

House Appropriations - Subcommittee Budget Recommendations
Representative Orr, Subcommittee Chair on Article II
Members: Representatives Barry, Fairly, Howard, Jones of Dallas, Lozano, Manuel, Oliverson, Rose

LBB Manager: Eduardo Rodriguez

Article II, Health and Human Services Total, Article II, Health and Human Services Items Not Included in Bill as Introduced	Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Department of Family and Protective Services (530)						
Total	\$ 436,676,659	\$ 561,527,006	\$ 37,801,942	\$ 46,663,533	\$ 241,858,132	\$ 349,678,634
Total, Full-time Equivalents	337.4	346.4	17.0	17.0	0.0	0.0
Department of State Health Services (537)						
Total	\$ 465,717,384	\$ 493,340,053	\$ 71,649,632	\$ 97,222,743	\$ 48,725,276	\$ 48,725,276
Total, Full-time Equivalents	171.0	179.0	117.0	117.0	0.0	0.0
Health and Human Services Commission (529)						
Total	\$ 3,215,449,542	\$ 9,290,753,251	\$ 242,333,944	\$ 302,254,261	\$ 159,023,661	\$ 199,526,008
Total, Full-time Equivalents	510.7	517.7	99.5	108.5	0.0	0.0
Special Provisions Relating to All Health and Human Services Agencies (S02)						
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Full-time Equivalents	0.0	0.0	0.0	0.0	0.0	0.0
Total	\$ 4,117,843,585	\$ 10,345,620,310	\$ 351,785,518	\$ 446,140,537	\$ 449,607,069	\$ 597,929,918
<u>NO-COST ADJUSTMENTS</u>						
1 Department of State Health Services	\$ (6,318,077)	\$ -	\$ -	\$ -	\$ -	\$ -

Article II, Health and Human Services Total, Article II, Health and Human Services Items Not Included in Bill as Introduced	Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
2 Health and Human Services Commission	\$ 6,318,077	\$ -	\$ -	\$ -	\$ -	\$ -
Total, NO COST ADJUSTMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total GR & GR-Ded Adopted Items less Cost-out Adjustments	\$ 4,117,843,585	\$ 10,345,620,310	\$ 351,785,518	\$ 446,140,537	\$ 449,607,069	\$ 597,929,918
	FY 2026	FY 2027	FY 2026	FY 2027	FY 2026	FY 2027
Total, Full-time Equivalents	1,019.1	1,043.1	233.5	242.5	0.0	0.0

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Agency Requests:							
1. Sustain Client Services and Staffing							
a.	Strengthen Services for Adult Protective Services (APS) (40.0/40.0). This request would continue the Training While Working pilot program for new APS caseworkers. 26.0/26.0 APS Supervisors III 13.0/13.0 Administrative Assistant III 1.0/1.0 Manager V	\$ 10,859,695	\$ 11,118,396	\$ 956,636	\$ 956,636		
				Adopt as Amended: Revised agency amount and Reallocate existing FTEs			
b.	Sustain Current Caseloads for APS (141.4/141.4). This request would add additional caseworkers and support staff to reduce the APS caseload from 26.0 cases to 23.0 cases per worker. 80.0/80.0 APS Caseworker I-IV 13.0/13.0 APS Supervisors I-II 13.0/13.0 Administrative Assistants II 13.0/13.0 Human Resources Technicians IV 22.4/22.4 Other Support Staff	\$ 29,225,909	\$ 29,977,717			\$ 29,225,909	\$ 29,977,717

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		All Funds		All Funds		All Funds	
2. Annualize and Expand Community-based Care (CBC)							
a.	Early Payments to SSCCs During Readiness Prior to Stage I and Stage II.	\$ 11,489,139	\$ 12,422,438	\$ 11,489,139	\$ 12,422,438		
	This request would pay the SSCCs three early resource transfer payments to recruit, hire, and train staff before implementation of Stage I and Stage II.						
b.	DFPS Incentive Payments/Stay Pay for CBC Retention.	\$ 1,239,801	\$ 1,413,000	\$ 1,239,801	\$ 1,413,000		
	This request would provide a one-time retention bonus of \$1,800 to staff who commit to transition from state employment to the SSCCs.						
c.	Additional Resource Transfer and FTEs.	\$ 3,223,134	\$ 3,484,956	\$ 2,495,593	\$ 2,698,316		
	This request would provide resource transfers to transition staff from DFPS to SSCCs that were not previously included in the methodology.			Adopt as Amended: Revised agency amount and Reallocate existing FTEs			
d.	Increase Resources for CBC to Mirror the DFPS Targeted Agency Salary Request.	\$ 14,725,926	\$ 15,922,155				
	This request would provide funds for targeted salary compression to SSCCs to mirror the DFPS exceptional item "Improve Pay Equity for Caseworkers Across Select Programs".						

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		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
e.	Comprehensive CBC Process Evaluation. This request would continue a contract with a Texas Public University to evaluate SSCC fiscal and performance outcomes pursuant to Family Code, Sections 264.153 and 264.157.	\$ 3,711,960	\$ 4,000,000	\$ 3,711,960	\$ 4,000,000		
3. Improve Client Safety through Services							
a.	Expand Day Care for Kinship Caregivers. This request would increase day care eligibility for children placed in a verified or unverified relative placement to ages 7-12 all year. Children would be eligible if their caregivers are 65 or older; has a documented disability; or is employed at least 20 hours a week.	\$ 7,015,021	\$ 7,038,061	\$ 575,195	\$ 7,038,061		
				Adopt as Amended: Revised agency amount and Reallocate existing FTEs			
b.	General Revenue for Transitional Living Services. This request would provide General Revenue to continue drawing down federal funding that was previously done with funds from providers who are no longer required to match the General Revenue received for contracted services. The agency estimates they will draw down \$2.2 in Federal Funds for the biennium.	\$ 559,560	\$ 559,560	\$ 559,560	\$ 559,560		

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	c. Sustain Texas Family First Pilot (6.0/6.0). This request would continue the pilot program with General Revenue due to the end of the Family First Transition Act federal grant. 1.0/1.0 Research Specialist V 1.0/1.0 Data Analyst IV 4.0/4.0 CPS Program Specialist	\$ 21,275,603	\$ 22,924,851			\$ 21,275,603	\$ 22,924,851
4.	Meet the Needs of High Acuity Youth						
	a. Strengthen Behavioral Health Services. This request would continue and expand a contract with the University of Texas Health Sciences Center San Antonio for services related to residential treatment for children and youth.	\$ 412,440	\$ 444,444	\$ 412,440	\$ 444,444		
	b. Expand Kinship Family Support for Children with Behavioral Health Needs. This request would provide behavioral health supports and services to children specifically in a kinship placement to three new SSCCs. Senate Bill 1 includes \$3.0 million in General Revenue for this purpose in existing CBC regions.	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000		

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		All Funds		All Funds		All Funds	
	c. Intensive Peer Support Services for High Acuity Youth. This request would provide funding to procure services for paid professional support for 73 high acuity youth in the five most populated counties.	\$ 2,650,000	\$ 2,650,000	\$ 2,650,000	\$ 2,650,000		
5.	Stabilize and Retain Workforce						
	a. Address Targeted Salary Compression to Retain Staff and Provide Career Advancement Opportunities. This request would provide salary increases for entry level staff and address salary compression to encourage tenured staff to seek promotions.	\$ 71,879,470	\$ 81,005,974				
	b. Improve Pay Equity for Caseworkers Across Select Programs. This request would reduce pay discrepancies between APS caseworkers, Residential Child Care Investigators, and Day Care Investigators as well as a career ladder for Residential Child Care Investigators.	\$ 1,310,773	\$ 1,333,333				
	c. Education Based Compensation Enhanced Initiative. The request would provide a compensation structure for DFPS staff with a Master of Social Work degree as a new hire or current staff who are obtaining their degree.	\$ 436,736	\$ 489,761	\$ 436,736	\$ 489,761		

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		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
	d. Strengthen Employee Retention through an Ongoing Merit Program. This request would provide an ongoing merit program to support staff retention.	\$ 30,301,028	\$ 32,738,308				
6. Strengthen Agency Operations							
	a. Provide Statewide Consistency in Reason to Believe Dispositions (36.0/36.0). This request would provide staff to perform secondary level reviews of Reason to Believe dispositions of investigations at the conclusion of the investigation. 2.0/2.0 Administrative Assistant II 30.0/30.0 Investigator VII 4.0/4.0 Manager IV	\$ 10,290,963	\$ 11,126,692	\$ 1,590,886	\$ 1,730,036		
	b. Improve Timeliness for Due Process (10.0/10.0). This request would provide additional staff to address the backlog of appeal cases when designated perpetrators appeal their investigative findings. 6.0/6.0 Attorney III 2.0/2.0 Legal Assistant II 2.0/2.0 Records Analyst II	\$ 10,110,263	\$ 10,918,777	\$ 754,218	\$ 832,844		

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c.	Enhance Records Management Operations (17.0/17.0). This request would provide staff to handle various record requests and digitalize remaining paper records to comply with Senate Bill 1896, Eighty-seventh Legislature, Regular Session, 2021.	\$ 6,454,904	\$ 6,885,751	\$ 6,454,904	\$ 6,885,751		
				Adopt as Amended: Fund the backlog and one-time digitization			
d.	Statewide Intake Quality Assurance Program Support (6.0/6.0). This request would provide staff to increase program oversight and performance through quality assurance activities, data collection, and support. 6.0/6.0 SWI Quality Assurance Specialist III	\$ 1,455,270	\$ 1,472,288	\$ 45,670	\$ 45,670		
				Adopt as Amended: Revised agency amount and Reallocate existing FTEs			

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e.	Improving Statewide Intake Operations to Achieve an Average Hold Time of 5 Minutes (24.0/24.0). This request would provide staff to decrease the average statewide intake hold time to 5 minutes. 18.0/18.0 SWI Protective Service Intake Specialist I-IV 2.0/2.0 SWI Supervisor I-II 1.0/1.0 Manager IV 2.0/2.0 Administrative Assistant II 1.0/1.0 Quality Assurance Specialist III	\$ 5,213,334	\$ 5,278,311			\$ 5,213,334	\$ 5,278,311
f.	Additional Adult Protective Services Policy Staff (3.0/3.0). This request would provide additional APS policy staff to respond to policy changes, implementation training and legislative requests. These staff review cases for accuracy and would review a larger percentage of cases. 3.0/3.0 Program Specialist VI	\$ 835,612	\$ 855,437	\$ 166,908	\$ 166,908		

Adopt as Amended:
Revised agency amount
and Reallocate existing
FTEs

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
g.	Improve APS Quality Assurance (7.0/7.0). This request would provide additional APS Quality Assurance staff to review APS cases for accuracy. 6.0/6.0 Quality Assurance Specialist IV 1.0/1.0 Manager III	\$ 1,876,238	\$ 1,920,635	\$ 281,702	\$ 281,702		
				Adopt as Amended: Revised agency amount and Reallocate existing FTEs			
h.	Maintain Current Utilization of Background Checks for Screening Purposes. This request would address increasing FBI fingerprint check costs as well as Department of Public Safety name-based checks for employees and clients who have access to DFPS systems and networks. The request would also address costs for FBI fingerprint checks for contractors and their staff/volunteers.	\$ 980,594	\$ 1,048,406	\$ 980,594	\$ 1,048,406		
i.	Lease Replacements. This request would replace the San Antonio Pickwell Office with one other site or provide enhancements to the current office if the Request for Proposal is not finalized.	\$ 27,400,531	\$ 29,229,415			\$ 27,400,531	\$ 29,229,415

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		All Funds		All Funds		All Funds	
7. Strengthen IT and Data Resources							
a. Begin Implementation of New Case Management System (8.0/15.0). This request would provide funding to develop a new case management system which includes data exchange with external state agencies and modernization of contracts and grants management system. 2.0/3.0 Business Analyst II-IV 2.0/4.0 Systems Analyst III-V 1.0/1.0 Cybersecurity Analyst I 2.0/2.0 Data Analyst IV 1.0/1.0 Programmer IV 0.0/1.0 Director I 0.0/2.0 Training Specialist V 0.0/1.0 Technical Writer III DFPS has requested a rider to provide cross-biennia unexpended balance (UB) authority with the intent to UB the funds in fiscal year 2027 to the next biennium.		\$ 80,307,301	\$ 178,614,601			\$ 80,307,301	\$ 178,614,601

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b.	Continued Implementation of Interagency Background Check System (28.0/28.0). This request would provide resources to implement the Search Engine for Multi-Agency Reportable Conduct (SEMARC) pursuant to Senate Bill 1849, Eighty-eighth Legislature, Regular Session, 2023. 4.0/4.0 Attorney III and IV 8.0/8.0 Program Specialist IV-VI 2.0/2.0 Systems Analyst V-VI 2.0/2.0 Project Manager IV 1.0/1.0 Management Analyst IV 1.0/1.0 Administrative Assistant 1.0/1.0 HR Specialist VI 1.0/1.0 Legal Assistant IV 5.0/5.0 Investigator II-III 1.0/1.0 Manager I 2.0/2.0 Records Analyst II	\$ 12,462,734	\$ 13,277,598			\$ 12,462,734	\$ 13,277,598

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c.	New Records Management System. This request would replace the existing Electronic Content Management System with an alternative system interoperable with the Information Management Protecting Adults and Children in Texas (IMPACT) system and to meet requirements pursuant to Senate Bill 1896, Eighty-eighth Legislature, Regular Session, 2023.	\$ 22,106,565	\$ 23,582,095			\$ 22,106,565	\$ 23,582,095
d.	Advancing Cybersecurity Protections and Technologies (6.0/8.0). This request would provide staff to address current cybersecurity threats and prepare DFPS to mitigate future risks. 6.0/8.0 Cybersecurity Analysts I-III The House Supplemental Bill includes \$9.0 million in All Funds for cybersecurity upgrades only.	\$ 10,820,037	\$ 11,542,229			\$ 10,820,037	\$ 11,542,229

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
e.	Replace and Address Technical Debt. This request would replace and address technical debt through one-time investment in technological infrastructure upgrades including routers, wireless internet devices, servers and applications.	\$ 14,069,109	\$ 15,008,170			\$ 14,069,109	\$ 15,008,170
f.	Data and Analytics Modernization (5.0/5.0). This request would update the Contracts and Grants Management System by moving all DFPS data to a cloud-based platform, add analytical tools for internal and external use, and improve data quality. 2.0/2.0 Data Analyst IV 1.0/1.0 Project Manager IV 2.0/2.0 Manager IV	\$ 15,907,405	\$ 16,969,159			\$ 15,907,405	\$ 16,969,159
g.	Improve Software Quality through Automated Testing Tools. This request would utilize AI to increase efficiency of IT operations by streamlining software development, reducing the need for contracted FTEs, and automating business processes.	\$ 3,069,604	\$ 3,274,488			\$ 3,069,604	\$ 3,274,488

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8.	Revise Rider 15, Community-based Care, to move reporting requirement from Rider 23, Rate Listing and Limitations, subsection (d), to this rider and move reporting requirement from Rider 25, Limitations: Community-based Care, subsection (d).	\$ -	\$ -	Adopt			
9.	Revise Rider 25, Limitations: Community-based Care Payments, to delete the independent evaluation throughout the rollout and implementation of Community-based Care.	\$ -	\$ -	Adopt			
10	Add new rider, Community-based Care Incentive Pay, to allow DFPS to pay a one-time incentive for employees transitioning to the Community-based Care contractors.	\$ -	\$ -	Adopt			
Workgroup Revisions and Additions:							
1.	None.						
Total		\$ 436,676,659	\$ 561,527,006	\$ 37,801,942	\$ 46,663,533	\$241,858,132	\$ 349,678,634
		FY 2026	FY 2027	FY 2026	FY 2027	FY 2026	FY 2027
Total, Full-time Equivalents		337.4	346.4	17.0	17.0	0.0	0.0

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		All Funds		All Funds		All Funds	
Cost-Out Adjustments:							
1.	Decrease General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations by \$6,318,077 to align with the Comptroller's Biennial Revenue Estimate. See HHSC Cost-Out Adjustment #1 and Special Provisions Technical Adjustment #2.	\$ (6,318,077)	\$ -	\$ (6,318,077)	\$ -		
Agency Requests:							
1.	Meet Increased Costs for Current Agency Operations						
a.	Vehicles Provide funding to replace vehicles critical to DSHS program operations that meet or exceed state fleet replacement criteria (\$1.0 million) and to replace three specialized boats to monitor and test oyster harvest areas to ensure oysters consumed by Texans are free of harmful bacteria, toxins, other contaminants (\$1.5 million). Funding included in supplemental bill.	\$ 2,465,539	\$ 2,465,539				

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b.	Seat Management Provide funding to maintain devices, including warranty, lease, and software costs for approximately 3,500 desktops, laptops, and tablets. Funding included in supplemental bill.	\$ 2,545,287	\$ 2,545,287				
c.	Texas Center for Infectious Disease (TCID) Operations Provide funding to cover costs increases for medications, medical resources, food, and utilities at the TCID.	\$ 2,424,173	\$ 2,424,173	\$ 2,424,173	\$ 2,424,173		
2.	Maintain Agency Infrastructure that Serves Texans and Communities						
a.	Regional Clinic Cost Increases and Space Planning Provide funding and 2.0/2.0 FTEs to cover increasing lease costs across the state and for a facility assessment contractor to determine adequacy of approximately 100 field offices and address maintenance needs at regional facilities.	\$ 9,135,344	\$ 9,135,344	\$ 9,135,344	\$ 9,135,344		

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b.	Regional Clinic Cost Increases and Space Planning - Information Technology Provide funding for IT infrastructure support of any newly constructed location which may include cabling, fiber, network, wireless access points, telecom, and to assist with construction plan development and review to ensure adequate placement and IT requirements.	\$ 305,742	\$ 305,742	\$ 305,742	\$ 305,742		
c.	Lab Building Maintenance of Critical Infrastructure and Systems Provide funding for increased maintenance costs and required repairs to facilities and for testing equipment at the central and South Texas laboratories.	\$ 2,709,754	\$ 2,709,754	\$ 2,709,754	\$ 2,709,754		
d.	Texas Center for Infectious Disease (TCID) Deferred Maintenance Provide funding for deferred maintenance needs at TCID including new water main lines, replacement of covered walkways with asbestos, and replacement of patient room control systems and locking systems.	\$ 6,585,000	\$ 6,585,000	\$ 6,585,000	\$ 6,585,000		
e.	Facility Cost Increases Provide funding for increased lease facility renewal costs for state-owned facilities in Austin.	\$ 3,540,664	\$ 3,540,664	\$ 3,540,664	\$ 3,540,664		
3.	Expand Laboratory Capacity and Capability to Detect Risks to Health and Safety						

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a.	New Laboratory Building Provide funding to build new lab space on the DSHS campus to meet increasing testing demand. Funding included in supplemental bill.	\$ 290,832,698	\$ 290,832,698				
b.	New Laboratory Building - Information Technology (IT) Provide funding to support IT infrastructure of newly constructed lab space including cabling, fiber, network, wireless access points, telecom, and assistance with construction plan development and ensuring adequate placement. Funding included in supplemental bill.	\$ 37,500,000	\$ 37,500,000				
c.	Maintain Laboratory Staff Provide funding and 38.0/38.0 FTEs to maintain staffing for Newborn Screening and to add capabilities to test for new types of drinking water contaminants.	\$ -	\$ 6,557,102	\$ -	\$ 6,557,102		
4.	Improve Child Mortality and Morbidity due to Congenital Syphilis						

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		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
a.	Improve Child Mortality and Morbidity due to Congenital Syphilis Provide funding and 24.0/24.0 FTEs to improve child mortality and morbidity due to Congenital Syphilis by increasing provider education, developing a hotline, establishing rapid response regional nurse teams, and creating a public awareness campaign.	\$ 11,413,789	\$ 11,413,789	\$ 11,413,789	\$ 11,413,789		
b.	Improve Child Mortality and Morbidity due to Congenital Syphilis - Information Technology (IT) Provide funding and 1.0/1.0 FTE for IT services related to combating Congenital Syphilis including hotline and database services.	\$ 1,849,736	\$ 1,849,736	\$ 1,849,736	\$ 1,849,736		
5.	Ensure Access to Regional and Local Public Health Services						
a.	Sexually Transmitted Disease Provide funding and 44.0/44.0 FTEs to maintain Disease Intervention Services staff primarily housed in local health departments and DSHS regional offices as federal funding ends.	\$ 15,006,644	\$ 27,704,576	\$ 15,006,644	\$ 27,704,576		
b.	Tuberculosis (TB) Provide funding to support a 30 percent increase in local health department contracts to provide TB care and to cover increased costs of medications and 16.0/16.0 FTEs to provide nurse consultation and direct care services.	\$ 21,191,906	\$ 21,191,906			\$ 21,191,906	\$ 21,191,906

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
c.	Rabies Provide funding and 4.0/4.0 FTEs for central office staff and 10.0/10.0 FTEs for regional staff to expand and oversee rabies program including surveillance and testing, for purchasing additional bait, and to address increases in vaccine, immunoglobulin, and lab costs.	\$ 7,052,392	\$ 7,052,392			\$ 7,052,392	\$ 7,052,392
d.	Social Services Provide funding to increase retention of social services staff including social workers, program supervisors and specialists, human services specialists, and public health prevention and specialists.	\$ 2,049,556	\$ 4,099,114				
e.	Immunizations Provide funding and 8.0/8.0 FTEs for one public health nurse in each DSHS region for vaccine education and administration and for a 30 percent increase in local health department contracts to support immunization administration in communities.	\$ 11,992,656	\$ 11,992,656	\$ 11,992,656	\$ 11,992,656		

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
6.	Support Growth in Texas Industries and Career Entry						
	a. Texas Meat Industry Provide funding and 4.0/10.0 FTEs to bring 146 meat safety staff salaries comparable to federal employees and to increase the number of employees available to provide guidance, assistance, and inspection services.	\$ 5,324,703	\$ 5,324,703	\$ 5,324,703	\$ 5,324,703		
	b. Manufactured and Retail Food Industry Provide funding to bring 177 food safety program staff salaries comparable to federal employees to increase employee retention and prevent further increases to inspection frequencies.	\$ 5,459,422	\$ 5,459,422	\$ 5,459,422	\$ 5,459,422		
	c. Licensed Radioactive Material and Device Use Provide funding to bring 98 radiation control program staff salaries comparable to federal employees to increase employee retention.	\$ 2,220,082	\$ 2,220,082	\$ 2,220,082	\$ 2,220,082		
	d. Emergency Medical Services Workforce Provide funding and 4.0/4.0 FTEs to survey, inspect, and investigate EMS personnel, providers, education programs, and first responder organizations.	\$ 942,781	\$ 942,781			\$ 942,781	\$ 942,781

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e.	Community Health Workers Provide funding and 3.0/3.0 FTEs to review Community Health Workers and Community Health Workers instructor applications more quickly.	\$ 657,561	\$ 657,561			\$ 657,561	\$ 657,561
7.	Reduce the Impacts of Tobacco-Related Cancers Provide funding for a public awareness campaign aimed at adults ages 30-64 who use tobacco to increase and reinforce awareness of harms of tobacco products (\$2.0 million) and to manage anticipated growth in demand for Quitline services with the launch of a statewide campaign aimed at adults ages 30-64 (\$0.8 million).	\$ 2,750,000	\$ 2,750,000			\$ 2,750,000	\$ 2,750,000
8.	Increase the Timeliness and Quality of Maternal and Child Health Data						
a.	Maternal Mortality and Morbidity Provide funding to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP), a modern data platform solution that brings DSHS data from various program areas into a common repository. Funding included in supplemental bill.	\$ 1,321,644	\$ 1,321,644				

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b.	Maternal Mortality and Morbidity - Information Technology (IT) Provide funding for IT to link existing Maternal Child Health data systems and the State Health Analytics Reporting Platform (SHARP). Funding included in supplemental bill.	\$ 8,627,752	\$ 8,627,752				
c.	Birth Defects Registry Surveillance Capacity Provide funding and add 8.0/8.0 FTEs for faster case identification and improvement of registry data review of hospital medical records for potential birth defect cases and to abstract complex medical information.	\$ 1,557,002	\$ 1,557,002			\$ 1,557,002	\$ 1,557,002
9.	Regulatory Automation System (RAS) Replacement						
a.	RAS Replacement Provide funding and add 2.0/2.0 FTEs to modernize technology infrastructure by replacement RAS with an online interface for submitting, reviewing, renewing, and amending licenses and complaints while giving DSHS programs a unified toolkit for managing the licensure and regulatory lifecycle.	\$ 786,975	\$ 786,975			\$ 786,975	\$ 786,975

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	b. RAS Replacement - Information Technology (IT) Provide funding and add 3.0/5.0 FTEs to modernize technology infrastructure by replacement RAS with an online interface for submitting, reviewing, renewing, and amending licenses and complaints while giving DSHS programs a unified toolkit for managing the licensure and regulatory lifecycle.	\$ 13,786,659	\$ 13,786,659			\$ 13,786,659	\$ 13,786,659
10.	Add new rider to allow unexpended balance (UB) authority within and across the biennium for funds in the Emergency Medical Services (EMS) extraordinary emergencies reserve within General Revenue - Dedicated Account No. 5111, Designated Trauma Facilities and EMS. This rider would include a one-time UB from previous years that may have lapsed.			Adopt			
11.	Add new rider to allow unexpended balance (UB) authority from the first year of the biennium to the second year of the biennium across all agency funding.			Adopt			
Workgroup Revisions and Additions:							
1.	None.						
Total		\$ 465,717,384	\$ 493,340,053	\$ 71,649,632	\$ 97,222,743	\$ 48,725,276	\$ 48,725,276
		FY 2026	FY 2027	FY 2026	FY 2027	FY 2026	FY 2027
Total, Full-time Equivalents		171.0	179.0	117.0	117.0	0.0	0.0

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:							
1.	Decrease Interagency Contracts by \$6,318,077 related to a decrease in General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, at DSHS to align with the Comptroller's Biennial Revenue Estimate. Increase General Revenue by a like amount. Amend Rider 8, Hospital Payments, to reflect the updated funding source for add-on payments. See DSHS Cost-Out Adjustment #1 and Special Provisions Technical Adjustment #2.	\$ 6,318,077	\$ -	\$ 6,318,077	\$ -		
Technical Adjustments:							
1.	Adjust certain items in Rider 2, Capital Budget, to align with 2026-27 recommendations.			Adopt			
2.	Remove employee benefits from 2026-27 recommendations.	\$ (1,918,204)	\$ (2,143,378)	\$ (1,918,204)	\$ (2,143,378)		
3.	Remove 122.0 full-time-equivalents (FTEs) associated with disaster response that are temporary in nature.			Adopt			
4.	Increase funding for Rider 51(d), Informational Listing: Women's Health Funding (Additional Funding for Caseload Growth) related to additional funding for caseload growth in Women's Health Programs.	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
<u>Agency Requests:</u>							
1.	Maintain Client Services Cost Growth						
	a. Medicaid, Children's Health Insurance Program (CHIP), and Temporary Assistance for Needy Families (TANF) Funding would address agency projections for client services cost growth in the 2026-27 biennium. HB 1 includes \$74.2 billion for Medicaid Client Services, including waivers, and \$1.1 billion for CHIP Client Services for LBB forecasted caseload growth. Recommendations also include \$48.9 million for LBB forecasted TANF caseloads and grants per recipient.	\$ 2,842,563,964	\$ 8,767,164,454				
	b. Home and Community-Based Services-Adult Mental Health (HCBS-AMH) Funding would address agency projections for client services cost growth in the 2026-27 biennium. HB 1 includes \$61.7 million for the HCBS-AMH program.	\$ 7,228,558	\$ 15,300,090				

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	c. Program for All-Inclusive Care for the Elderly (PACE) Estimated Demand Funding would address agency projections for client services demand in the 2026-27 biennium. HB 1 includes \$88.7 million for the PACE program.	\$ 7,118,104	\$ 17,530,116				
	2. Support Ongoing Medicaid and CHIP Operations						
	a. Contract Administration and Provider Monitoring (CAPM) Funding would provide additional resources for staff responsible for administration, enrollment, and oversight of Medicaid fee-for-service and waiver services contracts.	\$ 2,671,628	\$ 5,412,914	\$ 2,671,628	\$ 5,412,914		
	b. Financial Reporting and Audit Coordination (FRAC) Funding would provide additional resources for staff responsible for financial oversight of managed care contracts.	\$ 650,440	\$ 1,332,188	\$ 650,440	\$ 1,332,188		
	c. Vendor Drug Program (VDP) Funding would provide additional resources for staff responsible for oversight of Medicaid and CHIP outpatient drug benefits.	\$ 774,278	\$ 2,244,478	\$ 774,278	\$ 2,244,478		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro 2026-27 Biennial Total GR & GR-Dedicated		Adopted 2026-27 Biennial Total GR & GR-Dedicated		Article XI 2026-27 Biennial Total GR & GR-Dedicated	
		All Funds		All Funds		All Funds	
	d. Utilization Review (UR)	\$ 844,842	\$ 1,968,346	\$ 844,842	\$ 1,968,346		
	Funding would provide additional resources for oversight of managed care contractual requirements and provision of medically necessary services.						
	e. Increased License Costs for Forecasting and Rate Setting	\$ 744,364	\$ 1,500,000				
	Funding would support the purchase of software licenses and servers.			Recommend adopting agency's revised request of \$2.9m GR/\$5.4m AF in the supplemental			
	Funding for this purpose is included in the supplemental bill.						
3.	Resources to Carry Out the Agency Mission						
	a. Additional Staff Resources (72.0/72.0 FTEs)	\$ 20,100,155	\$ 25,849,240	\$ 20,100,155	\$ 25,849,240		
	Funding would provide additional staff to address existing and expanding workloads. Funding would provide additional staff resources across many areas, including contract attorneys, open records, rules, procurement, federal funds analysts, human resources, payroll, and Medicaid program support.						
	Note: System Exceptional Item.						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b.	Additional Staff Resources in the Information Technology (IT) Space (38.0/38.0 FTEs) Funding would provide additional staff resources in the agency's IT division, including business analysts to support the Centralized Accounting and Payroll/Personnel System (CAPPS), staff to support the Quality Assurance Team (QAT) efforts, contract administrators, procurement support, and help desk staff. <i>Note: System Exceptional Item.</i>	\$ 9,293,987	\$ 12,287,120			\$ 7,432,010	\$ 10,343,546
						Adopt As Amended: Agency's revised request and 33.0/33.0 FTEs	
c.	Contract Management Oversight & Support (20.0/20.0 FTEs) Funding would provide additional staff resources focused on contract management oversight and support. <i>Note: System Exceptional Item.</i>	\$ 5,837,646	\$ 7,243,735			\$ 5,837,646	\$ 7,243,735
d.	Community Services (21.0/21.0 FTEs) Funding would provide additional staff resources to fulfill policy, programmatic, contractual, and monitoring requirements related to Intellectual and Developmental Disability (IDD) Habilitative Specialized Services (IHSS). <i>Note: System Exceptional Item.</i>	\$ 1,311,588	\$ 4,921,535			\$ 1,311,588	\$ 4,921,535

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro		Adopted		Article XI	
		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
4.	Compliance with Federal Medicaid Access Rules (141.0/139.0 FTEs) Funding would provide additional resources to comply with federal regulations related to access to care, quality of care, state directed payment programs, and improved health outcomes for Medicaid fee-for-service and managed care services. <i>Note: System Exceptional Item.</i>	\$ 33,086,630	\$ 61,696,716	Adopt as Amended: See Subcommittee Addition #1			
5. State Initiatives							
a.	State Office of Administrative Hearings (SOAH) Attorneys (21.0/21.0 FTEs) Funding would provide additional resources related to SOAH hearings. <i>Note: System Exceptional Item.</i>	\$ 6,555,689	\$ 6,621,597	\$ 6,555,689	\$ 6,621,597		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b.	SB 24, 88R (47.0/47.0 FTEs)	\$ 14,031,845	\$ 15,975,542			\$ 14,031,845	\$ 15,975,542
	Funding would sustain staff and operations relating to the implementation of SB 24, including information technology infrastructure need supporting contract oversight for the Family Support Services and HHSC administrative applications, and systems supporting the analytics and evaluation for the Texas Pregnancy and Parenting Supporting Network. <i>Note: System Exceptional Item.</i> HB 1 removed \$19.6 million from All Funds and 43.8/43.8 FTEs as one-time.						
c.	Increase Mental Health Bed Capacity	\$ 2	\$ 2	\$ 99,684,872	\$ 99,684,872		
	This is a placeholder request to provide funding for operations of mental health facilities that received construction or expansion funding through Senate Bill 30, Eighty-eighth Legislature, Regular Session, 2023.			Adopt as Amended: Revised amount to operationalize or provide bed-day increase.			
d.	Children's Mental Health Strategic Plan	\$ 2	\$ 2			\$ 2	\$ 2
	This is a placeholder request to provide funding related to recommendations included in the Children's Behavioral Health Strategic Plan, submitted by the Statewide Behavioral Health Coordinating Council (SBHCC) in November 2024.						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e.	Family Services Roadmap This is a placeholder request for funding to create a coordinated and integrated system of services and supports for Texas families.	\$ 2	\$ 2			\$ 2	\$ 2
6.	Protecting Vulnerable Adults and Children from Abuse, Neglect, and Exploitation						
a.	Timely Processing of Complaints: Abuse, Neglect, & Exploitation (26.0/26.0 FTEs) Funding would provide additional staffing to manage the current number of complaints and allegations of abuse, neglect, and exploitation in long-term care settings and acute care facilities. <i>Note: System Exceptional Item.</i>	\$ 5,163,998	\$ 5,672,948				
		Withdrawn by Agency					

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b.	Address Backlog: Abuse, Neglect, & Exploitation (Home & Community-based Services Waiver) (44.0/44.0 FTEs) Funding would provide additional staff to support the current regulatory workload of Home and Community-based Services waiver, abuse, neglect, and exploitation intake investigations, and program provider surveys. <i>Note: System Exceptional Item.</i>	\$ 9,684,442	\$ 10,438,950	\$ 9,016,786	\$ 9,473,976		
				Adopt as Amended: Agency's revised request and 39.3/39.3 FTEs			
c.	Timely Investigations: Abuse, Neglect, & Exploitation (Long-term Care & Acute Care) (30.0/30.0 FTEs) Funding would provide additional staff to support the current regulatory workload of Long-term Care & Acute care facilities, and respond to abuse, neglect, and exploitation allegations in a timely manner. <i>Note: System Exceptional Item.</i>	\$ 7,312,902	\$ 7,407,057				
		Withdrawn by Agency					

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro		Adopted		Article XI	
		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
d.	Address Backlog: Abuse, Neglect, & Exploitation (Assisted Living Facility, Individualized Skills and Socialization, and Day Activity & Health Services) (18.0/18.0 FTEs) Funding would provide additional staff to support the current regulatory workload of Assisted Living Facilities, Individualized Skills and Socialization facilities, and Day Activity & Health Services facilities; as well as address backlogs of abuse, neglect, and exploitation allegations / investigations and licensure and renewal surveys <i>Note: System Exceptional Item.</i>	\$ 4,163,053	\$ 4,219,545	\$ 4,163,053	\$ 4,219,545		
e.	Address Growth of State Hospital Regulatory Reviews (4.0/4.0 FTEs) Funding would provide additional staffing to support the current and projected workload of abuse, neglect, and exploitation (ANE) investigations at state hospitals and address backlog of state hospital ANE intakes. <i>Note: System Exceptional Item.</i>	\$ 959,638	\$ 972,193	\$ 959,638	\$ 972,193		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u> GR & GR- Dedicated		Adopted <u>2026-27 Biennial Total</u> GR & GR- Dedicated		Article XI <u>2026-27 Biennial Total</u> GR & GR- Dedicated	
		All Funds		All Funds		All Funds	
f.	Address Backlog: Employee Misconduct Registry (16.0/16.0 FTEs) Funding would provide additional staff to support Regulatory Enforcement resolve a backlog in processing enforcement actions, completing informal reviews, and processing of referrals, including referrals to the Employee Misconduct Registry (EMR). <i>Note: System Exceptional Item.</i>	\$ 4,028,847	\$ 4,079,063	\$ 7,344,217	\$ 7,438,372		
				Adopt as Amended: Agency's revised request and 30.0/30.0 FTEs			
7.	Reduce Medicaid Interest Lists						
a.	Reduce Medicaid Waiver Interest List (9.0/17.0 FTEs) Funding would provide additional waiver program slots and additional staff to support the proposed new enrollments. <i>Note: System Exceptional Item.</i>	\$ 29,393,388	\$ 71,964,470	\$ 29,393,388	\$ 71,964,470		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	b. Capacity to Avoid Nursing Facility Stays for Children (0.0/1.0 FTEs) Funding would support diversion slots for the Medically Dependent Children Program (MDCP) for certain children to bypass the interest list without being required to enter a nursing facility first. <i>Note: System Exceptional Item.</i>	\$ 5,833,172	\$ 14,256,626	\$ 5,833,172	\$ 14,256,626		
8.	Increasing Services for People with Disabilities						
	a. Mental Health Resources for People with Intellectual and Developmental Disabilities (IDD) (3.0/3.0 FTEs) Funding would expand outpatient mental health services for children and adults with IDD to 34 Local Intellectual and Developmental Disability Authorities (LIDDAs). <i>Note: System Exceptional Item.</i>	\$ 14,540,514	\$ 14,564,494	\$ 14,540,514	\$ 14,564,494		

Article II, Health and Human Services							
Health and Human Services Commission (529)		Items Not Included in HB 1, Intro		Adopted		Article XI	
Items Not Included in Bill as Introduced		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>	
		GR & GR-	All Funds	GR & GR-	All Funds	GR & GR-	All Funds
		Dedicated		Dedicated		Dedicated	
	b. Address Unmet Needs for the Deaf and Hard of Hearing (1.0/1.0 FTEs)	\$ 2,786,507	\$ 2,789,646			\$ 2,786,507	\$ 2,789,646
	Funding would provide additional staff and resources to serve additional individuals who are deaf, hard of hearing, or deafblind.						
	<i>Note: System Exceptional Item.</i>						
9.	Client Safety in State Operated Facilities						
	a. Ensure Client Safety - Video Surveillance Re-procurement (6.0/6.0 FTEs)	\$ 15,159,185	\$ 15,226,778			\$ 15,159,185	\$ 15,226,778
	Funding would provide resources for the procurement of a contract for video surveillance support and health monitoring services.						
	<i>Note: System Exceptional Item.</i>						

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b.	Secure Safety Systems (10.0/10.0 FTEs) Funding would replace and upgrade network routers, switches, wireless access points, and uninterruptible power supplies. Funding would also address ZeroTrust, which helps prevent unauthorized access to data and services. <i>Note: System Exceptional Item.</i>	\$ 11,342,110	\$ 11,664,370			\$ 11,342,110	\$ 11,664,370

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	c. Restore Funding for Inflationary Costs Funding would maintain appropriations provided in HHSC Rider 108, One-time Funding for Facility Inflationary Costs, 2024-25 General Appropriations Act (GAA) for facility-related inflationary costs. HB 1 removed the funding as one-time.	\$ 14,970,346	\$ 14,970,346			\$ 14,970,346	\$ 14,970,346
10.	Ensure Delivery of Client Services						
	a. Seat Management Funding would provide for seat management equipment. <i>Note: System Exceptional Item.</i>	\$ 15,231,618	\$ 22,939,875			\$ 15,231,618	\$ 22,939,875
	b. Data Center Services (DCS) Costs This is a placeholder request related to shared technology services provided by the Department of Information Resources (DIR).	\$ 2	\$ 2			\$ 2	\$ 2

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c.	System of Contract Operation and Reporting (SCOR) Enhancements (Phase II) (10.0/10.0 FTEs) Funding would continue enhancements to SCOR, which is the system of record for contract management. <i>Note: System Exceptional Item.</i>	\$ 7,369,328	\$ 9,607,531			\$ 7,369,328	\$ 9,607,531
d.	Healthcare Training System (13.0/13.0 FTEs) Funding would provide for a Learning Management System (LMS), which is dedicated software designed to create, distribute, and manage training content effectively. <i>Note: System Exceptional Item.</i>	\$ 8,787,409	\$ 11,100,267			\$ 8,787,409	\$ 11,100,267
e.	Legacy System Modernization (24.0/24.0 FTEs) Funding would modernize a variety of aging IT systems to increase efficiency, streamline operations, and reduce the risk of system failures. <i>Note: System Exceptional Item.</i>	\$ 23,394,955	\$ 23,864,839			\$ 23,394,955	\$ 23,864,839

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
11.	Improve Client Outcomes through Data Quality and Reporting						
	a. Data Stewardship (11.0/11.0 FTEs) Funding would develop a core group of data quality experts, or data stewards, to assist in making data driven decisions, identify issues in a timely manner, and ensure accurate information is provided to the public. <i>Note: System Exceptional Item.</i>	\$ 4,531,083	\$ 5,856,372			\$ 4,531,083	\$ 5,856,372
	b. Compliance with State and Federal Data Analytic and Reporting Requirements (7.0/7.0 FTEs) Funding would provide additional staff and resources to help the Data, Analytics, and Performance (DAP) area address the current and growing demand and complexity of data requests. <i>Note: System Exceptional Item.</i>	\$ 3,281,431	\$ 4,228,096			\$ 3,281,431	\$ 4,228,096

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c.	Expand Access to Clinical Data & Transition to Digital Quality Management (9.0/9.0 FTEs) Funding would support development and implementation of a new data exchange system to receive, validate, store, and transmit clinical data from managed care organizations to the External Quality Review Organization (EQRO) and HHSC analytics systems. <i>Note: System Exceptional Item.</i>	\$ 14,776,785	\$ 27,859,081			\$ 14,776,785	\$ 27,859,081
Office of Inspector General (OIG) Exceptional Items							
12.	OIG Priority 1: Correct General Revenue Shortfall Replace funding that is no longer available due to changes in federal matching rates.	\$ 5,953,254	\$ 5,953,254	\$ 5,953,254	\$ 5,953,254		
13.	OIG Priority 2: Improve Employee Recruitment and Retention Funding would provide for targeted salary increases for OIG staff.	\$ 1,297,230	\$ 2,500,000				

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
14.	OIG Priority 3: Modernize Surveillance Utilization Review Technology (2.5/2.5 FTEs) Funding would support procurement of a case management and tracking system for the Surveillance Utilization Review (SUR) unit.	\$ 2,224,645	\$ 3,091,704			\$ 2,224,645	\$ 3,091,704
15.	OIG Priority 4: Financial Support and Collections Processing (6.3/6.3 FTEs) Funding would provide staff to research, process, and manage settlements, fines, and penalties.	\$ 728,521	\$ 1,354,250	\$ 728,521	\$ 1,354,250		
16.	OIG Priority 5: Increase Audit Staff Resources to Meet Requirements of Texas Government Code 531.1025 (8.4/8.4 FTEs) Funding would provide additional staff to conduct statutorily-required performance audits of each local mental health and behavioral health authority (LMHA/LBHA) at least once every five years.	\$ 1,433,454	\$ 2,274,087	\$ 1,433,454	\$ 2,274,087		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
17.	OIG Priority 6: Staff Resources and eDiscovery Software (10.5/10.5 FTEs) Funding would provide additional staff resources in key areas, including Provider Enrollment Integrity Screenings, the State Centers Investigative Team, Data Reviews, and Chief Counsel. Funding would also provide for electronic discovery software to assist the OIG Chief Counsel with case review.	\$ 2,637,370	\$ 4,163,937	\$ 2,637,370	\$ 4,163,937		
18.	OIG Priority 7: Pay OIG Peace Officers According to Schedule C Funding would allow OIG to pay certain positions according to Schedule C of the Salary Classification Schedule in the General Appropriations Act.	\$ 2,697,822	\$ 2,988,260				
19.	OIG Priority 8: Enhanced Fraud Analytics and Innovative Process Technologies						
a.	Advanced Fraud Analytics (3.0/3.0 FTEs) Funding would provide cloud infrastructure to assist OIG in observing patterns, trends, and anomalies across large data sets.	\$ 2,560,874	\$ 3,566,060			\$ 2,560,874	\$ 3,566,060

