fiscal year.
2. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

**XX. Funding for Search Engine Multi-Agency Reportable Conduct (SEMARC).** Included in the amounts appropriated above in Strategy L.1.2, IT Oversight & Program Support, is \$500,381 from the General Revenue Fund in each fiscal year for the SEMARC system to support the safety and oversight of individuals working with vulnerable populations, as required by Senate Bill 1849, 88th Legislature, Regular Session. These funds shall be used to provide additional Tier 1 IT Help Desk contracted resources to support the implementation and operation of SEMARC, including triaging technical issues encountered by users at schools, child care facilities, long-term care providers, and juvenile detention centers.

Carl Alvarado

By Alvarado

*Health and Human Services Commission, Article II*

**Home-Delivered Meal Rate Increase**

**Overview**

The following action adds a new rider that directs \$21 million in All Funds to provide a rate increase from \$6.46 per meal to \$7.00 per meal to the Title XX and Title III Home-Delivered Meal programs.

**Required Action**

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

\_\_\_ **Home-Delivered Meals Program.** Included in funds appropriated above in Strategy A.1.2, Disability Related, and Strategy F.1.2, Non-Medicaid Services, is \$10.5 million All Funds (\$\_\_\_\_\_ in General Revenue and \$\_\_\_\_\_ in Federal Funds) each fiscal year to increase the Home Delivered Meals rate to no less than \$7.00 per meal.



By Menéndez and Alvarado

***Health and Human Services, Article II***  
**Use of Unused San Antonio State Hospital Property**

**Overview**

The following action adds a new rider that directs \$100,000,000 in fiscal year 2026 from General Revenue in Strategy G.2.1 Mental Health State Hospitals, to renovate the ten vacant Plaza Buildings on the San Antonio State Hospital property for inpatient psychiatric beds.

**Required Action**

On page II-76 of Health and Human Services Commission's bill pattern, add the following new rider:

\_\_\_\_\_. **San Antonio State Hospital Plaza Buildings Reuse.** HHSC shall use \$100,000,000 in fiscal year 2026 from General Revenue in Strategy G.2.1, Mental Health State Hospitals, to renovate the ten Plaza Buildings on the San Antonio State Hospital property for inpatient psychiatric beds.

 By: Alvarado

***Health and Human Services Commission, Article II***  
**Electronic Health Record (EHR) System Modernization**

Overview:

Increase funding at the Health and Human Services Commission (HHSC) to implement a comprehensive Electronic Health Record (EHR) System, providing \$40,000,000 for the 2026-2027 biennium. This funding will modernize Texas' healthcare infrastructure by ensuring interoperability, data security, and streamlined access to patient health records across public health facilities.

The modernization of the EHR system is essential to improving patient outcomes, reducing administrative burdens, and enhancing coordination of care across various healthcare providers, including rural and underserved communities.

Required Action:

1. On page II-XX of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Strategy [Insert Appropriate Strategy Code] by \$20,000,000 in General Revenue in each fiscal year 2026 and 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**. Electronic Health Record (EHR) System Modernization.**

Included in the amounts appropriated above in Strategy X.X.X is \$20,000,000 in fiscal year 2026 and \$20,000,000 in fiscal year 2027. It is the intent of the legislature that these funds shall be used to develop and implement a modernized, secure, and interoperable EHR system for use by state-funded healthcare providers, including local health departments, rural health clinics, and free and charitable clinics.

Funds shall be used for:

- Developing and upgrading EHR infrastructure to improve patient data sharing across health systems, ensuring interoperability and compliance with federal and state healthcare standards.
- Enhancing cybersecurity measures to protect sensitive patient data and comply with HIPAA and state privacy regulations.

- Providing EHR training and technical assistance for healthcare providers, particularly those in rural and underserved areas.
- Partnering with local health departments, federally qualified health centers (FQHCs), and other public health entities to ensure seamless adoption of the system.

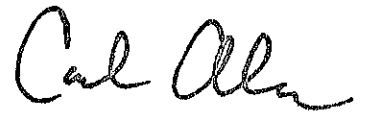
Reporting Requirement:

HHSC, in consultation with key stakeholders, including public health agencies, hospital administrators, and healthcare IT specialists, shall submit a progress report on the implementation of the Electronic Health Record (EHR) System to the Legislature and the Governor no later than November 1, 2027.

The report must include:

- Data on system implementation and the number of healthcare facilities utilizing the new EHR system.
- Analysis of system efficiency and its impact on healthcare coordination and patient outcomes.
- Recommendations for continued improvements, expansion, and potential statewide adoption.

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



By: Alvarado

**Health & Human Services Commission, Article II  
Increase Out-Stationed Eligibility Staff**

**Overview**

The following action adds a new rider that clarifies that out-stationed eligibility workers do not count towards or against the Health and Human Service Commission's full time employee cap.

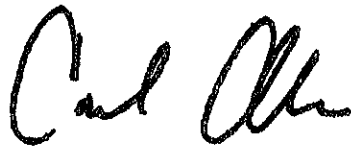
HHSC is required to have eligibility staff in locations other than state benefit offices, such as federally-qualified health centers (FQHC), hospitals, clinics and nursing facilities. These staff are called "out-stationed" workers. They are considered HHSC employees, but are housed within a Medicaid provider's facility. The facility pays for the state's share of the out-stationed worker's salary and benefits, while the federal government pays the typical federal share. The state of Texas does not pay for the out-stationed eligibility worker.

HHSC is currently working to expand the use of out-stationed workers. Although there are additional providers that would like to contract with HHSC to participate in the out-stationed worker program, HHSC has indicated that the FTE cap has been a limiting factor in allowing the program to reach its fullest potential. In addition to reducing the statewide application and renewal workload, out-stationed workers can provide additional efficiencies by creating application expertise as it pertains to specific populations and facilities.

**Required Action**

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

\_\_\_\_\_ **Out-Stationed Eligibility Staff:** Notwithstanding the limitations of Article IX, Section 6.10, Limitations on State Employment Levels, limitations on FTEs do not apply to instances of employment for out-stationed eligibility staff in which the state does not pay a portion of the salary.



By: Alvarado

**Health and Human Services Commission**  
**Article II**  
**Proposed Rider**  
**Intermediate Care Facilities and Certain Waiver Providers**

**Overview**

Community-based IDD providers are facing an unsustainable crisis, resulting in more than 200 group homes and intermediate care facilities (ICFs) closing in the past year.

- **Employee vacancies and turnover.** Direct support professionals (DSPs) are funded at a base wage of only \$10.60 per hour. As a result, community-based IDD providers have more than 1/3 of all staff positions vacant and have ongoing issues with high turnover rates for their existing employees.
- **Inflation.** As with other businesses in Texas, community-based IDD providers are having difficulties because of increased costs of food, utilities, and life safety requirements, among other costs that must be paid to keep clients safe and keep providers within regulatory requirements.

**Action Required**

1. On page, XXX of Health and Human Services Commission, add the following rider:

\_\_\_\_\_. **Rates: Intermediate Care Facilities and Certain Waiver Providers.**

(a) Included in the amounts appropriated above in Strategies A.1.1. Medicaid Client Services, A.2.1. Home and Community-Based Services, and A.2.4. Texas Home Living Waiver, are the following amounts:

(1) Strategy A.1.1. Medicaid Client Services

- a. \$23,522,578 from the General Revenue Fund and \$34,443,361 from Federal Funds (\$57,965,939 from All Funds) in fiscal year 2026 and \$23,738,726 from the General Revenue Fund and \$34,687,869 from Federal Funds (\$58,426,595 from All Funds) in fiscal year 2027 to increase, on average, the wage rates of Direct Support Professionals in the Intermediate Care Facilities for Individuals with Intellectual

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Disabilities (ICF/IID) to \$17.50 per hour and to increase the associated payroll costs, taxes and benefits percentage to 12 percent in fiscal years 2026 and 2027.

