

**83rd Legislative Session - SB 1 (Budget) Riders**

**DADS Riders**

<b>DADS Rider #</b>	<b>DADS Rider Description</b>
<b>DADS Rider #13</b>	<p><b>Survey of Nursing Facility Residents.</b> Out of funds appropriated above, the Department of Aging and Disability Services is allocated the following:</p> <p>a. up to \$360,000 in All Funds, of which up to \$180,000 is General Revenue Funds, in fiscal year 2014 to conduct surveys of nursing facility residents and individuals receiving other long-term services and supports. The surveys shall assess how satisfied individuals are with their quality of care and quality of life. Not later than January 15, 2015, the department shall submit a written report on the survey to the Legislature, Governor, and Health and Human Services Commissioner; and</p> <p>b. up to \$1,000,000 in All Funds, of which up to \$500,000 is General Revenue Funds, to perform on-site case reviews of the care of nursing home residents and individuals receiving other long-term care services and supports. These reviews will identify preventable occurrences of adverse outcomes. The result of these reviews will be included in the report to the Legislature, Governor and Health and Human Services Commissioner described in (a) above.</p>
<b>DADS Rider #15</b>	<p><b>State Supported Living Centers: Proportionality of Funds.</b> Pursuant to Article IX, Sec 6.08, Benefits Paid Proportional by Fund, payment for salaries, wages, and benefits for ICF/IID state supported living center employees shall be proportional to the source of funds. The department shall develop a plan for the 2014-15 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/IID state supported living center employees. This plan is subject to review by the Comptroller of Public Accounts and the Legislative Budget Board and shall be certified by the Chief Financial Officer of the department by October 1, 2013 prior to submission to the Legislative Budget Board.</p> <p>DADS shall report quarterly to the Legislative Budget Board and the Governor on the distribution of ICF/IID state supported living center revenues to other state agencies. This report shall be submitted no later than 25 days after the close of each quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.</p>
<b>DADS Rider #16</b>	<p><b>Unexpended Balances: ICF/IID Standards.</b> Except as otherwise provided, unexpended and unobligated balances, not to exceed \$5 million in General Revenue, remaining from appropriations for the first year of the biennium to DADS are appropriated to the department for the purpose of complying with ICF-IID standards dealing with residential, nonresidential, and community based intellectual disability services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this Act to retain for specific purposes in the second year of the biennium. The department shall notify the Legislative Budget Board and the Governor as to when the appropriation originated, why it is not needed, and how it will be used prior to budgeting and expending these balances.</p>
<b>DADS Rider #18</b>	<p><b>Appropriation and Unexpended Balances: Affordable Housing for the Elderly.</b> General Revenue Funds appropriated above include fees collected pursuant to §394.902, Local Government Code, and §101.022, Human Resources Code, as amended, for the purpose of promoting affordable housing for the elderly (\$454,000 for the biennium).</p> <p>Any unexpended balances in fees collected to promote affordable housing for the elderly for the fiscal year ending August 31, 2014, may be carried forward into fiscal year 2015, and such balances are hereby appropriated.</p> <p>In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the LBB may direct that the Comptroller reduce the appropriation authority provided above to be within the amount of revenue expected to be available.</p>
<b>DADS Rider #22</b>	<p><b>Guardianship Services.</b> Out of the funds appropriated above, the Department of Aging and Disability Services shall pay guardianship program caseworkers, supervisors and directors an amount not to exceed \$50 per month for work-related use of personal cellular telephones.</p>

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<p><b>DADS Rider #23</b></p>	<p><b>Cost Comparison Report.</b> Out of funds appropriated above, DADS shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in HCS, TxHmL, and ICF-IID/RC.</p> <p>a. The report shall include the following:</p> <ul style="list-style-type: none"> <li>(1) the monthly average cost to the state per person for individuals residing in state operated and non-state operated ICF-IID/RC, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and <u>facility size (private ICF-IID only)</u>;</li> <li>(2) a comparison of severity across settings; and,</li> <li>(3) the total number of persons, by LON, who transitioned from state-operated ICF-IID/RC to an HCS residential program for the previous biennium, and their average monthly cost of service in the HCS waiver program.</li> </ul> <p>b. With respect to the cost to the state per person residing in a state operated ICF-IID/RC facility, DADS shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-operated ICF-IID/RC facilities, non-state operated ICF-IID/RC facilities, and the HCS and TxHmL waivers, DADS shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICF-IID/RC facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. DADS shall identify the types of costs included in each category.</p> <p>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 Eighty-third Legislature no later than August 31, 2014.</p>
<p><b>DADS Rider #24</b></p>	<p><b>Appropriation: Quality Assurance Fees (QAF).</b></p> <p>a. <b>Informational Item.</b> Appropriations from General Revenue Dedicated - Quality Assurance Account No. 5080 in this Act total \$55,000,000 in each FY in Strategy A.7.1, ICF/IID for IDD services. Estimated amounts of \$42,895 in FY 2014 and \$42,895 in FY 2015 are appropriated elsewhere in this Act for employee benefits of employees of community-based ICF-IID, <b>also known as bond homes</b>, operated by DADS. Pursuant to Article IX, Sec. 6.08, Benefits Paid Proportional by Fund, benefits for bond home employees reflect the proportion by fund type as used for salaries.</p> <p>b. <b>Appropriation Limitation.</b> Contingent upon written approval of the LBB and the Governor, DADS is appropriated revenue generated in General Revenue Dedicated - Quality Assurance Account No. 5080 in excess of the amounts identified in the Comptroller's Biennial Revenue Estimate.</p> <p>To request authorization to expend available General Revenue Dedicated - Quality Assurance Account No. 5080, DADS shall submit a written request to the LBB, the Governor, and the Comptroller. The request shall include a plan that includes the purposes for which the funds will be used, the amounts that will be budgeted for each purpose, and the specific amount of any rate increase that will be given. The plan shall be submitted in a format specified by the Legislative Budget Board.</p> <p>The request shall be considered to be approved unless the LBB or the Governor issue a written disapproval within 15 business days of the date on which the staff of the LBB concludes its review of the proposal to expend the funds and forwards the review to the House Appropriations Committee Chair, the Senate Finance Committee Chair, Speaker, and Lt. Gov.</p> <p>The Comptroller shall not allow the expenditure of QAF revenue generated above the amounts identified in the Comptroller's Biennial Revenue Estimate if the LBB provides notification to the Comptroller that a written disapproval has been issued or the requirements of this provision have not been satisfied.</p>
<p><b>DADS Rider #25</b></p>	<p><b>Expenditure of Settlement Funds.</b> DADS shall notify the Governor and the LBB 30 days prior to expenditure of any settlement funds (General Revenue) during fiscal years 2014 and 2015. DADS shall provide a detailed plan outlining the expenditure of the settlement funds in a format approved by the Legislative Budget Board.</p> <p>Settlement funds may include, but are not limited to, the difference between allowable costs and the reimbursement paid under the interim rate, including applied income.</p>