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
b.	Intelligent Process Technologies (1.0/1.0 FTEs) Funding would provide robotics process automation capabilities to assist in detection of fraud, waste, and abuse.	\$ 956,969	\$ 1,239,358			\$ 956,969	\$ 1,239,358

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds		Article XI <u>2026-27 Biennial Total</u> GR & GR-DedicatedAll Funds	
<u>Texas Civil Commitment Office (TCCO) Exceptional Items</u>							
20.	TCCO Priority 1: Caseload Growth Funding would provide for an anticipated increase in the number of sexually violent predators (SVPs) who are civilly committed. TCCO expects the number of SVPs to total 602 in fiscal year 2026 and 637 in fiscal year 2027. HB 1 maintained the fiscal year 2025 caseload at 561 SVPs per fiscal year of the 2026-27 biennium.	\$ 5,619,364	\$ 5,619,364	\$ 5,619,364	\$ 5,619,364		
21.	TCCO Priority 2: Reinstatement of Client Services Funding Funding would restore a five percent budget reduction from the 2022-23 biennium.	\$ 1,866,691	\$ 1,866,691	\$ 1,866,691	\$ 1,866,691		
22.	TCCO Priority 3: Fiscal Year 2025 Baseline Leveling Funding would maintain agency-projected higher population and cost increases in fiscal year 2025 related to supervision and treatment of SVPs.	\$ 1,698,866	\$ 1,698,866				
		Withdrawn by Agency					

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
23.	TCCO Priority 4: Offsite Healthcare Costs Funding would reimburse the Texas Civil Commitment Center (TCCC) vendor for offsite healthcare services provided to SVPs not covered under contract. The current contract covers on-site primary care and the first \$25,000 in offsite healthcare for each SVP. HB 1 includes \$5.4 million in GR for offsite healthcare not covered under contract.	\$ 12,349,696	\$ 12,349,696	\$ 6,918,690	\$ 6,918,690		
				Adopt as Amended: Adopt agency's revised request			
24.	TCCO Priority 5: Contract Rate Adjustment Costs Funding would increase the per diem rates for contracted services, including a 4.0 percent increase in fiscal year 2026 and a 3.0 percent increase in fiscal year 2027.	\$ 3,037,321	\$ 3,037,321			\$ 3,037,321	\$ 3,037,321
25.	TCCO Priority 6: Case Manager Career Ladder Funding would provide for an annual salary adjustment equivalent to 3.0 percent of the established salary rate for case managers in good standing that meet all required employment standards.	\$ 115,934	\$ 115,934				
26.	TCCO Priority 7: High-Risk Pay Funding would provide \$50 in supplemental monthly pay for employees serving SVPs.	\$ 24,360	\$ 24,360	\$ 24,360	\$ 24,360		

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced							
		Items Not Included in HB 1, Intro 2026-27 Biennial Total		Adopted 2026-27 Biennial Total		Article XI 2026-27 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
27.	TCCO Priority 8: Vehicle Replacements Funding would replace two vehicles exceeding the Comptroller's Texas State Vehicle Fleet Management Plan replacement guidelines. Funding for this purpose is included in the supplemental bill.	\$ 60,164	\$ 60,164				
28.	TCCO Priority 9: Client Dental Services Funding would provide new dental prevention services to SVPs.	\$ 219,695	\$ 219,695	\$ 219,695	\$ 219,695		
29.	TCCO Priority 10: Microsoft O365 License Upgrade Funding would upgrade Microsoft products from Microsoft Office 2016 to Microsoft 365 licensing. Funding for this purpose is included in the supplemental bill.	\$ 43,002	\$ 43,002				
Agency Rider Requests							
MEDICAID							

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
1.	Amend Rider 4, Cash Basis Expenditures Authorization, to allow cash-basis accounting for expenditures from Strategy D.2.3, Behavioral Health Waiver & Amendment.			Adopt			
2.	Amend Rider 6, Medicaid Enterprise Systems (MES), to permit expenditures in excess of Rider 2, Capital Budget, listings for the Medicaid Management Information System (MMIS) and MMIS Modernization projects with notification only. Currently the agency is required to submit requests for approval.			Adopt			
FACILITIES							
3.	Amend Rider 86, On-Call Pay, to add Regulatory Services staff to compensation for on-call time at certain rates.			Adopt			
TRANSFERS							
4.	Replace Rider 107, Limitations on Transfer Authority, with streamlined language.			Adopt			
5.	Amend Rider 114, Disposition of Appropriation Transfers from State-owned Hospitals, to exclude state-owned teaching hospitals.			Adopt			
NEW RIDERS							
6.	Add new rider, Establishment of Additional PACE Sites, to authorize HHSC to establish up to three new Program for All-Inclusive Care for the Elderly (PACE) sites beginning in fiscal year 2026.			Adopt			

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
7.	Add new rider, Childcare Development Center, to allow HHSC to utilize up to \$20.0 million in certain Medicaid Program Income to contract with Texas Facilities Center to build a childcare development center at the Winters building parking lot in Austin.			Adopt			
8.	Add new rider, CAPPS Accounts Receivable Module, to allow HHSC to utilize up to \$11.5 million in certain Medicaid Program Income to develop a CAPPS module to replace the existing Accounts Receivable Tracking System (ARTS).			Adopt			
9.	Add new rider, Montgomery County Mental Health Treatment Facility, to allow for appropriations to reimburse Montgomery County for administrative fees related to the Montgomery County Mental Health Treatment Facility, including bond debt.					Adopt	
10.	Add new rider, Unexpended Balance Authority for Certain Capital Projects, to allow for the transfer of unexpended balances related to one-time construction of buildings and facilities, repairs and rehabilitation of buildings and other facilities, and one-time acquisition of information technology resources from fiscal year 2025 to fiscal year 2026. Note: Similar request made for DFPS and DSHS (see Special Provisions, Agency Request #1).					Adopt	

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
11.	Add new rider, IDD Habilitative Specialized Services, to allow HHSC to transfer up to \$1.0 million from Medicaid Client Services and provide additional authority for 11.0 FTEs in fiscal year 2026 and 21.0 FTEs in fiscal year 2027 for the implementation and oversight of the Intellectual and Developmental Disability (IDD) Habilitative Specialized Services (IHSS) program.						
Workgroup Revisions and Additions:							
1.	Add a new rider to provide authority to transfer additional funding to implement Medicaid Access regulations. In the event that the rules are repealed, direct the agency to reverse the transfer or lapse the funding. See Item #4.			Adopted			
Total, Outstanding Items		\$ 3,215,449,542	\$ 9,290,753,251	\$242,333,944	\$302,254,261	\$159,023,661	\$199,526,008
		FY 2026	FY 2027	FY 2026	FY 2027	FY 2026	FY 2027
Total, Full-time Equivalents		510.7	517.7	99.5	108.5	0.0	0.0

Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
Technical Adjustments:							
1.	Amend Sec. 4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds, to update federal medical assistance percentages (FMAPs) and enhanced FMAPs (EFMAPs) with actuals for federal and state fiscal year 2026. Final conforming changes to related funding levels will be made during Conference.			Adopted			
2.	Amend Section 15, Use of Trauma Fund Receipts, to decrease General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, appropriations at DSHS by \$6,318,077 and decrease the Interagency Contract with HHSC by a like amount. See DSHS Cost-Out Adjustment #1 and HHSC Cost-Out Adjustment #1.			Adopted			
Agency Requests:							
1.	Add new rider, Unexpended Balance Authority for Certain Capital Projects, to allow for the transfer of unexpended balances related to one-time construction of buildings and facilities, repairs and rehabilitation of buildings and other facilities, and one-time acquisition of information technology resources used to support system support services billings from fiscal year 2025 to fiscal year 2026. Would apply to DSHS and DFPS. Requested by DFPS.					Adopted	

Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) Items Not Included in Bill as Introduced		Items Not Included in HB 1, Intro <u>2026-27 Biennial Total</u>		Adopted <u>2026-27 Biennial Total</u>		Article XI <u>2026-27 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
2.	Amend Sec. 2, Salary Differentials, to allow Regulatory Services staff at HHSC to be paid an evening, night, or weekend shift salary differential. Requested by HHSC.			Adopted			
3.	Amend Sec. 6, Limitations on Transfer Authority, to add a 30-business day time clock related to transfer requests among Article II agencies. Requested by HHSC.			Adopted			
4.	Amend Sec. 8, Caseload and Expenditure Reporting Requirements, to clarify that TCCO is the entity responsible for submitting quarterly projections on caseloads and related expenditures related to offsite healthcare. Requested by HHSC.			Adopted			
5.	Amend Sec. 9, System Support Services, to allow for broader transfer authority from HHSC appropriations to DFPS and DSHS related to system support services. Requested by HHSC.			Adopted			
6.	Amend Sec. 24, Federal Funds Requirements, to add a 30-business day time clock related to Article II agency requests to increase the state's maintenance of effort (MOE) requirement for any federal grant. Requested by HHSC.			Adopted			
<u>Workgroup Revisions and Additions:</u>							
1.	None.						
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		FY 2026	FY 2027	FY 2026	FY 2027	FY 2026	FY 2027

Article II, Health and Human Services Special Provisions Relating to All Health and Human Services Agencies (S02) Items Not Included in Bill as Introduced						
	Items Not Included in HB 1, Intro		Adopted		Article XI	
	<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>		<u>2026-27 Biennial Total</u>	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Total, Full-time Equivalents	0.0	0.0	0.0	0.0	0.0	0.0

Department of Family and Protective Services, Article II
Proposed Funding and Rider
Community-based Care

Prepared by LBB Staff, 03/15/2025

Overview

The revised rider would move related reporting requirements for Community-based Care into one rider from Riders 22, Rate Listing and Limitations and 25, Limitations: Community-based Care.

Required Action

On page II-10 of the Department of Family and Protective Services bill pattern, amend the following rider:

15. Community-based Care. Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.2, CPS Program Support, and the Office of Community-based Care (CBC) Transition in Strategy F.1.1, Office of CBC Transition, the agency and the office shall:

- (a) Report selected performance measures identified by the Legislative Budget Board that will allow for comparative analysis between the legacy foster care and the CBC systems. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted March 31 and September 30 of each year. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's webpage in order to ensure transparency with stakeholders. The report shall contain: the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and related impact occurring in the CBC system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the CBC system.
- (b) Ensure that all tasks, related FTEs, and associated funding to be transferred from DFPS to a Single Source Continuum Contractor (SSCC) are clearly identified and agreed upon by DFPS, the Office of CBC Transition, and the SSCC prior to each subsequent rollout.
- (c) DFPS shall report actual expenditures for each Catchment Area by strategy, stage, purpose, and method of finance by March 31 and September 30 of each year to the Legislative Budget Board and the Governor.
- (d) The Office of CBC Transition shall report by March 31 and September 30 of each fiscal year the blended and exceptional rate in each region where CBC is implemented. The report shall be provided to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor.

Department of Family and Protective Services, Article II
Proposed Funding and Rider
Rate Listing and Limitations

Prepared by LBB Staff, 03/15/2025

Overview

The revised rider would move the reporting requirement in subsection (d) to Rider 15, Community-based Care.

Required Action

On page II-13 of the Department of Family and Protective Services bill pattern, amend the following rider:

23. Rate Listing and Limitations.

- (a) Informational Listing. Amounts appropriated above are intended to provide the following rates in each fiscal year. In addition, the Department of Family and Protective Services (DFPS) or Single Source Continuum Contractor (SSCC), where Community-based Care (CBC) is operating, is required to reimburse foster families under the Service Level System at least \$27.07 per day per child or the daily foster family passthrough amount associated with each Service Package and Add-On Service if the child is receiving services in a foster family home under the Texas Child Centered Care (T3C) system.
- (1) Strategy B.1.1, CPS Direct Delivery Staff, and Strategy B.1.9, Foster Care Payments, Community-based Care (CBC) Stage I and Stage II Network Support Payment: \$1,900 per child full-time equivalent (FTE) per year.
- (2) Strategy B.1.9, Foster Care Payments, daily rate per child under the Service Level System:
- (A) Basic Foster Family: \$27.07
- (B) Basic Child Placing Agency: \$57.71
- (C) Basic Residential: \$52.65
- (D) Moderate Foster Family: \$47.37
- (E) Moderate Child Placing Agency: \$101.77
- (F) Moderate Residential: \$126.03
- (G) Specialized Foster Family: \$57.86
- (H) Specialized Child Placing Agency: \$126.62
- (I) Specialized Residential Facility: \$227.34
- (J) Intense Foster Family: \$92.43
- (K) Intense Child Placing Agency: \$218.11
- (L) Intense Residential Facility: \$324.52
- (M) Intense Plus: \$480.86
- (N) Treatment Foster Family Care Foster Family: \$137.52(O) Treatment Foster Family Care Child Placing Agency: \$318.98

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

Family: \$26.12

- (2) Transition Support Services for Youth & Young Adults Add-On Service Child Placing Agency: \$37.40
- (3) Kinship Caregiver Support Services Add-On Service Child Placing Agency: \$38.22
- (4) Pregnant & Parenting Youth or Young Adults Support Services Foster Family: \$26.28
- (5) Pregnant & Parenting Youth or Young Adults Support Services Child Placing Agency: \$51.22
- (C) General Residential Operations - Tier I T3C Daily Foster Care Rates Treatment/Transition Service Packages

(1) T3C Basic Child Care Operation: \$270.80

- (2) Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting: \$365.60
- (3) Sexual Aggression/Sex Offender Treatment Services to Support Community Transition: \$366.17
- (4) Substance Use Treatment Service to Support Community Transition: \$389.67
- (5) Emergency Emotional Support & Assessment Center Services: \$390.91
- (6) Complex Medical Needs Treatment Services to Support Community Transition: \$422.30
- (7) Mental & Behavioral Health Treatment Services to Support Community Transition: \$453.53
- (8) Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition: \$461.23
- (9) Human Trafficking Victim/Survivor Treatment Services to Support Community Transition: \$472.14

- (D) General Residential Operations - Tier II T3C Daily Foster Care Rates Treatment/Transition Service Packages

- (1) Sexual Aggression/Sex Offender Services to Support Stabilization: \$540.60
- (2) Substance Use Services to Support Stabilization: \$565.50
- (3) Aggression/Defiant Disorder Services to Support Stabilization: \$574.65
- (4) Complex Mental Health Services to Support Stabilization: \$583.33
- (5) Complex Medical Services to Support Stabilization: \$623.53
- (6) Human Trafficking Victim/Survivor Services to Support Stabilization: \$669.03

- (b) None of the funds appropriated in this Act to DFPS may be used to reimburse a provider for foster care services in an amount that exceeds the applicable foster care reimbursement rate listed in Subsection (a) unless DFPS is unable to locate a provider that is willing and able to provide a safe and appropriate placement at the applicable rate.

- (c) DFPS may not pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act in a strategy for the services to which the rate applies without the prior written approval of the Legislative Budget Board and the Governor. For services not identified in subsection (a), DFPS shall seek guidance from the Legislative Budget Board as to whether a reimbursement methodology is considered a rate for purposes of complying with this subsection prior to implementing a new reimbursement methodology. To request approval for such a proposed rate, DFPS shall submit a written request to the Legislative Budget Board and the Governor at least 60 business days prior to the proposed implementation date. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the

following information:

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

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

~~(d) The Office of CBC Transition shall report by March 31 and September 30 of each fiscal year the blended and exceptional rate in each region where CBC is implemented. The report shall be provided to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, and the Governor.~~

Department of Family and Protective Services, Article II
Proposed Funding and Rider
Limitations: Community-based Care Payments

Prepared by LBB Staff, 03/15/2025

Overview

The revised rider would move related reporting requirements in subsection (d) to Rider 15, Community-based Care and delete subsection (c).

Required Action

On page II-16 of the Department of Family and Protective Services bill pattern, amend the following rider:

25. Limitations: Community-based Care Payments.

- (a) Included in amounts appropriated above is \$453,644,685 in All Funds (\$342,371,092 from the General Revenue Fund) in fiscal year 2026 and \$561,552,325 in All Funds (\$434,223,764 from the General Revenue Fund) in fiscal year 2027 in Strategy B.1.1, CPS Direct Delivery Staff, for resource transfers, Stage II network support payments, and Child and Adolescent Needs and Strengths (CANS) assessments and Strategy B.1.9, Foster Care Payments, for Stage I network support payments and foster care payments for Community-based Care (CBC) in Stages I and II in Catchment Areas 3W, 2, 1, 8B, 3E, 4, 5, 8A, 6B, 6A, and 7A and Stage I in Catchment Areas 8A, 6A, 6B, 7B, 11A, and 11B, as authorized by Family Code, Chapter 264.
- (b) Included in amounts identified in Subsection (a) is \$211,720,494 in All Funds (\$196,231,453 from the General Revenue Fund) in fiscal year 2026 and \$294,795,013 in All Funds (\$272,386,410 from the General Revenue Fund) in fiscal year 2027 in Strategy B.1.1, CPS Direct Delivery Staff, which DFPS may not exceed or expend for any purpose not identified in Subsection (a) without the prior written approval of the Legislative Budget Board and the Governor.
- ~~(c) DFPS in conjunction with the Office of CBC Transition, shall continue the use of an independent evaluation to complete process and outcome evaluations throughout the entire rollout and implementation of CBC in each established catchment area. All evaluations shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, and the Senate Committee on Health and Human Services.~~
- ~~(d) DFPS shall report actual expenditures for each Catchment Area by strategy, stage, purpose, and method of finance within 30 calendar days after the end of each fiscal quarter to the Legislative Budget Board and the Governor.~~

Department of Family and Protective Services
Proposed Rider
Caseworker Incentive Pay

Prepared by LBB Staff, 03/15/2025

Overview

The rider would authorize one-time incentive pay for DFPS caseworkers transitioning to the Community-based Care Single Source Continuum Contractor.

Required Action

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

_____.
Caseworker Incentive Pay. Notwithstanding Article IX, Section 3.03, Salary Limits, and Article IX, Section 3.06, Recruitment and Retention Bonuses, in this Act, the Department of Family and Protective Services may grant one-time merit payments as incentive pay for employees transitioning from State employment to the Community-based Care contractor.

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

Prepared by LBB Staff, 3/15/25

Overview

Add rider providing the Department of State Health Services (DSHS) unexpended balance (UB) authority within and across biennium for funds in the extraordinary emergencies reserve within General Revenue Dedicated Designated Trauma Facility and EMS Account No. 5111. The rider would allow DSHS a one-time UB from prior years that may have been lapsed.

Required Action

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

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

In accordance with Health and Safety Code Section 780.004(b), any unexpended balances from the \$500,000 reserved for extraordinary emergencies from the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 remaining as of August 31, 2025, are appropriated to the Department of State Health Services for the fiscal year beginning September 1, 2025, for the same purpose.

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

Any unexpended balances from the \$500,000 reserve for extraordinary emergencies from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 from prior appropriations years (estimated to be \$0), are appropriated to the Department of State Health Services for the fiscal year beginning September 1, 2025, for the same purpose.

Department of State Health Services
Proposed Rider
Unexpended Balance Authority

Prepared by LBB Staff, 3/15/25

Overview

Add rider providing the Department of State Health Services unexpended balance (UB) authority across all agency appropriations.

Required Action

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

_____. **Unexpended Balance Authority.** Any unexpended balances as of August 31, 2026, in appropriations made to the Department of State Health Services are appropriated for the same purposes for the fiscal year beginning September 1, 2026.

Health and Human Services Commission, Article II
Proposed Rider
Agency Request: Rider 4, Cash Basis Expenditures Authorization

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission request to expand programs authorized to use cash basis accounting.

Required Action

On page II-56 of the Health and Human Services Commission bill pattern, amend the following rider:

- 4. Cash Basis Expenditures Authorization.** Notwithstanding any other provision of this Act, the Health and Human Services Commission may expend Medicaid appropriations in all Strategies in Goal A, Medicaid Client Services, ~~and in~~ Strategy D.1.3, ECI Services, and Strategy D.2.3, Behavioral Hlth Waiver & Amendment, in each fiscal year without regard to date of service. The authorization is limited to expenditures in all Strategies in Goal A, Medicaid Client Services, ~~and in~~ Strategy D.1.3, ECI Services, and Strategy D.2.3, Behavioral Hlth Waiver & Amendment, for claims payments, premiums, cost settlements and other related expenses for Medicaid client services.

Health and Human Services Commission, Article II
Proposed Rider
Rider 6, Medicaid Enterprise Systems (MES)

Prepared by LBB Staff, 3/16/25

Overview

Remove restrictions on the Health and Human Services Commission related to expenditures in excess of capital budget authority.

Required Action

On page II-57 of the Health and Human Services Commission bill pattern, amend the following 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.~~

Health and Human Services Commission, Article II
Proposed Rider
Agency Request: Rider 86, On-Call Pay

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission request to allow compensation for on-call time for certain employees.

Required Action

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

86. On-Call Pay. It is expressly provided that the Health and Human Services Commission, to the extent permitted by law, may pay compensation for on-call time for employees at mental health state hospitals and state supported living centers, and personnel in the Regulatory Services Division at the following rates: credit for one hour of base pay worked for each day of on-call during the normal work week, and two hours of base pay worked for each day of on-call during a weekend and on holidays. This credit shall be in addition to actual hours worked during normal duty hours and actual hours worked during on-call status. For employees subject to the Fair Labor Standards Act (FLSA), an hour of on-call service shall be considered to be an hour worked during the week for purposes of the FLSA only to the extent required by federal law.

Health and Human Services Commission, Article II

Proposed Rider

Agency Request: Rider 107, Limitations on Transfer Authority

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission request to replace existing rider language with new language.

Required Action

On page II-102 of the Health and Human Services Commission bill pattern, amend the following rider:

107. Limitations on Transfer Authority.

(a) **Transfer Limitations.** Notwithstanding Article IX, Section 14.01, Appropriation Transfers, Section 14.03, Transfers - Capital Budget, and Article II, Special Provisions Section 6, Limitations on Transfer Authority, transfers between strategies of funds and full-time equivalents (FTEs) appropriated by this Act to the Health and Human Services Commission (HHSC) shall be governed by the specific limitations included in this rider.

(b) **Notification and Request Requirements.** Authority granted by this rider to transfer funding or FTEs without written approval is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor's Office at least 30 business days prior to the transfer. To request a transfer requiring written approval, HHSC shall submit a written request to the Legislative Budget Board and the Governor's Office and provide a copy of the request to the Comptroller of Public Accounts (CPA).

Written notifications and requests for approval shall include the following information:

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

(c) **Strategies Requiring Approval.** Transfers of any amount may not be made into or out of the following strategies without prior written approval from the Legislative Budget Board and the Governor's Office:

- (1) Strategies in Goal A, Medicaid;
- (2) Strategy B.1.1, Medicaid & CHIP Contracts & Administration;
- (3) Strategy C.1.1, CHIP;
- (4) Strategy D.1.1, Women's Health Programs;
- (5) Strategy D.1.3, ECI Services;
- (6) Strategy G.1.1, State Supported Living Centers;

- (7) Strategy G.2.1, Mental Health State Hospitals; and
(8) Strategies in Goal I, System Oversight & Program Support.

(d) **Thriving Texas Families Transfer Limitation.** HHSC may not make any transfers out of Strategy D.1.2, Thriving Texas Families.

(e) **Transfer Limitations for Other Strategies.** For transfers between strategies not limited by Sections (c) or (d), HHSC may not make any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy and FTE adjustments of more than 10.0 FTEs in total for either fiscal year or transfers of capital budget authority that exceed \$500,000 without written approval from the Legislative Budget Board and the Governor's Office.

(f) **Additional Authority.** Notwithstanding the above limitations, transfers described in this Section shall be governed by the specific limitations described below.

(1) **Contingency Fees.** Contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.1, Medicaid Client Services, transfers may be made from Strategy A.1.1, Medicaid Client Services, to Strategy B.1.1, Medicaid & CHIP Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Governor's Office within 30 calendar days of making a transfer.

(2) **Internal Transfer Authority for Goal I, System Oversight & Program Support.** Transfers may be made between the following strategies in Goal I, System Oversight & Program Support with prior written notification pursuant to Subsection (b) of this rider.

(3) **Cash Management.** HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services, and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

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

(g) **Disaster Transfers.** In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

(a) Limitations on Transfers for Goal A, Medicaid Client Services, and Goal C, CHIP Client Services:

(1) Notwithstanding Article IX, Section 14.01, Appropriation Transfers, Article IX, Section 14.03, Transfers – Capital Budget, and Article II, Special Provisions Section 6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this subsection:

(A) Goal A, Medicaid Client Services. Transfers may not be made to strategies in Goal A, Medicaid Client Services, from strategies in other goals nor from strategies in Goal A, Medicaid Client Services, to

strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider.

(B) Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A). Without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider, transfers may not be made:

- (i) between strategies listed below in this subdivision (B); or
- (ii) to or from strategies listed below in this subdivision (B):

- A.2.1, Home and Community based Services;
- A.2.2, Community Living Assistance (CLASS);
- A.2.3, Deaf Blind Multiple Disabilities;
- A.2.4, Texas Home Living Waiver; and
- A.2.5, All Inclusive Care Elderly.

(C) Goal C, CHIP Client Services. Transfers may not be made to Goal C, CHIP Client Services, from strategies in other goals nor from Goal C, CHIP Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to Subsection (a)(3) of this rider.

(2) Notification Requirements. Authority granted by this subsection to transfer funds without written approval is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer, and shall include the following information:

(A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and

(C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

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

(A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and

(C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

(4) Cash Management. Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services, and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

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

(b) Limitations on Transfers within/between Other Goals. Notwithstanding Article IX, Section 14.01, Appropriation Transfers, and Article IX, Section 14.03, Transfers—Capital Budget, HHSC is authorized to make transfers of funding, full time equivalents (FTEs), and capital budget authority between strategies, subject to the following requirements:

- (1) Authority granted by this subsection to transfer funding, FTEs, or capital budget authority is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer. Notification provided under this subsection must include the following information:
 - (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one time or ongoing;
 - (B) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
 - (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
 - (D) the capital budget impact.
- (2) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; Article IX, Section 14.03, Transfers—Capital Budget; and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$500,000; or transfers in any amount into or out of: (1) Strategy B.1.1, Medicaid & CHIP Contracts & Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy G.1.1, State Supported Living Centers; (5) Strategy G.2.1, Mental Health State Hospitals; and (6) Strategies in Goal I, System Oversight & Program Support, are subject to the prior written approval of the Legislative Budget Board and the Office of the Governor.
- (3) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; Article IX, Section 14.03, Transfers—Capital Budget; and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$500,000; or transfers in any amount into or out of: (1) Strategy B.1.1, Medicaid & CHIP Contracts & Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy G.1.1, State Supported Living Centers; (5) Strategy G.2.1, Mental Health State Hospitals; and (6) Strategies in Goal I, System Oversight & Program Support, are subject to the prior written approval of the Legislative Budget Board and the Office of the Governor.
- (A) To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Office of the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:
 - (i) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one time or ongoing;
 - (ii) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
 - (iii) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and

~~(iv) — the capital budget impact.~~

- ~~(4) Notwithstanding subsection (b)(3) of this rider, transfers may be made between strategies in Goal I, System Oversight & Program Support. HHSC shall provide notification of all transfers pursuant to subsection (b)(1) of this rider.~~
- ~~(5) Notwithstanding subsection (a)(1)(A) and subsection (b)(3) of this rider, and contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.1, Medicaid Client Services, transfers may be made from Strategy A.1.1, Medicaid Client Services, to Strategy B.1.1, Medicaid & CHIP Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Office of the Governor within 30 calendar days of making a transfer.~~
- ~~(6) In addition to the notice required by this subsection, the total of all transfers from a strategy may not exceed the lesser of \$1,000,000 or 20.0 percent of the originating item of appropriation for funding for the fiscal year without prior written approval of the Legislative Budget Board and the Office of the Governor. The approval requirement contained in this subsection does not apply to transfers to which subsection (b)(5) also applies.~~
- ~~(e) In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.~~

Health and Human Services Commission, Article II
Proposed Rider
Agency Request: Rider 114, Disposition of Appropriation Transfers from State-owned Hospitals

Prepared by LBB Staff, 3/15/25

Overview
Health and Human Services Commission request to remove state-owned teaching hospitals from the rider.

Required Action
On page II-107 of the Health and Human Services Commission bill pattern, amend the following rider:

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

(a) The Health and Human Services Commission (HHSC) shall use the sums transferred from state owned hospitals as provided elsewhere ~~in the Act in this Article~~ 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, pharmacists, 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 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, pharmacists, 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)~~(c) 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)~~(d) 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
Agency Request: Establishment of Additional PACE Sites

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission (HHSC) request to authorize HHSC to transfer funding to establish up to three additional Program of All-Inclusive Care for the Elderly (PACE) sites beginning in fiscal year 2026.

Required Action

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

XX. Establishment of Additional PACE Sites.

- (a) The Health and Human Services Commission (HHSC) is authorized to procure and implement contracts to establish three additional Program of All-Inclusive Care for the Elderly (PACE sites) in geographical areas not currently served by the program. Prior to finalizing a contractual agreement, HHSC shall determine that any entity to be contracted with satisfies procurement and contracting requirements established by HHSC and is approved by the Centers for Medicare and Medicaid Services (as described in 42 CFR, Part 460, Subpart B of the Code of Federal Regulations) to be a provider agency.
- (b) HHSC is authorized to transfer General Revenue Funds appropriated to Strategy A.1.1, Medicaid Client Services, along with qualifying federal matching funds, to support up to 300 slots in each of the three additional PACE sites during the 2026-27 biennium. The total General Revenue Funds amount transferred for this purpose may be used to fund start-up and operational costs and may not exceed \$X in any fiscal year. The capitation rate to be paid for each site shall be determined pursuant to agency rate methodology for the PACE program without application of the budget reduction factor.
- (c) This transfer shall be executed notwithstanding any other provision relating to limitations on transfer authority. Further, this authorization fulfills the requirements of Special Provisions Relating to All Health and Human Services Agencies, Section 12, Rate Limitations and Reporting Requirements.
- (d) HHSC shall provide written notification to the Legislative Budget Board (LBB) and the Governor's Office of the certification and the transfer of amounts within 30 business days of the date on which any transfer occurs.
- (e) On the request of LBB or the Governor's Office, HHSC shall provide any requested information from PACE providers on actual cost, caseload, and services.

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

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission request to utilize certain Medicaid Program Income to contract with Texas Facilities Commission for construction of a childcare development center in Austin, Texas.

Required Action

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

XX.

Childcare Development Center. Notwithstanding the limitations of Rider 16, Use of Certain Additional Medicaid Revenues, Section (b); Rider 107, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; and Article IX, Section 14.03, Transfers – Capital Budget, the Health and Human Services Commission (HHSC) may transfer funds from Strategy A.1.1, Medicaid Client Services, to Strategy L.2.2, Regional Program Support, subject to the following limitations:

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

Health and Human Services Commission, Article II
Proposed Rider
Agency Request: ARTS to CAPPS Migration

Prepared by LBB Staff, 3/15/25

Overview

Health and Human Services Commission request to utilize certain Medicaid Program Income develop a Centralized Accounting Payroll/Personnel System (CAPPS) accounts receivable module to replace the existing Accounts Receivable Tracking System (ARTS), including full-time-equivalent authority.

Required Action

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

XX.

CAPPS Accounts Receivable Module. Notwithstanding the limitations of Rider 16, Use of Certain Additional Medicaid Revenues, Section (b); Rider 107, Limitations on Transfer Authority; Article II, Special Provisions Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; and Article IX, Section 14.03, Transfers – Capital Budget, the Health and Human Services Commission (HHSC) may transfer funds from Strategy A.1.1, Medicaid Client Services, to Strategy L.1.2, IT Oversight & Program Support, subject to the following limitations:

- (a) HHSC may only transfer up to \$11,482,662 for the 2026-27 biennium in Medicaid Program Income No. 705 as defined in Rider 16, Use of Certain Additional Medicaid Revenues, Subsection (a)(1);
- (b) Transferred funds shall only be used for the development of a Centralized Accounting Payroll/Personnel System (CAPPS) accounts receivable module to replace the existing Accounts Receivable Tracking System (ARTS);
- (c) Transferred funds and any matching federal funds may be transferred to a new capital budget item not present in the agency's bill pattern to implement the CAPPS accounts receivable model;
- (d) Notwithstanding the limitations in Article IX, Sec. 6.10, Limitations on State Employment Levels, HHSC may increase the “Number of Full-Time-Equivalents (FTE)” appropriated above by 25.2 FTEs in fiscal year 2026 and 26.3 FTEs in fiscal year 2027 to address staffing needs related to implementing the CAPPS Accounts Receivable Module; and
- (e) HHSC shall provide written notification of any transfer to the Legislative Budget Board and the Governor’s Office within 30 calendar days of making a transfer.

Health and Human Services Commission, Article II
Proposed Rider
Contingent Transfer Authority for Certain Federal Medicaid Access Regulations

Prepared by LBB Staff, 03/15/25

Overview

Add a rider providing authority for the Health and Human Services Commission to transfer funding and increase FTEs, contingent on the continuation of certain federal regulations related to Medicaid access.

Required Action

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

_____. **Contingent Transfer Authority for Certain Federal Medicaid Access Regulations.**

- (a) Notwithstanding the limitations of Health and Human Services Commission (HHSC) Rider 108, Limitations on Transfer Authority; and Article IX, Section 14.01, Appropriation Transfers; HHSC may transfer the following amounts from Strategy A.1.1, Medicaid Client Services, to Strategy B.1.1, Medicaid & CHIP Contracts & Administration, Strategy H.1.1, Health Care Facilities & Community-based Regulation, and Goal L, System Oversight & Program Support, as needed to implement federal Medicaid access regulations adopted on April 22, 2024, related to reimbursement rate transparency in fee-for-service and managed care, direct care staff spending requirements, public input processes for provider payment rates, and directed payment program spending analyses and limitations:
 - (1) \$17,158,750 from the General Revenue Fund and \$14,682,194 from Federal Funds (\$31,840,944 from All Funds) in fiscal year 2026, and
 - (2) \$15,927,880 from the General Revenue Fund and \$13,927,892 from Federal Funds (\$29,855,772 from All Funds) in fiscal year 2027.
- (b) Notwithstanding HHSC Rider 108, Limitations on Transfer Authority; Article IX, Section 6.10 Limitations on State Employment Levels; and Article IX, Section 14.03, Transfers – Capital Budget; HHSC may increase the “Number of Full-Time Equivalents (FTEs)” by 141.0 FTEs in fiscal year 2026 and by 139.0 FTEs in fiscal year 2027 and the capital budget authority at HHSC to implement the provisions of this rider.
- (c) HHSC shall notify the Legislative Budget Board and the Office of the Governor 30 business days prior to the effective date of the transfers referenced in subsection (a) and subsection (b) or upon notification of the rules being repealed.
- (d) HHSC shall not transfer funds pursuant to subsection (a) or increase the “Number of Full-Time Equivalents” or capital budget authority pursuant to subsection (b) if the federal Medicaid regulations do not necessitate the implementation of the requirements described in the federal regulations as adopted on April 22, 2024.
- (e) In the event of a transfer in fiscal year 2026, any unexpended balances remaining as of August 31, 2026, are appropriated for the fiscal year beginning September 1, 2026. Any part of the appropriation that is not necessary for that purpose described in subsection (a) shall be lapsed or transferred back to Strategy A.1.1, Medicaid Client Services, and any FTEs and capital budget authority added pursuant to subsection (b) shall be reversed.

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

Proposed Rider

Technical Adjustment: Update Federal Match Assumptions

Prepared by LBB Staff, 2/27/25

Overview

Technical adjustment to align federal and state fiscal year federal matching rates with actuals based on information from the federal Department of Health and Human Services. Final conforming changes to related funding levels will be made during Conference Committee.

Required Action

On page II-118 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 4. Federal Match Assumptions and Limitations on Use of Available General Revenue Funds.

(a) Federal Match Assumptions. The following percentages reflect federal match assumptions used in Article II of this Act.

Federal Medical Assistance Percentage (FMAP)

	<u>2026</u>	<u>2027</u>
Federal Fiscal Year	<u>59.83%</u> ~~59.37%~~	<u>59.83%</u> ~~59.37%~~
State Fiscal Year	<u>59.84%</u> ~~59.42%~~	<u>59.83%</u> ~~59.37%~~

Enhanced Federal Medical Assistance Percentage (EFMAP)

	<u>2026</u>	<u>2027</u>
Federal Fiscal Year	<u>71.88%</u> ~~71.56%~~	<u>71.88%</u> ~~71.56%~~
State Fiscal Year	<u>71.89%</u> ~~71.60%~~	<u>71.88%</u> ~~71.56%~~

(b) Enhanced Match Assumptions and Reporting. Health and human services agencies listed in Article II of this Act shall submit to the Legislative Budget Board and the Governor the monthly number of clients receiving services eligible for any enhanced federal match as well as the amount of eligible expenditures subject to an enhanced match, by strategy. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board. For purposes of this section, enhanced federal matches are defined as an increase to the usual matching rate (regardless of what the usual match is) that are, or become, available under Medicaid or another federally-matched program. Enhanced federal matches include, but are not limited to, those made available through the Money Follows the Person demonstration and the Community First Choice Program. Whether or not a match meets the definition of enhanced federal match for purposes of this section will be at the discretion of the Legislative Budget Board.

Any other Article II agency is still subject to the requirements of Subsections (b) and (c) of this provision if any agency expenditures receive an enhanced federal match.

(c) Limitations on Use of Available General Revenue Fund Appropriations. Notwithstanding the limitations of Article IX, Section 13.02(a), in the event the actual FMAP and EFMAP should be greater than shown in subsection (a), or the amount of increased Federal Funds and reduced General Revenue Fund Appropriations due to enhanced matches should be greater than shown in Subsection (b), or if any other matching rate becomes more favorable than the rate assumed in the General Appropriations Act, the health and human services agencies in Article II of this Act are authorized to expend the General Revenue Fund Appropriations thereby made available only with the prior written approval of the Legislative Budget Board and Governor.

To request approval to expend available General Revenue Fund Appropriations, an agency shall

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

- (1) a detailed explanation of the proposed use(s) of the available General Revenue Fund Appropriations and whether the expenditure(s) will be one-time or ongoing;
- (2) the amount available by strategy;
- (3) the strategy(ies) in which the funds will be expended and the associated amounts, including any matching Federal Funds;
- (4) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and
- (5) the capital budget and/or full-time equivalent impact.

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

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue 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, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the expenditure of General Revenue Fund Appropriations made available if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

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

Proposed Rider

Technical Adjustment: Align Rider with Projected Revenue

Prepared by LBB Staff, 3/2/25

Overview

Technical adjustment to align trauma funding listed in the rider with revenue estimates from the 2026-27 biennial revenue estimate. This adjustment is contingent on related no-cost adjustments being made at the Department of State Health Services and the Health and Human Services Commission.

Required Action

On page II-127 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 15. Use of Trauma Fund Receipts. In an effort to maximize the availability of Federal Funds under Medicaid for the purposes of providing reimbursement for uncompensated trauma care at designated facilities and providing increases in Medicaid inpatient provider rates, the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) shall enter into an interagency contract to allow for the transfer of funds from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111, from DSHS to HHSC for this purpose.

Appropriations include \$93,951,545~~\$97,110,584~~ in fiscal year 2026 and \$93,951,545~~\$97,110,583~~ in fiscal year 2027 out of the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 to the Department of State Health Services, Strategy B.2.1, EMS and Trauma Care Systems. Of that amount, \$80,127,880~~\$83,286,919~~ in fiscal year 2026 and \$80,127,880~~\$83,286,918~~ in fiscal year 2027 is to be transferred through the interagency contract to HHSC to provide add-on payments for trauma care and safety-net hospitals in Medicaid.

If funds are not available in the amount appropriated from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 in this Act, the amounts identified for transfer through interagency contract to HHSC shall be reduced by the amount that funds are less than appropriations and an equal amount of monies out of the General Revenue Fund is appropriated to HHSC.

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

Proposed Rider

Agency Request: Sec. 2, Salary Differentials

Prepared by LBB Staff, 3/2/25

Overview

Health and Human Services Commission request to allow Regulatory Services staff to be paid an evening, night, or weekend shift salary differential.

Required Action

On page II-117 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 2. Salary Differentials.

- (a) **Authority provided.** Agencies listed in Article II of this Act are authorized to pay the following salary differentials to personnel identified in Subsection (b):
 - (1) an evening or night shift salary differential, not to exceed 15 percent of the monthly pay rate, to personnel who work the 3:00 p.m. to 11:00 p.m. or the 11:00 p.m. to 7:00 a.m. shift or the equivalent; and
 - (2) a weekend shift salary differential, not to exceed 5 percent of the monthly pay rate, to persons who work weekend shifts.The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working evening or night shifts on the weekend.
- (b) **Eligible personnel.** The authority provided in Subsection (a) applies to the following personnel:
 - (1) clinical, testing, and support personnel at the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS);
 - (2) data processing or printing operations personnel at HHSC, DSHS, and the Department of Family and Protective Services (DFPS); ~~and~~
 - (3) Statewide Intake personnel at DFPS.; and
 - (4) Personnel in the HHSC Regulatory Services Division.

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

Proposed Rider

Agency Request: Sec. 6, Limitations on Transfer Authority

Prepared by LBB Staff, 3/2/25

Overview

Health and Human Services Commission request to add a time clock to requests.

Required Action

On page II-119 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 6. Limitations on Transfer Authority. Notwithstanding the limitations of Article IX, Section 14.01, Appropriation Transfers, of this Act, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding and full-time equivalents (FTEs) between all health and human services agencies listed in Article II of this Act, subject to the following requirements. Transfers that exceed \$1,000,000 from the General Revenue Fund or FTE adjustments of more than 10.0 FTEs are subject to the prior written approval of the Legislative Budget Board and the Governor.

Transfers below these thresholds require written notification to the Legislative Budget Board and Governor at least 30 business days prior to the transfer. The total of all transfers from a strategy may not exceed \$1,000,000 without the prior written approval of the Legislative Budget Board and the Governor.

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

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

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

The 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 transfer 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.

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

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

Proposed Rider

Agency Request: Sec. 8, Caseload and Expenditure Reporting Requirements

Prepared by LBB Staff, 3/2/25

Overview

Health and Human Services Commission request to clarify that the Texas Civil Commitment Office will submit data regarding offsite healthcare.

Required Action

On page II-121 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 8. Caseload and Expenditure Reporting Requirements.

- (a) **Quarterly Forecasts.** The Health and Human Services Commission, in cooperation with operating agencies, shall submit to the Legislative Budget Board and the Governor, at the end of each fiscal quarter, projected caseloads and related expenditure amounts, for the following programs:
 - (1) Medicaid;
 - (2) Children's Health Insurance Program (CHIP) and related programs;
 - (3) Temporary Assistance for Needy Families cash assistance;
 - (4) Women's Health Programs;
 - (5) State Facilities;
 - (6) Community Mental Health Services, including Behavioral Health Waivers;
 - (7) Early Childhood Intervention services; and
 - ~~(8) Texas Civil Commitment Office offsite healthcare; and~~
 - ~~(9) Other programs upon request of the Legislative Budget Board or the Governor.~~

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

- (b) **Monthly Data.** The Health and Human Services Commission, or its designated operating agency, shall submit to the Legislative Budget Board and the Governor, at the end of each month, caseload and related expenditure amounts for the programs identified in subsection (a). The data shall be submitted in a format specified by the Legislative Budget Board.
- (c) At the request of the Legislative Budget Board or the Governor, supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in the report and any other supporting material must be provided.

In the event that the forecasting function is transferred to another agency, the requirement for the Health and Human Services Commission to provide quarterly forecasts under Subsection (a) shall apply to the other agency.