- b. \$6,556,425 from the General Revenue Fund and \$9,600,375 from Federal Funds (\$16,156,800 from All Funds) in fiscal year 2026 and \$6,564,507 from the General Revenue Fund and \$9,592,293 from Federal Funds (\$16,156,800 from All Funds) in fiscal year 2027 to address the rising cost of facility operations and administration within the indirect portion of the rate.

(2) Strategy A.2.1. Home and Community-Based Services

- a. \$70,022,713 from the General Revenue Fund and \$102,532,026 from Federal Funds (\$172,554,738 from All Funds) in fiscal year 2026 and \$70,108,990 from the General Revenue Fund and \$102,445,748 from Federal Funds (\$172,554,738 from All Funds) in fiscal year 2027 to increase, on average, the wage rates of direct support professionals providing Supervised Living and Residential Support Services in the Home and Community-Based Services (HCS) group homes to \$17.50 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027.
- b. \$191,508 from the General Revenue Fund and \$280,419 from Federal Funds (\$471,927 from All Funds) in fiscal year 2026 and \$191,744 from the General Revenue Fund and \$280,183 from Federal Funds (\$471,927 from All Funds) in fiscal year 2027 in the Home and Community-Based Services (HCS), for services other than Supervised Living and Residential Support Services, to increase the wage rate of Direct Support Professionals to a minimum of \$12.00 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027.
- c. \$936,311 from the General Revenue Fund and \$1,371,011 from Federal Funds (\$2,307,322 from All Funds) in fiscal year 2026 and \$937,465 from the General Revenue Fund and \$1,369,857 from Federal Funds (\$2,307,322 from All Funds) to hold providers harmless by discontinuing the ACRE funding for services and incorporating

current ACRE funding for services other than Supervised Living and Residential Support Services, as well as the hold harmless funding included in this subsection, into the direct portion of the rate calculation for each respective service.

- d. \$8,052,365 from the General Revenue Fund and \$11,790,835 from Federal Funds (\$19,843,200 from All Funds) in fiscal year 2026 and \$8,062,291 from the General Revenue Fund and \$11,780,909 from Federal Funds (\$19,843,200 from All Funds) in fiscal year 2027 to address the rising cost of facility operations and administration within the indirect portion of the rates for Supervised Living and Residential Support Services.

(3) Strategy A.2.4. Texas Home Living Waiver

- a. \$556,371 from the General Revenue Fund and \$814,676 from Federal Funds (\$1,371,047 from All Funds) in fiscal year 2026 and \$557,056 from the General Revenue Fund and \$813,990 from Federal Funds (1,371,047 from All Funds) in fiscal year 2027 to increase the wage rates of direct support professionals in Texas Home Living (TxHmL) Waiver to a minimum of \$12.00 per hour and to increase the associated payroll costs, taxes and benefits percentage to 12 percent in fiscal years 2026 and 2027.
- b. \$2,692,803 from the General Revenue Fund and \$3,942,985 from Federal Funds (\$6,635,788 from All Funds) in fiscal year 2026 and \$2,696,121 from the General Revenue Fund and \$3,939,667 from Federal Funds (\$6,635,788 from All Funds) to hold providers harmless by discontinuing the ACRE funding for services and incorporating current ACRE funding for the respective services, as well as the hold harmless funding included in this subsection, into the direct portion of the rate calculation for each service.

- (b) The Health and Human Services Commission (HHSC) shall utilize any funds that were previously expended for the attendant compensation rate enhancement programs for Intermediate Care Facilities and Home and Community-Based Services Supervised Living (a)(1)(a) and (a)(2)(a) and shall discontinue the

attendant compensation rate enhancement programs for the respective services.

By: 

**Health and Human Services Commission, Article II**  
Proposed Rider  
Child Protective Services Prevention

Overview

Provide \$5,000,000 in General Revenue for each fiscal year of the 2026-2027 biennium and unexpended balance authority to the Health and Human Services Commission (HHSC) to provide grant funding to nonprofit organizations implementing services to prevent children entering the child protective services system. Add a new rider to identify appropriations for this purpose.

Required Action

1. On page II-\_\_\_\_\_ of the Health and Human Services Commission bill pattern, increase appropriations in Strategy O.1.4, Other At-Risk Prevention Programs, by \$5,000,000 in General Revenue in fiscal year 2026, and \$5,000,000 in fiscal year 2027.
2. On page II-\_\_\_\_\_ of the Health and Human Services Commission bill pattern, add the following rider:

\_\_\_\_\_. Child Protective Services Prevention. Out of funds appropriated above in Strategy O.1.4, Other At-Risk Prevention Programs, the Health and Human Services Commission shall allocate \$5,000,000 in fiscal year 2026 and \$5,000,000 in fiscal year 2027 for competitive grants to be awarded to one or more established community-based, nonprofit organization(s) that provide child protective services prevention programs to children and families in identified geographic regions with high acuity rates of child abuse or neglect. HHSC shall award funding to up to five grantees. Each grantee can provide services to more than one identified geographic region for which they are qualified to provide services.

Any unexpected balances remaining at the end of the first fiscal year of the biennium are appropriated for the same purpose for the second fiscal year of the biennium.

The grantee shall:

- (a) be headquartered in Texas;
- (b) provide a child-centered strategy that is available to each child in the identified region;
- (c) demonstrate a current and valid data-sharing agreement with a state agency;
- (d) demonstrate municipal and/or county support for program and agreement to coordinate with grantee to administer program;
- (e) possess current and valid authorization to provide services to children in foster care;
- (f) use generally accepted statistical methods to demonstrate services provide a positive impact on the well-being of children in program, and successfully prevent incidences of abuse and neglect;
- (g) use a generally accepted psychological assessment before providing services and upon program completion to demonstrate a positive impact on the well-being and mental health, of children served; and
- (h) submit an annual report to HHSC providing information on program participant outcomes, and recommendations for best-practice prevention strategies for consideration in other regions in the state.

Each identified geographic region shall:

- (a) receive no more than \$1,000,000 per fiscal year;
- (b) be no larger than one-square mile; and
- (c) be located in one of the counties that is ranked among the five counties with the highest per capita rates of child abuse and neglect.

### Background

The Texas Legislature consistently provides funding and statutory guidance to programs aiming to prevent incidences of child abuse and neglect. However, these programs typically include youth who have already experienced abuse or neglect, or impact only the child and his-or-her immediate family, without being able to significantly impact the child's general environment. It is further challenging for programs to use statistical methods to isolate which prevention strategies are impacting positive (or negative) outcomes, in order to scale successes around the state.

### Summary

This rider proposes a strategy that would use data analysis to determine geographic areas in which children are at a disproportionately high risk of abuse or neglect, by virtue of the area in which they live. This rider seeks to make wrap-around, child-focused services available to children and families living in these geographic areas that are no larger than one-square-mile, for purposes of preventing, or reducing, incidences of child abuse and neglect and promoting a child's well-being. Support for these programs from the county or city provides an ability to more deeply integrate into the child's environment.

A generally-accepted psychological assessment shall be conducted at the time a child enters the program, and again annually until the a child completes the program, to assess if a child's well-being has truly improved over the course of their time in the program, and to isolate which prevention strategies provide the most significant impact on improved well-being.

