

Section 1

Special Provisions Relating to All Health and Human Services Agencies Summary of Recommendations - Senate

Liz Prado, Manager

Senate Bill 200, Eighty-fourth Legislature, 2015, directed agency and program consolidation for health and human services agencies. As a result of this consolidation, certain Special Provisions were moved to the Health and Human Services Commission bill pattern, and are noted at the end of each affected provision.

**Special Provisions Relating to All Health and Human Services Agencies - Senate
Rider Highlights**

Modification of Existing Riders (new section number) Conforming modifications of riders to update agency, strategy, and program references to reflect the program consolidation pursuant to Senate Bill 200 are not included below.

Sec. Title

- 2 Night Shift and Weekend Differential. *Recommendations delete section d. since it relates to the Criss Cole Rehabilitation Center, which is now operated by Texas Workforce Commission.*
- 4 Federal Match Assumptions and Limitations on Use of Available General Revenue Funds. *Recommendations revise the provision to reflect LBB-projected FMAP rates and notes the exclusion related to HHSC Goal A, Medicaid. Recommendations clarify limitations in instances where federal matching rates are finalized at rates higher than assumed in the General Appropriations Act.*
- 7 Medicaid Informational Rider. *Recommendations amend the provision to identify Medicaid funding by type of expenditure and by agency, with method of finance information. The categories used are Medicaid Program Client Services, Programs Providing Client Services with Medicaid Funding, and Medicaid Funding for Administration.*
- 8 Caseload and Expenditure Reporting Requirements. *Recommendations add programs to the rider: women's health programs, state facilities, behavioral health waivers, relative caregiver, and day care.*
- 13 Limitation on Unexpended Balances: General Revenue for Medicaid. *Recommendations delete the two General Revenue methods of finance that were identified, since there are several types of General Revenue used to match federal Medicaid funds.*
- 15 Transfer Authority Related to the Texas Home Living Waiver. *Recommendations update the provision for expected carve-in to managed care in fiscal year 2019; increase the advanced notice requirement to 60 days, and funding transfers would be contingent upon submission of documentation of analyses required pursuant to Government Code §534.201(b) related to cost-effectiveness.*
- 17 Rate Limitations and Reporting Requirements. *Recommendations require additional information, including notification of changes to managed care rates when the preliminary rates are available to the Health and Human Services Commission to allow for a significantly longer period for review and analysis. The recommendations require submission of additional information regarding the changes to the preliminary managed care rates that are reflected in the final rates. And finally, the provision would require prior notification only for rate adjustments related to certain drugs known as orphan drugs.*
- 19 Locality Pay. *Recommendations amend the provision to clarify that the affected agency would determine which employees may receive the salary supplement.*

- 20 Health Insurance Providers Fee. *Recommendations amend the provision to reflect amounts appropriated for the HIP fee and associated federal income tax in fiscal year 2019; note that there is no fee required for fiscal year 2018. Recommendations require HHSC to obtain prior written approval before use of any lapsing funds.*
- 21 Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements. *Recommendations move this requirement from the Department of State Health Services bill pattern, since certain mental health programs are reflected at HHSC after SB 200-related consolidation, and thus these revenues are budgeted at both agencies. It includes DSHS Strategy D.1.1, Agency Wide IT Projects. Expenditure of funds in excess of appropriated levels and transfers of these revenues would require prior approval.*
- 22 Use of Trauma Fund Receipts. *Recommendations remove contingency language, as it no longer applies, and update to reflect recommendations for fiscal years 2018 and 2019.*
- 23 Payments to Rural Hospital Providers. *Recommendations update provision to balance biennial funding levels equally between fiscal years 2018 and 2019 to conform with Medicaid funding recommendation.*
- 24 Safety-Net Hospitals. *Recommendations remove contingency language, as it no longer applies, and revise to balance biennial funding levels equally between fiscal years 2018 and 2019 to conform with Medicaid funding recommendation.*

**Riders Moved to HHSC as a Result of Agency Program Consolidation and Reflect Conforming Revisions
(former section number)**