- (d) **TCCO Quarterly Forecasts.** The Texas Civil Commitment Office (TCCO) shall submit to the Legislative Budget Board and the Governor, at the end of each fiscal quarter, projected caseloads and related expenditure amounts for offsite healthcare in a format specified by the Legislative Budget Board.

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

Proposed Rider

Agency Request: Sec. 9, System Support Services

Prepared by LBB Staff, 3/2/25

Overview

Health and Human Services Commission request to provide additional transfer flexibility.

Required Action

On page II-121 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 9. System Support Services.

(a) **Appropriations for System Support Services.** Included in amounts appropriated in Article II of this Act are the following amounts for Article II system support services assessments:

- (1) \$126,715,519 in All Funds in fiscal year 2026 and \$126,529,353 in All Funds in fiscal year 2027 at the Department of Family and Protective Services (DFPS);
- (2) \$78,369,097 in All Funds in fiscal year 2026 and \$78,217,575 in All Funds in fiscal year 2027 at the Department of State Health Services (DSHS); and
- (3) \$569,205,418 in All Funds in fiscal year 2026 and \$561,088,068 in All Funds in fiscal year 2027 at the Health and Human Services Commission (HHSC).

Amounts in this subsection do not include benefits, which are appropriated elsewhere in this Act.

(b) None of the funds appropriated to an agency listed in Article II of this Act shall be expended for system support services unless the following requirements are met:

(1) **Reporting Requirements.** HHSC shall submit the following information at the agency and system level to the Legislative Budget Board and the Governor:

(A) **Annual Assessments.** By September 1 of each year:

- (i) amounts assessed for system support services, by service category and fund type, for the new fiscal year; and
- (ii) signed copies of any agreements between the agencies regarding system support services for the new fiscal year.

(B) **Annual Expenditures.** By October 1 of each year:

- (i) actual expenditures for system support services, by service category and fund type, for the three prior fiscal years; and
- (ii) the amount each agency's actual expenditures for system support services have changed since submission of the prior year's report.

DFPS and DSHS shall provide all necessary information to HHSC to complete the reports required by this subsection.

(2) **Notification of Anticipated Increases.** HHSC shall notify the Legislative Budget Board and the Governor if total expenditures for system support services are expected to exceed the amounts reported in Subsection (a) by more than \$1,000,000 in combined General Revenue Fund appropriations and General Revenue-Dedicated Fund appropriations during the fiscal year or if HHSC implements any new projects or services not presented to the Legislature that will result in an increase in the amounts assessed to DFPS or DSHS. The notification shall include:

- (A) the reason(s) for the increase;
- (B) the estimated allocation of the increased cost between agencies by method-of-financing; and
- (C) how each agency will fulfill their estimated contribution.

(c) **Transfer of Appropriations for System Support Services.** Notwithstanding the limitations of Special Provisions Relating to All Health and Human Services Agencies, Section 6, Limitations on Transfer Authority, and Article IX, Section 14.01, Appropriation Transfers, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding and full-time-equivalents (FTEs) appropriated for system support services between all health and human services agencies listed in Article II of this Act. Transferred appropriations and FTEs shall only be expended by the receiving agency for system support services. This authority only applies if the appropriations to be transferred are appropriated in HHSC Goal K, Office of Inspector General, HHSC Goal L, System Oversight and Program Support, other HHSC strategies with system support services funding, DFPS Goal D, Indirect Administration, and DSHS Goal E, Indirect Administration, and the transfer will not create or increase a supplemental need. This authority is contingent upon HHSC submitting prior written notification to the Legislative Budget Board and Governor. The notification shall include:

- (1) the reason for the transfer;
- (2) amounts to be transferred by agency, strategy, method-of-financing, and fiscal year; and
- (3) the capital budget impact.

(d) **Limitations on Expenditures.** Amounts identified in Subsection (a) and any amounts transferred pursuant to Subsection (c) of this rider shall not be expended for a purpose other than system support services without prior written approval from the Legislative Budget Board and the Governor. To request approval, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- (1) a detailed explanation of the proposed use(s) of the appropriations and whether the expenditure(s) will be one-time or ongoing;
- (2) the amount by strategy and method-of-financing;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and
- (4) the capital budget impact.

The request shall be considered disapproved unless the Legislative Budget Board and the Governor issue written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request to expend funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the

Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

- (e) **Requests and Notifications.** Any requests or notifications submitted by an agency listed in Article II of this Act, pursuant to any rider or other provision of this Act, shall include the anticipated impact the request or notification will have on system support service assessments by agency and method-of-financing.

The Comptroller of Public Accounts shall not allow the expenditure of funds for system support services, including assessments if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

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

Proposed Rider

Agency Request: Sec. 24, Federal Funds Requirements

Prepared by LBB Staff, 3/2/25

Overview

Health and Human Services Commission request to add a time clock to requests.

Required Action

On page II-129 of the Special Provisions Relating to All Health and Human Services Agencies bill pattern, amend the following rider:

Sec. 24. Federal Funds Requirements

(a) **Reporting Requirements.** All agencies listed in Article II of this Act shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:

- (1) Notification of proposed State Plan amendments or waivers for any federal grant requiring a state plan, which shall also be provided to the permanent standing committees of the House and Senate with jurisdiction over health and human services; and
- (2) Reports associated with Maintenance of Effort (MOE) for federal grants.

(b) **Loss of Federal Funds.** All agencies listed in Article II of this Act shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1,000,000 in federal funds assumed in this Act.

(c) **General Revenue Fund Appropriations Associated with MOE.** The agencies listed in Article II of this Act shall not increase the state's MOE requirement for any federal grant without prior written approval of the Legislative Budget Board and the Governor. To request approval, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

- (1) a detailed explanation of the need to increase the state's MOE requirement; and
- (2) the impact the increase will have on future MOE requirements.

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 increase the MOE 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.

(d) **Reporting of MOE for Federal Grants.** All agencies listed in Article II of this Act shall submit the following information to the Legislative Budget Board by October 1 and April 1 of each year for each federal grant received by the agency that has a MOE requirement:

- (1) the current amount of the MOE requirement for the grant;

- (2) the time period of which the current MOE requirement applies;
- (3) total expenditures made towards meeting the current MOE requirement;
- (4) the time period for which current expenditures will impact future MOE requirements;
- (5) projection of future MOE requirements based on current spending; and
- (6) if the agency projects the current MOE requirement will not be fulfilled, a narrative explanation of why and the impact of not doing so, including any projected loss of federal funding.

**House Appropriation Committee
Riders - Article II**

Adopted

Legislative Budget Board

Member Name: Representative Donna Howard

Affected Agency: Department of Family and Protective Services

Purpose: Allows Transferability of Resources between A.1.1, Statewide Intake Services and B.1.1, CPS Direct Delivery Staff

Amount Requested (if applicable):

Method of Finance (if applicable):

Rider Language:

Overview:

This rider would give the agency authority to transfer FTEs and funding between its Statewide Intake and CPS Direct Delivery strategies for the purpose of improving the efficiency of business processes.

Required Actions:

On page II-X of the Department of Family and Protective Services, amend **Rider 10. Limitation on Transfers: CPS and APS Direct Delivery Staff**, by adding the following section (d) as shown:

- (d) Transferability of Resources to A.1.1, Statewide Intake Services.
Notwithstanding the above limitations, DFPS may transfer FTE and
associated funding from B.1.1, CPS Direct Delivery Staff to A.1.1,
Statewide Intake Services for the purpose of process efficiency as identified
through business process reviews with prior written notification to the
Legislative Budget Board and the Governor 30 business days prior to the
transfer. The Legislative Budget Board and the Governor may disapprove
the transfer during the 30 business day period.

Member Name: Representative Donna Howard

Affected Agency: Department of Family and Protective Services

Purpose: Establish a Comprehensive Quality Assurance Program for DFPS

Amount Requested (if applicable):

Method of Finance (if applicable):

Rider Language:

Required Action

In the Department of Family and Protective Services bill pattern, add the following rider:

— **Comprehensive Quality Assurance Program.** Out of funds appropriated above, the Department of Family and Protective Services (DFPS) shall establish a comprehensive quality assurance program to assess the quality and consistency of services delivered through its Statewide Intake, Adult Protective Services, and Child Protective Services programs, including quality assurance processes designed to ensure the consistency and accuracy of investigation dispositions and the quality of services delivered through the Community Based Care model. DFPS shall publish on its website the results of its quality assurance monitoring quarterly beginning with the quarter ended November 30, 2026.

By: Rep. Oliverson

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.

Department of State Health Services
Proposed Funding and Rider
Sickle Cell Guidelines for Public Schools

Prepared by LBB Staff, 03/06/2025

Overview

The following actions add funding and a rider to direct \$1,000,000 in fiscal year 2026 and \$1,000,000 in fiscal year 2027 to the Sickle Cell Task Force to develop guidelines for public schools regarding the administration of health care services to students with sickle cell disease.

Required Action

1. On Page II-23 of the Department of State Health Services bill pattern, increase appropriations in Strategy B.1.2, Children with Special Needs, by \$1,000,000 from the General Revenue Fund in fiscal year 2026 and by \$1,000,000 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:
 - **Sickle Cell Guidelines for Public Schools.** Out of funds appropriated to the Department of State Health Services (DSHS) in Strategy B.1.2, Children with Special Needs, the Sickle Cell Task Force shall develop guidelines for public schools regarding the administration of health care services to students with sickle cell disease by December 31, 2026. The guidelines shall include:
 - (a) Procedures for educating clinical and non-clinical school personnel and individuals who work with students who are participating in school-related activities about symptoms of distress related to sickle cell disease;
 - (b) Protocols to ensure students with sickle cell disease receive care as determined by orders from the student's provider and school nurse's assessment during school and school-sponsored after-school activities; and
 - (c) Any other issue pertaining to the administration of health care services to students with sickle cell disease.

DSHS shall work with the Texas Education Agency to implement the guidelines created by the Sickle Cell Task Force at independent school districts and charter schools in Texas.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Department of State Health Services

Purpose: Expanding Texas AIM program and similar maternal safety initiatives

Amount Requested (if applicable): \$3,500,000

Method of Finance (if applicable): General Revenue

Rider Language:

Amend Rider 19 to appropriate an additional \$3.5 million in the 2026-27 biennium to the Department of State Health Services, for the purpose of expanding the TexasAIM Program and similar maternal safety initiatives. This program has shown positive outcomes for reducing maternal morbidity and mortality, and with the ongoing closures of obstetric units in rural Texas, will continue to be a critical source of support for Texas mothers.

Required Actions

1. On Page II-24 of House Bill 1, Department of State Health Services bill pattern, increase appropriations in Strategy B.1.1, by \$1,750,000 in General Revenue in fiscal year 2026 and \$1,750,000 in General Revenue in fiscal year 2027.
2. Increase General Revenue in the DSHS Method of Finance table by \$1,750,000 in fiscal year 2026 and in fiscal year 2027
3. Increase the "Number of Full Time Equivalents (FTE)" appropriated for DSHS by 8.0 FTEs for each year of the 2026-2027 biennium.
4. On page II-34 of the Department of State Health Services bill pattern, amend the following rider:

19. **Maternal Mortality and Morbidity.** Amounts appropriated above to the Department of State Health Services (DSHS) in Strategy B.1.1, Maternal and Child Health, include ~~\$3,500,000~~ \$7,000,000 in All Funds and ~~8.0~~ 16.0 FTEs in each fiscal year for the following items:
- (a) to implement and operate maternal safety initiatives statewide;
 - (b) to ~~develop and establish~~continue and expand the a high-risk maternal care coordination services pilot for women of childbearing age, which may include the following:
 1. ~~Conducting a~~Implementing a statewide assessment of training courses;
 2. ~~Studying~~Sharing existing models of high-risk maternal care coordination services;
 3. ~~Identifying, adapting, or creating~~Implementing a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes and train providers on use of the risk assessment tools; and
 4. Creating educational materials for promotoras or community health workers; and
 - (c) to increase public awareness and prevention activities related to maternal mortality and morbidity.

Additionally, out of funds appropriated above, DSHS in coordination with the Maternal Mortality and Morbidity Review Committee shall annually collect information relating to postpartum depression screening and treatment under state health programs administered by the Health and Human Services Commission, including Medicaid and Healthy Texas Women.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: _____ Or _____

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).

Department of State Health Services
Proposed Funding and Rider
HIV Vendor Drug Rebate Funding Loss Replacement/HIV Long-acting Injectable Treatment

Prepared by LBB Staff, 3/15/2025

Overview

Provide additional funding to the Department of State Health Services to restore funding loss from reduced HIV Vendor Drug Rebates and to pay for long-acting injectable medication for treatment of HIV.

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.2.2, HIV/STD Prevention, by \$20,000,000 from the General Revenue Fund in fiscal year 2026 and \$20,000,000 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:

~~_____.~~
HIV Vendor Drug Rebate Funding Loss Replacement. Included in the amounts appropriated above in Strategy A.2.2, HIV/STD Prevention, is \$2,300,000 from the General Revenue Fund in fiscal year 2026 and \$2,300,000 from the General Revenue Fund in fiscal year 2027 to replace funding from the loss of HIV Vendor Drug Rebates and to maintain funding for the HIV Medication program at the 2024-25 biennium level.

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.

3. On page II-37 of the Department of State Health Services bill pattern, amend the following rider:

~~_____.~~
HIV Long-acting Injectable Treatment Medication Caboterra. ~~It is the intent of the Legislature that to the extent federal funding is available, the Department of State Health Services shall utilize existing or future federal funding~~ Included in the amounts appropriated above in Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services shall allocate \$7,700,000 from the General Revenue Fund in fiscal year 2026 and \$7,700,000 from the General Revenue Fund in fiscal year 2027 to purchase ~~Caboterra~~ (HIV long-acting injectable treatment), ~~or any other similar HIV long-acting treatment medication,~~ for Texas HIV Medication Program (THMP) participants for inclusion in the THMP formulary.

It is the intent of the Legislature that to the extent federal funding is available, the Department of State Health Services shall utilize existing or future federal funding for that purpose.

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.

RIDER REQUEST

DEPARTMENT OF STATE HEALTH SERVICES

Affected Agency: Department of State Health Services

Purpose: Study and assess the direct and indirect economic costs incurred by the department and local public health organizations in responding to measles outbreaks that occurred in 2025

Rider Language:

Cost Analysis of Measles Outbreak. Out of the funds appropriated above, the Department of State Health Services shall study and assess the direct and indirect economic costs incurred by the department and local public health organizations in responding to measles outbreaks that occurred in 2025. Not later than September 1, 2026, the department shall: (1) prepare all findings from the study; and (2) submit the findings to the relevant House and Senate committees.

By: Jeff Barry

Texas Department of State Health Services, Art. II
Proposed Rider
Strategic National Stockpile for Health Emergency Prep and Response

Overview

The following action authorizes expenditures out of General Revenue appropriations to pursue Strategic National Stockpile for Health Emergency Preparedness and Response by the Department of State Health Services.

Required Actions

- 1) On page II-38 of House Bill 1 – Introduced, within the Department of State Health Services’ bill pattern, include the following rider:

Strategic National Stockpile for Health Emergency Preparedness and Response. Out of the amounts appropriated above to the Department of State Health Services and to the extent federal funding is available for that purpose, the department, in coordination with the Task Force on Infectious Disease Preparedness and Response created under Subchapter J, Chapter 81, Health and Safety Code, may prepare and submit to the United States Department of Health and Human Services an application for a grant award under Section 319F-2, Public Health Service Act (42 U.S.C. Section 247d-6b), to establish, expand, or maintain a stockpile of appropriate medicines, medical devices, protective equipment, and other supplies determined necessary by this state to respond to a disaster declared by the governor or public health disaster or emergency declared by the commissioner of state health services under state law or a major disaster or emergency declared by the President of the United States under federal law.

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

Prepared by LBB Staff, 03/16/25

Overview

Revise the reimbursement methodology for an Intellectual Developmental Disability nursing facility special reimbursement class to match 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 \$779,805 from the General Revenue Fund (\$1,949,513 from All Funds) in fiscal year 2026 and \$810,997 from the General Revenue Fund (\$2,027,493 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 \$779,805 from the General Revenue Fund and \$1,169,708 from Federal Funds (\$1,949,513 from All Funds) in fiscal year 2026 and \$810,997 from the General Revenue Fund and \$1,216,496 from Federal Funds (\$2,027,493 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 match 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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Summer EBT Administrative Costs

Prepared by LBB Staff, 03/16/25

Overview

Add a rider to provide funding for the state share of administrative costs associated with implementing the Summer EBT program in 2026.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy I.1.1, Integrated Eligibility & Enrollment, by \$55,000,000 from the General Revenue Fund in each fiscal year.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Summer EBT Administrative Costs.** Included in the amounts appropriated above in Strategy I.1.1, Integrated Eligibility & Enrollment, is \$55,000,000 from the General Revenue Fund in each fiscal year of the biennium for the State's share of administrative costs associated with implementing the Summer Electronic Benefit Transfer (Summer EBT) program in 2026. The Health and Human Services Commission shall, in consultation with the Department of Agriculture and the Texas Education Agency, work with and submit a plan to the Food and Nutrition Services of the U.S. Department of Agriculture to administer Summer EBT in 2026 and shall seek any federal waivers necessary to administer the program.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Psychiatric Residential Youth Treatment Facility

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider to purchase and repurpose a facility in Southeast Texas.

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 and Renov, by \$6,000,000 in General Revenue in each fiscal year for the biennium.
- 2) On page II-53 of the Health and Human Services Commission bill pattern, increase capital budget authority by \$6,000,000 in each fiscal year for the biennium for a new Southeast Texas Facility project.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Psychiatric Residential Youth Treatment Facility.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs and Renov, is \$6,000,000 from the General Revenue Fund in each fiscal year for the biennium to purchase and repurpose a building in Southeast Texas to serve as a psychiatric residential youth treatment facility and youth mental health facility.

Health and Human Services Commission, Article II
Proposed Funding and Rider
External Evaluation of Child Care Rules and Minimum Standards

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding and a rider for an independent assessment of the Health and Human Services Commission's Regulatory Services Division, specifically Child Care Regulation's, rules and minimum standards for various child care facilities.

Required Action

1. On Page II-43 of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy H.2.1, Child Care Regulation, by \$1,025,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Health and Human Services Commission's bill pattern, add the following rider:

— **External Evaluation of Child Care Rules and Minimum Standards**

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in H.2.1, Child Care Regulation, is \$1,025,000 from the General Revenue Fund in fiscal year 2026 to contract with an independent entity with expertise in child welfare and child care regulation to evaluate HHSC's rules and minimum standards for licensed day care centers, licensed day care homes, registered family homes, licensed before and after school programs, and licensed school-age programs to evaluate the following:
 - (1) The relevance of the requirement to child health, safety, and welfare;
 - (2) Whether the requirement aligns with federal and/or state laws; and
 - (3) Whether the requirement is aligned with best practices in regulated child care.
- (b) Before September 1, 2026, the independent entity must issue a report to HHSC that includes the findings of the assessment and recommendations to simplify and adjust the agency's rules and minimum standards for the purpose of:
 - (1) Prioritizing the health, safety and well-being of children attending licensed day care centers, licensed day care homes, registered family homes, licensed before and after school programs, and licensed school-age programs; and
 - (2) Reducing any licensing, training or oversight requirements that present a barrier to opening or operating licensed day care centers, licensed day care homes, registered family homes, licensed before and after school programs, and licensed school-age programs, including barriers to the hiring and retention of high-quality leadership, administrators, and staff at licensed day care centers, licensed day care homes, registered family homes, licensed before and after school programs, and licensed school-age programs.
- (c) The independent entity conducting the assessment under this section shall make recommendations for required legislative action, including recommendations for retaining, repealing, or modifying existing state laws. In conducting the assessment, the independent entity shall solicit and consider the input of relevant stakeholders, including licensed child care providers and families with children in licensed child care as well as families who cannot currently afford licensed child care.
- (d) Before the 90th day after HHSC receives the independent entity's assessment, the agency shall submit a report on the independent assessment to the Office of the

Governor, Lieutenant Governor, Speaker of the House, and the standing committee of each chamber of the Legislature with jurisdiction over HHSC including the following:

- (1) HHSC plan to implement the independent entity's assessment recommendations; and
- (2) Any recommendation the agency decides not to implement and a written justification for not implementing the recommendation.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Search Engine Multi-Agency Reportable Conduct (SEMARC)

Amount Requested (if applicable): \$1,000,762

Method of Finance (if applicable): General Revenue

Rider Language:

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, 88th 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Representative Rose

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider Amendment
Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs

Prepared by LBB Staff, 03/15/2025

Overview

Provide additional funding and amend the associated rider amendment for Child Advocacy Center Programs and Court Appointed Special Advocate Programs in Strategy F.3.2, Child Advocacy Programs

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 \$10,556,818 from the General Revenue Fund in fiscal year 2026 and \$10,556,818 from the General Revenue Fund in fiscal year 2027.
2. On page II-85 of the Health and Human Services Commission's bill pattern, add 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~~ \$39,884,652 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~~ \$51,832,715 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.

Health and Human Services Commission, Article II
Proposed Funding and Rider Amendment
Informational Listing: Women’s Health Funding

Prepared by LBB Staff, 03/15/2025

Overview

Provide additional funding and rider amendment for the Women’s Health Programs in Strategy D.1.1, Women’s Health Programs, at the Health and Human Services Commission to maintain fiscal years 2024 and 2025 All Funds appropriation levels.

Required Action

- 1. On page II-41 of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy D.1.1, Women’s Health Programs, by \$41,303,071 from the General Revenue Fund and \$40,415,888 from Federal Funds in fiscal year 2026; and \$28,875,167 from the General Revenue Fund and \$45,922,211 from Federal Funds in fiscal year 2027.
- 2. On page II-80 of the Health and Human Services Commission’s bill pattern, amend the following rider:

51. Informational Listing: Women’s Health Funding. This rider is informational only and does not make any appropriations. Appropriations above in Strategy D.1.1, Women’s Health Programs, include the following:

- (a) **Healthy Texas Women (HTW) Program:** ~~\$28,985,842~~ \$47,381,311 from the General Revenue Fund and ~~\$41,342,098~~ \$81,757,986 from Federal Funds (~~\$70,327,940~~ \$129,139,297 from All Funds) in fiscal year 2026 and ~~\$29,734,807~~ \$50,622,862 from the General Revenue Fund and ~~\$42,934,538~~ \$88,856,750 from Federal Funds (~~\$72,669,345~~ \$139,479,611 from All Funds) in fiscal year 2027;
- (b) **Family Planning Program (FPP):** ~~\$62,844,683~~ \$75,749,255 from the General Revenue Fund and ~~\$2,630,728~~ from Federal Funds (~~\$65,472,444~~ \$78,379,983 from All Funds) in fiscal year 2026 and ~~\$63,367,548~~ \$71,354,630 from the General Revenue Fund and ~~\$2,630,728~~ from Federal Funds (~~\$65,998,246~~ \$73,985,358 from All Funds) in fiscal year 2027;
- (c) **Breast and Cervical Cancer Services (BCCS):** ~~\$3,429,381~~ from the General Revenue Fund and ~~\$8,877,538~~ from Federal Funds (~~\$12,306,919~~ from All Funds) in each fiscal year; and
- (d) **Additional Funding for Caseload Growth:** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) distributes funding to providers in Women’s Health Programs in a manner that allows for the uninterrupted care of clients served throughout the state. ~~are able to fully meet the needs of their communities for the biennium.~~
 - (1) Included in 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 that can only be utilized to address an increase in caseloads for Women’s Health Programs, including an increase in enrollments for HTW, growth from MHUs, or contract utilization.
 - (2) The Health and Human Services Commission (HHSC) may not access the amount specified in subsection (d)(1) of this rider prior to providing notification to the Legislative Budget Board and the Governor’s Office at least 30 business days prior to utilizing these funds. A notification must include the following information:
 - (A) Caseload projections, MHU expansion, HTW enrollment, or contract utilization that support the need for additional General Revenue Funds; and
 - (B) The effect on performance measures.

- (3) Any unexpended balances from the General Revenue Fund described in subsection (d) of this rider remaining as of August 31, 2026, are appropriated to HHSC for the fiscal year beginning September 1, 2026, for the same purpose.
- (e) Nothing in subsections (a) – (d) shall be construed to limit HHSC’s authority to transfer appropriations within Strategy D.1.1, Women’s Health Programs.
- (f) In the amounts appropriated above in Strategy, D.1.1, Women’s Health Programs, is \$20,000,000 from the General Revenue Fund for the purposes of maintaining existing Women’s Preventative Mobile Health Units (MHUs) and expanding the number of MHUs prioritizing rural areas including unserved and underserved regions of the state to rural areas in the state, with an emphasis on the Panhandle, West Texas, and Deep East Texas; and
- (g) In the event federal funds identified above are available in a lesser amount, HHSC shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Provider Enrollment and Management System enhancement

Amount Requested (if applicable): \$23,063,955

Method of Finance (if applicable): \$4.3 million General Revenue, remainder is Federal Funds

Rider Language:

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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Oliverson

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intensive Outpatient Services and Partial Hospitalization Services

Prepared by LBB Staff, 03/03/25

Overview

Add funding and rider including intensive outpatient services and partial hospitalization services as a benefit under Medicaid behavioral health 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 \$3,028,397 from the General Revenue Fund (\$7,547,406 from All Funds) in fiscal year 2026 and \$3,138,990 from the General Revenue Fund (\$7,818,157 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:

. Intensive Outpatient Services and Partial Hospitalization Services.

(a) Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$3,028,397 from the General Revenue Fund and \$4,519,009 from Federal Funds (\$7,547,406 from All Funds) in fiscal year 2026 and \$3,138,990 from the General Revenue Fund and \$4,679,167 from Federal Funds (\$7,818,157 from All Funds) in fiscal year 2027 for intensive outpatient services and partial hospitalization services.

(b) For the purpose of this provision, “intensive outpatient services” means outpatient treatment services, including treatment services for substance use disorders, depression, eating disorders, and other mental health conditions that do not require detoxification or 24-hour supervision, provided to patients who require a time-limited, multifaceted array of services, structures, and supports by a team of clinical staff capable of providing, at a minimum, the following services:

- (1) Individual counseling;
- (2) Group counseling;
- (3) Family counseling;

- (4) Motivational enhancement training; and
 - (5) Relapse prevention, drug refusal, and coping skills training.
- (c) For the purpose of this provision, “partial hospitalization services” means distinct and organized intensive ambulatory treatment services provided for periods of not more than 24 hours at a location other than a patient’s home or in an inpatient or a residential care setting. The term includes the services described by 42 C.F.R. Section 410.43(a)(4).

Health and Human Services Commission
Proposed Funding and Rider
Amend Rider 23, Base Wage Increase for Personal Attendant Services

Prepared by LBB Staff, 3/16/25

Overview

Increase funding to the Health and Human Services to increase the base wage for personal attendant services to \$14.28 per hour, increase the associated payroll, tax, and benefits percentage to 14 percent, and increase the associated administrative rate by \$0.48 per hour. Increase the base wage for personal attendant wages in certain waiver providers to \$17.50 per hour. Amend Rider 23, Base Wage Increase for Personal Attendant Services, to identify funding for this purpose.

Required Action

1. In House Bill 1 as introduced, increase appropriations to the Health and Human Services Commission by \$733,705,294 from the General Revenue Fund and \$1,190,483,651 from Federal Funds for the biennium.
2. On page II-66 of the Health and Human Services Commission bill pattern, strike Rider 23, Base Wage Increase for Personal Attendant Services, and insert the following:

23. Base Wage Increase for Personal Attendant Services.

(a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Hlth Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, are the following:

(1) \$653,342,819 from the General Revenue Fund and \$955,481,745 from Federal Funds (\$1,648,824,564 from All Funds) in fiscal year 2026 and \$685,729,992 from the General Revenue Fund and \$1,044,698,132 from Federal Funds (\$1,730,428,124 from All Funds) in fiscal year 2027;

(2) \$61,193,965 from the General Revenue Fund and \$92,072,335 from Federal Funds (\$153,266,300 from All Funds) in fiscal year 2026 and \$61,365,335 from the General Revenue Fund and \$92,134,134 from Federal Funds (\$153,499,470 from All Funds) in fiscal year 2027; and

(3) \$80,558,343 from the General Revenue Fund and \$122,901,912 from Federal Funds (\$203,460,255 from All Funds) in fiscal year 2026 and \$84,040,662 from the General Revenue Fund and \$128,156,242 from Federal Funds (\$212,196,904 from All Funds) in fiscal year 2027.

(b) The Health and Human Services Commission (HHSC) shall only expend the funds appropriated in subsection (a)(1) to increase the base wage for personal attendant services to \$14.28 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 14 percent; the funds appropriated in subsection (a)(2) to further increase the base wage for personal attendant services in the Home and Community-based Services waiver, the Texas Home Living waiver, and intermediate care facilities to \$17.50 per hour; and the funds appropriated in subsection (a)(3) to increase the administrative subcomponent of the reimbursement rate for personal attendant services by \$0.48 per attendant hour assumed in the billing unit.

By: Representative Rose

**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.

By: Representative Barry

Health and Human Services Commission, Article II
Proposed Rider
Vision Screenings Recommendations Rider

Prepared by LBB Staff, 02/14/2025

Overview

Add a rider for the Children’s Blindness Services program directing the agency to develop recommendations on ways to implement birth through 4 years old vision screenings.

Required Action

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

Vision Screenings for Children Plan. Out of funds appropriated above, the Health and Human Services Commission (HHSC) in Strategy D.1.5, Children’s Blindness Services, shall develop recommendations on ways to implement birth through four years old vision screenings. The agency shall report the recommendations to the Legislature, including the Legislative Budget Board, Senate Finance Committee, House Appropriations Committee, the Speaker of the House, the Lieutenant Governor, and the Office of the Governor no later than December 1, 2027.

Health and Human Services Commission, Article II
Proposed Rider
STAR Health Services Coordination

Prepared by LBB Staff, 03/16/2025

Overview

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

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:

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

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Amend rider for Medicaid Enterprise Systems (MES)

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Overview

Amend 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, amend the following 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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 MMHS and MMHS 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.~~

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services Commission, Article II
Proposed Rider
Add Transfer Authority for Waiver Programs within Medicaid Client Services

Prepared by LBB Staff, 3/16/25

Overview

Amend Rider 107, Limitations on Transfer Authority, to authorize the Health and Human Services Commission to transfer or reallocate funding as necessary to meet legislative targets for the number of end-of-year waiver slots.

Required Action

On page II-102 of the Health and Human Services Commission bill pattern, amend the following rider by adding subsection (b) and renumbering as follows:

107. Limitations on Transfer Authority.

(a) Limitations on Transfers for Goal A, Medicaid Client Services, and Goal C, CHIP Client Services.

(1) Notwithstanding Article IX, Section 14.01, Appropriation Transfers, Article IX, Section 14.03, Transfers - Capital Budget, and Article II, Special Provisions Section 6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this subsection.

(A) **Goal A, Medicaid Client Services.** Transfers may not be made to strategies in Goal A, Medicaid Client Services, from strategies in other goals nor from strategies in Goal A, Medicaid Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider.

(B) **Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A).** Without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to subsection (a)(3) of this rider, transfers may not be made:

- (i) between strategies listed below in this subdivision (B); or
- (ii) to or from strategies listed below in this subdivision (B).
 - A.2.1, Home and Community-based Services;
 - A.2.2, Community Living Assistance (CLASS);
 - A.2.3, Deaf-Blind Multiple Disabilities;
 - A.2.4, Texas Home Living Waiver; and
 - A.2.5, All-Inclusive Care-Elderly.

(C) **Goal C, CHIP Client Services.** Transfers may not be made to Goal C, CHIP Client Services, from strategies in other goals nor from Goal C, CHIP Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Office of the Governor pursuant to Subsection (a)(3) of this rider.

(2) **Notification Requirements.** Authority granted by this subsection to transfer funds without written approval is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer, and shall include the following information:

(A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and

(C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

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

(A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and

(C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

(4) **Cash Management.** Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services, and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

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

(b) **Transfer Authority for Medicaid Waiver Programs.** Notwithstanding Article IX, Section 14.01, Appropriation Transfers; Article II, Special Provisions, Section 6, Limitations on Transfer Authority; and limitations elsewhere in this provision; HHSC may transfer funds from Strategy A.1.1, Medicaid Client Services, to meet the targeted number of end-of-year waiver slots identified in Rider 21, Informational Listing: End-of-Year Waiver Slots Funding, for each waiver program subject to the specific limitations included in this subsection.

(1) Transfers may be made from Strategy A.1.1, Medicaid Client Services, to the following strategies, solely to cover costs that exceed appropriations identified in Rider 21, Informational Listing: End-of-Year Waiver Slots Funding, to meet the targeted number of end-of-year waiver slots for each waiver program:

(A) A.2.1, Home and Community-based Services (HCS);

(B) A.2.2, Community Living Assistance (CLASS);

(C) A.2.3, Deaf-Blind Multiple Disabilities; and

(D) A.2.4, Texas Home Living Waiver.

(2) Notwithstanding Rider 11, Medically Dependent Children Program and Youth Empowerment Services Waivers, and any other provision of this act that may limit reallocation of funds within Strategy A.1.1, Medicaid Client Services, for the Medically Dependent Children and STAR+PLUS Home and Community-based Services Program, HHSC may use funds appropriated in Strategy A.1.1 to cover costs that exceed appropriations to meet the targeted number of end-of-year

waiver slots for the subset of the waiver population that is subject to an interest list.

(3) Authority granted by Subsection (b) to transfer funds is contingent upon a written notification from HHSC to the Legislative Budget Board and Office of the Governor within 30 business days of the transfer and shall include the following information about the transfer:

(A) The names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and

(B) A comparison to targets included in this Act for the receiving strategy related to average monthly cost per individual served.

(c) Limitations on Transfers within/between Other Goals. Notwithstanding Article IX, Section 14.01, Appropriation Transfers, and Article IX, Section 14.03, Transfers - Capital Budget, HHSC is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority between strategies, subject to the following requirements:

(1) Authority granted by this subsection to transfer funding, FTEs, or capital budget authority is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor at least 30 business days prior to the transfer. Notification provided under this subsection must include the following information:

(A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(B) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;

(C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and

(D) the capital budget impact.

(2) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriation Transfers; and subsection (b)(1) of this rider, HHSC may not make any transfers out of Strategy D.1.2, Thriving Texas Families.

(3) Notwithstanding Article II, Special Provisions, Section 6, Limitations on Transfer Authority; Article IX, Section 14.01, Appropriations Transfers; Article IX, Section 14.03, Transfers - Capital Budget; and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$500,000; or transfers in any amount into or out of: (1) Strategy B.1.1, Medicaid & CHIP Contracts & Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy G.1.1, State Supported Living Centers; (5) Strategy G.2.1, Mental Health State Hospitals; and (6) Strategies in Goal L, System Oversight & Program Support, are subject to the prior written approval of the Legislative Budget Board and the Office of the Governor.

(A) To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Office of the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

(i) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

- (ii) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
 - (iii) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
 - (iv) the capital budget impact.
- (4) Notwithstanding subsection (b)(3) of this rider, transfers may be made between strategies in Goal I, System Oversight & Program Support. HHSC shall provide notification of all transfers pursuant to subsection (b)(1) of this rider.
- (5) Notwithstanding subsection (a)(1)(A) and subsection (b)(3) of this rider, and contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.1, Medicaid Client Services, transfers may be made from Strategy A.1.1, Medicaid Client Services, to Strategy B.1.1, Medicaid & CHIP Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Office of the Governor within 30 calendar days of making a transfer.
- (6) In addition to the notice required by this subsection, the total of all transfers from a strategy may not exceed the lesser of \$1,000,000 or 20.0 percent of the originating item of appropriation for funding for the fiscal year without prior written approval of the Legislative Budget Board and the Office of the Governor. The approval requirement contained in this subsection does not apply to transfers to which subsection (b)(5) also applies.

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

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Amend Rider on Reporting of Opioid-Related Expenditures](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

Overview

Amend 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 the last sentence to correspond with removing DFPS and DSHS from the reporting requirement.

Required Actions

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

34. Reporting of Opioid-Related Expenditures. No later than ~~the 1st~~[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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Reinstates the existing Clear Process Rider (HHSC, Rider 152 in 2024-25 GAA), which requires a 90-day timeline for HHSC’s review and coverage processes for drugs within the Texas Medicaid program

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

_____. **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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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

Prepared by LBB Staff, 03/03/2025

Overview

Add a new rider requiring the Health and Human Services Commission to analyze and improve the process for credentialing health care providers within in the STAR Health managed care program.

Required Action

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

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

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

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

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

Prepared by LBB Staff, 03/16/2025

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, 2026, HHSC shall develop and implement these criteria and submit a report to the Legislative Budget Board, Governor, Chair of the Senate Finance Committee, and Chair of the House Appropriations Committees. The report must include:

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

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

By: _____ Or _____

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).

Health and Human Services Commission
Proposed Funding and Rider
Cost Containment

Prepared by LBB Staff, 3/15/2025

Overview

Reinstate and amend the following rider from the 2024-25 General Appropriations Act for cost containment.

Required Action

1) On page II-XX of the Health and Human Services Commission bill pattern, reduce appropriations in Strategy A.1.1, Medicaid Client Services, by \$275,000,000 in General Revenue in fiscal year 2026 and by \$275,000,000 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:

____. **Cost Containment.** The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$550,000,000 in General Revenue Funds for the 2026-27 biennium throughout the health and human services system. These initiatives shall include:

- (a) increasing fraud, waste, and abuse prevention and detection;
- (b) seeking to maximize federal flexibility under the Medicaid program;
- (c) achieving other programmatic and administrative efficiencies; and
- (d) savings from services that include emergency telemedicine services for individuals with intellectual and developmental disabilities.

HHSC shall provide an annual report on the implementation of cost containment initiatives to the Legislative Budget Board by December 1. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration of services.

Health and Human Services Commission, Article II

Proposed Rider

Implementation of Eligibility Policy Options

Overview

Provide direction that the Health and Human Services Commission utilize available appropriated funding to implement certain eligibility policy options.

Required Action

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

_____. **Implementation of Eligibility Policy Options.** The Health and Human Services Commission (HHSC) may implement eligibility policy options authorized under federal law related to Supplemental Nutrition Assistance Program (SNAP), Medicaid, Children’s Health Insurance Program (CHIP) or Temporary Assistance for Needy Families (TANF) that will streamline eligibility determination processes, create efficiencies that improve timeliness and strengthen program integrity.

Health and Human Services Commission, Article II
Proposed Rider
Nutritional Support Services

Prepared by LBB Staff, 03/03/2025

Overview

Add a rider directing the Health and Human Services Commission to permit managed care organizations to offer nutritional support services in lieu of services covered under the Medicaid state plan.

Required Action

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

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

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

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

Health and Human Services Commission, Article II
Proposed Rider
Increase Out-Stationed Eligibility Staff

Prepared by LBB Staff, 03/16/2025

Overview

Add a rider exempting out-stationed eligibility staff for whom the state does not pay a portion of the salary or benefits from certain limitations on full-time equivalents.

Required Action

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

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

By: Manuel

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.

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

Prepared by LBB Staff, 03/04/2025

Overview

Direct the Department of Family and Protective Services to allocate \$300,000 from the General Revenue Fund in each fiscal year for a kinship funds awareness campaign.

Required Action

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

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

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

By: Representative Rose

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

Prepared by LBB Staff, 03/07/2025

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's 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 utilizing nurses or licensed professionals 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.

Health and Human Services Commission, Article II
Proposed Rider
Mobile and School-Based Dental Services

Prepared by LBB Staff, 03/16/2025

Overview

Add a rider to state that the Medicaid program allows mobile and school-based dental programs for beneficiaries 18 years old and under.

Required Action

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

_____. **Mobile and School-Based Dental Services.** 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, Section 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 Texas Administrative Code, Section 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.

This provision does not apply to appropriations for Medicaid services provided by school districts in Texas to Medicaid-eligible students through the School Health and Related Services (SHARS) program.

Health and Human Services Commission, Article II
Proposed Rider
Congenital Syphilis Prevention Funding

Overview:

Texas is facing a public health crisis with syphilis rates skyrocketing statewide and an alarming number of infant deaths caused by congenital syphilis. Texas consistently reports the highest rates of both syphilis and congenital syphilis in the country. In 2022, one in every four U.S. congenital syphilis cases came from Texas, according to the Centers for Disease Control and Prevention.

While Texas law already requires testing and treatment for syphilis during prenatal care, limited access to testing and treatment for uninsured Texans make it challenging to address this public health crisis head on.

Required Action:

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

.**Medicaid Reimbursement Rates for Rapid Testing.** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) shall evaluate the rate for reimbursement for services related to syphilis testing and treatment to include accurate reimbursement for both point of care rapid testing and best practices for most effective treatment of syphilis no later than October 1, 2025. HHSC shall consider clinical expertise, public comments, the characteristics of the populations served, and financial sustainability of reimbursement rates prior to adopting final rates.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Therapy Services Reporting

Prepared by LBB Staff, 03/06/2025

Overview

Amend Rider 10, Medicaid Therapy Services Reporting, to require the Health and Human Services Commission to post quarterly the pediatric therapy waitlist data on their website.

Required Action

On page II-59 of the Health and Human Services Commission bill pattern, amend the following rider:

10. Medicaid Therapy Services Reporting. Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall report on an annual basis to the Legislative Budget Board and the Office of the Governor, in a format specified by the Legislative Budget Board, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:

- (a) Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
- (b) Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
- (c) Provider and member appeals by disposition received by HHSC Health Plan Management, and resolution of the appeals;
- (d) The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
- (e) The utilization of pediatric acute care therapy services by therapy type and provider type;
- (f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
- (g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall ensure standardized collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders. HHSC shall post quarterly the pediatric therapy waitlist data under subsection (f) on their website in a location that is easily accessible to the public.

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
Cost Comparison Report

Prepared by LBB Staff, 03/06/25

Overview

Reinstate 2023-24 General Appropriations Act, Article II, Health and Human Services Commission, Rider 4, Cost Comparison Report.

Required Action

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

. **Cost Comparison Report.** Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop a report analyzing state and federally-funded residential and nonresidential services in the Home and Community-based Services (HCS) waiver program, the Texas Home Living waiver program, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID).

- (a) The report shall include the following:

(1) The monthly average cost to the state per person for individuals residing in state-operated and non-state-operated ICFs/IID, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON) and facility size (private ICFs/IID only);

(2) A comparison of severity across settings; and

(3) The total number of persons, by LON, who transitioned from state-operated ICFs/IID to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.

(b) With respect to the cost to the state per person residing in a state-operated ICF/IID, HHSC shall include all costs, such as Statewide Cost Allocation Plan (SWCAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical, and overhead costs. With respect to the cost to the state per person in state-operated ICFs/IID, non-state-operated ICFs/IID, and the HCS and Texas Home Living waivers, HHSC shall include all Medicaid costs including acute care costs that are not included in the waiver rates for those programs and all costs to administer and license those programs. For state-operated ICFs/IID, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. HHSC shall identify the types of costs included in each category.

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

The report shall be submitted to the Legislative Budget Board and the Office of the Governor, and shall be posted on the Commission's website no later than August 31 of the first fiscal year of the biennium.

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

Prepared by LBB Staff, 03/16/2025

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.

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

Prepared by LBB Staff, 03/16/2025

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 a plan to align Medicaid enrollment into managed care with the automatic enrollment process used by the Children’s Health Insurance Program (CHIP). Implementation of this plan is contingent upon HHSC developing strategies to mitigate any impact to state supplemental funding and Graduate Medical Education (GME) funding, including the potential transition of the state’s supplemental payment program from fee-for-service claims to managed care claims.

Health and Human Services Commission
Proposed Rider
Psychiatric Residential Treatment Facility Study

Prepared by LBB Staff, 3/15/2025

Overview

Add rider to direct the Health and Human Services Commission to study the feasibility of including psychiatric residential treatment facilities as a Medicaid state plan benefit. Require the study be published by December 1, 2026. Note that the study shall include recommendations, fiscal impact, and projected timelines for potential inclusion of the benefit.