Services provided through the program could include, but are not limited to:

- Mental health and emotional resiliency services
- Providing mental health support in recovering from trauma
- Parenting, vocation, or substance abuse support for children and adults
- Tutoring, mentoring, conflict resolution, and character development training
- Vocational training for teens and adults

By identifying children who are most at risk for abuse and neglect before they enter child protective services, families stand the best chance at staying together, and children have the best odds for a healthy, productive, and fulfilling life. Impacting a child's whole environment is a benefit not only to the child and his-or-her family, but also to others in their life. Utilizing a data-oriented approach to providing services and demonstrating outcomes ensures the program has robust guardrails and provides opportunities for scalability around the state.

**Health and Human Services Commission, Article II**  
**Proposed New Rider**  
**Ronald McDonald House Charities South Texas**

**Overview**

Increase appropriations in the bill pattern for the Health and Human Services Commission by \$2,500,000 in fiscal year 2026 from General Revenue to provide a grant to the Ronald McDonald House Charities South Texas.

Funds will be used to supplement funding for the construction of a new 45-room facility in Corpus Christi to better accommodate increased occupancy rates and reduce the waiting list for families needing services throughout the duration of their pediatric hospital stay.

**Required Action**

On page I - \_\_\_ of the bill pattern for the Health and Human Services Commission in Senate Bill 1, add the following new rider:

\_\_\_\_. **Ronald McDonald House Charities South Texas.** Out of the amounts appropriated above to the Health and Human Services Commission, \$2,500,000 in General Revenue in fiscal year 2026 shall be used to provide a grant to the Ronald McDonald House Charities South Texas to construct a new Ronald McDonald House in Corpus Christi to serve families across Texas.

By: Aylin S. Pastor

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Report on the Development of Hospital Inpatient Rates**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a new rider requiring the Health and Human Services Commission to submit a report on its proposal to rebase Medicaid inpatient hospital base rates.

**Required Action**

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

**Report on the Development of Hospital Inpatient Rates.** Out of funds appropriated above in Strategy B.1.1. Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall submit a report to the Legislature by November 1, 2026, on HHSC's proposal to rebase Medicaid inpatient hospital base rates. The report shall include:

- (a) Financial models demonstrating the impact of the updated Medicaid inpatient rates by hospital based on data from fiscal year 2025;
- (b) The amount of general revenue needed to stabilize revenue levels that may otherwise be impacted by revisions to inpatient hospital rates, in total and by hospital class; and
- (c) Recommendations developed by the agency and temporary advisory committee on a process and implementation timeline for hospital inpatient rate rebasing.

In developing the recommendations and financial models, HHSC shall solicit input from stakeholders and may establish a temporary advisory committee pursuant to the authority provided under Chapter 2110, Government Code. In establishing a temporary advisory committee, HHSC shall include representatives that reflect each hospital class participating in the Medicaid program. No later than July 15, 2026, HHSC shall make public, including through distribution to and discussion with the Hospital Payment Advisory Committee, any agency and advisory committee recommendations and draft financial models.

No revisions to the Medicaid inpatient standard dollar amounts may be made without additional appropriations from the Legislature.

By: April S. Parker

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**STAR+PLUS and MDCP Waiver Financial Eligibility Verification**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a rider directing the Health and Human Services Commission to verify financial eligibility before managed care organizations conduct functional eligibility determinations for individuals seeking services through the STAR+PLUS Home and Community-Based Services and Medically Dependent Children Program waiver interest lists.

**Required Action**

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

\_\_\_\_\_ **STAR+PLUS and MDCP Waiver Financial Eligibility Verification.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall assess the financial eligibility of individuals seeking long-term care services through the STAR+PLUS Home and Community-Based Services and Medically Dependent Children Program waiver interest lists before managed care organizations conduct functional eligibility determinations on those individuals.



*Zaffarini* By: *April S. Paster*

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Intermediate Care Facilities and Certain Waiver Providers**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase wages and rates related to Intermediate Care Facilities and certain waiver providers.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$30,079,003 from the General Revenue Fund (\$74,122,739 from All Funds) in fiscal year 2026 and \$30,303,233 from the General Revenue Fund (\$74,583,395 from All Funds) in fiscal year 2027.
2. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.1, Home and Community-based Services, by \$79,202,897 from the General Revenue Fund (\$195,177,188 from All Funds) in fiscal year 2026 and \$79,300,490 from the General Revenue Fund (\$195,177,187 from All Funds) in fiscal year 2027.
3. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.4, Texas Home Living Waiver, by \$3,249,174 from the General Revenue Fund (\$8,006,835 from All Funds) in fiscal year 2026 and \$3,253,177 from the General Revenue Fund (\$8,006,834 from All Funds) in fiscal year 2027.
4. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Intermediate Care Facilities and Certain Waiver Providers**

(a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, are the following amounts:

- (1) \$23,522,578 from the General Revenue Fund and \$34,443,361 from Federal Funds (\$57,965,939 from All Funds) in fiscal year 2026 and \$23,738,726 from the General Revenue Fund and \$34,687,869 from Federal Funds (\$58,426,595 from All Funds) in fiscal year 2027 to increase, on average, the wage rates of direct support professionals in the Intermediate Care Facilities for Individuals

with Intellectual Disabilities (ICF/IID) to \$17.50 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027;

- (2) \$6,556,425 from the General Revenue Fund and \$9,600,375 from Federal Funds (\$16,156,800 All Funds) in fiscal year 2026 and \$6,564,507 from the General Revenue Fund and \$9,592,293 from Federal Funds (\$16,156,800 from All Funds) in fiscal year 2027 for facility operations and overhead within the indirect portion of the rate;
- (3) \$70,022,713 from the General Revenue Fund and \$102,532,026 from Federal Funds (\$172,554,739 from All Funds) in fiscal year 2026 and \$70,108,990 from the General Revenue Fund and \$102,445,748 from Federal Funds (\$172,554,738 from All Funds) in fiscal year 2027 to increase, on average, the wage rates of direct support professionals providing Supervised Living and Residential Support Services in the Home and Community-based Services (HCS) group homes to \$17.50 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027;
- (4) \$191,508 from the General Revenue Fund and \$280,419 from Federal Funds (\$471,927 from All Funds) in fiscal year 2026 and \$191,744 from the General Revenue Fund and \$280,183 from Federal Funds (\$471,927 from All Funds) in fiscal year 2027 in the Home and Community-based Services (HCS), for services other than Supervised Living and Residential Support Services, to increase the wage rate of direct support professionals to a minimum of \$12.00 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027;
- (5) \$936,311 from the General Revenue Fund and \$1,371,011 from Federal Funds (\$2,307,322 from All Funds) in fiscal year 2026 and \$937,465 in General Revenue Fund and \$1,369,857 from Federal Funds (\$2,307,322 from All Funds) to hold providers harmless by discontinuing rate enhancement funding for services and incorporating current rate enhancement funding for services other than Supervised Living and Residential Support Services, as well as the hold harmless funding included in this subsection, into the direct portion of the rate calculation for each respective service;
- (6) \$8,052,365 from the General Revenue Fund and \$11,790,835 from Federal Funds (\$19,843,200 from All Funds) in fiscal year 2026 and \$8,062,291 from General Revenue Fund and \$11,780,909 from Federal Funds (\$19,843,200 from All Funds) in fiscal year 2027 to address the rising cost of facility operations and overhead within the indirect portion of the rates for Supervised Living and Residential Support Services;
- (7) \$556,371 from the General Revenue Fund and \$814,676 from Federal Funds (\$1,371,047 from All Funds) in fiscal year 2026 and \$557,056 from the General

Revenue Fund and \$813,990 from Federal Funds (\$1,371,046 from All Funds) in fiscal year 2027 to increase the wage rates of direct support professionals in Texas Home Living (TxHmL) to a minimum of \$12.00 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027; and

- (8) \$2,692,803 from the General Revenue Fund and \$3,942,985 from Federal Funds (\$6,635,788 from All Funds) in fiscal year 2026 and \$2,696,121 in General Revenue Fund and \$3,939,667 from Federal Funds (\$6,635,788 from All Funds) to hold providers harmless by discontinuing rate enhancement funding for services and incorporating current rate enhancement funding for the respective services, as well as the hold harmless funding included in this subsection, into the direct portion of the rate calculation for each service.
- (b) The Health and Human Services Commission shall utilize any funds that were previously expended for the rate enhancement programs for Intermediate Care Facilities and Home and Community Based Services Supervised Living and Residential Support Services to offset the wage increase described in subsections (a)(1) and (a)(3) and shall discontinue the rate enhancement programs for the respective services.