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<p><b>DADS Rider #26</b></p>	<p><b>Limits for Waivers and Other Programs.</b> Notwithstanding other provisions included in this Act, this provision shall govern expenditure levels for the following strategies.</p> <p><b>a. Waivers and PACE.</b> The All Funds amounts included above for DADS for fiscal year 2014 and fiscal year 2015 in each individual strategy identified below shall not be exceeded without the prior written approval of the LBB and the Governor.</p> <p>A.3.1. Community-based Alternatives (CBA)  A.3.2. Home and Community-based Services (HCS)  A.3.3. Community Living Assistance and Support Services (CLASS)  A.3.4. Deaf-blind Multiple Disabilities (DBMD)  A.3.5. Medically Dependent Children Program (MDCP)  A.3.6. Texas Home Living Waiver (TxHmL)  A.5.1. Program of All-Inclusive Care for the Elderly (PACE)</p> <p><b>Requests for Exemptions.</b> To request an exemption from the limits established under section (a), DADS shall submit a written request to the LBB and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller. The request shall include the following information: a detailed explanation of the reason for the requested exemption and whether and how the exemption would impact client and expenditure levels at the individual strategy level in the 2014-15 biennium and the 2016-17 biennium.</p> <p>The request for an exemption shall be considered to be disapproved unless the LBB or Governor issues a written approval within 30 business days of the date on which the LBB staff concludes its review of the request for exemption and forwards its review to the House Appropriations Committee Chair, the Senate Finance Committee Chair, the Speaker and Lt. Gov.</p>
<p><b>DADS Rider #27</b></p>	<p><b>Behavioral Support Specialists in Educational Settings.</b> Out of funds appropriated above in Strategy A.8.1. State Supported Living Centers, Mexia State Supported Living Center shall provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.</p>
<p><b>DADS Rider #28</b></p>	<p><b>Interest List Reduction.</b> Notwithstanding any other provision in this Act, the Department of Aging and Disability Services is directed to consider factors such as length of time on the interest list, size of interest list, demographics, average cost, and crisis stabilization in providing services to interest list clients on a program-specific basis.</p>
<p><b>DADS Rider #30</b></p>	<p><b>30. Implementing a Person-centered Care Pilot Project for Nursing Facilities.</b> Out of the funds appropriated above to the Department of Aging and Disability Services in Goal B, Regulation, Certification, Outreach, the agency shall allocate an amount not to exceed \$250,000 in All Funds to:</p> <p><b>a.</b> Not later than January 31, 2014, in consultation with the LBB, implement a person-centered care pilot project modeled on the Rhode Island State Department of Health's Individualized Care Pilot Project that would use the nursing facility regulatory inspection process to improve nursing facility staffs' knowledge and implementation of person-centered care practices and culture change models of care in one or more regions of the state. DADS shall use and modify as necessary the information and materials contained in the electronic Individualized Care Pilot Tool Box developed by the Rhode Island Department of Health. DADS shall request approval from CMS for "pilot status" of the project for a defined period of time. To fulfill the educational component of the pilot project, the agency may use existing state staff or collaborate with an entity whose mission and purpose it is to train and implement culture change models of care and person-centered activities in long-term care facilities. The pilot project shall be operational no later than September 1, 2014.</p> <p><b>b.</b> Submit a report to the Legislative Budget Board and the Office of the Governor, no later than August 31, 2015. The report shall include, but not be limited to, an evaluation of the Person-centered Care pilot project that includes: 1) pre and post test measures of areas targeted for improvement, 2) the project's impact on nursing facility administrators and state survey staff knowledge and implementation of person-centered care practices, 3) agency recommendations for increasing the use and knowledge of person-centered care in nursing facilities, and 4) any other measure the agency determines is needed to determine the pilot's effectiveness at increasing the knowledge and implementation of person-centered care or culture change practices in Texas nursing facilities.</p>