Funding

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

- **Study on Including Psychiatric Residential Treatment Facility as a Medicaid State Plan Benefit.** A Psychiatric Residential Treatment Facility (PRTF) is a facility, other than a hospital, which provides inpatient behavioral health treatment to Medicaid-eligible individuals under the age of 21. A PRTF must provide the inpatient psychiatric services under the direction of a physician, must be accredited, and must comply with all the requirements of applicable state and federal regulations. Out of funds appropriated above, HHSC shall conduct a study to determine the feasibility of including Psychiatric Residential Treatment Facilities as a Medicaid state plan benefit for a specialized population of youth between the ages of 13-17 with high acuity behavioral health conditions and report the findings of the study to the Legislative Budget Board and the Governor by December 1, 2026.

The study shall include:

- (a) The experiences of other states that include PRTFs as a Medicaid benefit, including specific populations eligible for services through this benefit and any outcomes for youth who have received Medicaid covered PRTF services;
- (b) Information and data from the Texas Department of Family and Protective Services and the Texas Juvenile Justice Department including but not limited to specific populations that may benefit from the service, gaps in services that may be filled if PRTFs were included in the State Medicaid Plan and other relevant information;
- (c) Licensure requirements, including the need for any new licensure types needed to meet these requirements;
- (d) Service expectations, standards, and definitions as required by the Centers for Medicare and Medicaid Services (CMS) 42 CFR Part 441 Subpart D §441.150 through §441.184;
- (e) Determination of specialized population of Medicaid-eligible youth between the ages of 13-17 who would be eligible for admission into the PRTF including specificity of high acuity behavioral health conditions and symptoms/severe functional impairments; and
- (f) Recommendations, fiscal impact and projected timelines for potential inclusion of benefit in the State Medicaid Plan.

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

Proposed Rider

Transparency in Child Care Regulatory Activities

Prepared by LBB Staff, 03/15/2025

Overview

Provide a rider related to the Child Care Regulation Division for transparency in regulatory actions.

Required Action

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

—. **Transparency in Child Care Regulatory Activities.**

- (a) The Health and Human Services Commission (HHSC) shall submit an annual report on the Child Care Regulation Division, due November 1 of each year, to the Chair of the House Appropriations Committee and the Chair of the Senate Finance Committee, and to be published on the agency's public website, that includes the following:
- (1) The number of inspections and investigations by the Child Care Regulation Division;
- (2) The number of deficiencies issued as a result of inspections and investigations;
- (3) The average number of deficiencies across operations;
- (4) The number of deficiencies that are overturned as the result of an administrative review;
- (5) The number of deficiencies that are in an enforcement action that is heard at the State Office of Administrative Hearings; and
- (6) Justification and trends for the overturn decisions.
- (b) It is the intent of the Legislature that if HHSC identifies any single investigator, or investigative unit, that has a high rate of investigative findings overturned in the administrative review of investigative findings stage, or at the State Office of Administrative Hearings, the agency shall take immediate corrective action, including but not limited to training, technical assistance, or personnel action.

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

Proposed Rider

Transparency in State Monitoring

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Health and Human Services Commission and the Department of Family and Protective Services to coordinate and report on certain information related to heightened monitoring.

Required Action

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

____. **Transparency in State Monitoring.** Included in amounts appropriated above, the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) shall report the following: deidentified information on each residential child-care facility that has been placed on heightened monitoring since January 1, 2020, including operation type, licensed or actual capacity, whether the operation remains on heightened monitoring, whether the operation is open or closed, when the operation was placed on heightened monitoring, any improvements the State attributes to the monitoring process, and the total number of staff with responsibility for heightened monitoring activities and the associated expenditures. The agencies shall report to the Legislative Budget Board, the Governor, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any Joint Legislative Oversight Committees, as appropriate no later than November 1 of each year of the biennium.

Health and Human Services Commission, Article II
Amend Rider
Rural Hospital Grants

Overview

Amend Health and Human Services Commission Rider 67, Rural Hospital Grant Program, to add a category of funds for which HHSC may award a grant.

Required Action

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

_____. **Rural Hospital Grant Program.**

- (a) Informational Listing. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) is \$25,000,000 from the General Revenue Fund in each fiscal year in Strategy F.3.3, Additional Advocacy Programs, to provide grants for financial stabilization of rural hospitals, for maternal care operations in rural hospitals, for trauma, maternal, and neonatal designation-related expenses in rural hospitals, and for alternative payment model readiness for rural hospitals; and \$500,000 from the General Revenue Fund in each fiscal year in Strategy L.1.1, HHS System Supports, to administer the program.
- (b) Unexpended Balance Authority within the Biennium. Any unexpended balances remaining at the end of August 31, 2026, are appropriated for the same purposes for the fiscal year beginning September 1, 2026.
- (c) Reporting Requirement. By November 1 of each fiscal year of the biennium, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy F.3.3, Additional Advocacy Programs, for the Rural Hospital Grant Program. The report shall include the following: the number of grants awarded, amount awarded per entity, effectiveness of the grants, the number of hospitals served by each grant program, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, the Governor’s Office, the Senate Finance Committee, and the House Appropriations Committee.
- (d) Notwithstanding the limitations in Article IX, Sec. 6.10, Limitations on State Employment Levels, of this Act, HHSC may increase the “number of full-time-equivalents (FTEs)” appropriated above by 6.0 FTEs in each fiscal year to address staffing needs related to providing grants under this provision.

By: Orr



Health and Human Services Commission, Article II
Proposed Funding and Rider
McLennan Co Mental Health

Overview

Add funding and a rider for McLennan County to purchase 10 inpatient psychiatric beds and to provide crisis services within the county to assist law enforcement and divert people in mental health crisis from more costly settings. Part of the funding will be used to extend the hours of the McLennan County Mental Health Diversion Center from eight hours, five days per week to 24/7, as well as to support student mental health efforts for early identification and treatment.

Required Action

1. Within the HEALTH & HUMAN SERVICES Commission's Bill Pattern, add General Revenue appropriations to Strategy D.2.1. Community Mental Health Services of \$5,000,000 in General Revenue in fiscal year 2026 and \$5,000,000 in General Revenue in fiscal year 2027.
2. On page II-__ of the HEALTH AND HUMAN SERVICES COMMISSION Bill Pattern, add the following rider:

XX. McLennan County Crisis Stabilization & Inpatient Services. Included in amounts appropriated above in Strategy D.2.1. Community Mental Health Services, is \$5,000,000 from the General Revenue Fund in each fiscal year of the biennium to support mental health screening and assessment, crisis services, and expanded inpatient bed capacity in McLennan County. The Health and Human Services Commission shall enter into a memorandum of understanding with the McLennan County Commissioners Court for the transfer of funds.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Pediatric Child Care Facility Developmentally Appropriate Care

Prepared by LBB Staff, 03/18/2025

Overview

Provide funding and a rider for the Health and Human Services Commission to support developmentally appropriate care for pediatric nursing facility residents.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.3.3, Additional Advocacy Programs, by \$500,000 from the General Revenue Fund in each fiscal year of the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Pediatric Child Care Facility Developmentally Appropriate Care.**

(a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) is \$500,000 from the General Revenue Fund in each fiscal year of the biennium in Strategy F.3.3, Additional Advocacy Programs, for a grant to a pediatric care center located in Texas to support developmentally appropriate care for pediatric nursing facility residents. The grant funds may be used by the grantee for costs related to ensuring accessibility and developmentally appropriate environments and supports, and other costs identified by HHSC as necessary for the pediatric patients.

(b) Notwithstanding any other limitations within Article II or Article IX, should HHSC determine the amounts in Subsection (a) are eligible for federal funds through the Medicaid program, HHSC shall transfer these amounts to Strategy A.1.1, Medicaid Client Services for the same purpose, and shall notify the Legislative Budget Board and the Office of the Governor within 30 business days of initiating the transfer.

(c) Any unexpended balances of these funds remaining on August 31, 2026, are appropriated to HHSC for the same purpose for the fiscal year beginning on September 1, 2026.

**House Appropriations
Committee Riders - Article II**

Article XI

Legislative Budget Board

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Department of Family and Protective Services

Purpose: [restore funding for Preparation for Adult Living \(PAL\) Purchased Client Services](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

Overview

This restores funding for Preparation for Adult Living (PAL) Purchased Client Services and allows the Department of Family and Protective Services to draw additional available federal funding to support transition-aged youth. Without restoration of this funding, providers are at increased risk of being unable to fully meet the needs of our youth, and many providers could stop contracting with DFPS for services. Youth will not receive vital services necessary in helping them achieve independence during a critical transitional time for them from foster care into adulthood.

Required Action

On page II-XX of the Department of Family and Protective Services bill pattern, Strategy B.1.6, Preparation for Adult Living Purchased Services, increase General Revenue funding by \$12.152.473 in fiscal year 2026 and by \$12.156.158 in fiscal 2027.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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.

Department of Family and Protective Services, Article II
Proposed Rider and Funding
Interoperability

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Department of Family and Protective Services to implement the Data Exchange Platform.

Required Action

- 1. On page ____ of the Department of Family and bill pattern, increase appropriations by \$6,000,000 from the General Revenue Fund in fiscal year 2026.
- 2. On page ____ of the Department of Family and Protective Services bill pattern, add the following rider:

____. Interoperability. Included in amounts appropriated above to the Department of Family and Protective Services (DFPS), is \$6,000,000 from the General Revenue Fund in fiscal year 2026 to implement the Data Exchange Platform to improve interoperability between DFPS and Single Source Continuum Contractors. Any unexpended balances of these funds remaining as of August 31, 2026, are appropriated to DFPS for the same purpose for the fiscal year beginning September 1, 2026.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Department of Family and Protective Services

Purpose: amend existing rider and provide funding to Increase the daily rate for Supervised Independent Living for youth in extended foster care

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

This rider would increase the daily rate for Supervised Independent Living for youth in extended foster care. Supervised Independent Living was not included in the rate increases under Texas Child Centered Care for other providers because it is not service-level-based.

Required Actions

- 1) Add the following subsection to subsection (a) in Rider 23, Department of Family and Protective Services bill pattern:

(6) Strategy B.1.9, Foster Care Payments, for Supervised Independent Living: \$90.34

- 2) Increase General Revenue and Federal Funds (if any) for Strategy B.1.9, Foster Care Payments, by the amounts needed to fund the rate increase

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Texas Legislature, Article II
Proposed Funding and Rider

Department of Family and Protective Services: Adoption Assistance Program

Prepared by State Representative Nate Schatzlines Staff, 03/07/25

Overview

Increase funding and add a new rider at the Department of Family and Protective Services (DFPS) to provide additional financial assistance for the Adoption Assistance Program.

Required Action

- 1. On Page II-54 of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy C.1.1, Adoption Assistance Payments, by \$7,000,000 from the General Revenue Fund for the 2024-2025 biennium.
- 2. On page II-54 of the Department of Family and Protective Services bill pattern, add the following rider:

_____. **Adoption Assistance Program.** Included in the amounts appropriated above in Goal C, Family and Protective Services Programs, is \$7,000,000 from the General Revenue Fund in the 2024-2025 biennium to provide financial assistance for eligible adoptive families and support the state's adoption initiatives.

DFPS shall ensure that these additional funds are utilized in accordance with state and federal requirements governing the Adoption Assistance Program. The agency shall provide a report to the Legislative Budget Board and the Governor's Office on the expenditure of these funds by September 30, 2025, including the number of families assisted and the outcomes achieved through this appropriation.

By Craddick

Department of Family & Protective Services/Article II
Proposed Rider
Contingency for House Bill 1536

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 House Bill 1536, 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 House Bill 1536. Contingent on enactment of House Bill 1536, 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.

By Sparks

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.

Department of Family and Protective Services, Article II
Proposed Rider and Funding
Contingency for House Bill 215

Prepared by LBB Staff, 03/04/2025

Overview

This rider would provide \$XX for the biennium to implement the provisions of House Bill 215, relating to the payment of support rights and benefits for a child placed with a relative or other designated caregiver.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations by \$XX in fiscal year 2026 and \$XX in fiscal year 2027.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

— Contingency for House Bill 215. Contingent on enactment of House Bill 215, or similar legislation relating to the payment of support rights and benefits for a child placed with a relative or other designated caregiver, by the Eighty-ninth Legislature, Regular Session, included in amounts appropriated above to the Department of Family and Protective Services, is \$XX in fiscal year 2026 and \$XX in fiscal year 2027 to implement the provisions of the legislation.

Department of Family and Protective Services, Article II
Proposed Rider and Funding
Contingency for House Bill 3555

Overview

This rider would provide \$150,000 from the General Revenue Fund for the biennium to implement the provisions of House Bill 3555, relating to the establishment of a donation registry by the Department of Family and Protective Services for providing personal items to children in the department’s conservatorship.

Required Action

1. On page II-XX of the Department of Family and Protective Services bill pattern, increase appropriations in Strategy B.1.2, CPS Program Support, of \$75,000 from the General Revenue Fund in fiscal year 2026 and \$75,000 from the General Revenue Fund in fiscal year 2027.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

— . **Contingency for House Bill 3555.** Contingent on enactment of House Bill 3555, or similar legislation relating to the establishment of a donation registry by the Department of Family and Protective Services for providing personal items to children in the department’s conservatorship, by the Eighty-ninth Legislature, Regular Session, included in amounts appropriated above to the Department of Family and Protective Services, is \$75,000 from the General Revenue Fund in each fiscal year of the biennium in Strategy B.1.2, CPS Program Support, to implement the provisions of the legislation.

Department of Family and Protective Services, Article II
Proposed Rider
Federal Funds Maximization for Family Preservation

Overview

This language provides direction to DFPS with respect to the Family First Prevention Services Act.

Required Action

Amend current Rider 32 (HB1, introduced) to include the following:

Rider __, Federal Funds Maximization

32. The Department of Family and Protective Services (DFPS) shall submit progress reports related to the agency's efforts to maximize federal funds, including identifying the strategies DFPS has implemented and any successes and challenges in maximizing funding. DFPS shall also report how the agency can maximize federal funds by program and funding source. Progress reports shall be submitted by September 1 and March 1 of each year to the Legislative Budget Board and the Governor.

In addition, within 90 calendar days of the end of each fiscal quarter, DFPS shall submit a report related to the use of Title IV-E federal funding and state funding utilized for children in conservatorship of the state placed in a congregate care setting. The report shall include the total number of children in congregate care, the subtotal of children broken down by level of care or service level under Texas Child Centered Care, and total funding by method of finance.

In addition, DFPS shall maximize Title IV-E federal funding sources and submit an annual progress report related to the agency's use of federal funds for family preservation services by:

1. Submitting a state plan to maximize Title IV-E funds through the Family First Prevention Services Act (FFPSA);
2. Tracking DFPS referrals to services provided by the Texas Workforce Commission (TWC), Local Mental Health Authorities (LMHAs, or other entities that may be eligible for federal financial participation under FFPSA;
3. Developing a process and cost estimates for federal evaluation and continuous quality improvement requirements;
4. Preparing and posting on the agency's website by September 1, 2026, a report with the information above, including the number of clients and the number of services DFPS refers families to through TWC, LMHAs, or other entities that would qualify for FFPSA funding.

The reports required by this rider shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing committee Joint Legislative Oversight Committees, as appropriate.

Department of Family and Protective Services, Article II
Proposed Rider
Continued Transition of Services and Functions

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Department of Family and Protective Services to coordinate with the single source continuum contractors to report on system function and related FTEs not considered in the resource transfer.

Required Action

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

_____.
Continued Transition of Services and Functions. Included in amounts appropriated above, the Department of Family and Protective Services (DFPS) shall work with each Single Source Continuum Contractor in a catchment area that has implemented, or will implement during a part of the biennium, Community-Based Care, to identify system functions and related FTEs that are currently not considered in the resource transfer such as shared positions, cost of insurance and liability coverage, and staff turnover. DFPS and single source continuum contractors shall report all findings and recommendations to the legislature no later than August 31, 2026.

Department of Family and Protective Services, Article II
Proposed Rider
Employee Personal Property

Prepared by LBB Staff, 03/04/2025

Overview

Add a rider to direct the Department of Family and Protective Services to repair and/or replace employee personal property damaged in the scope of their work.

Required Action

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

_____.
Employee Personal Property. Notwithstanding any other provision of this Act, the Department of Family and Protective Services may provide funds for the repair and/or replacement of an employees’ items of personal property which were damaged or destroyed in the course and scope of their employment and whose duties require the employee to be exposed to unavoidable situations related to the performance of a required governmental function or duty.

Department of Family and Protective Services, Article II
Proposed Rider
Maintaining Caseload Standards

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Department of Family and Protective Services to ensure contractors do not receive a transfer of resources to fewer children in care than the number of children in care in the previous fiscal year.

Required Action

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

_____.
Maintaining Caseload Guidelines. Included in amounts appropriated above, the Department of Family and Protective Services shall ensure that no Single Source Continuum Contractor in a catchment area that has implemented, or will implement during a part of the biennium, Community-Based Care, shall receive a transfer of resources in a given fiscal year that corresponds to fewer children in care than the number of children in care on August 31 of the immediately preceding fiscal year.

Department of Family and Protective Services, Art II
Proposed Rider
Reimbursement of Attorney Fees

Prepared by LBB Staff, 03/04/2025

Overview

Add a rider to direct the Department of Family and Protective Services to reimburse employee attorney fees up to \$5,000 related to restraining or protective orders.

Required Action

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

_____.
Reimbursement of Attorney Fees. Out of appropriations above, the Department of Family and Protective may provide up to \$5,000 per fiscal year for the cost of attorney fees if an employee must seek a restraining or protective order against the perpetrator of criminal misconduct encountered during the course and scope of their employment.

Department of Family and Protective Services, Article II
Proposed Rider
Transparency and Accuracy in Performance Measures

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Department of Family and Protective Services to improve transparency and accuracy in performance measures for Single Source Continuum Contractors.

Required Action

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

____. **Transparency and Accuracy in Performance Measures.** Included in amounts appropriated above, the Department of Family and Protective Services (DFPS), shall improve transparency and accuracy in assessment of performance measures. In determining whether a Single Source Continuum Contractor has met performance outcomes pursuant to a Community-based Care contract, pursuant to Family Code, Chapter 264, Subchapter B-1, DFPS shall: exchange all requested data with the single source continuum contractor; explain the process for determining remittance; and offer the contractor a good faith opportunity to dispute and offer valid data for final computation of performance. DFPS, in consultation with single source continuum contractors, shall determine whether the formula for calculating performance measures can be revised to account for competing performance priorities.

Department of Family and Protective Services, Article II
Proposed Rider
Transparency in Investigative Activities

Prepared by LBB Staff, 3/04/2025

Overview

This rider would require the Department of Family and Protective Services report on activities related to “reason to believe” and Statewide Intake calls.

Required Action

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

____. Transparency in Investigative Activities. Included in amounts appropriated above, the Department of Family and Protective Services (DFPS) shall develop and post on its public website a report to reflect the following: number and percentage of intake calls opened for investigation, the number of investigations that include a finding of “reason to believe”, the number of investigations that have a disposition of “reason to believe” overturned at the administrative review of investigative findings stage, the number of investigations that have a disposition of “reason to believe” overturned at the State Office of Administrative Hearings (SOAH), and any reasons or trends for the overturn decisions. A report shall be made available as soon as practicable following each state fiscal quarter and be broken out to reflect Child Protective Investigations in non-regulated settings; Child-Care Investigations in day care settings; and Child-Care Investigations in Residential settings. Not later than November 1 of each year of the biennium, DFPS shall report to any identified trends and actions taken in response to the Legislative Budget Board, the Governor, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any Joint Legislative Oversight Committees, as appropriate.

If DFPS identifies any single investigator or investigative unit that has a high rate of investigative findings overturned at the administrative review of investigative findings stage or at SOAH, they shall take immediate corrective action, including but not limited to training, technical assistance, or personnel action. DFPS shall examine the processes and decision-making criteria for screening of intake calls by the Statewide Intake division. With respect to residential child-care providers, Included in the report noted above, DFPS shall specifically report on any expansion in the calls classified as abuse or neglect, any decrease in the percentage of calls assigned to be inspected as violations of Minimum Standards, and whether any of the criteria should be revisited to maximize the efficient utilization of state resources while maintaining focus on child safety.

Department of State Health Services
Proposed Rider
Rider requiring the Department of State Health Services to use appropriated funds for the expansion of gastrointestinal procedures suites and for the purchase of procedure equipment at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the expansion of gastrointestinal procedures suites and for the purchase of procedure equipment at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Starr County Memorial Hospital Gastrointestinal Procedures Suites. Out of funds appropriated above in Strategy A.1.4, Border Health and Colonias, the Department of State Health Services shall use \$1,500,000 for the expansion of gastrointestinal procedures suites and for the purchase of procedure equipment at Starr County Memorial Hospital.

**Department of State Health Services, Article II
Proposed Rider
Laredo Tuberculosis Control Efforts**

Overview

Add a rider to the bill pattern for the Department of State Health Services to direct the allocation of \$100,000 from any available revenue source to HHSC for the City of Laredo Health Department to strengthen tuberculosis (TB) control efforts, including disease surveillance, diagnostics, treatment, and prevention.
The City of Laredo Public Health Department is at the forefront of tuberculosis identification, treatment, and prevention, addressing significant challenges in a region marked by high cross-border interaction. 2024 data highlights the urgent need for enhanced resources:

- Laredo Public Health Clinic
 - TB Disease: 27
 - TB Infection: 144
- Bi-National Los Dos Laredos Program:
 - TB Disease: 26
 - TB Infection: 54
 - Drug Resistant cases: 2

These figures reflect the ongoing strain on resources as the department manages 53 active TB disease cases, 198 TB infections, and two drug-resistant cases. Existing funding levels and infrastructure are insufficient to meet these demands, especially given the need for specialized treatment and binational case management.

Required Action

On page **II-87** of the Department of State Health Services bill pattern, add the following rider:

_____. Laredo Tuberculosis Control Efforts. Out of amounts appropriated above to the Department of State Health Services, \$100,000 is appropriated for the City of Laredo Health Department to strengthen tuberculosis (TB) control efforts, including disease surveillance, diagnostics, treatment, and prevention.

Department of State Health Services
Proposed Rider
Rider requiring the Department of State Health Services to use appropriated funds for the purchase of equipment to provide hemodialysis treatment at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the purchase of equipment to provide hemodialysis treatment at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

____. **Starr County Memorial Hospital Inpatient Hemodialysis Treatments.** Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services shall use \$100,000 for the purchase of equipment to provide hemodialysis treatment at Starr County Memorial Hospital.

Department of State Health Services
Proposed Rider
Sexually Transmitted Disease Testing Program

Prepared by LBB Staff, 3/5/2025

Overview

Increase funding at the Department of State Health Services (DSHS) to establish a Sexually Transmitted Infection (STD) Testing Program, providing \$5,000,000 for the 2026-2027 biennium.

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.2.2, HIV/STD Prevention, by \$5,000,000 from the General Revenue Fund in fiscal year 2026 and \$5,000,000 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:

_____.
Sexually Transmitted Disease Testing Program. Included in the amounts appropriated above in Strategy A.2.2, HIV/STD Prevention is \$5,000,000 from the General Revenue Fund in fiscal year 2026 and \$5,000,000 from the General Revenue Fund in fiscal year 2027 to develop a comprehensive program to expand access to Sexually Transmitted Disease (STD) testing through healthcare providers to ensure testing is accessible, efficient, and sustainable. Funds shall be used to outsource STD testing programs, expand access to alternative STD testing options including at-home testing, partner with Federally Qualified Health Centers and other health care providers, and ensure compliance with Medicaid reimbursement protocols.

The Department of State Health Services (DSHS) shall submit a report on the results of the STD testing program by August 31 of each fiscal year of the biennium.

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

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).

Department of State Health Services, Article II
Proposed Motion and Rider
Future Healthcare Workforce Apprenticeship Support

Overview

Appropriate \$10 million for the 2026-27 biennium to provide state support for an apprenticeship program for hospital healthcare professionals. The program 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 apprenticeship 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) Make the following adjustments to the bill pattern for the Department of State Health Services:
 - (a) Increase General Revenue by \$5,000,000 in fiscal year 2026 and \$5,000,000 in fiscal year 2027 in Strategy A.1.1, Public Health Preparation and Coordination Services; and
 - (b) Increase General Revenue in the Method of Finance table by \$5,000,000 in fiscal year 2026 and fiscal year 2027.

- 2) Add the following new rider:

. **Future Healthcare Workforce Apprenticeship Support.** Included in amounts appropriated above in Strategy A.1.1, Public Health Preparation and Coordination Services, is \$5,000,000 in General Revenue in fiscal year 2026 and \$5,000,000 in fiscal year 2027 to provide grants to hospitals to develop and implement on-site healthcare workforce apprenticeship programs. Eligible hospitals must participate in the Disproportionate Share Hospital Program.

Any unexpended balances identified in this rider 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.

Participating hospitals must submit any program data requested by the Department of State Health Services. By October 1, 2026, the agency shall prepare a summary report identifying participating hospitals, the amount granted to each hospital, the number of apprentices, and the specialty area of each apprentice. The report shall be posted on the agency's website.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Department of State Health Services

Purpose: [Health Resources for Texas Schools Respiratory Emergencies](#)

Amount Requested (if applicable): \$17,940,000

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

Increase funding at the Department of State Health Services to increase public schools’ access to asthma medication, equipment, training, and other resources that will reduce the number and severity of respiratory events in schools.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy XX, by \$8,970,000 in General Revenue in fiscal year 2026 and by \$8,970,000 in General Revenue in fiscal year 2027.
2. On page II-XX of the DSHS bill pattern, add the following rider:

Out of funds appropriated above in Strategy XX, the Department of State Health Services shall use \$8,970,000 in General Revenue in fiscal year 2026 and \$8,970,000 in General Revenue in fiscal year 2027 to contract with a vendor to provide to public schools asthma rescue medication such as metered dose inhalers and albuterol, peak flow meters, spacers, and other related equipment and training to school health officials who treat children with asthma and allergies in the school setting.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Department of State Health Services
Proposed Rider
Rider requiring the Department of State Health Services to use appropriated funds for the purchase of equipment and staff to expand EMS services at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the purchase of equipment and staff to expand EMS services at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Starr County Memorial Hospital Emergency Medical Services. Out of funds appropriated above in Strategy B.2.1, EMS and Trauma Care Systems, the Department of State Health Services shall use \$2,000,000 for the purchase of equipment and staff to expand EMS services at Starr County Memorial Hospital.

Department of State Health Services
Proposed Rider
Rider requiring the Department of State Health Services to use appropriated funds for the construction and remodeling of operating suites and for the purchase of operating equipment at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the construction and remodeling of operating suites and for the purchase of operating equipment at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Starr County Memorial Hospital Operating Suites & Equipment. Out of funds appropriated above in Strategy A.1.1, Public Health Prep. & Coordination Services, the Department of State Health Services shall use \$3,062,000 for the construction and remodeling of operating suites and for the purchase of operating equipment at Starr County Memorial Hospital.

RIDER REQUEST

Member Name: Garcia of Bexar

Affected Agency: Department of State Health Services

Purpose:

Requesting a one-time \$30.2 million appropriation from the State of Texas for construction of a state-of-the-art Center for Imaging and Innovation (CII) on the San Antonio campus of Texas Biomed. This center will be a unique resource in Texas, housed at the State's only national primate research center.

The CII is part of Texas Biomed's 10-year strategic plan, with goals to create the leading infectious disease institute, bringing scientists and jobs to Texas and fostering technology transfer to support statewide, national and international research. At an estimated cost of approximately \$300 million being achieved through Institute and philanthropic support, the institute's strategic plan is expected to generate a more than \$3 billion economic impact (Economic Impact Analysis completed in 2019 by Dr. Steve Nivin, on behalf of the City of San Antonio, is available upon request). This Center will help secure Texas' place as the national leader in combating infectious diseases and other related inflammatory disorders.

Scientists at Texas Biomed and the Southwest National Primate Research Center (SNPRC) have already made a local and global impact as part of the COVID-19 scientific response through extensive testing of the Pfizer/BioNTech and Novavax vaccines, and the Regeneron monoclonal antibody cocktail in primates at the SNPRC, thereby accelerating their advancement to human clinical trials. Simultaneously, Texas Biomed continues its trailblazing science, developing new approaches to combat a variety of infectious disease threats, both natural and bioterror in nature, such as Ebola, tuberculosis, HIV, malaria and more. In fact, just last year, Texas Biomed became the state's only prime contractor for the Department of HHS Biomedical Advanced Research and Development Authority (BARDA), a federal agency that protects against pandemics and bioterrorism.

Support for the CII would clearly strengthen Texas' public health response to infectious diseases, including preparedness and response to future pandemics and bioterror threats. A significant advance in science has been the development of sensitive new instrumentation that greatly enhances the scientist's ability to measure in-life disease and discover new approaches for diagnostic testing as well as the ability to effectively monitor new potential therapies and vaccines. Current capabilities are, however, limited in scope and availability. Thus, Texas Biomed is requesting that the State invest in one-time costs to establish the nation's best Center for Imaging and Innovation.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

The CII will enhance life-saving research, further collaboration among researchers around our State and attract investments from research companies and foundations. Importantly, it would enhance the humane and ethical treatment of animals used in research and reduce the number required. The amount of the request (one-time, non-recurring) is modest, but it would have an outsized impact on life-saving research in our State.

Texas Biomed, founded in 1941, is a San Antonio-based, independent, not-for-profit biomedical research institute with a strong history of pioneering biomedical breakthroughs in science and human health. The Institute has been a powerful tool in the State's war chest against infectious diseases, and we are seeking funding to ensure we continue sharpening this tool. We appreciate your consideration of the request to fund this important project.

Amount Requested (if applicable): \$30.2 million

Method of Finance (if applicable): General Revenue

Rider Language:

1. On page X X of House Bill 1 as introduced, increase General Revenue by \$30,200,000 in fiscal year 2026 in Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, within the bill pattern of the Department of State Health Services.
2. On page X X of the bill pattern for the Department of State Health Services, add the following new rider:

Texas Biomed—Center for Imaging and Innovation. Amounts appropriated above to the Department of State Health Services in Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, include \$30,200,000 in fiscal year 2026 for the construction of the Center for Imaging and Innovation.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Department of State Health Services, Article II
Proposed Funding and Rider
Medical & Diabetes Research Facility
for the Rio Grande Valley

March 5, 2025

Overview

Increase funding and add a new rider at the Department of State Health Services (DSHS) to provide grant funding for the purpose of constructing and equipping a medical research and diabetes treatment facility in the Rio Grande Valley.

Required Action

1. On page II-24 of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.4, Border Health and Colonias, by \$30,000,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Rio Grande Valley Research Facility Grant. Out of funds appropriated to the agency above in Strategy A.1.4, Border Health and Colonias, is \$30,000,000 from the General Revenue Fund in fiscal year 2026. The Department of State Health Services shall administer a grant program providing funding for constructing and equipping a medical research and diabetes treatment facility designed to provide a strong bioscience ecosystem in Hidalgo County, establish South Texas as a national leader in medical and diabetes research and education, and expand access to treatment programs aimed at preventing and treating complications from diabetes.

The grant recipient shall be a nonprofit research institute headquartered in Hidalgo County, and to ensure the facility has access to a wide array of treatment modalities, the department shall give preference to grant applicants affiliated a healthcare entity located in Hidalgo County that provides graduate medical education and with institutes providing comprehensive care in endocrinology, and bariatric and metabolic disorders, a level I trauma center, and a kidney transplant program.

The Legislature hereby finds that there is a demonstrated need for research facilities in Hidalgo County and that such appropriation may be used for construction of such facilities.

Any unexpended balances of these funds 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.

Department of State Health Services
Proposed Rider
Rider requiring the Department of State Health Services to use appropriated funds for the expansion of outpatient facilities and staff at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the expansion of outpatient facilities and staff at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

_____. **Starr County Memorial Hospital Outpatient Department.** Out of funds appropriated above in Strategy A.1.1, Public Health Prep. & Coordination Services, the Department of State Health Services shall use \$3,000,000 for the expansion of outpatient facilities and staff at Starr County Memorial Hospital.

Department of State Health Services
Proposed Rider and Funding
Healthcare Disparities

Prepared by LBB Staff, 3/5/2025

Overview

Increase funding, add a rider, and add a new strategy at the Department of State Health Services (DSHS) to establish a grant program to close healthcare disparities providing \$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.

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, add new strategy B.3.1, Reducing Healthcare Disparities.
2. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in new Strategy B.3.1, Reducing Healthcare Disparities, 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.
3. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

Healthcare Disparities. Included in the amounts appropriated above in Strategy B.3.1, Reducing Healthcare Disparities, 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 provide grants to community and non-profit organizations to close healthcare disparities among communities in counties with at least 2.5 million people but less than 3.25 million people and a city with a population of at least 1.1 million people. Eligible non-profit organizations shall have less than 7.5 FTEs, been incorporated for at least five years, and have at least \$500,000 in revenue.

Any unexpended balances remaining 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 Rider
Rider requiring the Department of State Health Services to use appropriated funds for the construction of additional emergency department diagnostic and treatment rooms at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the construction of additional emergency department diagnostic and treatment rooms at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Starr County Memorial Hospital Emergency Department Diagnostic and Treatment Rooms. Out of funds appropriated above in Strategy A.1.1, Public Health Prep. & Coordination Services, the Department of State Health Services shall use \$4,000,000 for the construction of additional emergency department and treatment rooms at Starr County Memorial Hospital.

By: _____

Department of State Health Services
Proposed Funding and Rider
Whole Blood Expansion

Prepared by LBB Staff, 02/12/2025

Overview

Provide funding to Texas EMS agencies to expand the use of prehospital whole blood in Texas.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.2.1, EMS Trauma Care Systems by \$4,000,000 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 Expansion. Amounts appropriated above to the
Department of State Health Services in Strategy B.2.1, EMS
(Emergency Medical Services) Trauma Care Systems, include
\$4,000,000 from the General Revenue Fund in fiscal year 2026, to fund
the administration and storage of prehospital whole blood by EMS
agencies.

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.

RIDER REQUEST

Member Name: Representative Plesa

Affected Agency: Texas Department of State Health Services

Purpose: Increase appropriations at the Department of State Health Services to implement a perinatal bereavement care initiative to increase patient access to bereavement care and resources following stillbirth.

Amount Requested (if applicable): \$5,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Texas Department of State Health Services
Proposed Rider
Perinatal Bereavement Care Initiative

Overview

Increase appropriations at the Department of State Health Services to implement a perinatal bereavement care initiative to increase patient access to bereavement care and resources following stillbirth.

Required Action

1) On page _____ of the Texas Department of State Health Services bill pattern, add the following rider:

. Bereavement Care Program. The Department of State Health Services (DSHS) is appropriated from General Revenue an additional \$2,500,000 in fiscal year 2026 and \$2,500,000 in fiscal year 2027 from General Revenue to Strategy B.1.1, Maternal and Child Health, and the “Number of Full-Time-Equivalents (FTE)” indicated in the bill pattern is increased by 1.0 in each fiscal year to implement establish a perinatal bereavement care initiative. The initiative shall include the following items:

- (a) training hospital personnel who provide maternal care on interacting with parents and family members in a considerate and respectful manner following a perinatal death or stillbirth;
- (b) providing hospitals technology delaying the deterioration of tissue for up to 72 hours for the purposes of bereavement care, including any needed training for personnel on use of the technology, and
- (c) supporting other needs related to bereavement care.

In implementing the initiative, the department shall prioritize increasing access to bereavement care for the following:

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

- (a) hospitals without current access to technology delaying the deterioration of tissue for up to 72 hours for the purposes of bereavement care;
- (b) hospitals serving high-risk maternal patients; and
- (c) hospitals with a high volume of deliveries.

No later than November 1, 2027, DSHS shall report to the legislature the actions taken to implement the bereavement care initiative and reported outcomes.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Representative Rose

Department of State Health Services
Proposed Rider
Medically Complex Model of Care

Overview

This action would provide \$5,000,000 for a clinical pilot program to support research on an appropriate, effective, innovative, and comprehensive value-based whole child model of care for children and youth with complex medical needs, including continued development and aggregation of high quality data on the subject. This will allow for continued investigation and coordination of impactful results from discrete studies to transform outcomes and drive future system improvements and transformation.

Required Action

- Make the following adjustments to the bill pattern for the Department of State Health Services:
 - Increase General Revenue appropriations for Strategy B.1.2, Children with Special Needs, in the amount of \$2,500,000 in each fiscal year;
 - Increase General Revenue in the Method of Finance table by \$2,500,000 in each fiscal year.
- Add the following new rider:

Rider, Grants for Medically Complex Model of Care. Included in amounts appropriated above is \$2,500,000 in each year of the 2026-27 biennium to support research initiatives in Texas examining value-based models of care for medically complex special needs children. The Department of State Health Services shall award funds to existing Texas complex care and diagnosis-specific whole person clinics to develop and study innovations to improve outcomes and care process, including possible value-based alternative models of care, through ongoing existing high quality clinical research. Research areas shall include but not be limited to the barriers to transition care beyond age 21, barriers to comprehensive whole person multidisciplinary care, integrated and coordinated health home care, and other supports for this population. Any unexpended balances remaining 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 Rider
Rider requiring the Department of State Health Services to use appropriated funds for the purchase of equipment and software to expand telehealth services at Starr County Memorial Hospital.

Overview

Prepare a rider which requires the Department of State Health Services to use appropriated funds for the purchase of equipment and software to expand telehealth services at Starr County Memorial Hospital.

Required Action

1. On page II-39 of the Department of State Health Services bill pattern, add the following rider:

Starr County Memorial Hospital Telemedicine Services. Out of funds appropriated above in Strategy A.1.1, Public Health Prep. & Coordination Services, the Department of State Health Services shall use \$75,000 for the purchase of equipment and software to expand telehealth services at Starr County Memorial Hospital.

By: Representative Morales Shaw

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 1146

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 1146, or similar legislation, relating to the medical use of low-THC cannabis by patients with certain medical conditions.

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 \$ _____ 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 Department of State Health Services bill pattern, add the following rider:

_____.
Contingency for House Bill 1146. Contingent on enactment of House Bill 1146, or similar legislation relating to the medical use of low-THC cannabis by patients with certain medical conditions, by the Eighty-ninth Legislature, Regular Session, included in the amounts above to the Department of State Health Services is \$ _____ from the General Revenue Fund in fiscal year 2026 and \$ _____ from the General Revenue Fund in fiscal year 2027, in Strategy C.1.1, Food (Meat) and Drug Safety, to implement the provisions of the legislation.

By: _____

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 1884, or similar legislation

Prepared by LBB Staff, 02/26/2025

Overview

Add a contingency rider for House Bill 1884, or similar legislation, relating to the establishment of the sickle cell registry.

Required Action

1. On Page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.3, Health Registries, by \$5,000,000 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:

_____.
Contingency for House Bill 1884. Contingent on enactment of House Bill 1884, or similar legislation related to the establishment of the sickle cell registry, by the Eighty-ninth Legislature, Regular Session, the Department of State Health Services is appropriated \$5,000,000 from the General Revenue Fund in fiscal year 2026, in Strategy A.1.3, Health Registries, to implement the provisions of the legislation.

Any unexpended balances of these funds 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.

By: Representative Simmons

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 1989

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider and funding for House Bill 1989, or similar legislation, relating to the confidentiality and reporting of certain maternal mortality information to the Department of State Health Services, an exception to certain reporting requirements for health care providers reviewing certain information on maternal mortality and morbidity, reimbursement of travel expenses incurred by Texas Maternal Mortality and Morbidity Review Committee members, and a work group establishing a maternal mortality and morbidity data registry.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy B.1.1, Maternal and Child Health by \$2,500,000 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:

Contingency for House Bill 1989. Contingent on enactment of House Bill 1989, or similar legislation, relating to the confidentiality and reporting of certain maternal mortality information to the Department of State Health Services, an exception to certain reporting requirements for health care providers reviewing certain information on maternal mortality and morbidity, reimbursement of travel expenses incurred by Texas Maternal Mortality and Morbidity Review Committee members, and a work group establishing a maternal mortality and morbidity data registry, is \$2,500,000 from the General Revenue Fund in fiscal year 2026 in Strategy B.1.1, Maternal and Child Health, to implement the provisions of the legislation.

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

By: Representative Rosenthal

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 230

Prepared by LBB Staff, 02/04/2025

Overview

Add a rider at the Department of State Health Services that appropriates from the General Revenue Fund for the 2026-27 biennium for the purposes of implementing the provisions of House Bill 230, contingent upon its enactment.

Required Action

1. On page II-XX of the Department of State Health Services, create a new strategy X.X.X Office of Community Violence Intervention and Prevention.
2. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy X.X.X, Office of Community Violence Intervention and Prevention by \$633,154 from the General Revenue Fund in fiscal year 2026 and \$4,317,575 from the General Revenue Fund in fiscal year 2027.
3. On page II-XX of the Department of State Health Services bill pattern, increase the agency FTE cap by 5.0 FTEs in fiscal year 2026 and 7.0 FTEs in fiscal year 2027.
4. On page II-XX of the Department of State Health Services bill pattern, add the following rider:

_____.
Contingency for House Bill 230. Amounts appropriated above to the Department of State Health Services in Strategy X.X.X, Office of Community Violence Intervention and Prevention, include \$633,154 from the General Revenue Fund in fiscal year 2026 and \$4,317,575 from the General Revenue Fund in fiscal year 2027, and 5.0 FTEs in fiscal year 2026 and 7.0 FTEs in fiscal year 2027, contingent upon the enactment the legislation.

By: Representative Morales

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 231

Overview

Add a contingency rider for House Bill 231, or similar legislation, relating to a study on food deserts and their disproportionate impact among communities of color.

Required Action

1. On page II-XX of the Department of State Health Services bill pattern, increase appropriations in Strategy A.1.5, Health Data and Statistics 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 Department of State Health Services bill pattern, add the following rider:

_____.
Contingency for House Bill 231. Contingent on enactment of House Bill 231, or similar legislation related to food deserts and their disproportionate impact amount communities of color, by the Eighty-ninth Legislature, Regular Session, included in the amounts above to the Department of State Health Services is \$ _____ from the General Revenue Fund in fiscal year 2026 and \$ _____ from the General Revenue Fund in fiscal year 2027, in Strategy A.1.5, Health Data and Statistics, to implement the provisions of the legislation.

By: Representative Guillen

Department of State Health Services
Proposed Funding and Rider
Contingency for House Bill 2995

Prepared by LBB Staff, 03/6/2025

Overview

Add a contingency rider for House Bill 2995, or similar legislation, relating to the provision of medication for respiratory distress in public and private schools.

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 \$ _____ 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 Department of State Health Services bill pattern, add the following rider:

_____.
Contingency for House Bill 2995. Contingent on enactment of House Bill 2995, or similar legislation related to the provision of medication for respiratory distress in public and private schools, by the Eighty-ninth Legislature, Regular Session, included in the amounts above to the Department of State Health Services is \$ _____ from the General Revenue Fund in fiscal year 2026 and \$ _____ from the General Revenue Fund in fiscal year 2027, in Strategy A.1.1, Public Health Preparedness and Coordinated Services, to implement the provisions of the legislation.

By: _____ Or _____

Texas Department of State Health Services
Proposed Rider
Contingency for House Bill XX, Health Professions Workforce Coordinating Council

Overview

Add a rider providing funding to the Texas Department of State Health Services to establish the Health Professions Workforce Coordinating Council (HPWCC), contingent on House Bill XX. The HPWCC would bring together a number of state agencies, as listed in the legislation, that participate in the planning education and preparation of the health care workforce, plus four gubernatorial appointees with related expertise.

The HPWCC will be charged to work with the collaborating agencies to bring together each of the disparate data sources to produce one biennial report due October 1st of even numbered years. The report should include a data analysis model that analyzes all health professions’ supply, demand, production, and projected need into the future.