By: Aylin S. Paster

**Health and Human Services Commission  
Proposed Funding and Rider  
Rate Increase for Private Duty Nursing**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase the Medicaid reimbursement rate for private duty nursing services.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$95,293,427 from the General Revenue Fund (\$234,676,406 from All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Rate Increase for Private Duty Nursing Services.** Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$95,293,427 from the General Revenue Fund and \$139,382,979 from Federal Funds (\$234,676,406 from All Funds) in each fiscal year to increase the Medicaid reimbursement rate for private duty nursing services.

By: April S. Pastan

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Streamlining Managed Care Enrollment**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a rider directing the Health and Human Services Commission to develop and implement an automatic enrollment process for Medicaid managed care.

**Required Action**

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

. **Streamlining Managed Care Enrollment.** Out of funds appropriated above in Strategy B.1.1. Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop and implement initiatives to improve efficiencies in Medicaid and the Children's Health Insurance Program (CHIP) managed care and fee-for-service delivery models. These initiatives shall minimize beneficiary and provider abrasion and reduce unnecessary administration and operational costs at HHSC.

As part of these initiatives, HSHC shall automatically enroll applicants in a Medicaid managed care plan on the day the applicant is determined to be eligible for Medicaid. If an applicant does not choose a managed care plan during the application process, HHSC shall automatically enroll the applicant in a managed care plan using a default enrollment process that complies with federal and state laws and regulations. When implementing this provision, HHSC should mitigate any impact to state supplemental funding by transitioning it from fee-for-service claims to managed care claims.

By: Ayala S. Pastor

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Maximize Federal Funds for Maternal Home Visiting Services**

Prepared by LBB Staff, 02/27/2025

**Overview**

Provide a rider directing the Health and Human Services Commission to conduct a study on the cost-effectiveness and feasibility of obtaining federal funds for home visiting services for pregnant women and children in the Medicaid program.

**Required Action**

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

**Maximize Federal Funds for Maternal Home Visiting Services.** Out of funds appropriated above in Strategy O.1.5, Home Visiting Programs, the Health and Human Services Commission (HHSC) shall 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. If HHSC determines that nurse home visiting services would improve maternal and child health outcomes and lower Medicaid costs, HHSC shall seek prior approval from the Legislative Budget Board (LBB) before implementing the benefit.

HHSC shall provide a report by September 1, 2026, to the Legislature that includes the findings from the study and the determination of the LBB.

In conducting the cost-effectiveness and feasibility study, HHSC shall consider:

- (a) The impact of services on maternal and child health outcomes and the cost offsets associated with improved health outcomes;
- (b) The potential impact of the nurse home visiting programs on maternal mortality and morbidity rates;
- (c) The ability of nurse home visiting programs on access to maternal health in rural areas;
- (d) The effect on waitlists for nurse home visiting services for women seeking services through Thriving Texas Families and Family Support Services;
- (e) The impact of services on maternal and child health outcomes and the cost offsets associated with improved health outcomes; and
- (f) The potential impact of the nurse home visiting.

*April S. Paxton*

By: Senator Paxton

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Home and Community-Based Providers**

Prepared by LBB Staff, 02/28/2025

**Overview**

Provide a rider directing the Health and Human Services Commission to have providers submit an annual financial statement if the Legislature provides an increase for direct services personnel in the employment of Home and Community-Based providers.

**Required Action**

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

\_\_\_\_\_ **Home and Community-Based Providers.** Out of funds appropriated above, the Health and Human Services Commission (HHSC), in the event the Eighty-ninth Legislature provides an increase for direct services personnel in the employment of Home and Community-Based providers, pursuant to Texas Administrative Code 263.501 and Local Intellectual Developmental Disabilities Authorities contracts, shall require providers to submit an annual itemized financial statement in place of the current cost reports to HHSC by January 1 of each fiscal year.

By: Aylin S. Pagan

TEXAS HEALTH AND HUMAN SERVICES  
Rider  
Women's Health

**Required Action**

1. On page II-XX of the Health and Human Services Women's Health Riders amend the following rider:

**41. Payments to Health Centers for the Healthy Texas Women Program.** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) shall, to the extent allowable by federal law, reimburse Federally Qualified Health Centers for family planning services under Strategy D.1.1, Women's Health Programs, for the Healthy Texas Women Program, using a prospective payment system at a per visit rate, ~~not to exceed three payments during a calendar year.~~



*Anna Campbell*

By Paxton

*Aylin S. Paxton*

**Health and Human Services Commission, Article II  
Proposed Rider  
Office of Inspector General Medicaid Fraud Prevention**

Prepared by LBB Staff, 2/27/25

**Overview**

Add rider directing the Office of Inspector General to implement and report on a payment integrity technology pilot program out of existing appropriations.

**Required Action**

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

\_\_\_\_\_. **Medicaid Fraud Prevention.** Out of funds appropriated above in Strategy K.1.1, Office of Inspector General, the Office of Inspector General (OIG) shall implement a payment integrity technology pilot program utilizing payment card-based verification systems to enhance fraud prevention, detection and deterrence within the Texas Medicaid program. The OIG shall submit a report to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, House Appropriation Committee, and permanent committees in the Senate and House of Representatives with jurisdiction over health and human services by December 1, 2026, on the program's effectiveness, including fraud reduction metrics, cost savings, and recommendations for statewide implementation.

By: April S. Paster

**Health and Human Services Commission**  
**Proposed Funding and Rider**  
**Rate Increase for Medicaid Dental Services**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase the Medicaid reimbursement rate for Health Steps (Early and Periodic Screenings, Diagnostics, and Treatment) Dental services.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$33,791,035 from the General Revenue Fund (\$83,216,228 from All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Rate Increase for Medicaid Dental Services. Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$33,791,035 from the General Revenue Fund and \$49,425,193 from Federal Funds (\$83,216,228 from All Funds) in each fiscal year to increase the Medicaid reimbursement rate for Health Steps (Early and Periodic Screenings, Diagnostics, and Treatment) Dental services.**

By: Hall



**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**State Supported Living Center Salary Adjustments**

Prepared by LBB Staff, 2/27/25

**Overview**

Add rider directing the Health and Human Services Commission to adjust salaries to provide parity among dental director positions at the State Supported Living Centers.

**Required Action**

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

\_\_\_\_\_. **State Supported Living Center Dental Directors.** It is the intent of the Legislature that out of funds appropriated above in Strategy G.1.1, State Supported Living Centers, the Health and Human Services Commission shall provide pay parity for the salaries for Dentist III positions employed at the State Supported Living Centers.