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<p><b>DADS Rider #31</b></p>	<p><b>Intellectual Disability Community Services: Limitations. Intellectual Disability Community Services: Limitations.</b> Transfers may not be made from Strategy A.4.2, Intellectual Disability Community Services without prior written approval from the Legislative Budget Board and the Governor.</p> <p>To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the department shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ul style="list-style-type: none"> <li>a. a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</li> <li>b. the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</li> <li>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;</li> <li>d. the capital budget impact; and</li> <li>e. and any other information requested by the Legislative Budget Board.</li> </ul> <p>The transfer request shall be considered to be disapproved unless the LBB or Governor issue a written approval within 30 business days of the date on which the LBB staff concludes its review of the request and forwards its review to the House Appropriations Committee Chair, the Senate Finance Committee Chair, the Speaker and Lieutenant Governor.</p>
<p><b>DADS Rider #32</b></p>	<p><b>Contingency for Standard Assessment Tool. Contingent on Senate Bill 7,</b> or passage of legislation relating to the implementation of a standard functional assessment tool used across intellectual and developmental disability programs and a resource allocation methodology in the Home and Community-based Services Waiver program, by the Eighty-third Legislature, Regular Session, the Department of Aging and Disability Services may use an amount not to exceed \$0.5 million for fiscal year 2014 and \$1.0 million for fiscal year 2015 out of General Revenue funds appropriated in Strategy A.10.1, Balancing Incentive Program to implement a standard functional assessment tool and resource allocation methodology in the Home and Community-based Services Waiver program.</p> <p>In addition, DADS shall issue a report to the Legislative Budget Board and the Governor by February 1, 2015 that analyzes the needs of consumers across the four 1915(c) Medicaid waiver programs that serve individuals with intellectual and developmental disabilities; makes recommendations for system reforms that would expand the number of persons served, improve service delivery, and/or contain costs; and provides a fiscal estimate of reform options.</p>
<p><b>DADS Rider #34</b></p>	<p><b>Services under a 1915(c) Waiver.</b> It is the intent of the Legislature that, from the funds appropriated above, the Department of Aging and Disability Services shall provide services under a Section 1915(c) waiver program, other than a nursing facility waiver program to an individual, 21 years and younger, leaving a nursing facility if the individual:</p> <ul style="list-style-type: none"> <li>a. meets the eligibility requirements for that Section 1915(c) waiver program; and</li> <li>b. in order to leave the nursing facility, requires services that are available only under that Section 1915(c) waiver program.</li> </ul>
<p><b>DADS Rider #35</b></p>	<p><b>Services under HCS Waiver Program.</b> It is the intent of the Legislature that, from the funds appropriated above, if an individual 21 years and younger, seeking to leave an ICF-IID, has been offered services under the HCS (Home and Community-based Services) waiver program, DADS may provide services to the individual under another Section 1915(c) waiver program if the individual leaving the facility:</p> <ul style="list-style-type: none"> <li>a. is determined to be ineligible for the services provided under the HCS waiver program; and</li> <li>b. meets the eligibility requirements for and needs services provided under another Section 1915(c) waiver program.</li> </ul>
<p><b>DADS Rider #36</b></p>	<p><b>State Supported Living Center Oversight.</b></p> <ul style="list-style-type: none"> <li>a. <b>Department of Justice Settlement Agreement.</b>              (1) Not later than January 1, 2014, DADS shall provide a plan of action to achieve substantial compliance with the DOJ Settlement Agreement to the LBB, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The plan shall include specific actions necessary to</li> </ul>

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	<p>achieve compliance, a timeline for projected completion of actions, and anticipated barriers that may be encountered in the attainment of compliance.</p> <p>(2) Not later than August 31, 2014 and August 31, 2015, DADS shall provide a status report on achievement of compliance to the LBB, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report shall identify completed actions contained in the plan required under subsection (a)(1) of this section and any changes in the timeline of projected completion for remaining actions.</p> <p><b>b. Cost Reporting.</b></p> <p>(1) DADS shall provide actual monthly expenditure data by state supported living center to the LBB, on a monthly basis, and in a format approved by the LBB.</p> <p>(2) On a quarterly basis DADS shall provide data on cost reductions that have occurred as a result of reductions in the State Supported Living Center system census in areas including but not limited to staffing and employee benefits, acute care/prescription drugs, and resident support (dietary, laundry, transportation, and maintenance services) and data on the impact of the declining census on collection of Quality Assurance Fee revenue.</p> <p><b>c. Staffing.</b></p> <p>(1) On a quarterly basis, DADS shall provide a quarterly staffing report to the LBB, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that includes data on turnover, fill rates, and use of contractors by state supported living center and position type, initiatives undertaken during the reporting period to improve staff recruitment and retention, resources expended on the initiatives, and outcomes quantifying the impact of the initiatives.</p> <p>(2) Not later than August 31, 2014, DADS shall provide a report to the LBB, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that analyzes data regarding the reasons for staff turnover at state supported living centers, identifies patterns in turnover, and makes recommendations for specific interventions to address identified concerns. The report shall include analysis on the fiscal and policy impact of establishing a career ladder at state supported living centers for certain positions.</p> <p><b>d. State Supported Living Center Expenditures.</b></p> <p>(1) It is the intent of the legislature that DADS limit expenditures in strategy A.8.1, State Supported Living Centers, to appropriations. Notwithstanding any other provisions in this act, the agency is authorized to expend additional funds above appropriations in this strategy only upon prior written approval from the LBB and Governor.</p> <p>To request authorization to expend additional funds, the agency shall submit a written request to the LBB and Governor that includes the following information:</p> <ul style="list-style-type: none"><li>(i) a detailed explanation of the reason for the need to spend additional funding</li><li>(ii) an estimate of available funding to transfer to A.8.1 and the strategy(ies) in which the funds will be made available for transfer</li></ul> <p>Additional information requested by the LBB or Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the LBB.</p> <p>This request shall be considered to be approved unless the LBB or Governor issue a written disapproval within 15 business days of the date on which the LBB staff concludes its review of the proposal to spend additional funds and forwards its review to the House of the Appropriations Committee Chair, the Senate Finance Committee Chair, Speaker, and Lt. Gov.</p> <p>The Comptroller shall not allow expenditure of additional funds for this purpose if the LBB provides notification to the Comptroller that the requirements of this provision have not been satisfied.</p> <p>(2) By December 31, 2013, DADS shall provide a plan to the LBB and the Governor demonstrating how the agency will manage the expenditures in strategy A.8.1, State Supported Living Centers, to remain within appropriated levels.</p>
<p><b>DADS Rider #37</b></p>	<p><b>Promoting Community Services for Children.</b> It is the intent of the Legislature that opportunities be provided for children (under the age of 22) residing in community intermediate care facilities for the intellectually disabled to be able to transition to families. To facilitate such transitions when requested by parent/guardian, the department may request approval through Rider 9 provisions <b>to transfer funding from Strategy A.7.1, Intermediate Care Facilities - IID, to other Medicaid strategies that provide appropriate services in community settings.</b> In order to maintain cost-neutrality, the Executive Commissioner may develop rules in accordance with all applicable laws that would allow decertification of ICF/IID beds to offset the additional costs incurred in the community.</p>