Required Action

1) On page _____ of the Texas Department of State Health Services bill pattern, add the following rider:

_____. Contingency for House Bill 3801. Contingent on the enactment of Senate Bill XX, or similar legislation relating to the establishment of the Health Professions Workforce Coordinating Council, by the Eighty-ninth Legislature, Regular Session, 2025, the Department of State Health Services (DSHS) is appropriated from General Revenue an additional \$5,000,000 in fiscal year 2026 and \$3,000,000 in fiscal year 2027 from General Revenue to Strategy A.1.5, Health Data and Statistics, and the “Number of Full-Time-Equivalents (FTE)” indicated in the bill pattern is increased by 9.0 in each fiscal year to implement the provisions of the legislation.

By: Representative Guillen

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

Prepared by LBB Staff, 3/6/2025

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: Representative Davis, Aicha of Dallas

Department of Health and Human Services, Article II
Proposed Funding and Rider
Mental Health Responder Program - City of Grand Prairie

Overview

Direct the Department of Health and Human Services to allocate \$300,000 from the General Revenue Fund in fiscal year 2027.

Required Action

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

 . **Mental Health Responder Program.** Out of the funds appropriated above in Strategy D.2.1., Community Mental Health Services, the Department of Health and Human Services, shall provide \$300,000 in fiscal year 2027 out of General Revenue Fund appropriations to fund the creation of a Mental Health Responder Program for the City of Grand Prairie to provide critical services youth and adults with Alzheimer's, autism, dementia, and other mental health disorders.

By: Representative Davis, Aicha of Dallas

Department of State Health Services, Article II

Proposed Funding and Rider

Mobile Crisis Response Team - Emergency Medical Task Force

Overview

Direct the Department of State Health Services to allocate \$1,800,000 from the General Revenue Fund in each fiscal year for the biennium.

Required Action

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

. **Emergency Medical Task Force.** Out of funds appropriated above in Strategy A.1.1., Public Health Preparedness and Coordinated Services, the Department of State Health Services, shall provide \$1,800,000 in each fiscal year of the biennium out of General Revenue Fund appropriations to fund the creation of an Emergency Medical Task Force for the City of DeSoto to provide crisis intervention and mental health support through a multidisciplinary team that includes sworn peace officers, licensed social workers, and mental health professionals.

RIDER REQUEST

Member Name: [Representative Donna Howard](#)

Affected Agency: Department of State Health Services

Purpose: [Study on Cost of 2025 Measles Outbreak](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

New rider for the Department of State Health Services bill pattern:

Cost Analysis of Measles Outbreak. Out of funds appropriated above,
the Department of State Health Services shall study and assess the direct
and indirect economic costs incurred by the Department and local public
health organizations in responding to measles outbreaks that occur in
Texas in 2025. Not later than September 1, 2026, the Department shall:
(1) prepare all findings from the study; and (2) submit the findings to the
relevant House and Senate committees.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Streamline Medicaid Therapy Services Reporting

Amount Requested (if applicable):

Method of Finance (if applicable):

Rider Language:

10. Medicaid Therapy Services Reporting. Included in amounts appropriated above to the health and Human Services Commission (HHSC) ~~Out of funds appropriated above in Strategy B.1.1, Medicaid & CHIP Contracts & Administration, is \$1,200,000 for the Health and Human Services Commission (for HHSC) to streamline Medicaid Therapy Services Reporting.~~ HHSC shall submit report on a biannual basis to the Legislative Budget Board and the Office of the Governor, in a format specified by the Legislative Budget Board, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:

- (a) Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
- (b) Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
- (c) Provider and member appeals by disposition received by HHSC Health Plan Management, and resolution of the appeals;
- (d) The number of pediatric acute care therapy provider terminations and the reason for identified terminations;

- (e) The utilization of pediatric acute care therapy services by therapy type and provider type;
- (f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
- (g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

~~HHSC shall submit the biannual reports to the Legislative Budget Board and the Office of the Governor in a format specified by the Legislative Budget Board. HHSC shall ensure~~
collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders. In streamlining the data collection process, HHSC may contract with a third party to develop an automated process for the reporting of therapy data required and may require all managed care organizations contracting with the commission to provide health care services to Medicaid recipients under a managed care plan issued by the organization to use the centralized reporting entity as a hub for the collection and sharing of information.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Psychiatric Medications for County Jail Inmates

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider for psychiatric medications for inmates in county jails.

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 Grants, by \$750,000,000 in General Revenue in fiscal year 2026 and \$750,000,000 in General Revenue in fiscal year 2027.

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

____. **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 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; ~~and~~
- (7) \$750,000,000 from the General Revenue Fund in each fiscal year of the biennium to provide grants to purchase the psychiatric medication of county jail inmates experiencing mental health crisis.

(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.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Fund Fingerprint-based Background Checks by Texas CASA

Amount Requested (if applicable): \$1,500,000

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

Following an audit from the FBI and the enactment of House Bill 4123 during the 88th Legislative Session, the responsibility for conducting background checks transitioned from the Department of Public Safety (DPS) to the Health and Human Services Commission (HHSC). HHSC determined that Texas CASA should be responsible for ensuring that each CASA volunteer, staff, and board member in Texas has an up-to-date background check. However, HHSC was not able to pass through any additional funding to support this new requirement. This rider would provide \$1.5 million in additional biennial funding from HHSC to Texas CASA to help cover costs associated with rerunning and maintaining more than 10,000 background checks annually, and managing compliance through an audit system to meet state and federal requirements. Without this funding, the added expenses fall entirely on local programs, reducing the funding they can use to provide essential advocacy for children who have experienced abuse or neglect.

Required Actions

1. On page II-XX of the Health and Human Services Commission bill pattern, increase General Revenue Funds to Strategy F.3.2, Child Advocacy Programs, by \$1,500,000 for the biennium.
2. On page II-XX of the HHSC bill pattern, add a section to Rider 59, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs, as shown below.

XX. Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$1,500,000 for the biennium to help cover the costs of implementing provisions of House Bill 4123. Eighty-eighth Regular Session, requiring that certain volunteers, staff, and board members of court appointed special advocate programs have an up-to-date background check.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services Commission, Article II
Proposed Rider
Funding for Childcare Licensing Automated Support System (CLASS)
Enhancements

Overview

This rider is to fulfill HHSC's legislative requirements pursuant to Senate Bill 593, 88th Legislature, Regular Session, 2023, which created Texas Human Resources Code, Section 42.027, and directed HHSC to work with a third-party contractor to review the child welfare regulations, including rules, and standards.

Rider funding will assist HHSC's fulfillment of two key recommendations from the report prepared by the third-party: Recommendation 2, which directs HHSC to streamline minimum standards consistent with the contractor's recommendations, and Recommendation 9, which directs HHSC to increase automation and the use of technology within Residential Child Care Regulation to improve user experience and efficacy.

IT changes are needed to the Child Care Licensing Automated Support System (CLASS), to remove existing minimum standards that are not essential to child health safety and welfare and to clarify and streamline the minimum standards that remain. Additional IT changes are needed to fully automate the Residential Child Care application process in CLASS.

Required Actions

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy H.2.1, Child Care Regulation, by \$1,750,000 in General Revenue in fiscal year 2026.
2. 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 \$1,750,000 in General Revenue in fiscal year 2026 and unexpended balance authority in fiscal year 2027 for the Childcare Licensing Automated Support System (CLASS).
3. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XXX. Funding for Childcare Licensing Automated Support System (CLASS) Enhancements. Included in amounts appropriated above in Strategy H.2.1, Child Care Regulation, is \$1,750,000 from the General Revenue Fund in fiscal year 2026 to make enhancements in the Childcare Licensing Automated Support System (CLASS) to update the functionality to remove and replace minimum standards and to create the automated application process for all CCR operation permit types, beginning with Residential Child Care: General Residential Operation and Child-Placing Agencies, and Child Daycare: Listed Family Home, Registered Child Care Home, Licensed Child Care Home, Licensed Child Care Center, Before or After-School Program, School-Age Program, small Employer-Based Child Care, and Shelter Care. 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.

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, E2323-E2330, E2340-E2343, K0065, K0077, K0105, E2369-E2371, E2373-E2378, E2381-E2396, E2510-E2511, K0733, K0098, E2508, E2621-E2625, K0004-K0005, K0017-K0020, K0037-K0047, E2506, E2504, E2502, K0050-K0053, K0069-K0073, E2500, E2398, E2366, E2363, E2361, E2359, E2351, E0976, E0971, E0973, E0974, E0978, E0980-E0982, E0992, and E0994-E0995.

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 \$5,440,000 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-41 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: _____

**Health and Human Services Commission, Article II
Proposed Rider
Laredo Region Mental Health Center Project**

Overview

Add a rider to the bill pattern for the Health and Human Services Commission (HHSC) to direct the allocation of **\$100,000,000** from any available revenue source appropriated to HHSC to establish mental health centers and provide needed mental health resources in the City of Laredo and surrounding areas.

Required Action

On page **II-87** of the Health and Human Services Commission bill pattern, add the following rider:

 . **Laredo Region Mental Health Center Project.** Out of amounts appropriated above to the Health and Human Services Commission, **\$100,000,000** from any available source of revenue shall be allocated for establishing mental health centers and providing needed mental health resources in the City of Laredo and surrounding areas.

Health and Human Services Commission, Article II
Proposed Funding and Rider
San Antonio State Hospital Renovations

Prepared by LBB Staff, 3/6/25

Overview

Add funding and rider related to renovations at the San Antonio 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 \$100,000,000 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 \$100,000,000 in General Revenue for repairs and rehabilitation at San Antonio 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:

_____.
San Antonio State Hospital Repairs and Rehabilitation. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$100,000,000 from the General Revenue Fund in fiscal year 2026 to repurpose and renovate ten buildings at the San Antonio State Hospital for additional forensic inpatient psychiatric bed capacity.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Access to Federal Data Services Hub

Prepared by LBB Staff, 03/06/2025

Overview

The rider would provide funding for consumer reports containing employment and income information through commercial sources regulated by the Fair Credit Reporting Act for Supplemental Nutrition Assistance Program (SNAP) eligibility determinations and redeterminations.

Required Action

1. On page II-40 of the Health and Human Services Commission bill pattern increase appropriations in Strategy I.1.1, Integrated Eligibility and Enrollment, by \$5,000,000 from the General Revenue Fund and \$5,000,000 from the Federal Fund in each fiscal year of the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

. **Access to Federal Data Services Hub.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy I.1.1, Integrated Eligibility and Enrollment, is \$5,000,000 from the General Revenue Fund and \$5,000,000 from Federal Funds (\$10,000,000 from All Funds) in each fiscal year of the biennium for consumer reports containing employment and income information through commercial sources regulated by the Fair Credit Reporting Act for Supplemental Nutrition Assistance Program (SNAP) eligibility determinations and redeterminations in order to achieve cost savings and program integrity, improve decision timeliness, and minimize fraud payments to ineligible individuals.

Health and Human Services Commission, Article II
Proposed Rider
Charity Care Clinics in Texas

Overview

Increase funding at the Health and Human Services Commission (HHSC) to provide \$10 million to eligible healthcare providers who provide healthcare services to uninsured individuals for the 2026-2027 biennium.

Required Action

1. On page II-XX of the Health and Human Services Commission (HHSC) bill pattern, increase appropriations in Strategy D.1.11, Community Primary Care Services, by \$5,000,000 in General Revenue in each fiscal year 2026-27.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

. Charity Care Clinics Grant Program. Included in the amounts appropriated above in Strategy D.1.11, Community Primary Care Services, is \$5,000,000 in fiscal year 2026 and \$5,000,000 in 2027 for the purposes of distributing funds to eligible clinics in Texas that serve uninsured Texans at no cost to the individual.

- (a) Funds shall be distributed through a competitive grant process administered by HHSC, 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.
- (c) No single clinic shall receive more than \$250,000 per fiscal year or more than 50% of its annual operating budget from this grant program.

Participating clinics shall submit annual reports to HHSC 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.

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

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.

Health and Human Services Commission, Article II
Proposed Rider
Charity Health Care Clinic Program

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 charity health care clinics for purposes of providing preventative, primary, pediatric, and behavioral health care to reduce preventable emergency department utilization. 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 D.1.1, Community Primary Care Services, 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:

Charity Health Care Clinic Program. Out of funds appropriated above in Strategy

D.1.1, Community Primary Care Services, 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 charity health care clinic(s) that provide preventative health care services, primary health care services, pediatric health care services, and/or behavioral health care services for purposes of reducing preventable emergency department utilization.

Each award must:

- (a) Equal no more than 50% of the clinic's operating budget for the fiscal year in which it receives the award; and
- (b) Be awarded in direct proportion to the number of clients served by the clinic.

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.

Background

The Texas Legislature consistently provides funding and statutory guidance to programs aiming to reduce preventable uses of emergency departments. Preventable emergency department utilization increases health care costs for the state and the health care system as a whole. Charity clinics currently utilize almost exclusively philanthropic funding to fill in gaps in care for underserved populations, including communities where there are cultural or language barriers preventing individuals from accessing care.

Summary

This rider creates a grant program by which HHSC can determine which regions of the state most need charity clinics to offset preventable emergency department utilization. These funds will supplement, but not replace, charity clinics' existing funding to expand services around the state and further reduce preventable emergency department utilization.

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.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Hospital Rotation Internship Grants Funding

Prepared by LBB Staff, 02/14/2025

Overview

Provide funding and a rider for Hospital Rotation Internship Grants directing the agency to provide grants to hospitals to provide emergency telemedicine rotations for medical students interning in the hospitals.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy H.3.1, Health Care Professionals & Other, by \$10,000,000 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:

_____.
Hospital Rotation Internship Grants. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy H.3.1, Health Care Professionals & Other, is \$10,000,000 from the General Revenue Fund in fiscal year 2026 for HHSC to provide grants to hospitals to provide emergency telemedicine rotations for medical students interning in the hospitals. Grantees may include urban, suburban, and rural hospitals as well as small and large hospitals. Additionally, funds shall be used for accredited partnerships with telemedicine.

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

Health and Human Services Commission, Article II

Proposed Funding and Rider

McLennan Co Mental Health

Overview

Add funding and a rider for McLennan County to purchase 10 inpatient psychiatric beds and to provide crisis services within the county to assist law enforcement and divert people in mental health crisis from more costly settings. Part of the funding will be used to extend the hours of the McLennan County Mental Health Diversion Center from eight hours, five days per week to 24/7, as well as to support student mental health efforts for early identification and treatment.

Required Action

1. Within the HEALTH & HUMAN SERVICES Commission's Bill Pattern, add General Revenue appropriations to Strategy D.2.1. Community Mental Health Services of \$5,000,000 in General Revenue in fiscal year 2026 and \$5,000,000 in General Revenue in fiscal year 2027.
2. On page II-__ of the HEALTH AND HUMAN SERVICES COMMISSION Bill Pattern, add the following rider:

XX. McLennan County Crisis Stabilization & Inpatient Services. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$5,000,000 from the General Revenue Fund in each fiscal year of the biennium to support mental health screening and assessment, crisis services, and expanded inpatient bed capacity in McLennan County. The Health and Human Services Commission shall enter into a memorandum of understanding with the McLennan County Commissioners Court for the transfer of funds.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Hospital Rotation Internship Grants Funding

Prepared by LBB Staff, 02/14/2025

Overview

Provide funding and a rider for Hospital Rotation Internship Grants directing the agency to provide grants to hospitals to provide emergency telemedicine rotations for medical students interning in the hospitals.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy H.3.1, Health Care Professionals & Other, by \$10,000,000 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:

_____. **Hospital Rotation Internship Grants.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy H.3.1, Health Care Professionals & Other, is \$10,000,000 from the General Revenue Fund in fiscal year 2026 for HHSC to provide grants to hospitals to provide emergency telemedicine rotations for medical students interning in the hospitals. Grantees may include urban, suburban, and rural hospitals as well as small and large hospitals. Additionally, funds shall be used for accredited partnerships with telemedicine.

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

Health and Human Services Commission, Article II
Proposed Funding and Rider
Maternal Nutrition Support Services

Prepared by LBB Staff, 03/07/25

Overview

Add funding and a rider implementing nutrition support services for prenatal and postpartum women in the Medicaid program.

Required Action

- 1. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$6,000,000 from the General Revenue Fund (\$15,000,000 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:

. **Maternal Nutrition Support Services.** Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$6,000,000 from the General Revenue Fund and \$9,000,000 from Federal Funds (\$15,000,000 from All Funds) in each fiscal 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 the Health and Human Services Commission (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 HHSC determines are necessary and cost-effective.

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

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Youth Empowerment Services \(YES\) Waiver](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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 the HHSC bill 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose:

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Maintain Women’s Health Program Services

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Amount Requested (if applicable): \$149,116,338

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

This proposal would amend Health and Human Services Commission Rider 50 in House Bill 1 as introduced to restore fiscal 2024-25 General Revenue levels of support by appropriating \$149,116,338 in the biennium to Strategy D.1.1, Women’s Health Programs. This funding is to maintain existing services and ensure that providers do not continue to go into debt over the biennium with the addition of new Mobile Units and caseload growth. The rider also adds back into the listing language clarifying that \$20 million in base budget funding is appropriated for Women’s Health Mobile Units.

Required Actions

- 1. On Page II-XX of the Health and Human Services Commission bill pattern, increase General Revenue Funds for Strategy D.1.1, by \$149,116,338 for the biennium.
- 2. On page II-XX of the Health and Human Services Commission bill pattern, amend the following rider and re-letter existing sections as needed:

50. Informational Listing: Women’s Health Funding. This rider is informational only and does not make any appropriations. Appropriations above in Strategy D.1.1, Women’s Health Programs, include the following:

- (a) **Healthy Texas Women (HTW) Program:** \$41,490,671 in General Revenue Funds and \$87,648,626 in Federal Funds (\$129,139,297 in All Funds) in fiscal year 2026 and \$44,339,779 in General Revenue Funds and \$95,139,833 in Federal Funds (\$139,479,612 in All Funds) in fiscal year 2027;
- (b) **Family Planning Program (FPP):** \$75,749,255 in General Revenue Funds and \$3,930,728 in Federal Funds (\$79,679,983 in All Funds) in fiscal year 2026 and \$71,354,630 in General Revenue Funds and \$3,930,728 in Federal Funds (\$75,285,358 in All Funds) in fiscal year 2027;
- (c) **Breast and Cervical Cancer Services (BCCS):** \$3,429,381 from the General Revenue Fund and \$8,379,719 from Federal Funds (\$12,306,919 from All Funds) in each fiscal year;
- (d) In the amounts appropriated above in Strategy, D.1.1, Women’s Health Programs, is \$20,000,000 from the General Revenue Fund for the purposes of maintaining existing Women’s Health Mobile Units and expanding the number of Women’s Health Mobile Units to rural areas in the state, with an emphasis on the Panhandle, West Texas, and Deep East Texas; and

(e) **Additional Funding for Caseload Growth:**

- (1) It is the intent of the legislature to ensure that women’s health providers are able to fully meet the needs of their communities for the biennium. In the amounts appropriated above in Strategy, D.1.1, Women’s Health Programs, is \$10,000,000 in General Revenue Funds from the General Revenue Fund in fiscal year 2026 that can only be utilized to address an increase in caseloads for women’s health programs, including an increase in enrollments for Healthy

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Texas Women, growth from Mobile Units or contract utilization. The HHSC must provide notification to the Legislative Budget Board and the Governor's Office ~~at least~~ within 30 business days ~~prior to~~ of utilizing these funds. The HHSC must make every effort to deploy these additional funds within 30 days of a provider entering a 'funds gone' status. A notification to the LBB and the Governor's Office must include the following information:

- (A) Caseload projections, Mobile Unit Expansion, HTW enrollments or contract utilization that supported the need for additional General funds; and
 - (B) The effect on performance measures.
- (2) Any unexpended balances of the \$10,000,000 in General Revenue from the General Revenue Fund described in this Subsection remaining as of August 31, 2026, are appropriated to HHSC for the fiscal year beginning September 1, 2026, for the same purpose.

Nothing in this provision shall be construed to limit the HHSC's authority to transfer appropriations within Strategy D.1.1, Women's Health Programs.

In the event federal funds identified above are available in a lesser amount, the HHSC shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Community Partner Program grant funding

Amount Requested (if applicable): \$15,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Required Action

On Page II-__ of House Bill 1, Health and Human Services Commission bill pattern, increase appropriations in Strategy I.2.1, Community Services Administration & Access, by \$7,500,000 in General Revenue in fiscal year 2026 and \$7,500,000 in General Revenue in fiscal year 2027.

On page II-__ of the HHSC pattern, add the following rider:

_____. **Community Partner Program.** Out of funds appropriated above in Strategy I.2.1, Community Services Administration & Access, the Texas Health and Human Services Commission (HHSC) shall use \$7,500,000 in General Revenue in fiscal year 2026 and \$7,500,000 in General Revenue in fiscal year 2027 to provide grants through the Community Partner Program (CPP) to community-based organizations already certified by HHSC to provide eligibility application assistance, eligibility guidance, outreach, and utilization support to help children, people with disabilities, pregnant women, and low-income seniors enroll in, renew, and use HHSC-administered health and food security programs, including Medicaid, the Children’s Health Insurance Program (CHIP), Medicare Savings Programs, Healthy Texas Women, and/or SNAP.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Rider for Article II, HHSC

Rate Increase for Physician Services and Telemedicine in Healthcare Professional Shortage Areas.

- (a) Included in the amounts appropriated above in Strategy A.1.1 Medicaid Client Services, is \$_7,500,000__ in fiscal year 2026 and \$_7,500,000__ in fiscal year 2027 to increase the Medicaid reimbursement rate for physician services in Health Professional Shortage Areas by 10 percent.
- (b) Included in the amounts appropriated above in Strategy A.1.1 Medicaid Client Services is \$_7,500,000__ in fiscal year 2026 and \$_7,500,000__ in fiscal year 2027 to increase the Medicaid reimbursement rate for telemedicine services provided by physicians whose primary practices are physically located in Health Professional Shortage Areas by 10 percent.
- (c) For purposes of subsections (a) and (b), "Health Professional Shortage Areas" means: (1) an urban or rural area of this state that the Secretary of Health and Human Services determines has a health professional shortage; or (2) a Federally Qualified Health Center or Rural Health Clinic.
- (d) It is the intent of the Legislature that HHSC shall ensure all funds allocated through this rider are fully reflected in reimbursement rates paid for physician services in Medicaid fee-for-service and managed care models. To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the physicians delivering the services that are receiving a rate increase pursuant to this rider.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Community Partner Program grant funding

Amount Requested (if applicable): \$15,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Required Action

On Page II-__ of House Bill 1, Health and Human Services Commission bill pattern, increase appropriations in Strategy I.2.1, Community Services Administration & Access, by \$7,500,000 in General Revenue in fiscal year 2026 and \$7,500,000 in General Revenue in fiscal year 2027.

On page II-__ of the HHSC pattern, add the following rider:

_____. **Community Partner Program.** Out of funds appropriated above in Strategy I.2.1, Community Services Administration & Access, the Texas Health and Human Services Commission (HHSC) shall use \$7,500,000 in General Revenue in fiscal year 2026 and \$7,500,000 in General Revenue in fiscal year 2027 to provide grants through the Community Partner Program (CPP) to community-based organizations already certified by HHSC to provide eligibility application assistance, eligibility guidance, outreach, and utilization support to help children, people with disabilities, pregnant women, and low-income seniors enroll in, renew, and use HHSC-administered health and food security programs, including Medicaid, the Children’s Health Insurance Program (CHIP), Medicare Savings Programs, Healthy Texas Women, and/or SNAP.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Representative Rose

Health and Human Services Commission, Article II
Proposed Funding and Rider
Home Visiting Program

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding and a rider to expand services in the Texas Home Visiting Program and Texas Nurse-family Partnership at the Health and Human Services Commission.

Required Action

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy O.1.5, Home Visiting Programs, by \$9,750,000 from the General Revenue Fund in fiscal year 2026 and \$9,750,000 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:

_____. **Home Visiting Program.**

- (a) **Texas Home Visiting Program.** Included in amounts appropriated above in Strategy O.1.5, Home Visiting Programs, the Health and Human Services Commission (HHSC) is appropriated \$5,500,000 from the General Revenue Fund in fiscal year 2026 and \$5,500,000 from the General Revenue Fund in fiscal year 2027 for the expansion of services in the Texas Home Visiting Program.
- (b) **Texas Nurse-Family Partnership.** Included in amounts appropriated above in Strategy O.1.5, Home Visiting Programs, the Health and Human Services Commission (HHSC) is appropriated \$4,250,000 from the General Revenue Fund in fiscal year 2026 and \$4,250,000 from the General Revenue Fund in fiscal year 2027 for the expansion of services in the Texas Nurse-Family Partnership.

RIDER REQUEST

Member Name: Armando Walle

Affected Agency: HHSC

Purpose: Community Development

Amount Requested (if applicable): \$1,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Appropriate \$1,000,000 in general revenue funds in FY 2026 through Strategy D.1.10 (Additional Specialty Care) to make a grant to a non-profit organization operating in the northeast Houston region for the purposes of providing programming for community-based educational and economic empowerment for the elderly, economically-disadvantaged adults, and at-risk youth.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Mental Health Peer Support

Prepared by LBB Staff, 3/6/25

Overview

Add funding and a rider related to the expansion of peer support services for youth and young adults.

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 \$500,000 in General Revenue in fiscal year 2026 and \$500,000 in General Revenue in fiscal year 2027.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

. **Expansion of Peer Support Services.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$500,000 from the General Revenue Fund in each fiscal year of the biennium to expand access to certified peer specialists who provide direct services to youth and young adults, including mental health peer specialists, recovery support peer specialists, and certified family partners, and develop and implement capacity-building initiatives to increase the availability and effectiveness of peer specialist supervision tailored to providers serving youth, ensuring high-quality service delivery and compliance with best practices.

By: ____Orr____

Rider #. Pediatric Child Care Facility Developmentally Appropriate Care

- (a) Included in amounts appropriated above to the Health and Human Services Commission is \$500,000 from the General Revenue Fund in each fiscal year of the 2026-27 biennium in strategy F.3.3, Additional Advocacy Programs, for a grant to a pediatric care center located in Texas to support developmentally appropriate care for pediatric nursing facility residents. The grant funds may be used by the grantee for costs related to ensuring accessibility and developmentally appropriate environment and supports, and other costs identified by HHSC as necessary for the pediatric patients.
- (b) Notwithstanding any other limitations within Article II or Article IX, if HHSC determines that the costs for the above are eligible for federal funds through the Medicaid program, HHSC shall transfer the general revenue funds appropriated in Subsection (a) to Strategy A.1.1, Medicaid Client Services, and shall notify the legislative budget board and the office of the governor within 30 days of initiating the transfer.
- (c) Any unexpended balances of these funds remaining on August 31, 2026, are appropriated to HHSC for the same purpose for the fiscal year beginning on September 1, 2026.

By: _____

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

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding and a rider for a grant to the Ronald McDonald House Charities South Texas.

Required Action

1. On Page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy F.3.3, Additional Advocacy Programs, by \$2,500,000 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:

_____. **Ronald McDonald House Charities of South Texas.** Included in amounts appropriated above to the Health and Human Services Commission is \$2,500,000 from the General Revenue Fund in fiscal year 2026 for a grant to the Ronald McDonald House Charities of South Texas to construct a new Ronald McDonald House in Corpus Christi to serve families across Texas.

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 I, 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.

**Health and Human Services Commission, Article II
Proposed Rider
City of Laredo Value-Based Primary Care Services for Diabetes and
Hypertension Management**

Overview

Add a rider to the bill pattern for the Health and Human Services Commission (HHSC) to direct the allocation of \$200,000,000 from any available revenue source to HHSC to allocate for the City of Laredo Public Health Department for the following purposes:

\$150,000,000 to establish a state-funded, value-based primary care program for diabetes and hypertension management in border regions utilizing the surplus of funding reserved and unused in the charity care program.

\$50,000,000 for the Primary Health Care (PHC) Program, prioritizing border communities with high rates of chronic disease and uninsured residents (\$50 Million).

Use of remaining available funds to develop monitoring and reporting mechanisms to ensure program effectiveness and accountability.

The City of Laredo Public Health Department serves a population with a high prevalence of diabetes and hypertension, conditions that disproportionately affect uninsured residents in border communities. Current funding mechanisms, such as charity care, are tied to unpaid Medicare services and are insufficient to address the healthcare needs of individuals under 65 without insurance.

The lapse of the federal 1115 Medicaid Waiver has left a significant gap in funding for innovative health programs. A similar model, focused on value-based care for diabetes and hypertension management, could provide targeted support to border communities, enhancing outcomes while reducing long-term costs.

Border regions like Laredo experience a higher prevalence of diabetes and hypertension, exacerbated by socio-economic factors and limited access to preventive care. Many residents under 65 fall outside the charity care safety net, leaving them without access to affordable, consistent primary care. The loss of the 1115 waiver has removed critical resources for community health initiatives, while current state funding does not reflect the healthcare needs of border populations. Border communities face unique challenges in managing chronic diseases, including higher rates of complications and hospitalizations due to delayed care.

This rider will establish a state-funded program to support diabetes and hypertension management in border regions, modeled after the successful 1115 waiver framework. It will base funding on outcome measures such as reductions in HbA1c levels, blood pressure control rates, and decreases in diabetes-related hospitalizations. It will allocate funding specifically for primary care programs targeting uninsured individuals under 65, addressing a critical gap in the current charity care system. It will increase funding for the Primary Health Care (PHC) Program to expand access to preventive and chronic care services in border communities. It will support community health initiatives aimed at early detection and management of diabetes and hypertension. It will require participating health departments, including Laredo Public Health, to submit regular reports on program outcomes, ensuring accountability and continuous improvement.

Early intervention and consistent care for diabetes and hypertension will reduce complications, hospitalizations, and long-term healthcare costs. Targeted programs will address disparities in access and outcomes for uninsured residents in border communities. Value-based funding will focus on preventive care, reducing the need for costly emergency and inpatient services. Outcome reporting will provide valuable insights for scaling successful models across the state.

Required Action

On page **II-87** of the Health and Human Services Commission bill pattern, add the following rider:

 . **City of Laredo Value-Based Primary Care Services for Diabetes and Hypertension Management.** Out of amounts appropriated above to the Health and Human Services Commission, \$200,000,000 from any available source of revenue shall be allocated by HHSC for the City of Laredo Public Health Department for the following purposes:

\$150,000,000 to establish a state-funded, value-based primary care program for diabetes and hypertension management in border regions utilizing the surplus of funding reserved and unused in the charity care program.

\$50,000,000 for the Primary Health Care (PHC) Program, prioritizing border communities with high rates of chronic disease and uninsured residents (\$50 Million).

Use of remaining available funds to develop monitoring and reporting mechanisms to ensure program effectiveness and accountability

By: LOWE

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

Prepared by LBB Staff, 03/07/25

Overview

Increase funding and add a new rider at the Health and Human Services Commission to increase wages for direct support professionals at 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 \$40,860,434 from the General Revenue Fund (\$100,691,064 from All Funds) in fiscal year 2026 and \$40,992,901 from the General Revenue Fund (\$100,893,185 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:

Intermediate Care Facilities and Certain Waiver Providers. Included in the amounts appropriated above in Goal A, Medicaid Client Services, is \$40,860,434 from the General Revenue Fund and \$59,830,630 from Federal Funds (\$100,691,064 from All Funds) in fiscal year 2026 and \$40,992,901 from the General Revenue Fund and \$59,900,284 from Federal Funds (\$100,893,185 from All Funds) in fiscal year 2027 to increase direct support professional wages in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and in Home and Community-based Services group homes to \$15.14 per hour.

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

Prepared by LBB Staff, 02/11/2025

Overview

Provide federal funding to construct new facilities for Nexus Recovery of Dallas.

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 \$20,000,000 in Federal Funds in fiscal year 2026.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:
 - _____. **New Facilities in Dallas County.** Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$20,000,000 from Federal Funds in fiscal year 2026 to construct new facilities for Nexus Recovery of Dallas.

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

Prepared by LBB Staff, 3/5/2025

Overview

Provide federal funding to construct new facilities for Nexus Recovery of Dallas.

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 \$20,000,000 in Federal Funds in fiscal year 2026.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____.
New Facilities in Dallas County. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$20,000,000 from Federal Funds in fiscal year 2026 to construct new facilities for Nexus Recovery of Dallas.

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

Prepared by LBB Staff, 3/5/2025

Overview

Provide funding to construct new facilities for Nexus Recovery of Dallas.

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 \$20,000,000 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:

_____.
New Facilities in Dallas County. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$20,000,000 from the General Revenue Fund in fiscal year 2026 to construct new facilities for Nexus Recovery of Dallas.

Article II – Health and Human Services

In addition to amounts appropriated elsewhere in this Act, it is the intent of the Legislature to provide funding for the following mental health programs for fiscal year 2026:

(a) New Capacity for Mental Health Services and Inpatient Facilities.

(1) Facility in the Coastal Bend.

\$20,000,000 in General Revenue in Strategy G.4.2, Facility Capital Repairs and Renovation at SSLCs, State Hospitals, and Other, to construct a 50-bed state hospital maximum security facility in the Coastal Bend region.

(2) Grant Program to Construct a Mental Health Inpatient Facility.

\$20,000,000 in General Revenue in Strategy G.4.2, Facility Capital Repairs and Renovation at SSLCs, State Hospitals, and Other, to establish a one-time grant program to construct a mental health inpatient facility with at least 50 percent forensic capacity as listed below. Facility to be operated by the local mental health authority or under contract with the local mental health authority. Land, site work, and utility and infrastructure connections for any construction project must be donated.

Of this funding: (a) \$20,000,000 is to be used for construction of up to 100 inpatient beds in Nueces County.

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 facilities for Nexus Recovery of Dallas.

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 \$20,000,000 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:

_____.
New Facilities in Dallas County. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$20,000,000 from the General Revenue Fund in fiscal year 2026 to construct new facilities for Nexus Recovery of Dallas.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rate Increase for Nursing Facilities
(Dietary and Administrative Subcomponents)

Prepared by LBB Staff, 03/07/25

Overview

Increase funding and add a new rider at the Health and Human Services Commission to increase the dietary subcomponent and the facility and operations subcomponent of the Medicaid reimbursement rate for nursing facilities.

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 \$104,478,735 from the General Revenue Fund (\$260,156,214 from All Funds) in fiscal year 2026 and \$109,970,196 from the General Revenue Fund (\$273,762,003 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 Nursing Facilities.

(a) Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, are the following amounts:

(1) \$78,359,051 from the General Revenue Fund and \$116,758,109 from Federal Funds (\$195,117,160 from All Funds) in fiscal year 2026 and \$82,477,647 from the General Revenue Fund and \$122,843,855 from Federal Funds (\$205,321,502 from All Funds) in fiscal year 2027 to increase the dietary rate for nursing facilities; and

(2) \$26,119,684 from the General Revenue Fund and \$38,919,370 from Federal Funds (\$65,039,054 from All Funds) in fiscal year 2026 and \$27,492,549 from the General Revenue Fund and \$40,947,952 from Federal Funds (\$68,440,501 from All Funds) in fiscal year 2027 to increase the administrative rate for nursing facilities.

(b) The Health and Human Services Commission (HHSC) shall only expend the funds in subsection (a)(1) to provide reimbursement rate increases that will increase the dietary subcomponent and subsection (a)(2) to provide reimbursement rate increases that will increase the facility and operations subcomponents.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Home-Delivered Meal Rate Increase

Prepared by LBB Staff, 3/1/25

Overview

Add funding and rider to increase the rates for home-delivered meals provided under Title XX of the Social Security Act and Title III of the Older Americans Act from \$6.46 per meal to no less than \$7.00 per meal.

Required Action

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy F.1.2, Non-Medicaid Services, by \$10,500,000 in General Revenue in fiscal year 2026 and \$10,500,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. Home-Delivered Meals, Included in funds appropriated above in Strategy F.1.2, Non-Medicaid Services, is \$10,500,000 from the General Revenue Fund in each fiscal year of the biennium to increase the Home-Delivered Meals rate to no less than \$7.00 per meal.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Improving Access to Autism Services

Amount Requested (if applicable): \$52,403,270 All Funds

Method of Finance (if applicable): \$21 million GR, rest is federal

Rider Language:

Required actions:

- 1) Increase appropriations for Goal A, Medicaid Client Services, by \$10,522,577 in General Revenue Funds and \$15,679,058 in Federal Funds (\$26,201,635 All Funds) in fiscal year 2026 and \$10,525,197 in General Revenue Funds and \$15,676,438 in Federal Funds (\$26,201,635 All Funds) in fiscal year 2027
- 2) Add the following rider to the HHSC bill pattern:

Improving Access to Autism Services. Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$10,522,577 in General Revenue Funds and \$15,679,058 in Federal Funds (\$26,201,635 All Funds) in fiscal year 2026 and \$10,525,197 in General Revenue Funds and \$15,676,438 in Federal Funds (\$26,201,635 All Funds) in fiscal year 2027 to provide a rate increase for current procedural terminology (CPT) code 97153.

HHSC shall increase reimbursement rates to \$22 per unit for CPT code 97153 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 companies in increasing reimbursement rates for CPT code 97153;
- (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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Multisystemic Therapy

Overview

Add funding and rider related to multisystemic therapy.

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 \$7,000,000 in General Revenue in fiscal year 2026 and \$14,000,000 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:

XX. **Expansion of Multi-Systemic Therapy for High-Risk Youth.** Included in appropriations above in Strategy D.2.1, Community Mental Health Services, is \$7,000,000 from the General Revenue Fund in fiscal year 2026 and \$14,000,000 from the General Revenue Fund in fiscal year 2027 to expand multisystemic therapy for at-risk youth with intensive needs and their families. It is the intent of the Legislature that the Health and Human Services Commission issues a request for applications to nonprofit and governmental entities to utilize the appropriations by September 30, 2025.

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

3.5.25

Overview

Increase the reimbursement rates for certain services associated with applied behavior analysis (ABA) therapy services.

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 \$10,522,577 from the General Revenue Fund (\$26,201,635 from All Funds) in fiscal year 2026 and \$10,525,197 from the General Revenue Fund (\$26,201,635 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 Applied Behavior Analysis Services and Report on Autism

Services. Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$10,522,577 from the General Revenue Fund and \$15,679,058 from Federal Funds (\$26,201,635 from All Funds) in fiscal year 2026 and \$10,525,197 from the General Revenue Fund and \$15,676,438 from Federal Funds (\$26,201,635 from All Funds) in fiscal year 2027 to increase the Medicaid reimbursement rate for current procedural terminology code 97153 to \$22 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: Raymond

**Health and Human Services Commission, Article II
Proposed Rider
Expanding Access to Laredo Primary Care Services**

Overview

Add a rider to the bill pattern for the Health and Human Services Commission (HHSC) to direct the allocation of \$221,000,000 from any available revenue source appropriated to HHSC to allocate for the City of Laredo Public Health Department for the following purposes:

\$200,000,000 to develop a state-led, value-based care program modeled after DSRIP, without a matching requirement, to improve access to care in underserved areas, including funding incentives for innovative care delivery and addressing health inequities. This funding will also be used to streamline reporting and data collection requirements for public health entities to access funds efficiently.

\$1,000,000 annually for outreach campaigns to inform residents about available primary care services.

\$10,000,000 to modernize infrastructure, including electronic health records (EHR), telehealth expansion, and facility improvements.

\$5,000,000 to establish a workforce fund to recruit and retain healthcare professionals in underserved areas through loan repayment programs, competitive salaries, and professional development.

\$2 million annually for binational health initiatives to address shared public health challenges, including communicable disease management.

The City of Laredo Public Health Department provides essential primary care services to address significant health disparities in a region with one of the highest uninsured rates in Texas. Despite its critical role, systemic flaws in current charity care programs and the absence of value-based funding mechanisms hinder the department's ability to meet the growing healthcare needs of its residents.

Border areas like Laredo lack adequate resources, exacerbating health disparities. The absence of a program like DSRIP has left a gap in incentivizing innovative care models, especially for vulnerable populations. Complex charity care reporting and data collection processes limit access to funds that public health entities could draw down for Texas residents. Laredo's border location requires collaboration to manage communicable diseases and chronic conditions impacting both sides of the border.

This rider will create a state-funded value-based care initiative modeled after DSRIP, eliminating the matching requirement to ensure public health departments can sustain primary care delivery. It will reduce the administrative burden of accessing state and federal funds by simplifying reporting processes for public health entities. It will prioritize funding allocations for border communities like Laredo to address unique geographic and binational challenges.

Required Action

On page **II-87** of the Health and Human Services Commission bill pattern, add the following rider:

Expansion of Access to Laredo Primary Care Services. Out of amounts appropriated above to the Health and Human Services Commission, \$221,000,000 from any available source of revenue shall be allocated for City of Laredo Public Health Department for the following purposes:

\$200,000,000 to develop a state-led, value-based care program modeled after DSRIP, without a matching requirement, to improve access to care in underserved areas, including funding incentives for innovative care delivery and addressing health inequities. This funding will also

be used to streamline reporting and data collection requirements for public health entities to access funds efficiently.

\$1,000,000 annually for outreach campaigns to inform residents about available primary care services.

\$10,000,000 to modernize infrastructure, including electronic health records (EHR), telehealth expansion, and facility improvements.

\$5,000,000 to establish a workforce fund to recruit and retain healthcare professionals in underserved areas through loan repayment programs, competitive salaries, and professional development.

\$2 million annually for binational health initiatives to address shared public health challenges, including communicable disease management.

By: Representative Rose

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

Prepared by LBB Staff, 03/06/25

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Home Delivered Meals

Prepared by LBB Staff, 03/06/2025

Overview

The rider would increase the home delivered meal rate ranges from \$6.46-\$6.93 to \$7.46 per meal.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern increase appropriations in Goal A, Medicaid Client Services, and F.1.2, Non-Medicaid Services, by \$12,142,090 from the General Revenue Fund (\$16,974,579 from All Funds) in fiscal year 2026 and \$12,383,549 from the General Revenue Fund (\$17,573,660 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:

_____.

Home Delivered Meals. Included in amounts appropriated above to the Health and Human Services Commission in Goal A, Medicaid Client Services, and Strategy F.1.2, Non-Medicaid Services, is \$12,142,090 from the General Revenue Fund (\$16,974,549 from All Funds) in fiscal year 2026 and \$12,383,549 from General Revenue (\$17,573,660 from All Funds) in fiscal year 2027 to increase the Home-Delivered Meals rate to no less than \$7.46 per meal.

By: _____

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

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 \$12,567,620 from the General Revenue Fund (\$31,293,875 from All Funds) in fiscal year 2026 and by \$12,739,043 from the General Revenue Fund (\$31,712,828 from All Funds) in fiscal year 2027.
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 ~~\$145,064,413~~ ~~\$132,496,793~~ from the General Revenue Fund, ~~\$83,286,919~~ from Interagency Contracts, and ~~\$334,691,465~~ ~~\$345,965,240~~ from Federal Funds (~~\$563,042,797~~ ~~\$534,748,922~~ from All Funds) in fiscal year 2026 and ~~\$148,018,242~~ ~~\$135,279,199~~ from the General Revenue Fund, ~~\$83,286,918~~ from Interagency Contracts, and ~~\$338,350,362~~ ~~\$349,376,577~~ from Federal Funds (~~\$569,655,522~~ ~~\$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) \$26,945,120 from the General Revenue Fund and \$39,454,880 from Federal Funds (~~\$66,400,000~~ from All Funds) in fiscal year 2026 and \$26,978,320 from the General Revenue Fund and \$39,421,680 from Federal Funds (~~\$66,400,000~~ from All Funds) in fiscal year 2027 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;

- (d) \$11,849,360 from the General Revenue Fund and \$17,350,640 from Federal Funds (\$29,200,000 from All Funds) in fiscal year 2026 and \$13,611,050 from the General Revenue Fund and \$19,888,950 from Federal Funds (\$33,500,000 from All Funds) in fiscal year 2027 for rural hospitals to maintain inpatient rates trended forward from 2013 to 2020 using an inflationary factor;
- (e) \$5,541,749 from the General Revenue Fund and \$8,114,607 from Federal Funds (\$13,656,356 from All Funds) in fiscal year 2026 and \$5,723,199 from the General Revenue Fund and \$8,362,941 from Federal Funds (\$14,086,140 from All Funds) in fiscal year 2027 for rural hospitals to maintain increases to inpatient rates in addition to those identified in Subsection (d);
- (f) \$24,753,594 from the General Revenue Fund and \$36,245,899 from Federal Funds (\$60,999,493 from All Funds) in fiscal year 2026 and \$25,378,912 from the General Revenue Fund and \$37,084,569 from Federal Funds (\$62,463,481 from All Funds) in fiscal year 2027 to maintain increases in reimbursement for Medicaid services provided by rural hospitals; 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.
- (h) \$12,567,620 from the General Revenue Fund and \$18,726,255 from Federal Funds (\$31,293,875 from All Funds) in fiscal year 2026 and \$12,739,043 from the General Revenue Fund and \$18,973,785 from Federal Funds (\$31,712,828 from All Funds) in fiscal year 2027 to increase reimbursement for Medicaid inpatient and outpatient services provided by rural hospitals.