By: Bob Hall

**Health and Human Services Commission  
Proposed Funding and Rider  
Base Wage Increase for Personal Attendant Services**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and amend Health and Human Services Commission Rider 23, Base Wage Increase for Personal Attendant Services, to increase the base wage for personal attendant services from \$10.60 to \$17.00 per hour.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2027.
2. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.1, Home and Community-based Services, by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2027.
3. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.2, Community Living Assistance (CLASS), by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2027.
4. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.3, Deaf-Blind Multiple Disabilities, by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2027.
5. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.4, Texas Home Living Waiver, by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX) in fiscal year 2027.
6. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.3, Behavioral Hlth Waiver & Amendment, by \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund (\$XX from All Funds) in fiscal year 2027.
7. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.2, Non-Medicaid Services, by \$XX from the General Revenue Fund in each fiscal year.
8. On page II-66 of the Health and Human Services Commission bill pattern, amend the following rider:
23. **Base Wage Increase for Personal Attendant Services.** 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 \$1,435,804,310 ~~\$369,593,897~~ from the General Revenue Fund and \$2,249,922,304 ~~\$527,126,605~~ from Federal Funds (\$3,685,726,614 ~~\$896,720,502~~ from All Funds) in fiscal year 2026 and \$1,499,665,601 ~~\$386,612,193~~ from the General Revenue Fund and \$2,349,330,230 ~~\$552,232,379~~ from Federal Funds (\$3,848,995,831 ~~\$938,844,572~~ from All Funds) in fiscal year 2027 to increase the base wage for personal attendant services to \$17.00 ~~12.00~~ per hour.

By: Bob Hall

**Health and Human Services Commission  
Proposed Funding and Rider  
Base Wage Increase for Direct Support Professionals**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase the base wage for community-based direct support professionals serving individuals with intellectual and developmental disabilities (IDD) from \$10.60 to \$17.00 per hour.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$63,737,739 from the General Revenue Fund (\$158,670,000 from All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Base Wage Increase for Direct Support Professionals. Included in the amounts appropriated above in Goal A, Medicaid Client Services, is \$63,737,739 from the General Revenue Fund and \$94,932,261 from Federal Funds (\$158,670,000 from All Funds) in each fiscal year to increase the base wage for community-based direct support professionals serving individuals with intellectual and developmental disabilities to \$17.00 per hour.**

*April S. Paster*

*Judith Zaffirini*  
By: ZAFFIRINI

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Applied Behavior Analysis (ABA) Services in Medicaid Managed Care**

**Overview**

This rider directs the Texas Health and Human Services Commission (HHSC) to include the cost of Applied Behavior Analysis (ABA) services, including administrative costs, in the capitation rates by September 1, 2026. By incorporating these costs into Managed Care Organizations (MCO) funding, more providers are expected to offer ABA services, increasing access for children with autism. What's more, this shift would help manage utilization and control costs, as MCOs are responsible for ensuring appropriate service use while maintaining quality care. This approach enhances provider oversight, promotes efficient spending, and ensures that services remain sustainable for Texas Medicaid beneficiaries

**Required Action**

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

Applied Behavior Analysis (ABA) Services in Medicaid Managed Care. Out of funds appropriated above in Goal A, Medicaid Client Services, no later than September 1, 2026, the Health and Human Services Commission shall include the cost associated with provision of ABA services in the Medicaid managed care premium.

*Judith Zaffirini*

By: ZAFFIRINI

**Health and Human Services Commission  
Proposed Funding and Rider  
Rate Increase for Pediatric Therapy Services**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to increase the Medicaid reimbursement rate for pediatric therapy services by ten percent.

**Required Action**

1. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$26,211,045 from the General Revenue Fund (\$64,549,185 from All Funds) in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Rate Increase for Pediatric Therapy Services. Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$26,211,045 from the General Revenue Fund and \$38,338,140 from Federal Funds (\$64,549,185 from All Funds) in each fiscal year to increase the Medicaid reimbursement rate for pediatric therapy services by ten percent.**

*Judith Zaffirini*

By: ZAFFIRINI

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Jim Hogg County Urgent Care Medical Facility**

Prepared by LBB Staff, 02/05/2025

**Overview**

Provide funding for a construction project in Jim Hogg County for an urgent care medical facility serving Jim Hogg County, including patient examinations rooms, diagnostic services, administrative offices, and a waiting area.

**Required Action**

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.1.11, Community Primary Care Services, by \$5,800,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Jim Hogg County Urgent Care Medical Facility.** Included in amounts appropriated above in Strategy D.1.11, Community Primary Care Services, is \$5,800,000 from the General Revenue Fund in fiscal year 2026 to provide funds to Jim Hogg County for the construction of an urgent care facility in Jim Hogg County, Texas.



*Judith Zaffirini*

By: ZAFFIRINI

**Health and Human Services Commission  
Proposed Funding and Rider  
Interest List Reduction**

Prepared by LBB Staff, 02/27/25

**Overview**

Increase funding and add a new rider at the Health and Human Services Commission to fund additional waiver slots to serve individuals currently on a waiver interest list and diversion slots to serve certain medically fragile children.

**Required Action**

1. On page II-41 of the Health and Human Services Commission bill pattern, increase the number of FTEs by 9.0 in fiscal year 2026 and 18.0 in fiscal year 2027.
2. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$2,014,455 from the General Revenue Fund (\$4,930,533 from All Funds) in fiscal year 2026 and \$12,531,660 from the General Revenue Fund (\$30,636,080 from All Funds) in fiscal year 2027.
3. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.1, Home and Community-based Services, by \$3,401,950 from the General Revenue Fund (\$8,468,602 from All Funds) in fiscal year 2026 and \$10,944,432 from the General Revenue Fund (\$27,210,225 from All Funds) in fiscal year 2027.
4. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.2, Community Living Assistance (CLASS), by \$817,295 from the General Revenue Fund (\$2,229,870 from All Funds) in fiscal year 2026 and \$2,634,760 from the General Revenue Fund (\$7,177,671 from All Funds) in fiscal year 2027.
5. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.3, Deaf-Blind Multiple Disabilities, by \$53,056 from the General Revenue Fund (\$136,472 from All Funds) in fiscal year 2026 and \$170,851 from the General Revenue Fund (\$438,860

from All Funds) in fiscal year 2027.

6. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.4, Texas Home Living Waiver, by \$199,867 from the General Revenue Fund (\$538,650 from All Funds) in fiscal year 2026 and \$656,163 from the General Revenue Fund (\$1,766,055 from All Funds) in fiscal year 2027.
7. On Page II-41 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, by \$39,628 from the General Revenue Fund (\$79,256 from All Funds) in fiscal year 2026 and \$75,335 from the General Revenue Fund (\$150,670 from All Funds) in fiscal year 2027.
8. On Page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy I.1.1, Integrated Eligibility & Enrollment, by \$34,450 from the General Revenue Fund (\$106,330 from All Funds) in fiscal year 2026 and \$77,843 from the General Revenue Fund (\$240,278 from All Funds) in fiscal year 2027.
9. On Page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy I.2.1, Community Services Administration & Access, by \$499,175 from the General Revenue Fund (\$650,840 from All Funds) in fiscal year 2026 and \$878,317 from the General Revenue Fund (\$1,169,886 from All Funds) in fiscal year 2027.

10. On Page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.1.2, IT Oversight & Program Support, by \$33,566 from the General Revenue Fund (\$50,552 from All Funds) in fiscal year 2026 and \$55,772 from the General Revenue Fund (\$83,996 from All Funds) in fiscal year 2027.