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<p><b>DADS Rider #39</b></p>	<p><b>State Supported Living Center Long-term Plan.</b> Out of funds appropriated above, DADS shall develop a ten-year plan for the provision of services to persons residing in State Supported Living Centers (SSLCs). This plan shall consider SSLC system operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity and demand needs of the state, and associated costs. The plan must consider current state funded SSLC capacity for individuals requiring services, serving individuals in the most integrated setting appropriate to their needs, consideration of individuals' and/or their legally authorized representatives' preferences, opportunities for individuals to receive services close to their geographic preference, and efficient use of state resources. The plan must consider monitoring and oversight of the quality of services, effective transition of individuals into community settings, and compliance with state and federal regulations. DADS shall coordinate with the Department of State Health Services in the development and implementation of the plan, in order to ensure consideration of cross agency issues impacting SSLCs and state hospitals. To authorize the implementation of improvements to the state supported living center system related to the plan, DADS shall submit a written request to the Legislative Budget Board and the Governor. The request shall be considered to be 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 proposal 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.</p>
<p><b>DADS Rider #40</b></p>	<p><b>Contingency for Nursing Facility Rate Increases.</b> Contingent on passage of legislation including but not limited to Senate Bill 7) by the Eighty-third Legislature, Regular Session, that carves nursing facility services into the Medicaid managed care service delivery model, in addition to amounts above, DADS is appropriated \$23,446,624 in General Revenue Funds and \$33,380,028 in Federal Funds in fiscal year 2014 and \$72,734,490 in General Revenue Funds and \$100,677,477 in Federal Funds in fiscal year 2015 in Strategy A.6.1, Nursing Facility Payments, and \$1,662,179 in General Revenue Funds and \$2,366,416 in Federal Funds in fiscal year 2014 and \$5,163,429 in General Revenue Funds and \$7,147,187 in Federal Funds in fiscal year 2015 in Strategy A.6.3, Hospice, to provide for a 2 percent rate increase to nursing facilities in fiscal year 2014 and an additional 4 percent rate increase to nursing facilities in fiscal year 2015. Percentage increases in both fiscal years are intended to be calculated based on the rates in effect on August 31, 2013.</p>

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HHSC Riders

Rider #	Rider Description
HHSC Rider #51	<p data-bbox="301 328 973 354"><b>Medicaid Funding Reduction and Cost Containment.</b></p> <p data-bbox="301 360 2467 474">a. Included in appropriations above in Goal B, Medicaid, Strategy B.1.5, Children, is a reduction of \$200,000,000 in General Revenue Funds and \$284,730,974 in Federal Funds in fiscal year 2014 and \$200,000,000 in General Revenue Funds and \$276,871,722 in Federal Funds in fiscal year 2015, a biennial total of \$400,000,000 in General Revenue Funds and \$561,602,696 in Federal Funds. The Health and Human Services Commission (HHSC) is authorized to transfer these reductions between fiscal years and to allocate these reductions among health and human services agencies as listed in Chapter 531, Government Code, pursuant to the notification requirements included in Subsection (c) of this rider.</p> <p data-bbox="301 506 2225 532">b. This reduction shall be achieved through the implementation of the plan described under subsection (c) which may include any or all of the following initiatives:</p> <ol data-bbox="354 555 2467 1401" style="list-style-type: none"> <li data-bbox="354 555 1795 581">(1) Implement payment reform and quality based payment adjustments in fee-for-service and in managed care premiums,</li> <li data-bbox="354 604 1446 630">(2) Improve birth outcomes, including improving access to information and payment reform,</li> <li data-bbox="354 652 989 678">(3) Increase efficiencies in the vendor drug program,</li> <li data-bbox="354 701 2467 760">(4) Continue to adjust outpatient Medicaid payments to a fee schedule that is a prospective payment system and that maximizes bundling of outpatient services, including hospital imaging rates,</li> <li data-bbox="354 782 1768 808">(5) Expand efforts to develop more appropriate emergency department hospital rates for non-emergency related visits,</li> <li data-bbox="354 831 989 857">(6) Maximize co-payments in all Medicaid programs,</li> <li data-bbox="354 880 2467 938">(7) Increase efficiency and reduce fraud in Medicaid transportation service through the most appropriate transportation model, including the transfer of transportation for dialysis patients to the Medical Transportation Program and non-emergency ambulance services,</li> <li data-bbox="354 961 2182 987">(8) Implement statewide monitoring of community care and home health through electronic visit verification in Medicaid fee-for-service and managed care,</li> <li data-bbox="354 1010 838 1036">(9) Renegotiate more efficient contracts,</li> <li data-bbox="354 1058 2386 1117">(10)Phase down Medicaid rates which are above Medicare rates, with separate consideration for an accurate and appropriate evaluation of the service delivery model when developing the rate for Medicaid rates for pediatric therapy services that have no equivalent Medicare service,</li> <li data-bbox="354 1140 2155 1166">(11)Develop a more appropriate fee schedule for therapy services, requiring providers to submit the National Provider Identification (NPI) on each claim,</li> <li data-bbox="354 1188 935 1214">(12)Strengthen prior authorization requirements,</li> <li data-bbox="354 1237 1188 1263">(13)Strengthen and expand utilization and prior authorization reviews,</li> <li data-bbox="354 1286 1268 1312">(14)Incentivize appropriate neonatal intensive care unit utilization and coding,</li> <li data-bbox="354 1334 1725 1360">(15)Improve care coordination through a capitated managed care program for remaining fee-for-service populations,</li> <li data-bbox="354 1383 1107 1409">(16)Increase fraud, waste, and abuse prevention and detection,</li> </ol>