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

For purposes of 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.

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

Health and Human Services Commission
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.

RIDER REQUEST

Member Name: Rep. Giovanni Capriglione

Affected Agency: Health and Human Services Commission

Purpose: To provide mental health resources for Tarrant County.

Amount Requested (if applicable): \$26,979,173

Method of Finance (if applicable): General Revenue

Rider Language:

- 1) On page II-42 of the Health and Human Services Commission bill pattern, increase General Revenue appropriations by \$13,489,587 in fiscal year 2026 and \$13,489,586 in fiscal year 2027.
- 2) On page II-75 of the Health and Human Services Commission, add the following rider:
- . **Tarrant County Crisis Stabilization Services.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$26,979,173 from the General Revenue Fund in each fiscal year for crisis services at the local mental health authority that services Tarrant County; 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Texas Health and Human Services, Article II

Proposed Rider

988 Suicide & Crisis Lifeline Sustainability

Overview

Add a rider providing funding to the Health and Human Services Commission to support 988 Suicide & Crisis Lifeline. The state allocated \$14 million for the hotline in fiscal year 2024, falling far short of the \$21 million experts estimate is needed to maintain operations. With reduced federal funding, a persistent workforce shortage, and insufficient state financial support, the system is showing signs of strain.

Required Action

Out of funds appropriated above to the Health and Human Services Commission (HHSC), the sum of \$28,000,000 for the biennium shall be allocated to sustain and expand operations of the 988 Suicide & Crisis Lifeline in Texas. These funds shall be used to:

- 1. Maintain 24/7 call, text and chat center operations, ensuring adequate staffing to meet demand.
- 2. Expand capacity to reduce call wait times and prevent service disruptions.
- 3. Increase public awareness and accessibility, particularly in rural and underserved communities.
- 4. Support technology and infrastructure improvements to enhance call handling and crisis response coordination.

No later than **September 1, 2025**, HHSC shall submit a report to the Legislative Budget Board detailing expenditures, service capacity, and recommendations for long-term sustainability.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intellectual and Developmental Disability (IDD) Service Stabilization

Prepared by LBB Staff, 03/07/2025

Overview

Provide funding and a rider for Intellectual and Developmental Disability (IDD) service stabilization at the Health and Human Services Commission.

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 \$28,047,000 from the General Revenue Fund in fiscal year 2026 and \$28,047,000 from the General Revenue Fund in fiscal year 2027.
2. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.1, Home and Community-Based Services, by \$115,648,000 from the General Revenue Fund in fiscal year 2026 and \$115,648,000 from the General Revenue Fund in fiscal year 2027.

3. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.4, Texas Home Living, by \$3,891,000 from the General Revenue Fund in fiscal year 2026 and \$3,891,000 from the General Revenue Fund in fiscal year 2027.

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

_____.
Intellectual and Developmental Disability (IDD) Service Stabilization. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.1, Medicaid Client Services, Strategy A.2.1, Home and Community-Based Services, and Strategy A.2.4, Texas Home Living is \$147,586,000 from the General Revenue Fund in fiscal year 2026 and \$147,586,000 from the General Revenue Fund in fiscal year 2027 to improve recruitment and retention of direct care staff, enhance the provision of nursing services in the HCS waiver, and address essential facility and infrastructure costs that ensure client health and safety.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Community-based Wage Funding

Prepared by LBB Staff, 03/06/2025

Overview

The rider would provide funding to increase direct care wages to \$17.50 per hour and offset increased costs for services and operations.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern increase appropriations in Goal A, Medicaid Client Services, by \$295,172,299 from the General Revenue Fund for the biennium.
2. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Community-based Wage Funding.

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.2.1, Home and Community Based Services, is \$129,153,370 from the General Revenue Fund in the biennium to increase the base wages for Home and Community Services and Texas Home Living (for group homes, Individual Skills and Socialization, and Community First Choice) to \$17.50 per hour in fiscal years 2026 and 2027.
- (b) Included in amounts appropriated above to HHSC in Strategy A.2.1, Home and Community Based Services, is \$79,880,000 from the General Revenue Fund in the biennium for facility and infrastructure costs for Home and Community Services.
- (c) Included in amounts appropriated above to HHSC in Strategy A.2.1, Home and Community Based Services, is \$22,263,000 from the General Revenue Fund in the biennium for nursing services within Home and Community Services and Texas Home Living.
- (d) Included in amounts appropriated above to HHSC in Strategy A.2.4, Texas Home Living Waiver, is \$6,782,400 from the General Revenue Fund in the biennium to increase the base wages for Texas Home Living (Individual Skills and Socialization, and Community First Choice) to \$17.50 per hour in fiscal years 2026 and 2027.
- (e) Included in amounts appropriated above to HHSC in Strategy A.2.4, Texas Home Living Waiver, is \$1,000,000 from the General Revenue Fund in the biennium for Texas Home Living infrastructure costs.
- (f) Included in amounts appropriated above to HHSC in Strategy A.1.1, Medicaid Client Services, is \$35,593,529 from the General Revenue Fund in the biennium to increase the base wages for Intermediate Care Facility to \$17.50 per hour in fiscal years 2026 and 2027.
- (g) Included in amounts appropriated above to HHSC in Strategy A.1.1, Medicaid Client Services, is \$20,500,000 from the General Revenue Fund in the biennium for facility and infrastructure costs for Intermediate Care Facilities.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Reducing Acute Care Stays for Behaviorally Complex Patients

Prepared by LBB Staff, 03/07/25

Overview

Add funding and a rider to create a pilot program to provide a behavioral health per diem add-on of \$175 to serve behaviorally complex patients in nursing facilities.

Required Action

1. On Page II-42 of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.1.1, Medicaid Client Services, by \$2,006,200 from the General Revenue Fund (\$5,015,500 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:

. **Reducing Acute Care Stays for Behaviorally Complex Patients.** Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$2,006,200 from the General Revenue Fund (\$5,015,500 from All Funds) in fiscal year 2027 to create a pilot program within a geographical region, as chosen by the Health and Human Services Commission (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, and including:
 - (1) Specialized staff training;
 - (2) Creation and implementation of a person-centered behavioral support plan; and
 - (3) 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 compared to other behaviorally complex patients. HHSC shall report to the Legislative Budget Board and Governor by January 1, 2027, on initial findings and recommendations on how to expand the program in the following biennium.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Chronically Ill Children Receiving Hospital Care Grant Program

Prepared by LBB Staff, 02/27/2025

Overview

Provide funding and a rider for Chronically Ill Children Receiving Hospital Care Grant Program directing the agency to provide grants to assist with certain costs incurred by families of chronically ill children receiving hospital care.

Required Action

1. On Page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy _____, _____, by \$1,000,000 from the General Revenue Fund in fiscal year 2026 and \$1,000,000 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:

_____.
Hospital Rotation Internship Grants. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy _____, _____, is \$1,000,000 from the General Revenue Fund in fiscal year 2026 and 1,000,000 from the General Revenue Fund in fiscal year 2027 for HHSC to provide grants to assist with certain costs incurred by families of chronically ill children receiving hospital care.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Tarrant County Facility Construction

Prepared by LBB Staff, 3/6/25

Overview

Add funding and capital budget authority related to land acquisition and construction of a forensic inpatient mental health hospital in Tarrant County.

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 \$300,000,000 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 \$300,000,000 in General Revenue for construction at a Tarrant County 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:

_____. Tarrant County State Hospital. Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$300,000,000 from the General Revenue Fund in fiscal year 2026 related to construction of a 100-bed inpatient mental health facility in Tarrant County, including the acquisition of land for this purpose.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Health Information Exchange Image Enablement Grant Program

Prepared by LBB Staff, 02/26/2025

Overview

Provide funding and a rider for the implementation of image enablement for the regional Health Information Exchanges, including the Texas Health Services Authority.

Required Action

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.14, Primary Health and Specialty Care Administration, by \$30,000,000 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:

Health Information Exchange Image Enablement Grant Program. Included in amounts appropriated above for the Health and Human Services Commission in Strategy D.1.14, Primary Health and Specialty Care Administration, is \$30,000,000 from the General Revenue Fund in fiscal year 2026 for Health Information Exchanges (HIE), as defined by Section 531.901(4), Government Code, in an amount not to exceed \$0.75 per patient actively served, as verified by an electronic Master Patient Index (eMPI) implemented within an HIE's network. Distributed funds shall expand and enhance the HIE's existing infrastructure to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows.

In geographical regions of the state unserved by an HIE, as defined above, the Texas Health Services Authority (THSA) may request an amount not to exceed \$0.75 per patient actively served, as verified by an electronic Master Patient Index (eMPI) implemented within THSA's network, to expand and enhance their existing infrastructure to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows.

It is the intent of the Legislature that funds shall be distributed by December 31, 2025.

By Manuel

Health and Human Services Commission, Article II
Study on the Use of Psilocybin for Mental Health

Overview

The following action adds a new rider that directs Health and Human Services Commission (HHSC) to allocate \$30,000,000 in General Revenue over the biennium in Fiscal Years 2026-2027 to a study, performed in conjunction with a qualifying facility, on the use of psilocybin with breakthrough therapy status for certain mental health conditions. Psilocybin is defined as a synthetic formulation of psilocybin with breakthrough therapy status and has generated data of potential efficacy in post-traumatic stress disorder.

Required Action

On page X-XXXX of Health and Human Service Commission’s bill pattern, add the following new rider:

- ____. **Psilocybin Study for Certain Mental Health Conditions.** Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy ____, the Commission shall:
- a. Collaborate with a “qualifying facility,” defined as including the University of Texas at Austin, the University of Texas Health and Houston, and UT Southwestern Medical Center, or other medical research facilities of an institution of higher education with relevant experience to research controlled substances included in Schedule I of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et. Seq.).
 - b. Sponsor a study on the efficacy of using psilocybin products with breakthrough therapy status in the treatment of veterans, first responders, frontline health care workers, and other Texas residents diagnosed with post-traumatic stress disorder.
 - c. In sponsoring the study described by Subsection (b), the commission and any other qualifying facilities shall sponsor concurrent clinical trials at qualifying facilities.

- d. Prepare and submit to the governor, the lieutenant governor, and the speaker of the house of representatives, and each member of the legislature:
 - a. Quarterly reports on the progress of the study conducted under this section; and
 - b. Not later than December 1, 2028, a written report containing the results of the study conducted under this section.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intellectual Disability Targeted Case Management

Prepared by LBB Staff, 03/06/2025

Overview

The rider would provide funding to increase the Targeted Case Management Medicaid rate for services provided to individuals with intellectual disabilities.

Required Action

1. On page II-40 of the Health and Human Services Commission bill pattern increase appropriations by \$16,232,000 from the General Revenue Fund, \$23,768,000 from Federal Funds, and \$40,000,000 from All Funds in fiscal year 2026 and \$16,252,000 from General Revenue Funds, \$23,748,000 from Federal Funds, and \$40,000,000 from All Funds in fiscal year 2027.
2. On page II-XX of the Health and Human Services bill pattern, add the following rider:

Intellectual Disability Targeted Case Management. Included in amounts appropriated above to the Health and Human Services Commission in Strategy A.1.1, Medicaid Client Services, is \$16,232,000 from the General Revenue Fund and \$23,768,000 from Federal Funds (\$40,000,000 from All Funds) in fiscal year 2026 and \$16,252,000 from General Revenue Funds and \$23,748,000 from Federal Funds (\$40,000,000 from All Funds) in fiscal year 2027 to increase the Targeted Case Management Medicaid rate for services provided to individuals with intellectual disabilities.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Grand Prairie Facility Construction and Staff

Prepared by LBB Staff, 3/7/25

Overview

Add funding and capital budget authority related to land acquisition and construction of a forensic inpatient mental health hospital in Grand Prairie, including hiring staff.

Required Action

- 1) On page II-41 of the Health and Human Services Commission bill pattern, increase the Number of Full-Time-Equivalents (FTEs) by XX in fiscal year 2026 and XX in fiscal year 2027.
- 2) On page II-42 of Health and Human Services Commission bill pattern, increase appropriations in Strategy G.2.1, Mental Health State Hospitals, by \$12,400,000 in General Revenue in fiscal year 2026 and \$12,400,000 in General Revenue in fiscal year 2027.
- 3) On page II-43 of Health and Human Services Commission bill pattern, increase appropriations in Strategy G.4.2, Facility Capital Repairs & Renov, by \$300,000,000 in General Revenue in fiscal year 2026.
- 4) On page II-53 of the Health and Human Services Commission bill pattern, amend Rider 2, Capital Budget, to provide capital budget authority of \$300,000,000 in General Revenue for construction at a Grand Prairie State Hospital in fiscal year 2026 and unexpended balance authority in fiscal year 2027.
- 5) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Grand Prairie State Hospital.**

(a) Included in amounts appropriated above in Strategy G.4.2, Facility Capital Repairs & Renov, is \$300,000,000 from the General Revenue Fund in fiscal year 2026 related to construction of a 100-bed forensic inpatient mental health facility in Grand Prairie, including the acquisition of land for this purpose.

(b) Included in amounts appropriated above in Strategy G.2.1, Mental Health State Hospitals, is \$12,400,000 from the General Revenue Fund in each fiscal year of the biennium for staffing needs for the hospital.

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.
- **Nurses.** Nurses who provide care for IDD clients are managing complex physician and mental health conditions, requiring many medications. Nurses serve an integral role in serving these clients and must be vigilant in watching for signs and symptoms of illnesses with a population that is often challenged in communicating their needs. But nursing rates have not increased in the HCS program since 2007.

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 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. \$10,250,000 from the General Revenue Fund and \$14,750,000 from Federal Funds (\$25,000,000 from All Funds) in fiscal year 2026 and \$10,250,000 from the General Revenue Fund and \$14,750,000 from Federal Funds (\$25,000,000 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 Homa 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. \$12,486,003 from the General Revenue Fund and \$19,452,106 from Federal Funds (\$31,938,108 from All Funds) in fiscal year 2026 and \$12,486,003 from the General Revenue Fund and \$19,452,106 from Federal Funds (\$31,938,108 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 average wage rate of Direct Support Professionals to an average of \$17.50 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027.

c. \$34,440,000 from the General Revenue Fund and \$49,560,000 from Federal Funds (\$84,000,000 from All Funds) in fiscal year 2026 and \$34,440,000 from the General Revenue Fund and \$49,560,000 from Federal Funds (\$84,000,000 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.

d. \$5,500,000 from the General Revenue Fund and \$7,914,634 from Federal Funds (\$13,414,634 from All Funds) in fiscal year 2026 and \$5,500,000 from the General Revenue Fund and \$7,914,634 from Federal Funds (\$13,414,634 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 Individualized Skills and Socialization.

e. \$11,131,500 from the General Revenue Fund and \$16,018,500 from Federal Funds (\$27,150,000 from All Funds) in fiscal year 2026 and \$11,131,500 from the General Revenue Fund and \$16,018,500 from Federal Funds (\$27,150,000 from All Funds) in fiscal year 2027 for nursing.

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

a. \$2,671,227 from the General Revenue Fund and \$4,933,311 from Federal Funds (\$7,604,538 from All Funds) in fiscal year 2026 and

\$2,675,029 from the General Revenue Fund and \$4,929,509 from Federal Funds (\$7,604,538 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 \$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. \$500,000 from the General Revenue Fund and \$719,512 from Federal Funds (\$1,219,512 from All Funds) in fiscal year 2026 and \$500,000 from the General Revenue Fund and \$719,512 from Federal Funds (\$1,219,512 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 Individualized Skills and Socialization.

(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, Home and Community-Based Services and Texas Home Living and shall discontinue the attendant compensation rate enhancement programs for the respective services.

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

Prepared by LBB Staff, 3/1/25

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: _____ Representative Barry

Health and Human Services Commission, Article II
Proposed Funding and Rider
Vision Modernization Grants Funding

Prepared by LBB Staff, 02/14/2025

Overview

Provide funding and a rider for Vision Modernization Grants directing the agency to create a pilot program to distribute grants to providers to support Vision Modernization and Data System implementation in neonatal to three years old programs.

Required Action

1. On Page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.1.5, Children’s Blindness Services, by \$3,000,000 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:

_____.
Vision Modernization Grants. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.1.5, Children’s Blindness Services, is \$3,000,000 from the General Revenue Fund in fiscal year 2026 for HHSC to create a pilot program to distribute grants to providers to support Vision Modernization and Data System implementation in neonatal to three years old programs.

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

By: _____

Health and Human Services Commission, Article II
Proposed Rider
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.

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Electronic Health Record Modernization

Prepared by LBB Staff, 3/6/25

Overview

Add funding and rider related to electronic health record modernization.

Required Action

- 1) 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 \$20,000,000 in General Revenue in fiscal year 2026 and \$20,000,000 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 \$20,000,000 in fiscal year 2026 and \$20,000,000 in fiscal year 2027 for Electronic Health Record System Modernization.
- 3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Electronic Health Record System Modernization.**

(a) Included in the amounts appropriated above in Strategy L.1.2, IT Oversight & Program Support, is \$20,000,000 in fiscal year 2026 and \$20,000,000 in fiscal year 2027 to develop and implement a modernized, secure, and interoperable electronic health record (EHR) system for use by state-funded healthcare providers, including local health departments, rural health clinics, and free and charitable clinics.

The Health and Human Services Commission (HHSC) shall use the appropriations to:

(1) Develop and upgrade EHR infrastructure to improve patient data sharing across health systems, ensuring interoperability and compliance with federal and state healthcare standards;

(2) Enhance cybersecurity measures to protect sensitive patient data and comply with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy regulations;

(3) Provide EHR training and technical assistance for healthcare providers, particularly those in rural and underserved areas; and

(4) Partner with local health departments, federally qualified health centers (FQHCs), and other public health entities to ensure seamless adoption of the system.

(b) Reporting Requirement: HHSC, in consultation with key stakeholders, including public health agencies, hospital administrators, and healthcare information technology (IT) specialists, shall submit a progress report on the implementation of the EHR System to the Legislature and the Governor no later than August 31, 2027.

The report must include:

(1) Data on system implementation and the number of healthcare facilities utilizing the new EHR system;

- (2) Analysis of system efficiency and its impact on healthcare coordination and patient outcomes; and
- (3) Recommendations for continued improvements, expansion, and potential statewide adoption.
- (c) Any unexpended balances of the appropriations listed in subsection (a) remaining as of August 31, 2026, are appropriated for the same purpose for the fiscal year beginning September 1, 2026.

By: Representative Rose

Health and Human Services Commission, Article II
Proposed Funding and Rider
Colorectal Cancer Pilot Program Rider

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding and a rider for Colorectal Cancer Pilot Program Rider directing the agency to establish a pilot program in a county with a population more than 2.5 million but less than 3 million uninsured and underinsured Texans with household incomes below 200% of the federal poverty level.

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 \$10,000,000 from the General Revenue Fund in fiscal year 2026 and \$35,000,000 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:
Colorectal Cancer Pilot Program.

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.1.10, Additional Specialty Care, is \$10,000,000 from the General Revenue Fund in fiscal year 2026 and \$35,000,000 from the General Revenue Fund in fiscal year 2027 for HHSC to create a pilot program to implement a fee-for-service colon cancer screening and treatment program in a county with a population more than 2.5 million but less than 3 million uninsured and underinsured Texans with household incomes below 200% of the federal poverty level.

- (b) HHSC shall study the feasibility of an 1115 Demonstration Waiver, or similar federal funding opportunity, for the purposes of early screening and treatment of colon cancer. HHSC shall submit a report by September 1, 2026, to the Legislative Budget Board and the Office of the Governor on the recommendations on the feasibility study as required by this subsection.

- (c) Any unexpended balances remaining in Strategy D.1.10, Additional Specialty Care, related to the Colorectal Cancer Pilot Program on August 31, 2025, shall

be appropriated for the same purposed in the fiscal year beginning September 1, 2025.

**Health and Human Services Commission
Proposed Funding and Rider
Burke Center Mental Health Crisis Center**

Overview

The following action adds a new rider that directs General Revenue funding to the Health and Human Services Commission for the Burke Center Mental Health Emergency Center.

To address the increasing crisis needs of those in the Deep East community who are at risk of harming themselves or others, the Burke Center Mental Health Emergency Center needs to be reimagined to provide prompt access to mental health care and simultaneously reduce the burden on law enforcement. The current facility model and budget were not created to accommodate the complex medical needs or those with aggressive/violent behavior.

In order to meet this growing need, the Burk center needs to restructure its facility by creating additional capacity for adults at moderate to high mental health crisis risk. This will be accomplished by:

- Increasing the ability to handle more difficult medical and psychiatric individuals by hiring 24/7 security, mental health deputies, and additional mental health direct care staff including psychiatrist time.
- Adding law enforcement and emergency room liaison to ensure prompt access to the Burke.
- Increase the ability to handle manageable medical problems and minimize the need for Emergency Department based medical clearance by hiring additional staff to conduct onsite screening and medical oversight.
- Expand the current MHEC floor plan by adding additional space to accommodate a diversion station for peace officers arriving with a person in crisis.
- Utilize current MHEC floorplan by transforming specific areas with necessary safety features, equipment, etc. to accommodate additional space for adults with higher level of crisis risk.

The below motion would provide \$2,000,0000 in General Revenue support in each year of the 2026-27 biennium to directly support operations at the Burke Center.

Required Action

Beginning on page II-40 of House Bill 1, Eighty-ninth Legislature, Regular Session, 2025, of the Health and Human Services Commission's bill pattern, add the following:

- On page II-40 of House Bill 1, Eighty-ninth Legislature, Regular Session, 2025, increase General Revenue appropriations to the Health and Human Services Commission by \$2,000,000 in fiscal year 2026 and \$2,000,000 in fiscal year 2027;
- On page II-42 of House Bill 1, Eighty-ninth Legislature, Regular Session, 2025, increase General Revenue Appropriations to Strategy D.2.4, Community Mental Health Grant Programs, by \$2,000,000 in fiscal year 2026 and \$2,000,000 in fiscal year 2027; and
- On page II-75 of House Bill 1, Eighty-ninth Legislature, Regular Session, 2025, in the Health and Human Services Commission's bill pattern insert the following rider.

Burke Mental Health Emergency Center. Incuded in amounts appropriated above in Strategy D.2.4, Community Mental Health Grant Programs, is \$2,000,000 from the General Revenue Fund in each fiscal year of the biennium to support crisis services at the Burke Mental Health Emergency Center in Angelina County. Any unexpended balances as of August 31, 2026, are appropriated for the same purpose for fiscal year 2027.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Connecting Technology Services

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding and a rider to continue and expand the Health and Human Services Commission’s contract with an organization that provides connecting technology.

Required Action

1. On Page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy O.1.3, Child Abuse Prevention Grants, 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’s bill pattern, add the following rider:

Connecting Technology Services. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy O.1.3, Child Abuse Prevention Grants, 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. HHSC shall continue and expand their contract with an organization that provides connecting technology for children and families in Texas. The technology services include providing community partners the opportunity to address the needs of children and families in their community.

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Connecting Technology Services

Amount Requested (if applicable): \$4,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

Direct the Health and Human Services Commission to continue and expand their contract with an organization that provides connecting technology.

Required Action

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

_____. Connecting Technology Services. Out of funds appropriated above in Strategy O.1.3, Child Abuse Prevention Grants, the Health and Human Services Commission shall continue, and expand their contract with an organization that provides connecting technology for children and families in Texas. The technology services shall include providing community partners the opportunity to address the needs of children and families in their community.

**Health and Human Services Commission, Article II
Proposed Rider
Laredo ROOTS Recovery Center Project**

Overview

Add a rider to the bill pattern for the Health and Human Services Commission (HHSC) to direct the allocation of \$4,000,000 per fiscal year of the biennium from any available revenue source appropriated to HHSC to allocate for the ROOTS Recovery Center in the City of Laredo for sustainability, expansion of services, workforce support, and regional outreach.

The ROOTS Recovery Center is a 24-bed inpatient facility offering essential behavioral health services, including:

- Medically monitored detoxification to manage withdrawal symptoms.
- Mental health and substance abuse counseling.
- Crisis stabilization and aftercare planning.

This facility is a lifeline for individuals aged 18 and over battling addiction, providing care in a medically underserved region. Despite the state’s record-breaking \$11.68 billion investment in behavioral health during the 88th Legislature, significant gaps remain in detoxification and withdrawal management services for communities like Laredo.

Without adequate state funding, the ROOTS Recovery Center’s ability to provide these vital services to Laredo and surrounding areas is at risk, leaving many residents without access to critical treatment and recovery resources.

Rider goals for the ROOTS Recovery Center:

1. Sustainability: Allocate funding to ensure the ongoing operation of the ROOTS Recovery Center, including staffing, maintenance, and program delivery costs.
2. Expansion of Services: Provide additional resources to expand the center’s capacity, enhancing its ability to meet growing demand.
3. Workforce Support: Invest in recruiting and retaining licensed addiction and mental health professionals to bolster the center’s operations.
4. Regional Outreach: Support community education initiatives to promote awareness of addiction resources and reduce stigma around seeking care.

Required Action

On page **II-87** of the Health and Human Services Commission bill pattern, add the following rider:

. Laredo ROOTS Recovery Center Project. Out of amounts appropriated above to the Health and Human Services Commission, \$4,000,000 per fiscal year of the biennium from any available source of revenue shall be allocated for the ROOTS Recovery Center in the City of Laredo for sustainability, expansion of services, workforce support, and regional outreach.

Health and Human Services Commission, Article II
Proposed Rider
Maternal Mental Health Pilot Program

Overview

Provide \$2,000,000 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 establish a pilot program and provide grant funding to a nonprofit organization for purposes of providing maternal mental health services and supports to improve maternal health outcomes. 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 D.1.2, Thriving Texas Families Program, by \$2,000,000 in General Revenue in fiscal year 2026, and \$2,000,000 in fiscal year 2027.
2. On page II-_____ of the Health and Human Services Commission bill pattern, add the following rider:

_____.
Maternal Mental Health Pilot Program. Out of funds appropriated above in Strategy D.1.2, Thriving Texas Families Program the Health and Human Services Commission shall allocate \$2,000,000 in fiscal year 2026 and \$2,000,000 in fiscal year 2027 for competitive grants to be awarded to one or more established community-based, nonprofit organization(s) that provide maternal mental health screenings, individual and group maternal mental health care services, coordinate access to childcare services, coordinate transportation services for access to maternal health care services, provide access to language translation services, coordinate access to Early Intervention Services, provide informational services regarding availability of charitable and public resources, provide opportunities for home-based services, and coordinate access to wraparound services and supports. Eligible grantees will:

- (a) Be registered as a 501(c)3 and have an established presence in the county for which they are receiving the award;
- (b) Serve a county with a population of at least 4,000,000 people and a contiguous county with a population of at least 800,000; or
- (c) Serve a county with a population between 2,500,000 and 3,000,000; and
- (d) Demonstrate an ability to provide all services required by the grant program, regardless of receipt of grant funding.

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.

Background

The Texas Legislature has prioritized improving maternal health outcomes, including maternal mental health. While many services exist for pregnant and post-partum women, these services are more prevalent in large urban counties and can be difficult to access for women who do not have access to information about available services, access to childcare, access to transportation, have a language barrier, or have unique circumstances that require one-on-one assistance to navigate the available resources, particularly when those resources exist in disparate counties.

Summary

This rider creates a pilot program by which HHSC can award grants to an organization serving urban counties and a contiguous county to connect pregnant and post-partum women with cross-county philanthropic and public services. This rider further provides a pilot program for purposes of exploring extensive and personalized utilization of wraparound services overcoming common obstacles to accessing care, including transportation, childcare, and language barriers. The rider focuses the pilot program on locations that have a maternal morbidity rate that is significantly higher than the national population and/or there are a high number of languages spoken or populations with unique and varied cultural nuances regarding health care services that require additional wraparound services and supports.

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

Prepared by LBB Staff, 3/5/25

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Senior Recreation and Wellness Program – Community-Based Nonprofit Organization

Overview

This rider provides \$500,000 in General Revenue for the 2026-2027 biennium to fund a Senior Recreation Center or Senior Day Care Program operated by a nonprofit community organization that provides culturally competent senior services, including wellness programs, social engagement, and educational activities. The program will prioritize reducing social isolation and improving the well-being of older adults, particularly those from diverse and underserved communities.

Required Action

1. On Page II-__ of the Health and Human Services Commission bill pattern, increase appropriations in Strategy A.2.5. Strategy, All-Inclusive Care – Elderly (PACE), by \$500,000 from the General Revenue Fund for the 2026-2027 biennium.
2. On page II-__ of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Senior Recreation and Wellness Program – Community-Based Nonprofit Organization.** Out of the funds appropriated above in Strategy A.2.5. Strategy, All-Inclusive Care – Elderly (PACE), the Texas Health and Human Services Commission (HHSC) shall allocate \$500,000 for the 2026-2027 biennium to a nonprofit community organization that operates a senior recreation center or senior day care program in a county with a population of more than 4 million.

To qualify for funding under this rider, the recipient organization must:

1. Be a 501(c)(3) nonprofit with a demonstrated history of providing senior services, including wellness programs, social engagement, and educational activities.
2. Operate a multi-purpose community center that serves seniors and offers culturally competent services tailored to diverse populations.
3. Be located in a county with a population of more than 4 million, as determined by the most recent decennial census.
4. Have existing partnerships with state or local government agencies to provide senior wellness, recreation, or educational programs.

Funds allocated under this rider shall be used exclusively for:

- Facility enhancements, staffing, and operational costs for the senior recreation center or senior day care program.
- Expanding culturally competent senior services, including health and wellness programs, recreational activities, and social engagement initiatives.
- Supporting senior-focused community outreach and educational programs.

The Health and Human Services Commission (HHSC) shall ensure that funding is awarded to a nonprofit entity that meets these criteria and shall contract directly with that entity for the administration and oversight of the funds.

Any unexpended balances as of August 31, 2026, are appropriated for fiscal year 2027 for the same purpose.

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

Overview

Add funding and rider related to operation of 58 civil beds and 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 \$24,165,379 in General Revenue in fiscal year 2026 and \$29,097,684 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 \$24,165,379 from the General Revenue Fund in fiscal year 2026 and \$29,097,684 from the General Revenue Fund in fiscal year 2027 for operation of 58 civil beds and 42 competency restoration beds at the Permian Basin Behavioral Health Center.

**Health and Human Services Commission, Article II
Proposed Rider
Re-Establishment of a Mental Health Hospital Annex in Laredo**

Overview

Add a rider to the bill pattern for the Health and Human Services Commission (HHSC) to direct the allocation of \$575,000,000 from any available source of revenue for the establishment a mental health hospital annex in Laredo, affiliated with the San Antonio State Hospital, to address critical mental health service gaps in Webb, Jim Hogg, Zapata, and Starr counties.

The City of Laredo, with a population of estimated population 351,761, is significantly underserved in terms of mental health facilities. Currently, mental health services are limited to outpatient care, with 131,562 adults living with serious mental illnesses and 38,791 children needing mental health support. Patients requiring inpatient psychiatric care must travel up to 157–158 miles to facilities in San Antonio or Edinburg, creating logistical, financial, and emotional barriers to effective care.

In 2019, Laredo lost its mental health annex (Casa Amistad), affiliated with the San Antonio State Hospital. Despite improvements at the San Antonio facility, demand has outpaced capacity, leading to extended wait times and reduced care quality. Establishing a local annex would alleviate these pressures and enhance access to critical services.

This rider will address acute care needs, reducing transportation and wait times for psychiatric treatment. It will help develop sustainable operations for crisis intervention services, minimizing hospitalizations and promoting localized care solutions. The rider will mitigate costs by reducing dependence on emergency rooms, law enforcement intervention, and costly inpatient stays for uninsured individuals. The local mental health authority spent \$3.6 million in the past year on inpatient care for uninsured patients. This rider will enable treatment closer to home, improving patient outcomes through stronger family involvement and reduced disruption to daily life.

This rider will create improved mental health outcomes through timely access to specialized care dual diagnosis inpatient hospital annex. It will create economic savings by decreasing the strain on regional hospitals and community resources. It will provide enhanced public health infrastructure aligned with Texas' broader commitment to mental health investments. It will help support for uninsured and underinsured individuals, reducing systemic inequities in access to mental healthcare.

Required Action

On page **II-87** of the Health and Human Services Commission bill pattern, add the following rider:

_____. Re-Establishment of a Mental Health Hospital Annex in Laredo. Out of amounts appropriated above to the Health and Human Services Commission, \$575,000,000 from any available source of revenue shall be allocated for the establishment a mental health hospital annex in Laredo, affiliated with the San Antonio State Hospital, to address critical mental health service gaps in Webb, Jim Hogg, Zapata, and Starr counties. Facilities will include therapeutic spaces, separate spaces for adults and minors, and maximum and non-maximum-security spaces for dual diagnosis patients (serious mental illness and substance use disorders).

By: _____

Proposed Motion and Rider
Health and Human Services Commission, Article II
Proposed Motion and Rider

Overview

Provide funding and a rider for the support of a domestic violence shelter to provide housing and support services.

Required Action

1. On page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy F.3.1, Family Violence Services, by \$5,000,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Health and Human Services bill pattern, increase General Revenue in the Method of Finance by \$5,000,000 in fiscal year 2026
3. On page II-XX of the Health and Human Services Commission's 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 \$5,000,000 from the General Revenue Fund in fiscal year 2026 to support operationalization of an existing domestic violence shelter facility located in a city of less than 260,000 within a county of 2.6 million to provide housing and support services to victims of domestic abuse in a manner consistent with Chapter 51 of the Human Resources Code. Funding shall be used to provide enhanced capacity for shelter services as well as legal, mental health, housing, and economic stability services for victims of family violence and to offer community education and prevention programming. Any unexpended balances remaining on August 31, 2026, are appropriated for the fiscal year beginning September 1, 2026, for the same purpose.

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Harris County Jail Diversion Grant Program

Prepared by LBB Staff, 3/5/25

Overview

Amend Health and Human Services Commission Rider 35, Community Mental Health Grant Programs, to add one-time funding in fiscal year 2026 related to a Harris County Jail Diversion Program.

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 \$5,000,000 in General Revenue in fiscal year 2026.
- 2) On page II-73 of the Health and Human Services Commission bill pattern, amend the following rider:

35. 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 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; and
- (7) \$5,000,000 from the General Revenue Fund in fiscal year 2026 for a one-time grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county established pursuant to Government Code, Section 531.09935.

- (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: Ann Johnson

Health and Human Services Commission, Article II
Proposed Funding and Rider
Local Maternal Health Grant Project

Prepared by LBB Staff, 02/21/2025

Overview

Provide funding and a rider for grant program in Harris County for local maternal health project related to reducing maternal mortality and morbidity.

Required Action

1. On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy D.1.1, Women’s Health Programs, by \$5,000,000 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:

Local Maternal Health Grant Project. Included in amounts appropriated above for the Health and Human Services Commission in Strategy D.1.1, Women’s Health Programs, is \$5,000,000 from the General Revenue Fund in fiscal year 2026 for a grant program in Harris County for a local maternal health project related to reducing maternal mortality and morbidity.

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

Health and Human Services Commission, Article II
Proposed Funding and Rider
Substance Use Pilot Program for Veterans

Prepared by LBB Staff, 2/14/25

Overview

Provide funding for a pilot program related to the provision of substance use disorder treatment for homeless veterans.

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 \$2,500,000 in General Revenue in fiscal year 2026 and \$2,500,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

Substance Use Services for Veterans. Included in amounts appropriated above in Strategy D.2.2, Substance Use Services, is \$2,500,000 from the General Revenue Fund in each fiscal year to provide grants for the provision of personalized treatment protocols to homeless veterans diagnosed with a substance use disorder.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Improving Access to Early Childhood Intervention for Infants and Toddlers

Prepared by LBB Staff, 03/04/2025

Overview

Provide funding and a rider to increase the Medicaid reimbursement rates for Targeted Case Management and Specialized Skills Training by six percent to improve access by children under age three (3) with disabilities and developmental delays to vital early childhood interventions.

Required Action

1. On Page II-XX of the Health and Human Services Commission's bill pattern, increase appropriations in Strategy D.1.3, Early Childhood Intervention Services, by \$2,746,125 from the General Revenue Fund and \$4,016748 from Federal Funds (\$6,762,873 from All Funds) in fiscal year 2026 and \$2,746,125 from the General Revenue Fund and \$4,016748 from Federal Funds (\$6,762,873 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:

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

- (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 from the General Revenue fund and \$4,016748 from Federal Funds (\$6,762,873 from All Funds) in fiscal year 2026 and \$2,746,125 from the General Revenue fund and \$4,016748 from Federal Funds (\$6,762,873 from All Funds) in fiscal year 2027 to increase the Medicaid reimbursement rates for Targeted Case Management and Specialized Skills Training by six percent to improve access by children under age three (3) with disabilities and developmental delays to vital early childhood 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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Intellectual and Developmental Disability (IDD) Outpatient Behavioral Health Services

Background

Add funding and a new rider relating to HHSC Exceptional Item 8, Increasing Services for People with Disabilities.

In addition to being at high risk of abuse, neglect, and exploitation, people with intellectual disabilities (IDD) experience high rates of mental health conditions. These mental health conditions often go untreated until they reach a crisis point due to misdiagnosis and a shortage of mental health professionals trained to identify and treat mental health conditions for this population.

Specialized outpatient services for children and adults with IDD and mental health conditions are currently funded through HHSC and provided at five Local IDD Authorities: Bluebonnet Trails (Round Rock); Harris Center (Houston); Lakes Regional (Terrell); MHMR Tarrant (Fort Worth); Integral Care (Austin). These initiatives have proven successful in addressing the complex needs of this population.

As recommended in the Children’s Behavioral Health Strategic Plan published by HHSC in December 2024, HHSC is requesting \$13.6 million in new funds for the 2026-2027 biennium to make these services available for children with IDD across all Local IDD Authorities.

Request

An additional \$6.8 million in new funds for the 2026/2027 biennium, **in addition to the funds in the HHSC exceptional item request**, would make this vital service available for both children and adults with intellectual disabilities with co-occurring mental health conditions.

Required Actions

- 1) On page II-XX of the Health and Human Services bill pattern, Strategy F.1.3, Non-Medicaid Developmental Disability Community Services, add \$3,400,000 from the General Revenue Fund to each year of the biennium
- 2) On page II-XX of the HHSC bill pattern, add the rider below:

— . **Intellectual and Developmental Disability (IDD) Outpatient Behavioral Health Services.** Included in the amounts appropriated above in Strategy F.1.3, Non-Medicaid Developmental Disability Community Services is \$3,400,000 from the General Revenue Fund in each year of the biennium to increase IDD Outpatient Mental Health Services for individuals with intellectual and developmental disabilities to all 39 of the Local Intellectual and Developmental Disability Authorities, allowing more adults and children with IDD who also have mental health or behavioral health needs to remain in their communities and in their homes.

Health and Human Services Commission, Article II
Proposed Rider
2-1-1 Texas Information & Referral Network (TIRN)

Prepared by LBB Staff, 03/03/2025

Overview

Add a rider directing the Health and Human Services Commission to identify advancements in 2-1-1 technologies to improve efficient delivery of services through the Texas Information & Referral Network.

Required Action

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

- . **2-1-1 Texas Information & Referral Network (TIRN).** Out of funds appropriated above in Strategy I.1.1, Integrated Eligibility & Enrollment, the Health and Human Services Commission shall allocate \$300,000 in each fiscal year for the purpose of identifying advancements in 2-1-1 technologies to improve delivery of services through TIRN.

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.

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

Prepared by LBB Staff, 03/06/2025

Overview

Amend Health and Human Services Commission Rider 3, Informational Listing: Medicaid Client Services to increase funding for subsection (g), Health Steps (Early and Periodic Screening, Diagnostic, and Treatment) Dental.

Required Action

1. On page II-40 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, \$49,425,193 from Federal Funds and \$83,216,228 from All Funds in each fiscal year.
2. On page II-55 of the Health and Human Services Commission bill pattern, amend the following rider:

3. Informational Listing: Medicaid Client Services. This rider is informational only and does not make any appropriations. Appropriations above in Strategy A.1.1, Medicaid Client Services, include the following:

- (a) **Aged and Medicare-Related:** \$2,423,085,180 from the General Revenue Fund and \$3,674,806,461 from Federal Funds (\$6,097,891,641 from All Funds) in fiscal year 2026 and \$2,498,770,002 from the General Revenue Fund and \$3,785,976,957 from Federal Funds (\$6,284,746,959 from All Funds) in fiscal year 2027;
- (b) **Disability-Related:** \$3,153,535,822 from the General Revenue Fund and \$4,703,014,415 from Federal Funds (\$7,856,550,237 from All Funds) in fiscal year 2026 and \$3,228,282,168 from the General Revenue Fund and \$4,806,870,595 from Federal Funds (\$8,035,152,763 from All Funds) in fiscal year 2027;
- (c) **Pregnant Women:** \$557,335,998 from the General Revenue Fund and \$829,957,187 from Federal Funds (\$1,387,293,185 from All Funds) in fiscal year 2026 and \$563,392,402 from the General Revenue Fund and \$837,164,164 from Federal Funds (\$1,400,556,566 from All Funds) in fiscal year 2027;
- (d) **Other Adults:** \$250,429,805 from the General Revenue Fund and \$414,880,656 from Federal Funds (\$665,310,461 from All Funds) in fiscal year 2026 and \$254,244,488 from the General Revenue Fund and \$422,827,408 from Federal Funds (\$677,071,896 from All Funds) in fiscal year 2027;
- (e) **Children:** \$2,917,837,566 from the General Revenue Fund, \$4,685,936,717 from Federal Funds, and \$212,961,901 from Other Funds (\$7,816,736,184 from All Funds) in fiscal year 2026 and \$2,938,394,133 from the General Revenue Fund, \$4,706,741,623 from Federal Funds, and \$212,961,901 from Other Funds (\$7,858,097,657 from All Funds) in fiscal year 2027;
- (f) **Medicaid Prescription Drugs:** \$1,480,710,946 from the General Revenue Fund and \$2,194,432,646 from Federal Funds (\$3,675,143,592 from All Funds) in fiscal year 2026 and \$1,511,616,678 from the General Revenue Fund and \$2,235,785,725 from Federal Funds (\$3,747,402,403 from All Funds) in fiscal year 2027;

(g) **Health Steps (Early and Periodic Screening, Diagnostic, and Treatment Dental):** \$383,055,917 \$416,846,952 from the General Revenue Fund and \$647,146,046 \$696,571,239 from Federal Funds (\$1,030,201,963 \$1,113,418,191 from All Funds) in fiscal year 2026 and \$388,005,130 \$421,796,165 from the General Revenue Fund and \$654,042,470 \$703,467,663 from Federal Funds (\$1,042,047,600 \$1,125,263,828 from All Funds) in fiscal year 2027.

(l) Included in amounts 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 reimbursement rates to improve client access to dental care.