11. On Page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.2.1, Central Program Support, by \$31,735 from the General Revenue Fund (\$47,065 from All Funds) in fiscal year 2026 and \$61,033 from the General Revenue Fund (\$90,515 from All Funds) in fiscal year 2027.

12. On Page II-43 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy L.2.2, Regional Program Support, by \$4,956 from the General Revenue Fund (\$6,087 from All Funds) in fiscal year 2026 and \$10,261 from the General Revenue Fund (\$12,603 from All Funds) in fiscal year 2027.

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

**Interest List Reduction.** Included in the amounts appropriated above is \$7,130,133 from the General Revenue Fund and \$10,114,124 from Federal Funds (\$17,244,257 from All Funds) and 9.0 FTEs in fiscal year 2026 and \$28,096,427 from the General Revenue Fund and \$40,880,412 from Federal Funds (\$68,976,839 from All Funds) and 18.0 FTEs in fiscal year 2027 to fund additional waiver slots to serve individuals currently on a waiver interest list and diversion slots to serve certain medically fragile children in the Medically Dependent Children Program without a stay in a nursing facility.

By Senator Hughes

**HEALTH AND HUMAN SERVICES COMMISSION, ARTICLE 2  
CHILDREN AND FAMILY CENTER OF EXCELLENCE EAST TEXAS**

**Overview**

Mental healthcare has been an important priority for the Legislature in recent sessions. The Local Mental Health Authority of Smith County, the Andrews Center, also has been working at the local level to improve mental healthcare services. Smith County is the population seat of Northeast Texas, a region that leads the state in suicides per capita. To address this and other mental healthcare challenges, the Andrews Center has led the community in developing a comprehensive model of care. The funding requested below would support a Children and Family Center of Excellence that would provide expanded case management, youth empowerment services, a youth crisis outreach team, crisis stabilization, crisis respite, and intensive outpatient treatment to complete a full spectrum of care.

**Required Action:**

On the appropriate page of the Health and Human Services Commission bill pattern, insert the following item:

**\_\_\_\_\_ . Local Mental Health Authority of Smith County.** Out of General Revenue funds appropriated in Strategy D.2.4., Community Mental Health Grant Programs, and D.2.5., Community Behavioral Health Administration, \$4,000,000 in fiscal year 2026 and \$4,000,000 in fiscal year 2027 shall be used to support comprehensive mental healthcare services through a Children and Family Center of Excellence. Any unexpended balances remaining at the end of fiscal year 2026 are appropriated for the same purpose for fiscal year 2027.

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*Bryan C. Crighton*

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

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Rural Hospital Safe Patient Handling Grant Program**

Prepared by LBB Staff, 02/24/2025

**Overview**

Add a rider for matching grants to rural hospitals to acquire safe patient handling equipment and for training on safe patient handling equipment.

**Required Action**

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

**Rural Hospital Safe Patient Handling Grant Program.** Included in amounts appropriated above in Strategy F.3.3, Additional Advocacy Programs, is \$4,000,000 from the General Revenue Fund in fiscal year 2026 to eligible rural hospitals to acquire safe patient handling equipment and for training on safe patient handling equipment; and \$50,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium in Strategy L.1.1, HHS System Supports, to administer the program.

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.

HHSC shall establish a grant application process that shall (1) provide one-to-one matching grants to eligible facilities as described above, (2) provide a grant amount not to exceed \$50,000 for any one eligible facility, (3) give priority to eligible facilities that demonstrate a financial hardship in acquiring safe patient-handling equipment, (4) exempt eligible facilities demonstrating a financial hardship in acquiring safe patient-handling equipment to provisions 1 and 2 above.

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.

*Brunder Creighton*

By: Creighton

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Child and Youth Services Clinic**

Prepared by LBB Staff, 2/19/25

**Overview**

Add funding and rider related to a child and youth clinic at Tri-County in eastern Montgomery County.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$1,250,000 in General Revenue in fiscal year 2026 and \$1,250,000 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:

\_\_\_\_\_. **Montgomery, Walker, and Liberty County Youth Clinic. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$1,250,000 from the General Revenue Fund in each fiscal year of the biennium to support services at a clinic for child and youth behavioral health services at the local mental health authority serving Montgomery, Walker, and Liberty counties.**

*Baunders Creighton*

By: Creighton

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Child and Youth Services Clinic**

Prepared by LBB Staff, 2/19/25

**Overview**

Add funding and rider to establish a child and youth clinic at Tri-County in western Montgomery County. The services may include initial evaluation and intake, psychiatric evaluation, medication management, nursing, therapy, skills training, case management, and family partner services.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$1,000,000 in General Revenue in fiscal year 2026 and \$1,000,000 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:

\_\_\_\_\_. **Montgomery, Walker, and Liberty County Youth Clinic. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$1,000,000 from the General Revenue Fund in each fiscal year of the biennium to establish a clinic for child and youth behavioral health services at the local mental health authority serving Montgomery, Walker, and Liberty counties.**

*Bryan Creighton*

By: Creighton

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Crisis Stabilization Units**

Prepared by LBB Staff, 2/18/25

**Overview**

Add funding and rider related to the Tri-County Behavioral Healthcare's crisis stabilization unit operations.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$250,000 in General Revenue in fiscal year 2026 and \$250,000 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:

**Montgomery, Walker, and Liberty County Crisis Stabilization Services.**  
**Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$250,000 from the General Revenue Fund in each fiscal year of the biennium to support crisis stabilization facility services at the local mental health authority serving Montgomery, Walker, and Liberty counties.**





**Health and Human Services Commission**  
**Clarification of the use of school-based dental services in Medicaid**

This rider clarifies that the state Medicaid program can allow school-based dental services under its Medicaid managed care program.

**Required Action**

On page II-\_\_ of the Health and Human Services Commission bill pattern, insert the following rider:

\_\_. Medicaid appropriations, for direct fee-for-service programs or transfers to Medicaid managed care organizations under contract with the State of Texas, may not be used in a way that restricts or prohibits mobile or school-based dental services to Medicaid beneficiaries 18 years old and under, whether the provider has a primary physical location to provide services or not, provided the provider:

- a. Ensures a parent, legal guardian, or another adult who is authorized by the parent or guardian accompanies a child who is 14 years of age or younger or, if school-based care, receives parental consent in accordance with Human Resources Code §32.024(s-1);
- b. Complies with all state and federal solicitation and Medicaid provider enrollment requirements;
- c. Is able to safely provide all elements of a dental checkup or treatment to be completed;
- d. Has the capacity to coordinate emergency follow-up care in accordance with 22 TAC §108.42; and
- e. Sends notification to the child's main dental home to support coordination of care, if the provider is not the main dental home.

Please use this template as a guide when preparing riders, and submit to the Committee letter-sized, one-sided, collated (not stapled) page-numbered copies.

*Zaffini*

*Jai Menendez*

By Menendez

***Health and Human Services Commission, Article II***  
**9-8-8 Lifeline and Crisis Services**

**Overview**

The following action adds a new rider that directs \$11,000,000 for each fiscal year for funding the Health and Human Services Commission's 9-8-8 lifeline and crisis services. This funding addresses the recommendations of the 9-8-8 Implementation (Rider 58 (87(R)) report.

**Required Action**

On page II-76 of Health and Human Services Commission's bill pattern, add the following new rider:

**9-8-8 Lifeline and Crisis Services.** Contingent upon enactment of legislation that establishes funding for the 9-8-8 lifeline and trust fund, the Health and Human Services Commission (HHSC) is appropriated \$11,000,000 in General Revenue in each fiscal year for 9-8-8 operations and contracts. From the funds appropriated in in Strategy D.2.5. Community Behavioral Health Administration, to implement the provisions of the legislation.