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	<p>(17)Expand initiatives to pay more appropriately for outlier payments,</p> <p>(18)Develop a dynamic premium development process for managed care organizations that has an ongoing methodology for reducing inappropriate utilization, improving outcomes, reducing unnecessary pending, and increasing efficiency.</p> <p>(19)Adjust inpatient hospital reimbursement for labor and delivery services provided to adults at children's hospitals,</p> <p>(20)Implement fee-for-service payment changes and managed care premium adjustments that incentivize the most appropriate and effective use of services,</p> <p>(21)Implement dually eligible Medicare/Medicaid integrated care model and long-term services and supports quality payment initiative,</p> <p>(22)Reestablish hospital thirty day spell of illness limitations in STAR+PLUS,</p> <p><b>(23)Align Texas Home Living with Home and Community-based Services (HCS) rates,</b></p> <p>(24)Enforce appropriate payment practices for non-physician services, and</p> <p><b>(25)Implement additional initiatives identified by the Health and Human Services Commission.</b></p> <p>c. HHSC shall develop a plan to allocate the reductions required by Subsection (a) of this rider by taking actions such as those suggested under Subsection (b) of this rider to the budgets of the health and human services agencies as listed in Chapter 531, Government Code. The plan shall include reduction amounts by strategy and fiscal year and shall be submitted in writing before December 1, 2013 to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts.</p>
<p><b>HHSC Rider #52</b></p>	<p><b>Client Assessment for Acute Nursing Services in Medicaid.</b> Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Goal B, Medicaid, the commission shall develop an objective assessment process to assess Medicaid clients' needs for acute nursing services, including home health skilled nursing, home health aide services, and private duty nursing. HHSC shall use the appropriated funds to pay an employee or a contractor independent of the service provider to conduct these assessments.</p> <p>The assessment process must include an assessment of specific criteria documented on a standard form and any documents required for prior authorization of nursing services. HHSC shall implement this assessment process within Medicaid fee-for-service, primary care case management; and STAR and STAR+PLUS Medicaid managed care programs. HHSC shall consider the feasibility and benefit of implementing a similar process for therapy services.</p>



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Special Provisions Riders

Special Provisions Section #	Rider Description																		
Special Provisions Sec. 7	<p><b>Federal Match Assumptions and Limitations on Use of Available General Revenue Funds.</b></p> <p>a. <b>Federal Match Assumptions.</b> The following percentages reflect federal match assumptions used in Article II of this Act.</p> <p><b>Federal Medical Assistance Percentage (FMAP)</b></p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> </tr> </thead> <tbody> <tr> <td>Federal Fiscal Year</td> <td style="text-align: center;">58.69%</td> <td style="text-align: center;">58.00%</td> </tr> <tr> <td>State Fiscal Year</td> <td style="text-align: center;">58.74%</td> <td style="text-align: center;">58.06%</td> </tr> </tbody> </table> <p><b>Enhanced Federal Medical Assistance Percentage (EFMAP)</b></p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> </tr> </thead> <tbody> <tr> <td>Federal Fiscal Year</td> <td style="text-align: center;">71.08%</td> <td style="text-align: center;">70.60%</td> </tr> <tr> <td>State Fiscal Year</td> <td style="text-align: center;">71.12%</td> <td style="text-align: center;">70.64%</td> </tr> </tbody> </table>		<u>2014</u>	<u>2015</u>	Federal Fiscal Year	58.69%	58.00%	State Fiscal Year	58.74%	58.06%		<u>2014</u>	<u>2015</u>	Federal Fiscal Year	71.08%	70.60%	State Fiscal Year	71.12%	70.64%
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Special Provisions Sec. 20	<p><b>Community Centers.</b> Notwithstanding other provisions of this Act, if DSHS or DADS determine that a community center, as defined in the Texas Health and Safety Code Sec. 534.001(b), is unable or unwilling to fulfill its contractual obligations to provide services or to exercise adequate control over expenditures and assets, the departments may take necessary steps, including the appointment of a management team as authorized by Health and Safety Code, §§534.038 through 534.040 and recoupment of funds, to protect the funds appropriated under this Act and ensure the continued provision of services. Any recouped funds shall be used to achieve equity. In conjunction with the reallocation of funds, the departments shall provide a report to the LBB and Governor on the amount of funds, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p>																		
Special Provisions Sec. 31	<p><b>Professional Trainees and Interns.</b> DSHS and DADS are authorized to compensate professional trainees or interns in recognized educational programs related to the provision of MH or IDD services, radiation control, or any critical health care profession as determined by HHS Executive Commissioner at any salary rate not to exceed the following amounts:</p> <ul style="list-style-type: none"> <li>Psychiatrist Interns \$3,548 per month</li> <li>Physician Interns \$3,042 per month</li> <li>Psychologist Trainees \$2,859 per month</li> <li>Registered Nurse Trainees \$2,387 per month</li> <li>Chaplain Interns \$2,247 per month</li> <li>Physical, Occupational, or Registered Therapist Trainees \$2,117 per month</li> <li>Social Worker Trainees \$1,998 per month</li> <li>Medical Technologist Trainees \$1,998 per month</li> <li>Licensed Vocational Nurse Trainees \$1,785 per month</li> <li>Health Physicist Interns \$2,247 per month</li> <li>Health Physicist Trainees \$1,686 per month</li> </ul>																		

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<p><b>Special Provisions Sec. 34</b></p>	<p><b>Efficiencies at Local Mental Health Authorities and DADS Local Authorities.</b> It is the intent of the Legislature that the local mental health authorities and DADS local authorities that receive allocations from the funds appropriated above to the Department of Aging and Disability Services and the Department of State Health Services shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid.</p> <p>It is the Legislature's intent that DADS local authorities not expend funds appropriated to the Department of Aging and Disability Services in Strategies A.1.1, Access, Intake &amp; Eligibility, and A.4.2, Intellectual Disability Community Services, to supplement the rate-based payments they receive to fund their costs as providers of waiver or ICF/IID services.</p>
<p><b>Special Provisions Sec. 38</b></p>	<p><b>Financial Monitoring of Community Centers.</b> DADS, DSHS, and HHSC shall enter into a written agreement that defines each agency's responsibilities for monitoring the expenditure by community centers, as defined in the Texas Health and Safety Code Sec. 534.0016(b) of funds appropriated by this Act. The written agreement shall include provisions for monitoring that require community centers to account for state funds separately from other sources of funds.</p>
<p><b>Special Provisions Sec. 39</b></p>	<p><b>Appropriation of Unexpended Balances: Funds Recouped from Local Authorities.</b> Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year 2014 recouped by DADS or DSHS from a local mental health authority or DADS local authority for failing to fulfill its performance contract with the State, are hereby appropriated to the respective agency for the same strategy, to reallocate to other local mental health authorities or DADS local authorities in fiscal year 2015.</p> <p>Each agency shall provide a report to the Legislative Budget Board and the Governor by June 1, 2014 that includes the amount of the recoupment by strategy, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p>
<p><b>Special Provisions Sec. 43</b></p>	<p><b>Waiver Program Cost Limits.</b></p> <p>a. Individual Cost Limits for Waiver Programs. It is the intent of the Legislature that the Department of Aging and Disability Services and Health and Human Services Commission comply with the cost-effectiveness requirements of the Centers for Medicare and Medicaid Services and set the individual cost limit for each waiver program as follows:</p> <ol style="list-style-type: none"> <li>(1) Community-Based Alternatives Program: 200 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility on or before August 31, 2010;</li> <li>(2) Medically Dependent Children Program: 50 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility on August 31, 2010;</li> <li>(3) <b>Community Living Assistance and Support Services Program:</b> The fixed amount of \$114,736.07 based on historical annualized per capita cost of providing services in and ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;</li> <li>(4) Deaf-Blind with Multiple Disabilities Program: The fixed amount of \$114,736.07 based on historical annualized per capita cost of providing services in an ICF/IID to and individual qualifying for an ICF/IID Level of Care VIII;</li> <li>(5) <b>Home and Community-based Services Program:</b> 200 percent of the reimbursement rate that would have been paid for that same individual to receive services in an ICF/IID on August 31, 2010; and</li> <li>(6) STAR+PLUS Community-Based Alternatives: 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.</li> </ol>