(h) **Medical Transportation:** \$74,836,926 from the General Revenue Fund and \$113,094,253 from Federal Funds (\$187,931,179 from All Funds) in fiscal year 2026 and \$75,842,045 from the General Revenue Fund and \$114,363,818 from Federal Funds (\$190,205,863 from All Funds) in fiscal year 2027;

(i) **Community Attendant Services:** \$506,476,885 from the General Revenue Fund, \$2,158,639 from General Revenue-Dedicated Funds, and \$748,262,656 from Federal Funds (\$1,256,898,180 from All Funds) in fiscal year 2026 and \$522,216,822 from the General Revenue Fund, \$2,158,639 from General Revenue-Dedicated Funds, and \$769,927,801 from Federal Funds (\$1,294,303,262 from All Funds) in fiscal year 2027;

(j) **Primary Home Care:** \$8,912,311 from the General Revenue Fund and \$13,107,559 from Federal Funds (\$22,019,870 from All Funds) in fiscal year 2026 and \$9,291,761 from the General Revenue Fund and \$13,638,551 from Federal Funds (\$22,930,312 from All Funds) in fiscal year 2027;

(k) **Day Activity & Health Services:** \$8,981,468 from the General Revenue Fund and \$13,533,544 from Federal Funds (\$22,515,012 from All Funds) in fiscal year 2026 and \$9,329,553 from the General Revenue Fund and \$14,040,799 from Federal Funds (\$23,370,352 from All Funds) in fiscal year 2027;

(l) **Nursing Facility Payments:** \$189,577,242 from the General Revenue Fund and \$274,319,279 from Federal Funds (\$463,896,521 from All Funds) in fiscal year 2026 and \$201,096,375 from the General Revenue Fund and \$290,573,870 from Federal Funds (\$491,670,245 from All Funds) in fiscal year 2027;

(m) **Medicare Skilled Nursing Facility:** \$19,224,836 from the General Revenue Fund and \$28,149,863 from Federal Funds (\$47,374,699 from All Funds) in fiscal year 2026 and \$20,525,252 from the General Revenue Fund and \$29,992,228 from Federal Funds (\$50,517,480 from All Funds) in fiscal year 2027;

(n) **Hospice:** \$136,224,366 from the General Revenue Fund and \$199,488,907 from Federal Funds (\$335,713,273 from All Funds) in fiscal year 2026 and \$137,352,929 from the General Revenue Fund and \$200,704,982 from Federal Funds (\$338,057,911 from All Funds) in fiscal year 2027;

(o) **Intermediate Care Facilities for Individuals with Intellectual Disabilities:** \$33,873,129 from the General Revenue Fund, \$60,184,891 from General Revenue-Dedicated Funds, and \$138,028,131 from Federal Funds (\$232,086,151 from All Funds) in fiscal year 2026 and \$29,905,071 from the General Revenue Fund, \$60,184,891 from General Revenue-Dedicated Funds, and \$131,948,173 from Federal Funds (\$222,038,135 from All Funds) in fiscal year 2027;

(p) **School Health and Related Services:** \$204,270,550 from Federal Funds (\$204,270,550 from All Funds) in fiscal year 2026 and \$204,796,669 from Federal Funds (\$204,796,669 from All Funds) in fiscal year 2027;

(q) **Emergency Services:** \$68,383,377 from the General Revenue Fund, \$201,550,807 from Federal Funds, and \$69,245,724 from Other Funds (\$339,179,908 from All Funds) in fiscal year 2026 and \$68,918,013 from the General Revenue Fund,

\$201,889,763 from Federal Funds, and \$69,245,724 from Other Funds (\$340,053,500 from All Funds) in fiscal year 2027;

- (r) **Graduate Medical Education:** \$55,356,298 from Federal Funds and \$37,800,836 from Other Funds (\$93,157,134 from All Funds) in fiscal year 2026 and \$55,235,925 from Federal Funds and \$37,800,836 from Other Funds (\$93,036,761 from All Funds) in fiscal year 2027;

- (s) **Newborn Screening:** \$36,567,951 from the General Revenue Fund and \$53,550,836 from Federal Funds (\$90,118,787 from All Funds) in fiscal year 2026 and \$36,709,569 from the General Revenue Fund and \$53,641,327 from Federal Funds (\$90,350,896 from All Funds) in fiscal year 2027;

- (t) **Other Medicaid Client Services:** \$142,746,278 from the General Revenue Fund and \$209,040,496 from Federal Funds (\$351,786,774 from All Funds) in fiscal year 2026 and \$149,745,687 from the General Revenue Fund and \$218,813,721 from Federal Funds (\$368,559,408 from All Funds) in fiscal year 2027; and

- (u) **Medicare Payments:** \$1,429,133,635 from the General Revenue Fund and \$1,101,583,683 from Federal Funds (\$2,530,717,318 from All Funds) in fiscal year 2026 and \$1,514,365,757 from the General Revenue Fund and \$1,131,445,020 from Federal Funds (\$2,645,810,777 from All Funds) in fiscal year 2027.

RIDER REQUEST

Member Name: **Representative Donna Howard**

Affected Agency: Health and Human Services Commission

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

Amount Requested (if applicable): \$12,000,000

Method of Finance (if applicable): \$6 million GR, \$6 million Federal

Rider Language:

Overview

The following action adds a new rider that appropriates \$6 million in each year of the 2026-27 biennium for increased 2-1-1 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. 2-1-1 TIRN’s funding still hasn’t returned to pre-2011 levels, and rising operational costs have made existing funding from HHSC insufficient for the AICs.

Required Actions

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase funding for Strategy I.1.1, Integrated Eligibility and Enrollment, for fiscal 2026 by \$3,000,000 in General Revenue and \$3,000,000 in Federal Funds (\$6,000,000 in All Funds) and for fiscal 2027 by \$3,000,000 in General Revenue and \$3,000,000 in Federal Funds (\$6,000,000 in All Funds)
- 2) On page II-XX of the HHSC bill pattern add the following rider:

2-1-1 Texas Information & Referral Network (TIRN) Area Information Center (AIC) Operations. Out of funds appropriated above in Strategy I.1.1, Integrated Eligibility and Enrollment, the Health and Human Services Commission shall allocate \$3,000,000 in General Revenue and \$3,000,000 in Federal Funds (\$6,000,000 in All Funds) in each fiscal year for improvement of 2-1-1 TIRN, 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services Commission, Article II

Proposed Rider

Long-Term Care Ombudsman Staffing

Overview

Ombudsman services are limited by its small workforce of 87 full-time, nonstate employees. The LTC Ombudsman Program has reduced services due to rising costs of travel, an increase in time-intensive complaints, and staff turnover due to work load and salary. These funds will go to the 28 Area Agencies on Aging and subcontracted businesses that house a local ombudsman office. The funds will pay for additional staff, travel, training, and related staff expenses. The funds will support a local ombudsman’s ability to protect residents in the communities they serve.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy I.2.1., Community Services Admin & Access, by \$3,000,000 in General Revenue (\$3,000,000 in All Funds) in fiscal year 2026 and \$3,000,000 in General Revenue (\$3,000,000 in All 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 (FTE) 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:
 - ____. Long-Term Care Ombudsman. Out of funds appropriated above in Strategy I.2.1., Community Services Admin & Access, the Health and Human Services Commission is allocated \$3,000,000 in General Revenue and 2.0 FTEs in fiscal year 2026 and \$3,000,000 in General Revenue and 2.0 FTEs in fiscal year 2027 in Strategy I.2.1., Community Services Admin & Access, 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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Uvalde Behavioral Health Campus

Prepared by LBB Staff, 3/1/25

Overview

Add funding and rider related to operations at the Uvalde Behavioral Health Campus. Recommendations for the 2026-27 biennium currently include \$2,500,000 in General Revenue in each fiscal year of the biennium for this purpose.

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 \$7,500,000 in General Revenue in fiscal year 2027.
- 2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____.

Uvalde Behavioral Health Campus. Included in amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$2,500,000 from the General Revenue Fund in fiscal year 2026 and \$10,000,000 from the General Revenue Fund in fiscal year 2027 for start-up and operational funding for the Uvalde Behavioral Health Campus.

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

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider for mobile crisis rapid response teams.

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 \$3,900,000 in General Revenue in fiscal year 2026 and \$3,900,000 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:

Mobile Crisis Outreach Teams. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$3,900,000 from the General Revenue Fund in each fiscal year of the biennium for non-law enforcement mobile crisis teams in the City of Houston and crisis behavioral supports at the Navigation Center in Houston.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider Amendment
Thriving Texas Families

Prepared by LBB Staff, 03/06/2025

Overview

Provide additional funding in Strategy D.1.2, Thriving Texas Families, and amend rider 49, Thriving Texas Families, to reflect the funding increase.

Required Action

- 1. On Page II-41 of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy D.1.2, Thriving Texas Families, by \$35,000,000 from the General Revenue Fund in fiscal year 2026 and \$35,000,000 from the General Revenue Fund in fiscal year 2027.
- 2. On page II-78 of the Health and Human Services Commission bill pattern, add the following rider:

49. **Thriving Texas Families.**

- (a) Included in amounts appropriated above in Strategy D.1.2, Thriving Texas Families, is \$105,000,000 from the General Revenue Fund in each fiscal year for the Thriving Texas Families (TTF) program.
- (b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining at the end of the first year of the biennium in Strategy D.1.2, Thriving Texas Families, are appropriated to the Health and Human Services Commission (HHSC) for the same purpose for the second fiscal year of the biennium.
- (c) **Reporting Requirement.** HHSC shall submit the following information regarding the TTF to the Legislative Budget Board and the Governor’s Office no later than December 1 of each year:
 - (1) Total number of TTF providers, including subcontractors, by geographical region;
 - (2) Description of outreach efforts by providers and HHSC;
 - (3) Total number of unduplicated clients served by each provider, by gender and age;
 - (4) Total number of services provided by service type;

- (5) Total expenditures, by MOF;
- (6) Total contract amounts by provider, including subcontractors; and
- (7) Any outcome measures included in contracts with providers.

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.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Freestanding Psychiatric Hospital Reimbursement

Prepared by LBB Staff, 03/07/25

Overview

Add a new rider at the Health and Human Services Commission to increase rates and other methods of payment for freestanding psychiatric hospitals.

Required Action

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

_____. **Freestanding Psychiatric Hospital Reimbursement.**

- (a) It is the intent of the Legislature that out of funds appropriated above in Strategy A.1.1, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall use \$30,000,000 from the General Revenue Fund in each fiscal year to increase and standardize private freestanding psychiatric hospital rates.
- (b) HHSC shall utilize up to an additional \$20,000,000 from the General Revenue Fund to develop add-on payments or other methods to compensate freestanding psychiatric hospitals for patients with intellectual and developmental disabilities, children and adolescents with significant behavioral challenges, acute medical needs, or other high-need patients for whom the commission has identified there are an insufficient number of available beds.
- (c) The additional payments described in subsection (b) shall be implemented no later than September 1, 2026.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Rate Increase for Nursing Facilities
(Including Nursing, Non-Therapy Ancillary, and Acuity-Related Components)

Prepared by LBB Staff, 03/07/25

Overview

Increase funding and add a new rider at the Health and Human Services Commission to increase the dietary subcomponent, facility and operations, and nursing, non-therapy ancillary, and acuity-related subcomponents of the Medicaid reimbursement rate for nursing facilities.

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 \$177,978,735 from the General Revenue Fund (\$438,156,214 from All Funds) in fiscal year 2026 and \$183,470,196 from the General Revenue Fund (\$451,762,003 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 Nursing Facilities.**

(a) Included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, are the following amounts:

- (1) \$78,359,051 from the General Revenue Fund and \$116,758,109 from Federal Funds (\$195,117,160 from All Funds) in fiscal year 2026 and \$82,477,647 from the General Revenue Fund and \$122,843,855 from Federal Funds (\$205,321,502 from All Funds) in fiscal year 2027 to increase the dietary rate for nursing facilities; and

- (2) \$26,119,684 from the General Revenue Fund and \$38,919,370 from Federal Funds (\$65,039,054 from All Funds) in fiscal year 2026 and \$27,492,549 from the General Revenue Fund and \$40,947,952 from Federal Funds (\$68,440,501 from All Funds) in fiscal year 2027 to increase the administrative rate for nursing facilities.

- (3) \$73,500,000 from the General Revenue Fund and \$104,500,000 from Federal Funds (\$178,000,000 million from All Funds) in fiscal year 2026 and \$73,500,000 from the General Revenue Fund and \$104,500,000 from Federal Funds (\$178,000,000 million from All Funds) in fiscal year 2027 to increase the rate for nursing, non-therapy ancillary, and acuity-related components.

(b) The Health and Human Services Commission (HHSC) shall only expend the funds in subsection (a)(1) to provide reimbursement rate increases that will increase the dietary subcomponent, subsection (a)(2) to provide reimbursement rate increases that will increase the facility and operations subcomponents, and (a)(3) to provide reimbursement rate increases that will increase the rate for nursing, non-therapy ancillary, and acuity-related components.

For purposes of these funds, “facility and operational costs” means costs related to fixed capital and general and administrative costs, but does not include:

- (1) professional and facility malpractice or liability insurance expenses;

- (2) advertising expenses;
 - (3) travel and seminar expenses;
 - (4) association and other dues;
 - (5) facility owner, partner, or stockholder salaries, wages, and/or benefits;
 - (6) professional service fees;
 - (7) management consultant fees;
 - (8) management fees;
 - (9) total central office overhead expenses or individual central office line items.
- (c) HHSC shall return to the Comptroller of Public Accounts any amount recouped from a provider who does not utilize the funds in accordance with the stated purpose.
- HHSC may not expend funds appropriated for nursing facility services in Medicaid managed care in lieu of payments that are currently authorized by the Centers for Medicare and Medicaid Services for the Quality Improvement Payment Program; and
- HHSC may not expend funds appropriated for nursing facility services in Medicaid fee-for-service that would not result in receipt of Federal Funds.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Healthy Families Pathways Initiative

Amount Requested (if applicable): \$8,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Overview:

This rider would add funding and amend an existing HHSC rider to provide additional community supports to women and families served through the Thriving Texas Families program, and provides a one-time funding request for the Pathway Community HUB Institute Model sites to build the infrastructure and capacity necessary to make the program sustainable long-term.

Required Actions:

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase funding for Strategy D.1.2, Thriving Texas Families, by \$4,000,000 in General Revenue Funds in fiscal year 2026 and by \$4,000,000 in General Revenue Funds in fiscal year 2027.
- 2) On page II-XX, amend HHSC Rider 49 as shown below.
- 3) Re-letter existing sections (b) and (c) accordingly.

49. Thriving Texas Families.

- (a) Included in amounts appropriated above in Strategy D.1.2, Thriving Texas Families, is \$740,000,000 from the General Revenue Fund in each fiscal year for the Thriving Texas Families (TTF) program.

(b) Healthy Families Pathway(s) Initiative. (a) Included in the amount is \$8 million in General Revenue for the biennium for the Health and Human Services Commission (HHSC) to enter into contracts or provide grants to organizations in the state that are certified in the Pathway Community HUB Institute Model (PCHI Model). Funds shall be used for infrastructure development and to expand the workforce to assist clients eligible for the Thriving Texas Families program. HHSC shall provide a report to the Legislature no later than December 1, 2026, with the following information:

- 1. Total number of unduplicated clients served by geographical region;
- 2. Description of outreach efforts provided by Pathway Community HUB Institute Model grantees or contractors;
- 3. Total number of unduplicated clients served by geographical grantee;
- 4. Reported outcome measures by grantee including the total number of successful referrals, issues identified, and issues resolved.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Family Violence Services: Trauma Recovery Center

Amount Requested (if applicable): \$8,000,000

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

Provide funding and amend a Health and Human Services Commission rider for a pilot program providing comprehensive behavioral health services to survivors of recent violent crimes who are experiencing post-traumatic stress.

Required Action

1. On Page II-XX of the Health and Human Services Commission's bill pattern for House Bill 1, increase appropriations in Strategy F.3.1, Family Violence Services, by \$8,000,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Health and Human Services Commission's bill pattern, amend the following rider as shown below:

61. Family Violence Services.

- (a) **Unexpended Balance Authority within the Biennium.** Any unexpended and unobligated balances remaining at the end of the first fiscal year of the biennium from appropriations made to the Health and Human Services Commission (HHSC) in Strategy F.3.1, Family Violence Services, are appropriated to HHSC for the second fiscal year of the biennium for the same purposes relating to the provision of family violence services.
- (b) **Reporting Requirement.** By November 1, ~~2024~~2026, HHSC shall submit a report detailing the expenditure of funds appropriated in Strategy F.3.1, Family Violence Services. The report shall include the number of persons for whom a service was provided, the number of shelter and non-shelter services provided, the average cost per person receiving services, analysis of the effectiveness of the contracts awarded for family violence services, and any other information requested by the Legislative Budget Board. The report shall be submitted to the Legislative Budget Board, Office of the Governor, Senate Finance Committee, and House Appropriations Committee.
- (c) **Trauma Recovery Centers.** Included in amounts appropriated above in Strategy F.3.1, Family Violence Services, is \$8,000,000 from the General Revenue Fund in fiscal year 2026 to fund a pilot grant program for trauma recovery centers located in Travis County providing comprehensive case management and targeted counseling services for survivors of violent crimes within the last three years who are not already receiving mental health services. Grant recipients shall provide services that aim to reduce psychosocial distress, minimize long-term disabilities, lower the risk of future victimization, and promote post-traumatic growth. Grant recipients shall provide data as requested by HHSC for the comprehensive report required by subsection (b) of this rider.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Tom Rose

By: _____

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.

**Health and Human Services Commission, Article II
Proposed Funding and Rider
Medicaid Reimbursement Rate Adjustment –
Vagus Nerve Stimulation Therapy (VNS)**

Overview:

Add a Rider to provide appropriate funding sufficient to increase the reimbursable rates for implantation and re-implantation of Vagus Nerve Stimulation Therapy (VNS).

Required Action:

1. On page _____ Article II, Strategy _____ the Health and Human Services Commission shall allocate \$9,292,000 from General Revenue or other permissible funds for the purpose of increasing the reimbursable rates to providers and hospitals to perform Vagus Nerve Stimulation Therapy services.

2. This Rider will increase the reimbursement rate for the cost of a Vagus Nerve Stimulation (VNS) device by amending Section 32.xxx, Human Resources Code and adding Subsection (xxxx). Subsection (xxxx) instructs the executive commissioner to establish a separate VNS device reimbursement rate that more closely aligns with the device acquisition cost in addition to existing surgical fees already listed in the medical assistance program.

3. Any unexpended balances remaining on August 31, 2026 in this strategy, are appropriated to the agency for fiscal year beginning September 1, 2027 for the same purposes.

Purpose:

The state must ensure access and provide critical Vagus Nerve Stimulation (VNS) therapy which is designed to treat debilitating epileptic seizures.

Appropriate utilization of VNS therapy significantly reduces epilepsy-related medical costs by dramatically reducing patient visits to health care facilities resulting in significant cost savings after only 1.5 years:

- Decreased ER visits by 99%
- Decreased Hospitalizations by 70%

Hospital administrators and providers report they are not reimbursed adequately. Instead of addressing these issues with the payor they simply choose not to offer the VNS service.

The entirety of the Texas Medicaid population for initial and re-implants of the VNS device is approximately 308 cases per year. Patients sometimes travel hundreds of miles to the nearest implanting hospital causing considerable challenges for access to care. Thus, many patients do not get the procedure and continue to experience debilitating and unexpected seizures at any time.

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.

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: _____

Health and Human Services, Article II
Proposed Funding and Rider
Base Wage Increase for Personal Attendant Services

Overview

Replaces the proposed Base Wage Increase for Personal Attendant Services in Senate Bill 1 – Introduced with the following proposal which assumes the Legislature has made the decision to KEEP the Attendant Compensation Rate Enhancement (ACRE) program.

Required Action

- 1. On page II-66, within the Health and Human Services bill pattern, replace Rider 23, Base Wage Increase for Personal Attendant Services, with the following rider and adjust amounts in the bill pattern accordingly:

23. Base Wage Increase for Personal Attendant Services. (a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Hlth Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, is \$###,###,#### 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 to increase the base wage for personal attendant services to \$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 \$#,###,###,#### in General Revenue and \$#,###,###,#### in Federal Funds (\$##,###,###,#### in All Funds) in fiscal year 2026 and \$#,###,###,#### in General Revenue and \$#,###,###,#### in Federal Funds (\$##,###,###,#### in All Funds) in fiscal year 2027 to maintain the attendant care rate enhancement program at fiscal year 2025 levels.

By: _____

Health and Human Services, Article II
Proposed Funding and Rider
Base Wage Increase for Personal Attendant Services

Overview

Replaces the proposed Base Wage Increase for Personal Attendant Services in Senate Bill 1 – Introduced with the following proposal which assumes the Legislature has made the decision to END the Attendant Compensation Rate Enhancement (ACRE) program.

Required Action

1. On page II-66, within the Health and Human Services bill pattern, replace Rider 23, Base Wage Increase for Personal Attendant Services, with the following rider and adjust amounts in the bill pattern accordingly:

23. Base Wage Increase for Personal Attendant Services. (a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Hlth Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, is \$###,###,#### 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 to increase the base wage for personal attendant services to \$12.00 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 \$4.00 per hour.

(b) The Health and Human Services Commission (HHSC) shall utilize any funds that were previously expended for the attendant compensation rate enhancement programs to assist in funding for the increase in service support funding in subsection (a) and shall discontinue the attendant compensation rate enhancement programs for community care services, intermediate care facility services, and intellectual and developmental disability services.

By: _____Manuel_____

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.
- **Nurses.** Nurses who provide care for IDD clients are managing complex physician and mental health conditions, requiring many medications. Nurses serve an integral role in serving these clients and must be vigilant in watching for signs and symptoms of illnesses with a population that is often challenged in communicating their needs. But nursing rates have not increased in the HCS program since 2007.

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 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. \$10,250,000 from the General Revenue Fund and \$14,750,000 from Federal Funds (\$25,000,000 from All Funds) in fiscal year 2026 and \$10,250,000 from the General Revenue Fund and \$14,750,000 from Federal Funds (\$25,000,000 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. \$12,486,003 from the General Revenue Fund and \$19,452,106 from Federal Funds (\$31,938,108 from All Funds) in fiscal year 2026 and \$12,486,003 from the General Revenue Fund and \$19,452,106 from Federal Funds (\$31,938,108 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 average wage rate of Direct Support Professionals to an average of \$17.50 per hour and to increase the associated payroll costs, taxes, and benefits percentage to 12 percent in fiscal years 2026 and 2027.

- c. \$34,440,000 from the General Revenue Fund and \$49,560,000 from Federal Funds (\$84,000,000 from All Funds) in fiscal year 2026 and \$34,440,000 from the General Revenue Fund and \$49,560,000 from Federal Funds (\$84,000,000 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.
- d. \$5,500,000 from the General Revenue Fund and \$7,914,634 from Federal Funds (\$13,414,634 from All Funds) in fiscal year 2026 and \$5,500,000 from the General Revenue Fund and \$7,914,634 from Federal Funds (\$13,414,634 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 Individualized Skills and Socialization.
- e. \$11,131,500 from the General Revenue Fund and \$16,018,500 from Federal Funds (\$27,150,000 from All Funds) in fiscal year 2026 and \$11,131,500 from the General Revenue Fund and \$16,018,500 from Federal Funds (\$27,150,000 from All Funds) in fiscal year 2027 for nursing.

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

- a. \$2,671,227 from the General Revenue Fund and \$4,933,311 from Federal Funds (\$7,604,538 from All Funds) in fiscal year 2026 and \$2,675,029 from the General Revenue Fund and \$4,929,509 from Federal Funds (\$7,604,538 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 \$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. \$500,000 from the General Revenue Fund and \$719,512 from Federal Funds (\$1,219,512 from All Funds) in fiscal year 2026 and \$500,000 from the General Revenue Fund and \$719,512 from Federal Funds (\$1,219,512 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 Individualized Skills and Socialization.

(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, Home and Community-Based Services and Texas Home Living and shall discontinue the attendant compensation rate enhancement programs for the respective services.

Health and Human Services, Article II
Proposed Funding and Rider
Base Wage Increase for Personal Attendant Services

Overview

Replaces the proposed Base Wage Increase for Personal Attendant Services in House Bill with the following proposal which assumes the elimination of the the Attendant Compensation Rate Enhancement (ACRE) program.

Required Action

1. On page II-66, within the Health and Human Services bill pattern, replace Rider 23, Base Wage Increase for Personal Attendant Services, with the following rider and adjust amounts in the bill pattern accordingly:

23. Base Wage Increase for Personal Attendant Services. (a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Hlth Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, is \$###,###,#### 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 to increase the base wage for personal attendant services to \$16.00 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 \$3.25 per hour.

(b) The Health and Human Services Commission (HHSC) shall utilize any funds that were previously expended for the attendant compensation rate enhancement programs to assist in funding for the increase in service support funding in subsection (a) and shall discontinue the attendant compensation rate enhancement programs for community care services, intermediate care facility services, and intellectual and developmental disability services.

Rider Request

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Base Wage and Service Support Rate Increase for Personal Attendant Services

Amount Requested (if applicable): uses appropriated funds in HB 1

Method of Finance (if applicable): General Revenue and Federal Funds

Rider Language:

Rider 23. Base Wage and Service Support Rate Increase for Personal Attendant Services (non-IDD)

1. Included in the amounts appropriated above in Strategies A.1.1 Medicaid Client Services, A.2.2 Community Living Assistance (CLASS), A.2.3, Deaf Blind Multiple Disabilities (DBMD), and F.1.2 Non-Medicaid Services are the following amounts:
 - a. Strategy A.1.1 Medicaid Client Services
 - i. \$222,534,072 in General Revenue, \$337,535,179 in Federal Funds, (\$560,069,251 All Funds) for fiscal year 2026 and \$233,854,728 in General Revenue, \$354,705,087 in Federal Funds, (\$588,559,814 All Funds) for fiscal year 2027 in Strategy A.1.1 to increase the base wage for personal attendant services to \$12 per hour, and
\$113,483,098 million in General Revenue, \$172,411,661 in Federal Funds (\$285,894,759 All Funds) for fiscal year 2026 and \$119,222,463 in General Revenue, \$181,139,386 in Federal Funds (\$300,361,849 All Funds) for fiscal year 2027 in Strategy A.1.1 Medicaid Client Service to increase the service support component of the rate by \$0.70 for fee for service and managed care Attendant Care Services.
 - ii. \$113,483,098 million in General Revenue, \$172,411,661 in Federal Funds (\$285,894,759 All Funds) for fiscal year 2026 and \$119,222,463 in General Revenue, \$181,139,386 in Federal Funds (\$300,361,849 All Funds) for fiscal year 2027 in Strategy A.1.1 Medicaid Client Service to increase the service support component of the rate by \$0.70 for fee for service and managed care Attendant Care Services.
 - b. \$222,534,072 in General Revenue, \$337,535,179 in Federal Funds, (\$560,069,251 All Funds) for fiscal year 2026 and \$233,854,728 in General Revenue, \$354,705,087 in Federal Funds, (\$588,559,814 All Funds) for fiscal year 2027 in Strategy A.1.1 to increase the base wage for personal attendant services to \$12 per hour, and
\$113,483,098 million in General Revenue, \$172,411,661 in Federal Funds (\$285,894,759 All Funds) for fiscal year 2026 and \$119,222,463 in General Revenue, \$181,139,386 in Federal Funds (\$300,361,849 All Funds) for fiscal year 2027 in Strategy A.1.1 Medicaid Client Service to increase the service support component of the rate by \$0.70 for fee for service and managed care Attendant Care Services.
2. Strategy A.2.2 Community Living Assistance (CLASS)
 - a. \$8,998,333 in General Revenue, \$16,659,584 in Federal Funds, (\$25,657,917 All Funds) for fiscal year 2026 and \$9,011,162 in General Revenue, \$16,646,755 in Federal Funds, (\$25,657,917 All Funds) for fiscal year 2027 in Strategy A.2.2 to increase the base wage for personal attendant services to \$12 per hour, and
\$4,553,856 in General Revenue, \$8,432,494 in Federal Funds (\$12,986,350 All Funds) for fiscal year 2026 and \$4,560,349 in General Revenue, \$8,426,001 in Federal Funds (\$12,986,350 All Funds) for fiscal year 2027 in Strategy A.2.2 to increase the service support component of the rate by \$0.70 for the CLASS program.
 - b. \$4,553,856 in General Revenue, \$8,432,494 in Federal Funds (\$12,986,350 All Funds) for fiscal year 2026 and \$4,560,349 in General Revenue, \$8,426,001 in Federal Funds (\$12,986,350 All Funds) for fiscal year 2027 in Strategy A.2.2 to increase the service support component of the rate by \$0.70 for the CLASS program.
3. Strategy A.2.3 Deaf Blind Multiple Disabilities (DBMD)
 - a. \$22,511 in General Revenue, \$34,101 in Federal Funds, (\$56,612 All Funds) for fiscal year 2026 and \$22,540 in General Revenue, \$34,073 in Federal Funds, (\$56,612 All Funds) for fiscal year 2027 in Strategy A.2.3 to increase the base wage for personal attendant services to \$12 per hour and
\$113,784 in General Revenue, \$211,009 in Federal Funds (\$324,793 All Funds) for fiscal year 2026 and \$113,947 in General Revenue, \$210,847 in Federal Funds (\$324,793 All Funds) for fiscal year 2027 in Strategy A.2.3, Deaf Blind Multiple
 - b. \$113,784 in General Revenue, \$211,009 in Federal Funds (\$324,793 All Funds) for fiscal year 2026 and \$113,947 in General Revenue, \$210,847 in Federal Funds (\$324,793 All Funds) for fiscal year 2027 in Strategy A.2.3, Deaf Blind Multiple

- Disabilities (DBMD) to increase the service support component of the rate by \$0.70 for the DBMD program.
4. Strategy F.1.2 Non-Medicaid Services
- a. \$1,695,858 in General Revenue, \$240,424 in Federal Funds, (\$1,936,281 All Funds) for fiscal year 2026 and \$1,696,060 in General Revenue, \$240,221 in Federal Funds, (\$1,936,281 All Funds) for fiscal year 2027 in Strategy F.2.1 to increase the base wage for personal attendant services to \$12 per hour.
- b. \$ \$ xxx,xxx General Revenue, (\$xxx,xxx All Funds) for fiscal year 2026 and \$ xxx,xxx General Revenue, (\$xxx,xxx All Funds) for fiscal year 2027 in Strategy F.1.2, Non-Medicaid Services to increase the service support component of the rate by \$0.97 for the Family Care program (included in A)**.
5. Strategy ?? Home and Community Based Services (HCBS) Adult Mental Health
- a. \$852,312 in General Revenue, \$1,248,014 in Federal Funds, (\$2,100,326 All Funds) for fiscal year 2026 and \$853,362 in General Revenue, \$1,246,964 in Federal Funds, (\$2,100,326 All Funds) for fiscal year 2027 in Strategy ?? to increase the base wage for personal attendant services to \$12 per hour.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Texas Health and Human Services Commission

Purpose: Payments to FQHCs for the Healthy Texas Women Program

Amount Requested (if applicable):

Method of Finance (if applicable): General Revenue

Rider Language:

Overview

In fiscal year 2023, FQHCs provided services to more 32,000 women covered by Healthy Texas Women (HTW). HB 1, Rider 42 limits reimbursement for FQHCs in the HTW program to three family planning visits per patient per year. Most women find a contraceptive method that works during the three visits. However, when a woman needs to change her method or opts for Depo-Provera (injection) she may require more than three visits. Currently, FQHCs must absorb the cost for additional visits. No other provider types have this type of payment limitation in place.

Required Action

On page II-XX of the Health and Human Service Commission’s 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.~~

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

By: Rep. Suleman Lalani

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 2299, or similar legislation

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 2299, or similar legislation, relating to a community health clinic 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 _____, _____, by \$100,000,000 from the General Revenue Fund in fiscal year 2026 and 100,000,000 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:

_____.
Contingency for House Bill 2299. In the amounts appropriated above and contingent on enactment of House Bill 2299, or similar legislation relating to a community health clinic grant program, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is by \$100,000,000 from the General Revenue Fund in fiscal year 2026 and 100,000,000 from the General Revenue Fund in fiscal year 2027, in Strategy _____, _____, to implement the provisions of the legislation. Any unexpended and unobligated balances as of August 31, 2026, are appropriated for the same purpose for the fiscal year beginning September 1, 2026.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 1239

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to preliminary examination periods for mental health protective custody, contingent upon passage of House Bill 1239.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy __, _____, by \$XX in General Revenue in fiscal year 2026 and \$XX 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:

_____.
Contingency for House Bill 1239. Contingent on enactment of House Bill 1239, or similar legislation relating to preliminary examination periods for mental health protective custody, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$XX from the General Revenue Fund in fiscal year 2026 and \$XX from the General Revenue Fund in fiscal year 2027 in Strategy _____, to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 1578, or similar legislation

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 1578, or similar legislation, relating to exceptions to and the repeal of certain laws prohibiting abortion, to increase appropriations at HHSC 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 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 House Bill 1578. In the amounts appropriated above and _____ contingent on enactment of House Bill 1578, or similar legislation relating to exceptions to and the repeal of certain laws prohibiting abortion, 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 in Strategy _____, _____, to implement the provisions of the _____ legislation.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 1621

Prepared by LBB Staff, 3/3/25

Overview

Add funding and rider related to House Bill 1621 or similar legislation relating to a matching grant program for technological enhancements at hospitals providing mental health care services.

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 \$20,000,000 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:

_____.

Contingency for House Bill 1621. Contingent on enactment of House Bill 1621, or similar legislation relating to a matching grant program for technological enhancements at hospitals providing mental health care services, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$20,000,000 from the General Revenue Fund in fiscal year 2026 in Strategy D.2.4, Community Mental Health Grant Programs, to implement the provisions of the legislation. The grantee must provide a local grant at least equal to 100 percent of the grant amount.

By: Darby

Health & Human Services Commission/Article II
Proposed Rider
Contingency for House Bill 1716

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 House Bill 1716, 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 House Bill 1716.** Contingent on enactment of House Bill 1716, 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: Darby

Health and Human Services Commission, Article II
Add Rider
Contingency Rider for HB 1716 or Similar Legislation

Prepared by LBB Staff, 03/05/2025

Overview

Add a contingency rider for House Bill 1716, or similar legislation, relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon the bill’s enactment.

Required Action

1. On page II-41 of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy XX, by \$250,000 from the General Revenue Fund in fiscal year 2026 and \$950,000 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:

_____.
Contingency for House Bill 1716. Included in amounts appropriated above to the Health and Human Services Commission in Strategy XX, and contingent on enactment of House Bill 1716, 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, 2025, is \$250,000 from the General Revenue Fund in fiscal year 2026 and \$950,000 from the General Revenue Fund in fiscal year 2027 to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 1819

Prepared by LBB Staff, 2/26/25

Overview

Add funding and rider related to the Texas Veterans + Family Alliance Program at the Health and Human Services Commission contingent upon passage of House Bill 1819, Eighty-ninth Legislature, Regular Session, 2025.

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 \$10,000,000 in General Revenue in fiscal year 2026 and \$10,000,000 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:

. Contingency for House Bill 1819.

(a) Contingent on enactment of House Bill 1819, or similar legislation relating to the administration of a grant program to support community mental health programs assisting veterans and their families, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission (HHSC) is \$10,000,000 from the General Revenue Fund in each fiscal year of the biennium in Strategy D.2.4, Community Mental Health Grant Programs, to implement the provisions of the legislation.

(b) Appropriations identified in subsection (a) shall be appropriated for the grant program for mental health services for veterans and their families established pursuant to Government Code, Section 531.0992.

(c) Of the amounts identified in subsection (a), HHSC shall allocate \$5,000,000 from the General Revenue Fund in each fiscal year of the biennium to award grants for mental health services for veterans and their families in counties with a population of 250,000 or more.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 1955, or similar legislation

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 1955, or similar legislation, relating to the establishment of an early childhood mental health home visiting 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 O.1.4, Other At-Risk Prevention Programs, by \$3,600,000 from the General Revenue Fund in fiscal year 2026 and \$3,600,000 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:

_____. **Contingency for House Bill 1955.** In the amounts appropriated above and contingent on enactment of House Bill 1955, or similar legislation relating to the establishment of an early childhood mental health home visiting grant program, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is appropriated \$3,600,000 from the General Revenue Fund for fiscal year 2026 and \$3,600,000 from the General Revenue Fund for fiscal year 2027 in Strategy O.1.4, Other At-Risk Prevention Programs, to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II
Add Rider
Contingency Rider for HB 2202 or Similar Legislation

Prepared by LBB Staff, 03/05/2025

Overview

Add a contingency rider for House Bill 2202, or similar legislation, relating to eligibility for and benefits under the supplemental nutrition assistance program, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon the bill’s enactment.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy XX, 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-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

_____.
Contingency for House Bill 2202. Included in amounts appropriated above to the Health and Human Services Commission in Strategy XX, and contingent on enactment of House Bill 2202, or similar legislation, relating to eligibility for and benefits under the supplemental nutrition assistance program, by the Eighty-ninth Legislature, Regular Session, 2025, is \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2027 to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 2227

Prepared by LBB Staff, 3/6/25

Overview

Add funding and rider relating to the period for transporting a criminal defendant who is found incompetent to stand trial to a facility for competency restoration services and to the compensation to the county for the costs of confinement occurring after that period, contingent upon passage of House Bill 2227.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy __, _____ by \$XX in General Revenue in fiscal year 2026 and \$XX 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:

_____.
Contingency for House Bill 2227. Contingent on enactment of House Bill 2227, or similar legislation relating to the period for transporting a criminal defendant who is found incompetent to stand trial to a facility for competency restoration services and to the compensation to the county for the costs of confinement occurring after that period, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$XX from the General Revenue Fund in fiscal year 2026 and \$XX from the General Revenue Fund in fiscal year 2027 in Strategy _____, to implement the provisions of the legislation.

By: Fairly

Health and Human Services Commission, Article II
Every Mother Matters App
Contingency Rider for SB 206, HB 2263, 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 D.1.1, Women’s Health Programs, 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: Rep. Suleman Lalani

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 2298, or similar legislation

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 2298, or similar legislation, relating to a health care facility grant program supporting the use of artificial intelligence technology in scanning medical images for cancer detection, 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 \$250,000 from the General Revenue Fund in fiscal year 2026.
2. On page II-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

_____.
Contingency for House Bill 2298. In the amounts appropriated above and
contingent on enactment of House Bill 2298, or similar legislation relating to a health
care facility grant program supporting the use of artificial intelligence technology in
scanning medical images for cancer detection, by the *Eighty-ninth Legislature*,
Regular Session, 2025, the Health and Human Services Commission is appropriated
\$250,000 from the General Revenue Fund in fiscal year 2026 in Strategy _____,
_____, to implement the provisions of the legislation. Any
unexpended and unobligated balances as of August 31, 2026, are appropriated for the
same purpose for the fiscal year beginning September 1, 2026.

By: _____

Health and Human Services Commission, Article II
Add Rider
Contingency Rider for HB 2516 or Similar Legislation

Prepared by LBB Staff, 03/05/2025

Overview

Add a contingency rider for House Bill 2516, or similar legislation, relating to the eligibility of certain individuals younger than 65 years of age to purchase Medicare supplement benefit plans, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon the bill’s enactment.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy XX, 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-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

_____.
Contingency for House Bill 2516. Included in amounts appropriated above to the Health and Human Services Commission in Strategy XX, and contingent on enactment of House Bill 2516, or similar legislation, relating to the eligibility of certain individuals younger than 65 years of age to purchase Medicare supplement benefit plans, by the Eighty-ninth Legislature, Regular Session, 2025, is \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2027 to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Add Rider and Funding
Contingency Rider for HB 2677

Prepared by LBB Staff, 03/07/2025

Overview

Add a contingency rider for House Bill 2677, or similar legislation, relating to coverage and reimbursement for the treatment of obesity and certain diabetes prevention program services, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation contingent upon the bill’s enactment.

Required Action

1. On page II-41 of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy D.1.13, Prescription Drug Savings Program, by \$20,000,000 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:

_____.
Contingency for House Bill 2677. Contingent on enactment of House Bill 2677, or similar legislation, relating to coverage and reimbursement for the treatment of obesity and certain diabetes prevention program services, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission in Strategy D.1.13, Prescription Drug Savings Program, is \$20,000,000 from the General Revenue Fund in each fiscal year of the biennium to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 2925, or similar legislation

Prepared by LBB Staff, 02/27/2025

Overview

Add a contingency rider for House Bill 2925, or similar legislation, relating to a grant program for hospitals to assist with certain costs incurred by families of chronically ill children receiving hospital care, 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 \$1,000,000 from the General Revenue Fund in fiscal year 2026 and \$1,000,000 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:

_____. **Contingency for House Bill 2925.** In the amounts appropriated above and contingent on enactment of House Bill 2925, or similar legislation relating to a grant program for hospitals to assist with certain costs incurred by families of chronically ill children receiving hospital care, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is appropriated \$1,000,000 from the General Revenue Fund for fiscal year 2026 and \$1,000,000 from the General Revenue Fund for fiscal year 2027 in Strategy _____, _____, to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II
Add Rider
Contingency Rider for HB 2994 or Similar Legislation

Prepared by LBB Staff, 03/05/2025

Overview

Add a contingency rider for House Bill 2994, or similar legislation, relating to a report by the Health and Human Services Commission on Medicaid eligibility determinations, to increase appropriations at the Health and Human Services Commission to implement provisions of the legislation, contingent upon the bill’s enactment.

Required Action

1. On page II-XX of the Health and Human Services Commission’s bill pattern, increase appropriations in Strategy XX, 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-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

_____.
Contingency for House Bill 2994. Included in amounts appropriated above to the Health and Human Services Commission in Strategy XX, and contingent on enactment of House Bill 2994, or similar legislation, relating to a report by the Health and Human Services Commission on Medicaid eligibility determinations, by the Eighty-ninth Legislature, Regular Session, 2025, is \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2026 and \$XX from the General Revenue Fund and \$XX from Federal Funds (\$XX from All Funds) in fiscal year 2027 to implement the provisions of the legislation.

By: _____

Health and Human Services Commission, Article II

Proposed Funding and Rider

Contingency for House Bill 3269, or similar legislation

Prepared by LBB Staff, 03/06/2025

Overview

Add a contingency rider for House Bill 3269, or similar legislation, relating to the Rita Littlefield Chronic Kidney Disease Centralized Resource Center established within the Health and Human Services Commission (HHSC), to increase appropriations at HHSC 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 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:

[illegible]

Contingency Rider for House Bill 3529

Required Actions

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

 . **Contingency for House Bill 3529.** Contingent on enactment of House Bill 3589, or similar legislation relating to the licensure and regulation of certain group home facilities, by the Eighty-ninth Legislature, Regular Session, 2025, the Health and Human Services Commission is appropriated \$5,071,221 in General Revenue and \$7,118,794 in All Funds and 31 FTEs in fiscal year 2026 and \$1,718,148 in General Revenue and \$3,317,153 in All Funds and 31 FTEs in fiscal year 2027 in Strategy H.1.1, FACILITY/COMMUNITY-BASED REGULATION, to implement the provisions of the legislation. The capital budget authority for the Health and Human Services Commission is increased by \$3,500,000 in FY 2026 for changes to the Texas Unified Licensure Information Portal (TULIP).

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

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to the establishment of a grant program to fund the United States Food and Drug Administration’s drug development trials with ibogaine for the purpose of securing the administration’s approval as a medication for treatment of opioid use disorder, co-occurring substance use disorder, and any other neurological or mental health conditions for which ibogaine demonstrates efficacy, contingent upon passage of House Bill XX.

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 \$25,000,000 in General Revenue in fiscal year 2026 and \$25,000,000 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:

_____.
Contingency for House Bill XX. Contingent on enactment of House Bill XX, or similar legislation relating to the establishment of a grant program to fund the United States Food and Drug Administration’s drug development trials with ibogaine for the purpose of securing the administration’s approval as a medication for treatment of opioid use disorder, co-occurring substance use disorder, and any other neurological or mental health conditions for which ibogaine demonstrates efficacy, 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 2026 and \$25,000,000 from the General Revenue Fund in fiscal year 2027 in Strategy D.2.4, Community Mental Health Grant Programs, to implement the provisions of the legislation.