Please use this template as a guide when preparing riders, and submit to the Committee letter-sized, one-sided, collated (not stapled) page-numbered copies.

*Zaffroni*

*Joe Menendez*

By Menendez

**Health and Human Services Commission, Article II  
OPERATION AND SERVICE GRANTS FOR IN-STATE CHILDREN'S  
FREESTANDING PSYCHIATRIC FACILITIES**

**Overview**

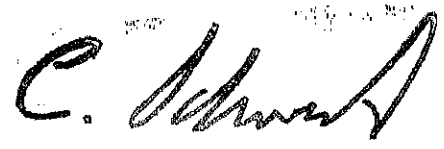
The following action adds a new rider that directs any unexpended and unobligated balances remaining from S.B. 30 (Section 3.02(19)), Acts of the 88<sup>th</sup> Legislature, Regular Session, 2023, are appropriated to the Health and Human Services Commission for the purpose of establishing a one-time in-state children's freestanding psychiatric facility services and operations grant program.

**Required Action**

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

\_\_\_\_. **OPERATION AND SERVICE GRANTS FOR IN-STATE CHILDREN'S FREESTANDING PSYCHIATRIC FACILITIES.** Any unexpended and unobligated balances remaining as of June 1, 2025, from the amount described in S.B. 30 (Section 3.02(19)), Acts of the 88<sup>th</sup> Legislature, Regular Session, 2023, are appropriated to the Health and Human Services Commission for the purpose of establishing a one-time in-state children's freestanding psychiatric facility services and operations grant program with the following conditions:

- (1) A grant awarded under the program may only be used to pay for the services and operations of inpatient mental health beds for children at an in-state children's freestanding psychiatric facility; and
- (2) The grantee may use the funds for the discharge of debt obligations, purchase of supplies, facility-related operational expenses, and other costs, as determined necessary by HHSC, to operate the facility for the benefit of children in state conservatorship that receive services at the facility.



By: Senator Schwertner

**Health and Human Services Commission, Article II**  
**Proposed Rider and Funding**  
**Crisis Stabilization Program**

Prepared by LBB Staff, 2/28/25

**Overview**

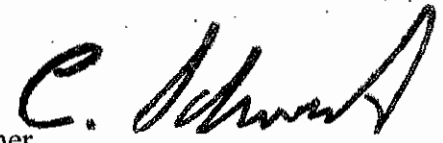
Add a rider and funding to provide additional crisis stabilization facilities and mobile crisis outreach teams.

**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 \$30,000,000 from the General Revenue Fund in fiscal year 2026 and \$30,000,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission, bill pattern, add the following rider:

\_\_\_\_\_. **Crisis Stabilization Program.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy D.2.1, Community Mental Health Services, is \$30,000,000 from the General Revenue Fund in each fiscal year of the biennium to fund additional crisis stabilization facilities and mobile crisis outreach teams to provide a short-term alternative to hospital admission to reduce acute symptoms of mental illness. Facilities may include crisis stabilization units, crisis residential facilities, crisis respite facilities, diversion centers, extended observation units, or a mix of these.

By: Senator Schwertner



**Health and Human Services Commission, Article II**  
**Proposed Rider and Funding**  
**Maintain Mental Health Service Capacity**

Prepared by LBB Staff, 2/28/25

**Overview**

Add a rider and funding to provide various mental 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 \$36,900,000 from the General Revenue Fund in fiscal year 2026 and \$36,900,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission, bill pattern, add the following rider:

**Maintain Mental Health Service Capacity.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy D.2.1, Community Mental Health Services, is \$36,900,000 from the General Revenue Fund in each fiscal year of the biennium for the following:

- (a) Outpatient Capacity: \$24,600,000 from the General Revenue Fund in each fiscal year of the biennium to restore funding to maintain outpatient mental health capacity;
- (b) Mobile Crisis Outreach Teams: \$3,450,000 from the General Revenue Fund in each fiscal year of the biennium to restore funding to maintain current Mobile Crisis Outreach Team capacity;
- (c) Crisis Response and Diversion Projects: \$8,850,000 from the General Revenue Fund in each fiscal year of the biennium to restore funding to maintain Mental Health Crisis Response and Diversion Projects.

By: Campbell

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Comal County Mental Health Facility**

Prepared by LBB Staff, 2/26/25

**Overview**

Add additional funding and rider at the Health and Human Services Commission for an extended observation unit in Comal County. The bill currently includes \$500,000 in General Revenue per fiscal year for this purpose.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.1, Community Mental Health Services, by \$4,750,000 in General Revenue in fiscal year 2026 and \$4,750,000 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 the amounts appropriated above to the Health and Human Services Commission in Strategy D.2.1, Community Mental Health Services, is \$4,750,000 from the General Revenue Fund in each fiscal year of the biennium for operations costs for a mental health facility operated by the local mental health authority serving Comal County.**

*Bryan Creighton*

By: Creighton

**Health and Human Services Commission, Article II  
Proposed Funding and Rider  
Recovery Housing**

Prepared by LBB Staff, 2/25/25

**Overview**

Add funding and a rider related to recovery housing programs.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.2, Substance Use Services, by \$2,195,000 in General Revenue in fiscal year 2026 and \$2,195,000 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:

..... **Recovery Housing.** Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.2.2, Substance Use Services, is \$2,195,000 from the General Revenue Fund in each fiscal year of the biennium to administer and support Level 2 and Level 3 recovery houses eligible to receive state funding pursuant to Health and Safety Code, Chapter 469.

*Nathan D. ...*



By:



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

**Proposed Funding and Rider**

**El Paso State Hospital Construction**

**Overview**

Add funding and capital budget authority related to construction at an El Paso State Hospital.

**Required Action**

- 1) On page II-43 of Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs & Renov, by \$482,000,000 in General Revenue in fiscal year 2026.
  
- 2) On page II-53 of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$482,000,000 in General Revenue for construction at an El Paso State Hospital in fiscal year 2026 and unexpended balance authority in fiscal year 2027.
  
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

. **El Paso State Hospital.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$482,000,000 from the General Revenue Fund in fiscal year 2026 related to construction of a 150-bed inpatient mental health facility in El Paso.

By: Schwertner



**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Behavioral Health Resource Availability Platform**

Prepared by LBB Staff, 2/26/25

**Overview**

Add funding and a rider to direct the Health and Human Services Commission to establish a comprehensive, web-based platform to display real-time availability of behavioral health treatment beds and services across Texas.

**Required Action**

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.2.5, Community Behavioral Health Administration, by \$2,650,000 in General Revenue in fiscal year 2026 and \$2,650,000 in General Revenue in fiscal year 2027.
- 2) On page II-53 of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$2,650,000 in General Revenue in fiscal year 2026 and \$2,650,000 in General Revenue in fiscal year 2027 for information resource technologies.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**Behavioral Health Resource Availability Dashboard.** Included in the amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.2.5, Community Behavioral Health Administration, is \$2,650,000 from the General Revenue Fund in each fiscal year of the biennium to develop, implement, and maintain a web-based platform capable of displaying real-time availability of behavioral health beds and services across Texas.

The platform shall provide real-time data on inpatient psychiatric bed availability, including state hospitals, community hospitals, private facilities, crisis stabilization units, and crisis respite facilities.

The platform shall be designed to provide web-based access by healthcare providers, law enforcement agencies, first responders, and other relevant stakeholders to facilitate efficient patient placement and service coordination. HHSC may contract with a qualified third-party vendor for the development, hosting, and maintenance of the platform to ensure data accuracy, system interoperability, and streamlined reporting of capacity updates.