- 4 Charges to Employees and Guests. *Moved to HHSC category, Facilities, Rider 94.*
- 5 New or Additional Facilities. *Moved to HHSC category, Facilities, Rider 95.*
- 6 Revolving Petty Cash Funds. *Moved to HHSC category, Facilities, Rider 96.*
- 8 Financial Monitoring of Community Centers. *Moved to HHSC category, Administration, Rider 163.*
- 11 Payment for Compensatory Time. *Moved to HHSC category, Administration, Rider 165.*
- 15 Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance. *Moved to HHSC category, Revenue, Rider 117.*
- 16 General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services. *Moved to HHSC category, Medicaid, Rider 32.*
- 17 Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts. *Moved to HHSC category, Revenue, Rider 118.*
- 18 Texas Capital Trust Fund Account No. 543. *Moved to HHSC category, Revenue, Rider 119.*

- 19 Mental Health (MH) and Intellectual Disability (ID) Medicare Receipts. *Moved to HHSC category, Revenue, Rider 120.*
- 20 Community Centers. *Moved to HHSC category, Administration, Rider 167.*
- 21 Medicaid and Medicare Collections. *Moved to HHSC category, Medicaid, Rider 33.*
- 22 Surplus Property. *Moved to HHSC category, Facilities, Rider 97.*
- 24 Maximum Security Salaries. *Moved to HHSC category, Facilities, Rider 98.*
- 25 Fire Prevention and Safety. *Moved to HHSC category, Facilities, Rider 99.*
- 26 Patient or Client Assistance. *Moved to HHSC category, Facilities, Rider 100.*
- 27 Barber and Cosmetology Services. *Moved to HHSC category, Facilities, Rider 101.*
- 29 State-Owned Housing. *Moved to HHSC category, Facilities, Rider 102.*
- 30 Collection of Fees from the Copyright of Training Materials and Patent of Technologies Developed. *Moved to HHSC category, Revenue, Rider 121.*
- 33 Donations from Individuals, Community Groups and Volunteer Services Councils. *Moved to HHSC category, Revenue, Rider 122.*
- 34 Efficiencies at Local Mental Health Authorities and DADS Local Authorities. *Moved to HHSC category, Administration, Rider 166, and renamed Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities.*
- 38 Appropriation of Unexpended Balances: Funds Recouped from Local Authorities. *Moved to HHSC category, Transfers, Rider 145.*
- 40 Appropriation Authority for Intergovernmental Transfers. *Moved to HHSC category, Medicaid, Rider 34.*
- 53 Access to Highly Effective Methods of Contraception. *Moved to HHSC category, Women's Health, Rider 61.*

Deleted Provisions (original section number)

- 37 Transfer Authority Related to STAR Kids. *Recommendations delete the provisions due to program implementation during the 2016-17 biennium.*
- 42 Waiver Program Cost Limits. *Recommendations delete the provision since it's no longer applicable due to managed care expansion.*

- 44 Program of All-inclusive Care for the Elderly (PACE). *Recommendations delete one-time plan for slot expansion in the 2016-17 biennium.*
- 46 Coordination of Interagency Nursing Facility Resident Complaint Data and Information. *Recommendations delete the requirement due to HHSC's difficulty with gathering and analyzing data. According to the agency, the data comes from disparate sources which has been difficult to analyze and present in a meaningful way. The agency also indicates that additional resources would be needed to fully implement the requirements of the provision.*
- 47 Information on Funding Provided for Attendant Wages. *Recommendations remove the provision because the wage increase has been implemented.*
- 48 Targeted Wage Increases for Registered Nurses and Licensed Vocational Nurses. *Recommendations remove the provision due to one-time funding for 2016-17 biennium.*
- 49 Enterprise Staff Retention Report. *Recommendations delete the provision due to the receipt of the one-time report.*
- 50 Informational: Women's Health Services Funding. *Recommendations delete provisions that provides information on funding appropriated in 2016-17 biennium.*
- 52 Cost of Preadmission Screening and Resident Review (PASRR). *Recommendations remove requirement for one-time report that was due December 1, 2016.*
- 54 Postpartum Depression Screening and Treatment Report. *Recommendations remove requirement for one-time report received.*
- 55 Breast and Cervical Cancer Program Services. *Recommendations remove provision that applied to 2016-17 funding; no longer needed.*
- 57 Contingency for Senate Bill 208. *Recommendations remove one-time contingency related to funding to support consolidation.*

Items not Included in the Recommendations

To Be Determined