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<p><b>Special Provisions</b> <b>Sec. 43,</b> <b>cont'd.</b></p>	<p><b>Waiver Program Cost Limits.</b></p> <p><b>b. Use of General Revenue Funds for Services.</b></p> <p>(1) Out of funds appropriated for the waiver programs identified above, and subject to the terms of subsection (c) below, the department and commission are authorized to use General Revenue Funds to pay for services if:</p> <ul style="list-style-type: none"> <li>(i) the cost of such services exceeds the individual cost limit specified in a medical assistance waiver program listed above;</li> <li>(ii) federal financial participation is not available to pay for such services; and</li> <li>(iii) department or commission determines that: <ul style="list-style-type: none"> <li>(a) the person's health and safety cannot be protected by the services provided within the individual cost limit established for the program; and</li> <li>(b) there is no other available living arrangement in which the person's health and safety can be protected at that time, as evidenced by: <ul style="list-style-type: none"> <li>(i) an assessment conducted by clinical staff of the department or commission; and</li> <li>(ii) supporting documentation, including the person's medical and service records.</li> </ul> </li> </ul> </li> </ul> <p>(2) Out of funds appropriated under this Article for the waiver programs identified above, and subject to the terms of subsection (c) below, the department and commission are authorized to use General Revenue Funds to continue to provide services to a person who was receiving medical assistance waiver program services on September 1, 2005, at a cost that exceeded the individual cost limit specified in the medical assistance waiver program, if:</p> <ul style="list-style-type: none"> <li>(i) federal financial participation is not available to pay for such services; and</li> <li>(ii) continuation of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.</li> </ul> <p>(3) Authority provided in (b) above is contingent upon the agency submitting a report in writing to the Legislative Budget Board and Governor on October 1 of each year of the biennium. The report shall include the number of clients by program which exceeds cost limits and the unmatched General Revenue associated with each by fiscal year.</p>
<p><b>Special Provisions</b> <b>Sec. 44</b></p>	<p><b>Rate Limitations and Reporting Requirements.</b> Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision.</p> <p>For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology) that account for significant expenditures by a health and human services agency as listed in Chapter 531, Government Code. "Fiscal impact" is defined as an increase in expenditures due to either a rate change or establishment of a new rate, including the impact on all affected programs. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by HHSC pursuant to other provisions in this Act and should specify General Revenue-related Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be reported at an aggregate level and acute care services may be reported by rate category.</p>
<p><b>Special Provisions</b> <b>Sec. 45</b></p>	<p><b>Money Follows the Person Demonstration.</b> The Health and Human Services Commission and the Department of Aging and Disability Services shall submit to the Legislative Budget Board and the Governor the monthly number of clients enrolled in each 1915(c) long-term-care waiver or receiving STAR+Plus CBA services who are eligible for enhanced federal match under the Money Follows the Person demonstration and the monthly expenditures eligible for the enhanced federal match. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board.</p> <p>a. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.</p> <p>b. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Department of Aging and Disability Services if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Department of Aging and Disability Services is not in compliance with this provision.</p>