By Alvarado

***Health and Human Services Commission, Article II***  
**9-8-8 Lifeline and Crisis Services**

**Overview**

The following action adds a new rider that directs \$11,000,000 for each fiscal year for funding the Health and Human Services Commission's 9-8-8 lifeline and crisis services. This funding addresses the recommendations of the 9-8-8 Implementation (Rider 58 (87(R))) report.

**Required Action**

On page II-76 of Health and Human Services Commission's bill pattern, add the following new rider:

\_\_\_\_\_. **9-8-8 Lifeline and Crisis Services.** Contingent upon enactment of legislation that establishes funding for the 9-8-8 lifeline and trust fund, the Health and Human Services Commission (HHSC) is appropriated \$11,000,000 in General Revenue in each fiscal year for 9-8-8 operations and contracts. From the funds appropriated in in Strategy D.2.5. Community Behavioral Health Administration, to implement the provisions of the legislation.



By: Alvarado

*Health and Human Services Commission, Article II*

**Improving Access to Early Childhood Intervention for Infants and Toddlers**

**Overview**

The following action adds a new rider that directs \$2,746,125 in General Revenue and \$4,016,748 in Federal Funds (\$6,762,873 in All Funds) in each fiscal year to enhance reimbursement rates for targeted Case Management and Specialized Skills Training in the Early Childhood Intervention program.

**Required Action**

- (1) On Health and Human Services bill pattern in House Bill 1/Senate Bill, increase general revenue appropriations in Strategy D.1.3, Early Childhood Intervention Services, by in \$2,746,125 General Revenue Funds and \$4,016,748 in Federal Funds (\$6,762,873 in All Funds) in each fiscal year 2026 and 2027.
- (2) Add the following appropriately numbered rider to the bill pattern of the Health & Human Services Commission:

\_\_\_\_\_. **Improving Access to Early Childhood Intervention**

(a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.1.3, Early Childhood Intervention Services, is \$2,746,125 in General Revenue and \$4,016,748 in Federal Funds (\$6,762,873 in All Funds) in each fiscal year to increase the Medicaid reimbursement rates for Targeted Case Management and Specialized Skills Training by six percent. It is the intention of the legislature that these rate enhancements improve access by children under age three with disabilities and developmental delays to vital early interventions.

(b) It is the intent of the Legislature that HHSC shall ensure all funds allocated through this rider are fully reflected in reimbursement rates for Targeted Case Management and Specialized Skills Training procedure codes under Medicaid fee-for-service and managed care models.

Peter P. Stone

Chade

Zaffirini

By: Senator Hinojosa

**Health and Human Services Commission, Article II  
2026-2027 GAA Restriction of Appropriations  
Appropriation Restriction for Medicaid Procurement**

**Overview**

The proposed language below would prohibit the Health and Human Services Commission from using any appropriations made to the commission by the General Appropriations Act for 2026-2027 for the purpose of implementation of procurements for two Medicaid products and the Children's Health Insurance Program. The provision would also express the intent of the legislature that the Health and Human Services Commission extend existing contracts.

**Required Action**

Add the following appropriately numbered rider to the bill pattern of the Health and Human Services Commission and renumber the remaining riders accordingly:

**. Appropriation Limitation Provision for Medicaid and CHIP Procurements.**

- (a) None of the funds appropriated in this Act may be used to administer or pay for operations or services delivered pursuant to the following procurements:
  - (1) Request for Proposals for STAR & CHIP Managed Care Services RFP No. HHS0011152; and
  - (2) Request for Proposals for STAR Kids Managed Care Services RFP No. HHS0013071.
- (b) Not later than September 30, 2025, the Health and Human Services Commission shall report on the final status of the above procurements, including but not limited to relevant court orders, contract extensions or any remaining agency responsibilities or actions, to the Office of the Governor, the Legislative Budget Board, and the Office of the Attorney General. HHSC shall also report when and in what manner it has been communicated to managed care organizations that the above referenced requests for proposals have been terminated.
- (c) It is the intent of the legislature that HHSC secure any necessary and appropriate approvals from state and federal agencies to extend existing contracts for STAR, CHIP, and STAR Kids.

*Judith Zaffirini*

By: ZAFFIRINI

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Applied Behavior Analysis (ABA) Services in Medicaid Managed Care**

**Overview**

This rider directs the Texas Health and Human Services Commission (HHSC) to include the cost of Applied Behavior Analysis (ABA) services, including administrative costs, in the capitation rates by September 1, 2026. By incorporating these costs into Managed Care Organizations (MCO) funding, more providers are expected to offer ABA services, increasing access for children with autism. What's more, this shift would help manage utilization and control costs, as MCOs are responsible for ensuring appropriate service use while maintaining quality care. This approach enhances provider oversight, promotes efficient spending, and ensures that services remain sustainable for Texas Medicaid beneficiaries

**Required Action**

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

**Applied Behavior Analysis (ABA) Services in Medicaid Managed Care.** Out of funds appropriated above in Goal A, Medicaid Client Services, no later than September 1, 2026, the Health and Human Services Commission shall include the cost associated with provision of ABA services in the Medicaid managed care premium.



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

**Health & Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 1751**

**Overview**

The following rider appropriates \$XX in fiscal year 2026 and \$XX in fiscal year 2027 from the General Revenue Fund for the purposes of implementing the provisions of Senate Bill 1751, contingent upon its enactment.

**Required Action**

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

\_\_\_\_\_ : **Contingency for Senate Bill 1751.** Contingent on enactment of Senate Bill 1751, or similar legislation by the Eighty-ninth Legislature related the definition of licensing authority as it relates to the collection of certain licensing information about certain day-care employees, the XX is appropriated \$XX out of General Revenue Fund in fiscal year 2026 and \$XX out of the General Revenue Fund in fiscal year 2027 to implement provisions of the bill. Any unexpended balances as of August 31, 2026, are appropriated for the same purpose for the fiscal year beginning September 1, 2026.

By: Aylin S. Paxton

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Report on the Development of Hospital Inpatient Rates**

Prepared by LBB Staff, 02/27/2025

**Overview**

Add a new rider requiring the Health and Human Services Commission to submit a report on its proposal to rebase Medicaid inpatient hospital base rates.

**Required Action**

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

\_\_\_\_\_. **Report on the Development of Hospital Inpatient Rates.** Out of funds appropriated above in Strategy B.1.1. Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall submit a report to the Legislature by November 1, 2026, on HHSC's proposal to rebase Medicaid inpatient hospital base rates. The report shall include:

- (a) Financial models demonstrating the impact of the updated Medicaid inpatient rates by hospital based on data from fiscal year 2025;
- (b) The amount of general revenue needed to stabilize revenue levels that may otherwise be impacted by revisions to inpatient hospital rates, in total and by hospital class; and
- (c) Recommendations developed by the agency and temporary advisory committee on a process and implementation timeline for hospital inpatient rate rebasing.

In developing the recommendations and financial models, HHSC shall solicit input from stakeholders and may establish a temporary advisory committee pursuant to the authority provided under Chapter 2110, Government Code. In establishing a temporary advisory committee, HHSC shall include representatives that reflect each hospital class participating in the Medicaid program. No later than July 15, 2026, HHSC shall make public, including through distribution to and discussion with the Hospital Payment Advisory Committee, any agency and advisory committee recommendations and draft financial models.

No revisions to the Medicaid inpatient standard dollar amounts may be made without additional appropriations from the Legislature.