Health and Human Services Commission, Article II

Proposed Funding and Rider

Contingency for House Bill 3717

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to the establishment of a grant program to fund the United States Food and Drug Administration's drug development trials with ibogaine for the purpose of securing the administration's approval as a medication for treatment of opioid use disorder, co-occurring substance use disorder, and any other neurological or mental health conditions for which ibogaine demonstrates efficacy, contingent upon passage of House Bill 3717.

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 \$25,000,000 in General Revenue in fiscal year 2026 and \$25,000,000 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:

Contingency for House Bill 3717. Contingent on enactment of House Bill 3717, or similar legislation relating to the establishment of a grant program to fund the United States Food and Drug Administration's drug development trials with ibogaine for the purpose of securing the administration's approval as a medication for treatment of opioid use disorder, co-occurring substance use disorder, and any other neurological or mental health conditions for which ibogaine demonstrates efficacy, 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 2026 and \$25,000,000 from the General Revenue Fund in fiscal year 2027 in Strategy D.2.4, Community Mental Health Grant Programs, to implement the provisions of the legislation.

Health and Human Services Commission

Contingency Rider for HB 38 by Bucy

Sec. __. **Contingency for House Bill 38.** Contingent upon the enactment of House Bill 38, or similar legislation relating to improvements to the Texas Information and Referral Network, by the Eighty-ninth Legislature, Regular Session, the Health and Human Services Commission is appropriated XX in fiscal 2026 and XX in fiscal 2027 and the number of “Full-Time Equivalents (FTE)” indicated in the bill pattern is increased by XX in each fiscal year to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 381

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to a pilot program awarding grants for the provision of personalized treatment protocols for veterans diagnosed with post-traumatic stress disorder, contingent upon passage of House Bill 381.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy __, _____, by \$XX in General Revenue in fiscal year 2026 and \$XX 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:

_____.
Contingency for House Bill 381. Contingent on enactment of House Bill 381, or similar legislation relating to a pilot program awarding grants for the provision of personalized treatment protocols for veterans diagnosed with post-traumatic stress disorder, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$XX from the General Revenue Fund in fiscal year 2026 and \$XX from the General Revenue Fund in fiscal year 2027 in Strategy __, _____, to implement the provisions of the legislation.

Health and Human Services Commission, Article II
Proposed Contingency Rider
Contingency Rider for House Bill 426

Overview

This Contingency Rider would appropriate an additional \$2,113,116 over the 2026-2027 biennium from the General Revenue funds for the purpose of coverage and reimbursement for childhood cranial remodeling orthosis under Medicaid and the child health plan program.

Required Action

1. On page II-41 of the Health and Human Services Commission bill pattern, increase funds appropriated in Strategy A.1.1, Medicaid Client Services by \$2,113,116 from General Revenue funds for fiscal year 2027.
2. On page II-115 of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Contingency for House Bill 426.** Contingent on enactment of House Bill 426 or similar legislation relating to the coverage and reimbursement for childhood cranial remodeling orthosis under Medicaid and the child health plan program, by the Eighty-ninth Legislature, Regular Session, included in the amounts appropriated above in Strategy A.1.1, Medicaid Client Services, is \$2,113,116 in General Revenue funds in fiscal year 2027, for the purpose of covering and reimbursing for childhood cranial remodeling orthosis under Medicaid and the child health plan program.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Contingency for House Bill 720

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to a ketamine treatment grant program for ketamine clinics serving active duty military personnel, first responders, and veterans, contingent upon passage of House Bill 720.

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 \$750,000 in General Revenue in fiscal year 2026 and \$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:

_____.
Contingency for House Bill 720. Contingent on enactment of House Bill 720, or similar legislation relating to a ketamine treatment grant program for ketamine clinics serving active duty military personnel, first responders, and veterans, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$750,000 from the General Revenue Fund in fiscal year 2026 and \$750,000 from the General Revenue Fund in fiscal year 2027 in Strategy D.2.4, Community Mental Health Grant Programs, to implement the provisions of the legislation.

RIDER REQUEST

Member Name: Garcia of Bexar County

Affected Agency: Health and Human Services

Purpose:

Crisis nursery programs are child-care facilities that provide care and supervision to children who are voluntarily placed for temporary care for all or part of the 24-hour day by a parent or legal guardian to prevent or help resolve a family crisis or stressful situation or address a problem whose solution is critical to the family's healthy functioning.

The crisis nursery model has been successful at reducing child removals in states across the country.

This rider would provide funding to a municipality or nonprofit that establishes a crisis nursery program that complies with the Commission's minimum safety standards and reporting requirements.

Amount Requested (if applicable): X X

Method of Finance (if applicable): General Revenue

Rider Language:

1. On page X X of House Bill 1 as introduced, increase General Revenue by X X in fiscal year 2026 in Strategy O.1.6, within the bill pattern of the Health and Human Services Commission.
2. One page X X of the bill pattern for the Health and Human Services Commission, add the following new rider:

Contingency for HB _____: Contingent on enactment of HB ____, or similar legislation relating to establishing a crisis nursery pilot program for a child-care facility that provides care and supervision to children who are voluntarily placed for temporary care for all or part of the 24-hour day by a parent or legal guardian to prevent or help resolve a family crisis or stressful situation or address a problem whose solution is critical to the family's healthy functioning, by the 89th Legislature, Regular Session, the Health and Human Services Commission shall use X X for fiscal year 2026 from the General Revenue Fund, including in amounts appropriated above in Strategy O.1.6 for no purpose other than to implement the provisions of the legislation.

Any unexpended balances of these funds remaining as of August 31, 2026, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2026, for the same purpose.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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

Prepared by LBB Staff, 3/5/25

Overview

Add funding and rider relating to a study regarding available beds at inpatient mental health facilities providing acute psychiatric treatment, contingent upon passage of House Bill XX.

Required Action

- 1) On page II-XX of the Health and Human Services Commission bill pattern, increase appropriations in Strategy __, _____, by \$XX in General Revenue in fiscal year 2026 and \$XX 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:

_____.
Contingency for House Bill XX. Contingent on enactment of House Bill XX, or similar legislation relating to a study regarding available beds at inpatient mental health facilities providing acute psychiatric treatment, by the Eighty-ninth Legislature, Regular Session, 2025, included in amounts appropriated above to the Health and Human Services Commission is \$XX from the General Revenue Fund in fiscal year 2026 and \$XX from the General Revenue Fund in fiscal year 2027 in Strategy _____, to implement the provisions of the legislation.

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: Villalobos

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.

By: Longoria

Health & Human Services Commission, Article II
Proposed Funding and Rider
Ground Ambulance Base Rates

Overview

Add a rider to increase the base rate reimbursement for ground ambulance service providers.

Required Action

1. On page II-115, add the following rider:

_____.
Ground Ambulance Reimbursement Rates. Out of funds appropriated above in Strategies A.1.1 Aged and Medicaid-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 percent increase to all Medicaid ground ambulance base rates.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Amend Rider on Disposition of Appropriation Transfer from State-owned Hospitals

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

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 the Health and Human Services Commission’s bill pattern, amend the following rider:

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

- (a) The Health and Human Services Commission (HHSC) shall use the sums transferred from state owned hospitals as provided elsewhere in 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 If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

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

Prepared by LBB Staff, 02/27/25

Overview

Add a rider to direct the Health and Human Services Commission to include the cost of Applied Behavior Analysis services in Medicaid managed care capitation rates by September 1, 2026.

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.

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 87th Legislature’s appropriations for the implementation of House Bill 1802. It was the intent of the 87th 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.

Paul Buckley
Raymond
By: *David Spiller*

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.

By:

Barry, Jeff
Buckley, Brad
Canales, Terry
Collier, Nicole
DeAyala, Mano
Geren, Charlie
Guerra, Bobby
Guillen, Ryan
Hartess, Sam

Harris, Cody
Hunter, Todd
Isaac, Carrie
Johnson, Ann
Kitzman, Stan
Longoria, Oscar
Lopez, Janie
Lozano, JM
Manuel, Christian

Martinez, Mando
McLaughlin, Don
Morales, Eddie
Munoz, Sergio
Oliverson, Tom
Raymond, Richard
Simmons, Lauren Ashley
Slawson, Shelby
Spiller, David
Vitalobos, Denise
Lujan, John
Wu, Gene
VanDeaver, Gary

*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-XX 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.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Austin State Hospital campus

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Add the following new rider to the Health and Human Services Commission bill pattern:

. **Austin State Hospital Campus.** The Health and Human Services Commission 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, the Health and Human Services Commission may enter into a nominal cost, long-term lease agreement with Travis County for use of portions of the Austin State Hospital campus determined as no longer utilized by HHSC as necessary to implement programs described above.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Austin State Supported Living Center](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services Commission, Article II
Proposed Rider
Growing the Adult Behavioral Health Continuum in Travis County

Overview

This rider would direct the Health and Human Services Commission to lease available land at the Austin State Hospital to the City of Austin for the purposes of adding capacity for adult behavioral and mental health patients.

Required Action

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

- _____. **Behavioral Health Continuum in Travis County.** The Health and Human Services Commission (HHSC) shall lease available land at the Austin State Hospital campus to the City of Austin for the purpose of building capacity to serve behavioral and mental health patients in non-hospital environments.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Credentialing for Providers Serving Vulnerable Populations](#)

Amount Requested (if applicable):

Method of Finance (if applicable):

Rider Language:

Add the following rider to the HHSC bill pattern:

_____. **Credentialing for Providers Serving Vulnerable Populations.** Out of amounts above in Strategy A.1.1, the Health and Human Services Commission (HHSC) shall, directly or through contract, analyze and make all necessary improvements to the process for credentialing health care providers, particularly those health care providers that provide and bill for mental and behavioral health services, within the STAR Health Managed Care program. Specifically, HHSC shall implement any changes needed to accomplish the expeditious credentialing and enrollment of health care providers, including:

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

The Commission shall make all changes within its legal authority not later than December 31, 2025. The Commission shall report to each appropriations committee with oversight for the Commission on its overall findings, the actions taken in response, any actions the Commission has determined require state or federal legal changes, and any additional recommendations for the legislature's consideration no later than March 31, 2026.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Data Interoperability Landscape Assessment Rider

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Overview

Data interoperability allows health care systems, providers, payors and hospitals to share health care information for the purposes of payment, treatment, driving health outcomes and other health care operations. This exchange of health care data occurs at the regional levels through five non-profit health information exchanges (regional HIEs), providers’ 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 data related to the screening and referral of Texans experiencing chronic illnesses or challenges with non-medical drivers of health care, such as food insecurity, housing, employment, education, and other non-medical needs.

Better integration of data and technology can help drive down health care 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 health care data in real time, a landscape assessment of data interoperability should be conducted, 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-XX of the Health and Human Services Commission bill pattern, add the following new rider

_____ Data Interoperability Assessment and Strategic Plan. Included in the amounts appropriated above, the Health and Human Services Commission (HHSC) shall enter into an interagency agreement 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 based on 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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Health Information Exchange Image Enablement

Amount Requested (if applicable):

Method of Finance (if applicable): General Revenue

Rider Language:

Health Information Exchange Image Enablement. Out of funds appropriated above in Strategy D.1.14, Primary Health and Specialty Care Administration, the Health and Human Services Commission shall distribute \$30,000,000 in General Revenue to health information exchanges as defined by Section 531.904(4), Government Code, in an amount not to exceed \$0.75 per patient actively served, as verified by an electronic Master Patient Index (eMPI) implemented within their network, to expand and enhance their existing infrastructures to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows. To the extent an area of the state is not actively served by an entity defined by Section 531.901(4), Government Code, the Texas Health Services Authority established by Chapter 182, Health and Safety Code, may request an amount not to exceed \$0.75 per patient actively served, as verified by an electronic Master Patient Index (MPI) implemented within their network, to expand and enhance their existing infrastructures to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows. Funding shall be distributed by December 31, 2025.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Health Information Exchange Image Enablement](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

Health Information Exchange Image Enablement. Out of funds appropriated above in Strategy D.1.14, Primary Health and Specialty Care Administration, the Health and Human Services Commission shall distribute \$30,000,000 in General Revenue to the Texas Health Services Authority established by Chapter 182, Health and Safety Code, and to local or regional health information exchanges (HIEs), as defined by Section 531.901(4), Government Code. Local or regional HIEs will receive up to \$3,000,000 each to expand and enhance their existing infrastructures to enable the exchange of diagnostic imaging scans in support of improved clinical imaging workflows. Additionally, local or regional HIEs will be eligible to receive up to 35 cents per patient in their electronic master patient index to further support connectivity with their participating hospitals. Texas Health Services Authority, established by Chapter 182, Health and Safety Code, will receive up to \$3,000,000 for administrative costs attributed to their administrative role in passing through diagnostic imaging data to the Health and Human Services Commission for the patients served by its healthcare programs and coordinating an evaluation study. Funding shall be distributed by December 31, 2025. The Health and Human Services Commission will set data sharing requirements for funding of image enablement in alignment with Health and Human Services Commission priorities while guaranteeing the efficient and non-duplication of costs for health care providers.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services
Proposed Rider
Rider __,

Overview

Add a new rider to require the Health and Human Services Commission to seek federal funding for preventive health screenings for rural women and children.

Required Action

- 1) Add the following new rider:

XX. Healthcare Innovation Waiver for Rural Women and Children’s Preventive Health Screenings. Out of the funds appropriated above in L.1.1. Health and Human Services System Supports, the Health and Human Services Commission shall, to the extent authorized by state and federal law, seek federal funds for an innovative healthcare waiver that prioritizes preventive health screenings for rural women and children.

Article II, Health & Human Services Commission
Proposed Rider
Healthy Texas Women Transfer Authority

Overview

Provide rider authority to allow HHSC to transfer funds with notification only from Medicaid client services to the Healthy Texas Women program if costs exceed available appropriations. Current transfer limitations require HHSC to request approval for any transfers into Strategy D.1.1, Women's Health Programs.

Required Action

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

____ **Transfer Authority: Healthy Texas Women.**

(a) Notwithstanding Rider 50, Informational Listing: Women's Health Funding; Rider 107, Limitations on Transfer Authority; Article II, Special Provisions Section 6, Limitations on Transfer Authority; and Article IX, Section 14.01, Appropriations Transfers; the Health and Human Services Commission (HHSC) may transfer funds from Strategy A.1.1, Medicaid Client Services, to Strategy D.1.1, Women's Health Programs, if HHSC determines that costs for the Healthy Texas Women program exceed available appropriations.

(b) Transfers under the authority in Subsection (a) of this rider may be made only for the Healthy Texas Women program.

(c) Authority granted by this rider to transfer funds is contingent upon a written notification from HHSC to the Legislative Budget Board and the Office of the Governor within 30 business days of making a transfer.

By: Curry

Article II, Special Provisions Relating to all Health and Human
Services Agencies
Proposed Rider
Information on Medicaid Supplemental Hospital and Provider Payments

Overview

The proposed language below would establish an informational rider on supplemental hospital and provider funds that are distributed to Medicaid and safety net providers via supplemental or directed payment programs and not otherwise reflected in the General Appropriations Act. The purpose of this rider is to increase transparency and ensure policymakers and taxpayers are fully informed of all tax dollars- local, state, and federal- currently flowing through the state’s Medicaid program.

Required Action

Add the following appropriately numbered rider to the bill pattern Special Provisions Relating to all Health and Human Services Agencies and renumber the remaining riders accordingly:

_____. **Supplemental Hospital and Provider Funding Informational Rider.** This rider is informational only and does not make any appropriations. The Health and Human Services Commission (HHSC) is the single state agency for Title XIX, the Medical Assistance Program (Medicaid) in Texas. In addition to traditional Medicaid payments flowing through HHSC that are reported in Article II, various supplemental programs exist that include local and federal funds, but are not otherwise reflected in this Act. Supplemental Medicaid payment programs authorized under the current 1115 Transformation Waiver, and not otherwise reflected in this Act, include the following amounts by funding pool:

- Disproportionate Share Hospital Funding
- Uncompensated Care Funding
- The Public Health Provider- Charity Care Program
- Medicaid Graduate Medical Education
- Hospital Augmented Reimbursement Program
- Network Access Improvement Program
- Directed Payment Programs (to the extent not otherwise reflected in this Act):
 - Uniform Hospital Reform Increase Program
 - Quality Incentive Payment Program
 - Comprehensive Hospital Increase Reimbursement Program
 - Directed Payment Program for Behavioral Health Services

By Howard

Health and Human Services Commission, Article II
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.1.1. 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: _____

Health and Human Services Commission, Article II
Proposed Rider Amendment
Thriving Texas Families

Prepared by LBB Staff, 03/06/2025

Overview

Provide a rider amendment to Rider 49, Thriving Texas Families, to limit the Health and Human Services Commission from mandating a specific payment method for subcontractors in the Thriving Texas Families program.

Required Action

- 1. On page II-78 of the Health and Human Services Commission bill pattern, add the following rider:

49. Thriving Texas Families.

- (a) Included in amounts appropriated above in Strategy D.1.2, Thriving Texas Families, is \$70,000,000 from the General Revenue Fund in each fiscal year for the Thriving Texas Families (TTF) program.
- (b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining at the end of the first year of the biennium in Strategy D.1.2, Thriving Texas Families, are appropriated to the Health and Human Services Commission (HHSC) for the same purpose for the second fiscal year of the biennium.
- (c) **Reporting Requirement.** HHSC shall submit the following information regarding the TTF to the Legislative Budget Board and the Governor's Office no later than December 1 of each year:
 - (1) Total number of TTF providers, including subcontractors, by geographical region;
 - (2) Description of outreach efforts by providers and HHSC;
 - (3) Total number of unduplicated clients served by each provider, by gender and age;
 - (4) Total number of services provided by service type;
 - (5) Total expenditures, by MOF;
 - (6) Total contract amounts by provider, including subcontractors; and
 - (7) Any outcome measures included in contracts with providers.

(d) Payment Methods. HHSC shall not mandate specific payment models for subcontracts of a TTF provider.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: [Maternal Lactation Consultation Impact Study](#)

Amount Requested (if applicable): [Click here to enter text.](#)

Method of Finance (if applicable): [Click here to enter text.](#)

Rider Language:

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

Maternal Lactation Consultation Impact Study. Out of funds appropriated above, the Health and Human Services Commission (commission) shall conduct a study to determine the cost effectiveness and feasibility of adding lactation consultation as a Medicaid covered benefit. If the commission determines that lactation consultation would improve maternal and child health outcomes and lower Medicaid costs, the commission shall seek prior approval from the Legislative Budget Board before implementing the benefit.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Maximize Federal Funds for Maternal Home Visiting Services

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Maximize Federal Funds for Maternal Home Visiting Services. Out of funds appropriated to Strategy O.1.5, Home Visiting Programs, the Health and Human Services Commission (commission) shall conduct a study to determine the cost-effectiveness and feasibility of obtaining federal funds for home visiting services for pregnant women, mothers, and children in the Medicaid program. If the commission determines that home visiting services that utilize licensed professionals would improve maternal and child health outcomes and lower Medicaid costs, the commission shall seek prior approval from the Legislative Budget Board before implementing the benefit. The commission shall provide a report by September 1, 2026, to the Legislature that includes the findings from the study and the determination of the Legislative Budget Board.

In conducting the cost-effectiveness and feasibility study, the commission 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 home visiting programs that utilize licensed professionals on maternal mortality and morbidity rates;
- c) The ability of home visiting programs that utilize licensed professionals to improve maternal health in rural areas; and
- d) The effect on waitlists for home visiting services for pregnant women and mothers seeking services through Thriving Texas Families and Family Support Services.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Maximize Federal Funds for Maternal Home Visiting Services

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Maximize Federal Funds for Maternal Home Visiting Services. Out of funds appropriated to Strategy O.1.5, Home Visiting Programs, the Health and Human Services Commission (commission) shall conduct a study to determine the cost-effectiveness and feasibility of obtaining federal funds for home visiting services for pregnant women, mothers, and children in the Medicaid program. If the commission determines that home visiting services that utilize nurses and or licensed professionals would improve maternal and child health outcomes and lower Medicaid costs, the commission shall seek prior approval from the Legislative Budget Board before implementing the benefit. The commission shall provide a report by September 1, 2026, to the Legislature that includes the findings from the study and the determination of the Legislative Budget Board.

In conducting the cost-effectiveness and feasibility study, the commission 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 home visiting programs that utilize licensed professionals on maternal mortality and morbidity rates;
- c) The ability of home visiting programs that utilize licensed professionals to improve maternal health in rural areas; and
- d) The effect on waitlists for home visiting services for pregnant women and mothers seeking services through Thriving Texas Families and Family Support Services.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Article II, Health and Human Services Commission, Article II
Medicaid Applied Behavioral Analysis (ABA) Therapy Services Reporting

Overview

Applied behavior analysis (ABA) therapy is a medically necessary and evidence-based treatment for individuals with autism spectrum disorder (ASD). Affecting 1 in 36 children, ASD requires effective intervention to improve long-term outcomes, and ABA is widely recognized as the gold-standard treatment for ASD.

In 2019, the Texas Legislature adopted House Bill 1, Rider 32, which expanded Medicaid services under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Autism Benefit to include ABA therapy for individuals aged 0-20. Since implementation of the benefit in 2022, children continue to experience significant delays accessing medically necessary care.

Required Action

Add the following rider to the bill pattern for the Health and Human Services Commission:

- Medicaid Applied Behavioral Analysis (ABA) Therapy Services Reporting. The Health and Human Services Commission shall report quarterly to the Legislative Budget Board and the Office of the Governor. in a format specified by the Legislative Budget Board, the following information related to the autism services benefit, including ABA therapy by service delivery area and information regarding whether the items below negatively affect access to care:
 - a) The number of children actively accessing care and the number of children awaiting services, including the region in which they reside;
 - b) The utilization of the autism benefit by CPT code and provider type;
 - c) Analysis of allocated funding to assess whether the allocated budget is adequate to meet both the current and projected future demand for services, considering the prevalence of ASD and ensuring the adequacy of the provider network.

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.

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Program Integrity Assurance

Prepared by LBB Staff, 03/06/2025

Overview

The rider would direct the Health and Human Services Commission to use third-party data matches to detect any changes in circumstances representing potential ineligibility on at least a quarterly basis.

Required Action

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

____. **Medicaid Program Integrity Assurance.**

- (a) To avoid unnecessary costs the Health and Human Services Commission (HHSC) shall, subject to the availability of funds, use third-party data matches to detect any changes in circumstances representing potential ineligibility on at least a quarterly basis, including for the following:
 - (1) Current income records;
 - (2) Identity records;
 - (3) Death records;
 - (4) Employment and wage records;
 - (5) Lottery winnings records;
 - (6) Residency checks;
 - (7) Household composition and asset records;
 - (8) Incarceration records;
 - (9) Concurrent enrollment in other state records;
 - (10) Third-party liability records; and
 - (11) Any other records the Department considers appropriate in order to strengthen program integrity, reduce costs, and reduce fraud, waste, and abuse in the Medicaid program.
- (b) To the extent permitted by federal law, HHSC shall disenroll those recipients who are deemed no longer eligible for the Medicaid program due to verified changes in circumstances.

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.

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Out-Stationed Eligibility Staff

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

Add the following rider to the HHSC bill pattern:

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.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Health and Human Services Commission
Proposed Rider
Outstationed Eligibility Worker Program

Overview

Out of the existing FTEs in Strategy I.1.1., dedicate 15 FTEs to the HHS Outstationed Eligibility Worker Program (OWP) to increase timely eligibility determinations for children and pregnant women at federally qualified health centers.

Required Action

- 1) In the bill pattern for the Health and Human Services Commission, add the following new rider:

Rider ____. **Outstationed Worker Program Placements.** Included in amounts appropriated in Strategy I.1.1, Integrity Eligibility and Enrollment, are a minimum of 15 FTEs to support timely eligibility determinations in the Outstationed Eligibility Worker Program (OWP).

Out of the FTE positions identified above for Health and Human Services Commission Strategy I.1.1., 15 FTEs shall be placed at federally qualified health centers as part of the OWP to reduce time frames for Medicaid and CHIP eligibility determinations for eligible children and pregnant women. For purposes of this rider, it is the intent of the legislature that HHSC prioritize placing outstationed eligibility workers at:

- (a) Federally qualified health centers who are Level 3 Community Partners,
- (b) Federally qualified health centers with a patient mix of at least 30% covered by Medicaid and CHIP members, or
- (c) Federally qualified health centers without a current OWP placement.

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Parenting in Recovery

Amount Requested (if applicable): \$5,000,000

Method of Finance (if applicable):

Overview

The following action amends Health and Human Services Commission Rider 49, Thriving Texas Families, in House Bill 1 as introduced, to allow for participation by providers who offer comprehensive substance use disorder treatment and trauma-informed care for parents and their children. Currently, most providers do not offer treatment programs focused on family preservation. Only two programs in Texas allow women to bring their children with them while they seek treatment. The purpose of this rider is to support these programs and allow them to serve parents in recovery.

Required Action

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

- 49. Thriving Texas Families.**
- (a) Included in amounts appropriated above in Strategy D.1.2, Thriving Texas Families, is \$70,000,000 from the General Revenue Fund in each fiscal year for the Thriving Texas Families (TTF) program.
 - (b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining at the end of the first year of the biennium in Strategy D.1.2, Thriving Texas Families, are appropriated to HHSC for the same purpose for the second fiscal year of the biennium.
 - (c) **Reporting Requirement.** HHSC shall submit the following information regarding the TTF to the Legislative Budget Board and the Governor's Office no later than December 1 of each year:
 - (1) Total number of TTF providers, including subcontractors, by geographical region;
 - (2) Description of outreach efforts by providers and HHSC;
 - (3) Total number of unduplicated clients served by each provider, by gender and age;
 - (4) Total number of services provided by service type;
 - (5) Total expenditures, by MOF;
 - (6) Total contract amounts by provider, including subcontractors; and
 - (7) Any outcome measures included in contracts with providers.

(d) **Parenting in Recovery.** Out of amounts appropriated above in Strategy D.1.2,

Thriving Texas Families, \$5,000,000 in General Revenue Funds in fiscal year 2026 and \$5,000,000 in General Revenue Funds in fiscal year 2027 shall be used to support substance use treatment programs. HHSC shall prioritize programs that offer comprehensive substance use disorder treatment and trauma-informed care for parents and their children. These funds may not be used for the delivery of health care services and shall only be used for counseling, parenting classes, job training, or other family support services that promote healthy outcomes, self-sufficiency, and stability.

Health and Human Services Commission, Article II

Proposed Rider

Pilot Program for Adults with Serious Mental Illness

Prepared by LBB Staff, 2/27/25

Overview

Add rider to create pilot program 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:

____. **Pilot Program for Discharge and Appropriate Care Settings for Individuals with Severe and Persistent Mental Illness and Co-Occurring Conditions.**

- (a) Out of funds appropriated to the Health and Human Services Commission (HHSC) for Strategy D.2.1, Community Mental Health Services, shall develop a pilot program to study and implement intensive residential services for individuals with severe and persistent mental illness who may have co-occurring conditions, including traumatic brain injury, and intellectual or developmental disabilities, and due to the acuity of their conditions are inappropriate for community placement but no longer need hospital level care.

This pilot program shall not be classified as an Institute for Mental Disease under federal Medicaid regulations and shall be designed to ensure compliance with federal funding requirements.

(b) The study 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;
- (3) Identify opportunities to modify or expand eligibility criteria for existing programs and services;
- (4) Develop a pilot initiative to provide intensive residential services for the target population at vacated buildings on state hospital campuses; and
- (5) Report findings and recommendations to the Legislative Budget Board, Governor, and the Legislature no later than December 1, 2026.

(c) HHSC shall collaborate with:

- (1) Local Mental Health Authorities and Local Intellectual and Developmental Disability Authorities;
- (2) State hospital administrators;
- (3) Hospital districts;

- (4) The Judicial Commission on Mental Health;
- (5) Disability advocacy organizations; and
- (6) Other relevant stakeholders who have significant interactions with target population.
- (d) Funding allocated for this pilot program may be used for program design, regional site selection, data analysis, and initial implementation of intensive residential service models
- (e) HHSC shall provide a report on the agency’s website by December 1, 2026, on the effectiveness of the pilot program, including recommendations for scaling up the program statewide and any legislative or budgetary changes needed to address the issue.

Health and Human Services Commission
Proposed Rider
Primary Care Payment Modernization Stakeholder Advisory Group

Overview

Add a new rider in the Health and Human Services (HHSC) bill pattern to direct HHSC to establish a primary care payment modernization stakeholder advisory group for the purpose of developing a proposal to improve access to pediatric and adult primary care services among Medicaid enrollees, with emphasis on enactment of payment methodologies that will increase use of preventative and wellness care, mental health services, and other interventions intended to mitigate Medicaid costs.

Required Action

1. On page II-43 of the Health and Human Services bill pattern in House Bill 1, As Introduced, Eighty-ninth Legislature, add the following new rider:

.Primary Care Payment Modernization Stakeholder Advisory Group. Out of the amounts appropriated above, it is the intent of the legislature that the Health and Human Services Commission (HHSC) establish an advisory group to assess and provide recommendations on:

- (a) Implementation of monthly primary care sustainability payments to improve primary care viability;
- (b) Rebasing the Medicaid relative value unit used to calculate primary care physician and health professional payments;
- (c) Establishing a geographic adjuster to increase payments for primary care physician and health professionals practicing in rural or underserved communities;
- (d) Streamlining and simplifying value-based payment models to make it easier for practices to implement and participate;
- (e) Establishing a primary care endowed fund, proceeds from which could reward innovative primary care practice models and services; and
- (f) Other reforms identified by HHSC or stakeholders to improve primary care capacity and availability.

HHSC shall establish the Primary Care Modernization Stakeholder Advisory Group no later than September 1, 2025. HHSC shall submit recommendations of the group to the Legislature by October 1, 2026.

Health and Human Services Commission, Article II
Proposed Rider
Report on Medicaid Eligibility Determinations

Prepared by LBB Staff, 03/06/2025

Overview

The rider would require the Health and Human Services Commission to report on Medicaid eligibility determinations.

Required Action

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

_____.
Report on Medicaid Eligibility Determinations. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall report on the time frames within which Medicaid eligibility determinations were made based on Medicaid applications submitted to the commission each state fiscal year beginning with the state fiscal year ending August 31, 2018. The report must include the following:

- (a) The total number of Medicaid applications submitted to HHSC;
- (b) The total number of Medicaid applications HHSC approved in accordance with the timeframes described in 1 Texas Administrative Code (TAC), Section 358.530(a);
- (c) The total number of Medicaid applications HHSC denied in accordance with the time frames described by 1 TAC, 358.530(a);
- (d) The total number of Medicaid applications the commission approved in a time frame that exceeded the time frames described by 1 TAC, Section 358.530(a);
- (e) The total number of Medicaid applications HHSC denied because of eligibility determination was not made in accordance with the time frames described by 1 TAC, Section, 358.530(a);
- (f) The average number of days between the date a Medicaid application was submitted to HHSC and the date the application was approved or denied;
- (g) The median number of days between the date a Medicaid application was submitted to HHSC and the date the application was approved or denied;
- (h) The total number of Medicaid applications submitted to HHSC that are pending on the date the report required is prepared and, for each of those applications, the number of days that have elapsed between the date the application was submitted and the date the report is prepared;
- (i) The highest number of days that elapsed between the date a Medicaid application was submitted to HHSC in any state fiscal year and the date the application was approved or denied.

The report shall be submitted no later than December 1, 2026, to the Governor, the Lieutenant Governor, Speaker of the House of Representatives, and the Legislature.

By: Manuel

Texas Health and Human Services Commission

Proposed Rider

Reprocurement of the Medicaid MMIS Claims Module

Required Action

- 1. On page 11-x of the Texas Health and Human Services Commission bill pattern, add the following rider:

XX. Reprocurement of the MMIS Claims Module. Out of funds appropriated the Health and Human Services Commission shall reprocure as soon as practicable the Medicaid MMIS Claims Module. The Commission shall report monthly to the Legislative Budget Board, the House Appropriations Committee, and the Senate Finance Committee on progress of the agency's reprocurement process.

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

Prepared by LBB Staff, 3/5/25

Overview

Amend rider to amend the definition of a rural hospital.

Required Action

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

37. **Rural Hospital Telepsychiatry Consultations.** Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services, is \$3,700,000 from the General Revenue Fund in each fiscal year of the biennium to fund telepsychiatry consultations for rural hospitals. The Health and Human Services Commission shall contract with a statewide organization to aggregate telepsychiatry consultations among rural hospitals in order to access remote psychology services through collaboration with one or more telepsychiatry networks. The statewide organization must be exempt from federal income taxation and provide services to rural hospitals, including grant and fund development to assist rural hospitals in their search for funding opportunities, education and training to provide important information to rural hospital staff, and performance and quality improvement tools to help rural hospitals deliver quality health care.

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

For the purposes of this rider, ~~Referral~~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; or (4) hospitals located in a county with 100,000 or fewer persons according to the 2020 U.S. Census.

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.

RIDER REQUEST

Member Name: Representative Plesa

Affected Agency: Health and Human Services Commission

Purpose: Provides a rider directing the agency to budget and track certain expenses related to the Family Violence Program separate from other expenditures generally incurred by the Family Violence Program..

Amount Requested (if applicable): N/A

Method of Finance (if applicable): N/A

Rider Language:

**Health and Human Services Commission, Article II
Proposed Funding and Rider
State Funds for Family Violence Medical Reimbursement**

Prepared by LBB Staff, 03/02/2025

Overview

Provides a rider directing the agency to budget and track certain expenses related to the Family Violence Program separate from other expenditures generally incurred by the Family Violence Program.

Required Action

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

—. **State Funds for Family Violence Medical Reimbursement.** Out of funds appropriated above in Strategy F.3.1, Family Violence Services, the Health and Human Services Commission is directed to budget and track expenses separately from the typical family violence program funding to allow for state funds to reimburse victims’ insurance costs, such as deductibles and out-of-pocket costs.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Representative Donna Howard

Affected Agency: Health and Human Services Commission

Purpose: Study on Diabetes Prevention Efforts in Medicaid

Amount Requested (if applicable): Click here to enter text.

Method of Finance (if applicable): Click here to enter text.

Rider Language:

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

_____. **Diabetes Prevention Program.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall conduct a study, in consultation with the Department of State Health Services, to determine the cost-effectiveness and feasibility of providing a diabetes prevention program to Medicaid recipients. If HHSC determines that a diabetes prevention program would improve health outcomes for Medicaid recipients and lower Medicaid costs, HHSC shall develop a program and shall seek prior approval from the Legislative Budget Board before implementing the program. HHSC may also analyze, as part of the study, the cost-effectiveness and feasibility of alternative interventions to the diabetes prevention program for Medicaid recipients who are at risk of developing type 2 diabetes.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

Overview

Add a rider in Article II directing the Health and Human Services Commission to increase reimbursement rates paid to residential substance abuse treatment providers.

Required Action

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

. Substance Abuse Provider Rate Increase. Out of funds appropriated above in Strategy D.2.2., Substance Abuse Services, the Health and Human Services Commission is directed to increase reimbursement rates paid to providers of residential substance abuse services in order to minimize the amount of carryover Substance Abuse Block Grant funds and stabilize the substance abuse provider base.

Health and Human Services Commission, Article II
Proposed Funding and Rider
Terminate Nursing Facility Direct Care Enhancement Program

Prepared by LBB Staff, 03/06/2025

Overview

The rider would direct the Health and Human Services Commission to terminate the nursing facility direct care enhancement program and instead use the funds to increase the nursing facility daily rate.

Required Action

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

_____. **Terminate Nursing Facility Direct Care Enhancement Program.** It is the intent of the Legislature that the Health and Human Services Commission (HHSC) discontinue the direct care staff enhancement program for nursing facilities. HHSC shall utilize any appropriations that were previously utilized for the direct care staff enhancement program to increase the reimbursement rates for nursing facility daily rates.

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 88th 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 88th 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.

Amend S.B. No. 1 in Article II of the bill, following the appropriations to the Health and Human Services Commission (page II-____), by adding the following appropriately numbered rider:

____. **Medicaid Residency Verification Program.** Out of funds appropriated above in Strategy B.1.1., Medicaid & CHIP Contracts & Administration, and to the extent allowable under state and federal law and regulations, the Health and Human Services Commission (HHSC) shall verify the residency status of all Texas Medicaid & CHIP members at least once per month, ensuring Medicaid benefits reach only eligible residents. HHSC may use a third-party vendor to identify and recover improper capitation payments made for individuals no longer residing in the state.

**Special Provisions Related to All Health and Human Services
Agencies, Article II
Proposed Funding and Special Provisions Section
Safe Haven Awareness Campaign**

Prepared by LBB Staff, 03/06/2025

Overview

Provide funding to the Health and Human Services Commission for a specific Safe Haven Awareness Campaign and a section in the Special Provisions Related to All Health and Human Services Agencies for the creation and implementation of a specific Safe Haven Awareness Campaign.

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 \$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 Special Provisions Related to All Health and Human Services Agencies’ bill pattern, add the following section:

— **Safe Haven Awareness Campaign**

- (a) Included above in amounts appropriated to the Health and Human Services Commission (HHSC) in D.1.2. Thriving Texas Families, 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 implement the Safe Haven Awareness Support Campaign for the purpose of ensuring that all Texas women of childbearing age have access to information related to rights and obligations regarding the relinquishment of newborn babies and public and private resources available for parenting assistance.
- (b) The Safe Haven Awareness Support Campaign should improve access to information regarding Safe Haven laws and parenting resources. HHSC may use the following initiatives to implement the public awareness campaign.
 - (1) Establish web pages with information regarding relinquishment under the Safe Haven law, the dangers and legal risks of illegal abandonment, and the available resources for families and parents including mental health support. Web page design should include word search optimization for best search results;
 - (2) Establish a new hotline, using the same phone number as the current Baby Hotline used by Department of Family and Protective Services. It is the intent of the Legislature that the hotline be staffed 24 hours a day, seven days a week with the following criteria:
 - (A) That are female;
 - (B) That have completed training provided by the National Safe Haven Alliance;
 - (C) That are proficient in the English and Spanish languages; and
 - (D) That have completed training on the available resources for families and parents, including pregnant women considering abandoning or relinquishing their babies.
 - (3) The agency shall collect the following information:
 - (A) The number of calls to the hotline and outcomes, if known, including the relinquishment and illegal abandonment of a child;
 - (B) Demographic information of the caller;
 - (C) The age of the child;
 - (D) The outcome of the child;

- (E) Primary language of child's mother;
- (F) Location of relinquishment or abandonment; and
- (G) Any other relevant information as determined by the agency.

- (4) Design and disseminate informational posters and brochures in areas frequented by the target group, such as school nurses' offices, university health centers, and other appropriate venues with the hotline and website prominently displayed and in new and emerging Safe Haven locations.
- (5) Design, produce and publish public service announcements in English and Spanish on social media websites, streaming services, radio and broadcast television, subject to Subsections (b)(4) and (b)(5) of this rider, testing results to determine effectiveness.

- (c) Before September 1, 2027, HHSC shall prepare and submit to the Legislative Budget Board, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House, the Lieutenant Governor, and the Office of the Governor the progress in improving awareness of the Safe Haven Act, which includes the efforts expended on behalf of the Safe Haven Awareness Effort, data collected and a comparison of years past, as well as information regarding strategies found to be especially successful.

- (d) Any unexpended balances from the General Revenue Fund described in this rider remaining as of August 31, 2026, are appropriated to HHSC for the fiscal year beginning September 1, 2026, for the same purpose.

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

Prepared by LBB Staff, 3/5/25

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.

RIDER REQUEST

Member Name: Rep. Brian Harrison

Affected Agency: All agencies in Article II

Purpose: Prohibition on the design, implementation, or administration of diversity, equity, and inclusion practices or programs

Rider Language:

No funds appropriated by this Act may be expended by an entity listed in this Article (including any component, constituent unit, supported program, or grant recipient) for the design, implementation, or administration of diversity, equity, and inclusion practices or programs. This prohibition includes, without limitation, all agency rules, policies, employment practices, communications, awarding of government benefits or contracts, curricula, and all other official action which promote differential treatment of individuals on the basis of race, color, or ethnicity.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

RIDER REQUEST

Member Name: Rep. Brian Harrison

Affected Agency: All agencies in Article II

Purpose: Prohibition on practices or programs that do not comply with the biological reality that there are only two sexes – male and female – and they are not changeable.

Rider Language: No funds appropriated by this Act may be expended by an entity listed in this Article (including any component, constituent unit, supported program, or grant recipient) for the design, implementation, or administration of practices or programs that do not comply with the biological reality that there are only two sexes – male and female – and they are not changeable. This prohibition includes, without limitation, all agency rules, policies, employment practices, communications, awarding of government benefits or contracts, and all other official actions.

If you have any questions regarding this form, please contact the House Appropriations Committee Office at (512) 463-1091

**House Appropriation Committee
Riders - Article II**

Not Adopted

Legislative Budget Board

TX-APCD RIDER

Affected Agency: Health and Human Services Commission & The University of Texas Health Science Center at Houston

Purpose: This rider will fund the Texas All Payor Claims Database (TX-APCD) at the UTHealth Houston Center for Health Care Data (CHCD). Since Texans want more transparency in the rising cost of health care, to find the best quality providers, and to increase the value for patients and taxpayers, the 87th Texas Legislature created the Texas All-Payor Claims Database (TX-APCD) at UTHealth Houston (HB 2090, Burrows/Hancock). The purpose of the TX-APCD is to collect and analyze paid health insurance claims from all areas of the state, analyze those claims and issue reports, and provide access to qualified researchers to increase public transparency of health care prices and improve the quality of healthcare outcomes for Texans. The TX-APCD is required to develop an online public portal to allow Texans to easily access and navigate health care cost and quality information.

This rider will also continue funding healthcare data analysis of the state-funded health care services provided through the Health and Human Services Commission (HHSC), Department of State Health Services, the Employees Retirement System of Texas, the Texas Department of Criminal Justice, and the Teacher Retirement System, to identify inefficiencies and opportunities for improvement.

Establishing full funding will allow the TX-APCD to provide valuable health care cost data and resources to all Texas consumers, patients, and lawmakers. UTHealth Houston requests \$10 million (\$5 million/year) for the 2026-2027 biennium for this purpose.

Amount Requested (if applicable): \$5,000,000 in FY2026 and \$5,000,000 in FY2027

Method of Finance (if applicable):

Rider Language: In Article IX on page IX-___ of __, add the following rider:

Sec. 10.06. The Texas All Payor Claims Database.

(a) From funds appropriated elsewhere in this Act, the Health and Human Services Commission (HHSC) shall allocate \$5,000,000 per year to The University of Texas Health Science Center at Houston (UTHealth Houston) for the administration and operation of the Texas All Payor Claims Database (TX-APCD) at the UTHealth Houston Center for Healthcare Data as provided in Subchapter I, Chapter 38, Insurance Code. It is the intent of the Legislature that the allocation of funds shall be used by the TX-APCD to provide access to entities under 38.4055 of this Code at no more than the actual, direct cost exclusively attributable to the specific provision of access. In addition, the Health and Human Services Commission, the Department of State Health Services, the Employees Retirement System of Texas, the Texas Department of Criminal Justice, and the Teacher Retirement System, shall provide claims and other relevant health data, in a manner and format as required by the TX-APCD, to permit the TX-APCD to conduct a comparative data analysis of this data to identify outliers, opportunities for efficiency, and quality improvements within each health care system.

(b) The TX-APCD will develop and maintain an online public portal, respond to research requests, and issue biennial reports and data on the following:—

1. Trends in statewide healthcare expenditures, with detailed analysis of medical and pharmaceutical costs;
2. Trends in healthcare utilization and accessibility;
3. Measures of healthcare quality;
4. Incidence and prevalence of chronic diseases; and
5. Comparative analysis of state-funded health care services.