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<p><b>Special Provisions Sec. 46</b></p>	<p><b>Balancing Incentive Program Reporting.</b> The Health and Human Services Commission, the Department of Aging and Disability Services, and any other health and human services agency listed in Chapter 531, Government Code, as applicable, shall submit to the Legislative Budget Board and the Governor the monthly expenditures eligible for enhanced federal match under the Balancing Incentive Program. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board.</p> <p>a. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.</p> <p>b. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Department of Aging and Disability Services if the Legislative Budget Board or the Governor certify to the Comptroller of Public Accounts that the Department of Aging and Disability Services is not in compliance with this provision.</p>
<p><b>Special Provisions Sec. 48</b></p>	<p><b>Program of All-inclusive Care for the Elderly (PACE).</b></p> <p>a. <b>Expansion of PACE Sites.</b> The Department of Aging and Disability Services (DADS) may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2015.</p> <p>b. <b>Additional Participants at Existing PACE Sites.</b> DADS may use funds appropriated in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) to serve up to 96 additional participants at existing PACE sites in Amarillo, Lubbock, and El Paso.</p> <p>c. <b>Funding for Additional Sites and Participants.</b> Notwithstanding other provisions of this Act, if funds appropriated elsewhere in this Act to DADS in Strategy A.5.1, Program of All inclusive Care for the Elderly (PACE) are not sufficient to pay for services described in subsections (a) and/or (b), the Health and Human Services Commission (HHSC) shall transfer funds from Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related, in an amount not to exceed \$369,839 in General Revenue Funds in fiscal year 2014 and \$3,419,426 in General Revenue Funds in fiscal year 2015. The Executive Commissioner of HHSC must certify that funds appropriated to DADS in Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in rates for existing PACE sites. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.</p> <p>d. <b>Additional Funding for PACE program.</b> Should transfer authority provided in subsection (c) be insufficient to serve the increase in participants described by subsections (a) and/or (b), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from HHSC Goal B, Medicaid, Strategy B.1.1, Aged and Medicare-related, or Goal B, Medicaid, Strategy B.1.2, Disability-Related to DADS Strategy A.5.1, Program of All-inclusive Care for the Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request 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.</p>
<p><b>Special Provisions Sec. 49</b></p>	<p><b>Workgroup on Nursing Facility Residents' Applied Income.</b> Out of funds appropriated elsewhere in this Act to the Health and Human Services Commission, in Strategy A.1.1, Enterprise Oversight &amp; Policy, the Executive commissioner of the Health and Human Services Commission shall appoint a workgroup on nursing facility residents' applied income by January 31, 2014. It is the intention of the Legislature that the members of the workgroup shall include, but are not limited to, representation from the Office of the Attorney General's Division of Medicaid Fraud Control and/or Consumer Protection, the Department of Aging and Disability Services Division of Long Term Regulatory, the Texas Health Care Association, the Texas Silver Haired Legislature, and The Texas Senior Advocacy Coalition. The purpose of the workgroup is to study the extent of misapplication of Medicaid nursing facility residents' applied income and to develop a set of recommendations to more effectively manage applied income payments to ensure those funds are used for their intended legal purposes. The workgroup shall report the results of its finding and recommendations to the chairs of the Senate Health and Human Services Committee and the House Human Services Committee by September 30, 2014.</p>
<p><b>Special Provisions Sec. 52</b></p>	<p><b>Fiscal Impact Analysis of Health and Medical Insurance for Eligible Employees of Contracted Long-Term Care Medicaid Providers.</b> It is the intent of the Legislature that out of funds available, the Health and Human Services Commission in coordination with the Legislative Budget Board shall determine the impact of the employer mandate in the Affordable Care Act on Medicaid long-term care providers through consideration of the following:</p>

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	<p>a. Current number of contracted long-term care Medicaid providers with 50 or more full-time equivalent employees;</p> <p>b. Estimated percentage of employees that would qualify for the Medicaid exchange;</p> <p>c. Estimated percentage of employees by wage rate who would enroll in a plan offered by their employer;</p> <p>d. Estimated cost of providing health insurance per employee; and</p> <p>e. Current number of employees and employee health insurance costs on current cost reports, requiring this information to be included on future cost reports.</p> <p>It is the intent of the Legislature that HHSC shall report these findings to the Governor and LBB no later than November 1, 2014, and HHSC shall take this impact into consideration when setting rates should additional funds become available through funds provided or additional state or federal Medicaid funds that become available.</p>
<p><b>Special Provisions Sec. 53</b></p>	<p><b>Community First Choice Program Reporting.</b> HHSC and DADS shall submit to the LBB and the Governor the monthly expenditures for attendant care and habilitation services that are eligible for enhanced federal match under the Community First Choice program, by strategy. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board:</p> <p>a. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.</p> <p>b. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to HHSC and DADS if the LBB and the Governor certify to the Comptroller that HHSC and DADS are not in compliance with this provision.</p>
<p><b>Special Provisions Sec. 54</b></p>	<p><b>Transfer Authority Related to STAR+PLUS Managed Care Expansion.</b> From funds appropriated elsewhere in this act, the Executive Commissioner is authorized to transfer staff, General Revenue and Federal Funds in fiscal year 2014 and fiscal year 2015 in the DADS' Strategy A.1.1, Intake, Access and Eligibility, Strategy A.2.1, Primary Home Care, Strategy A.2.3, Day Activity and Health Services, Strategy A.3.1, Community-Based Alternatives, and Strategy A.6.4, Promoting Independence Services to HHSC, Strategy B.1.1 Aged and Medicare-Related in amounts necessary to expand the STAR+PLUS managed care model for the provision of Medicaid services to all areas of the state. HHSC shall notify the LBB and Governor's Office of the actual transfer amounts and estimated impact on performance measures at least thirty days prior to transferring funds.</p>
<p><b>Special Provisions Sec. 55</b></p>	<p><b>Appropriation of Additional Funds Available under the Balancing Incentive and Money Follows the Person Programs.</b></p> <p>a. In the event the enhanced federal matching funds earned under the Balancing Incentive Program and Money Follows the Person demonstration program exceed \$219,631,272 for fiscal years 2014-15, the General Revenue Funds thereby made available at the health and human services agencies listed in Chapter 531, Government Code, are directed to the following purposes, in priority order, subject to the approval provisions contained in (b):</p> <p>(1) increase access to community-based long-term services and supports,</p> <p>(2) increase wages in community-based long-term services and supports, and,</p> <p>(3) any other projects to improve the effectiveness and quality of, and access to community-based long-term services and supports.</p>
<p><b>Special Provisions Sec. 56</b></p> <p><b>CFC Option</b></p>	<p><b>Transfer Authority Related to Attendant and Habilitation Services.</b> Notwithstanding other provisions in this Act, from funds appropriated elsewhere in this act for Fiscal Year 2015, the Executive Commissioner is hereby authorized to transfer funds in the Department of Aging and Disability Services Strategy A.2.4 Habilitation Services to the Health and Human Services Commission, Strategies B.1.1 Aged and Medicare-Related and B.1.2 Disability Related, for the purpose of providing personal attendant services, habilitative services and emergency response services to individuals with intellectual and developmental disabilities in the STAR+PLUS program. At least thirty days prior to transferring funds, HHSC shall notify the Legislative Budget Board and Governor's Office of the transfer amounts and impact on performance measures.</p>

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<p><b>Special Provisions Sec. 57</b></p>	<p><b>Transfers to the Department of Assistive and Rehabilitative Services.</b> Notwithstanding limitations on transfer provisions elsewhere in this Act, out of funds appropriated to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, General Revenue Funds in the amount of \$1,615,951 per fiscal year may be transferred to the Department of Assistive and Rehabilitative Services (DARS) with the following restrictions.</p> <p>a. <b>Autism Program.</b> A transfer to DARS Strategy A.3.1, Autism Program, of \$1,187,800 per fiscal year shall be authorized by the executive commissioner only upon determination that DARS has developed a plan to increase the number of children receiving autism services. In development of the plan, DARS shall consider the following criteria:</p> <ol style="list-style-type: none"> <li>(1) evidence-based treatment modalities,</li> <li>(2) the average number of treatment service hours necessary to make a measurable impact on behavior and the most appropriate duration of time to ensure progress is maintained,</li> <li>(3) which age range of children benefits most from treatment;</li> <li>(4) which provider qualifications are most appropriate for the delivery of treatment services;</li> <li>(5) best practices for including parental and caregiver training and involvement in treatment services;</li> <li>(6) best practices for inclusion of treatment services in an educational setting;</li> <li>(7) state and federal laws related to insurance coverage of treatment services for autism; and</li> <li>(8) funding options for treatment services that include maximizing non-State payer sources - such as public and private insurance and family participation.</li> </ol>
<p><b>Special Provisions Sec. 59</b></p>	<p><b>Contingency for Attendant and Habilitation Services [CFC Option]</b></p> <p>a. Included in appropriations above at Department of Aging and Disability Services (DADS) is \$99,935,393 in General Revenue Funds and \$270,678,923 in Federal Funds (\$370,614,316 in All Funds) in fiscal year 2015 for the purpose of providing attendant and habilitation services to individuals with intellectual and developmental disabilities (Community First Choice program). The appropriation also assumes a reduction of \$64,612,979 in General Revenue Funds and an increase of \$65,414,318 in Federal Funds at the Health and Human Services Commission (HHSC) in fiscal year 2015 as a result of the enhanced federal matching funds available under the Community First Choice program and its impact on existing services provided at HHSC.</p> <p>b. The appropriations and reductions in subsection (a) are contingent on the enactment of Senate Bill 7, or similar legislation that redesigns the long-term care service delivery system, by the Eighty-third Legislature, Regular Session. If Senate Bill 7, or similar legislation, is not enacted:</p> <ol style="list-style-type: none"> <li>(1) the appropriations made in strategies above at DADS are reduced by \$99,935,393 in General Revenue Funds and \$270,678,923 in Federal Funds (\$370,614,316 in All Funds) in fiscal year 2015; and,</li> <li>(2) the General Revenue appropriations at HHSC are increased by \$64,612,979 and Federal Funds are reduced by \$65,414,318 (net reduction of \$801,339 in All Funds) in FY 2015.</li> </ol>
<p><b>Special Provisions Sec. 60</b></p>	<p><b>Expansion of Community-based Services.</b> Subject to the limitations in Department of Aging and Disability Services Rider 27, Limits for Waivers and Other Programs, appropriations made above in this Act related to expansion of community-based services include:</p> <p>a. Appropriations for the Promoting Independence Initiative at the Department of Aging and Disability Services (DADS):</p> <ol style="list-style-type: none"> <li>(1) \$6,660,573 in General Revenue (\$25,759,607 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 400 slots for persons moving out of large and medium Intermediate Care Facilities for Individuals with Intellectual Disabilities;</li> <li>(2) \$4,900,139 in General Revenue (\$12,315,328 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 192 slots for children aging out of foster care;</li> <li>(3) \$7,668,729 in General Revenue (\$19,273,705 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 300 slots to prevent institutionalization/crisis;</li> <li>(4) \$628,769 in General Revenue (\$1,580,195 in All Funds) to Strategy A.3.1, Community-based Alternatives to add 100 slots to prevent institutionalization/crisis;</li> <li>(5) \$4,818,952 in General Revenue (\$19,401,091 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 360 slots for persons with intellectual and developmental disabilities moving out of nursing facilities; and,</li> </ol>

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	<p>(6) \$641,190 in General Revenue (\$1,611,366 in All Funds) to Strategy A.3.2, Home and Community-based Services to add 25 slots for children moving out of Department of Family and Protective Services general residential operations.</p> <p>b. Appropriations for the purpose of reducing the interest lists at DADS and the Health and Human Services Commission (HHSC):</p> <p>(1) \$853,599 in General Revenue (\$2,171,866 in All Funds) to DADS Strategy A.3.1, Community-based Alternatives to add 262 slots;</p> <p>(2) \$22,183,742 in General Revenue (\$55,740,295 in All Funds) to DADS Strategy A.3.2, Home and Community-based Services to add 1,324 slots;</p> <p>(3) \$12,692,585 in General Revenue (\$31,899,651 in All Funds) to DADS Strategy A.3.3, Community Living Assistance and Support Services to add 712 slots;</p> <p>(4) \$2,077,413 in General Revenue (\$5,220,916 in All Funds) to DADS Strategy A.3.4, Deaf-Blind Multiple Disabilities to add 100 slots;</p> <p>(5) \$871,942 in General Revenue (\$2,191,433 in All Funds) to DADS Strategy A.3.5, Medically Dependent Children Program to add 120 slots;</p> <p>(6) \$12,504,620 in General Revenue (\$31,427,375 in All Funds) to DADS Strategy A.3.6, Texas Home Living to add 3,000 slots;</p> <p>(7) \$5,082,587 in General Revenue (\$12,584,586 in All Funds) to HHSC Strategies B.1.1, Aged and Medicare-Related and B.1.2, Disability Related to add 490 STAR+PLUS slots; and,</p> <p>(8) \$8,650,072 in General Revenue (\$20,712,805 in All Funds) to HHSC Strategies B.1.1, Aged and Medicare-Related and B.1.2, Disability Related for acute care costs for persons served in DADS waivers as identified in (1) - (6).</p>
<p><b>Special Provisions Sec. 61</b></p>	<p><b>Information on Funding Provided for Direct Care Workers and Attendant Wages.</b></p> <p>Appropriations made elsewhere in this Act for the 2014-15 biennium for certain pay increases include:</p> <p><b>a. State-operated Facilities.</b> Appropriations provide for a 10 percent pay increase for certain direct care workers.</p> <p>(1) Appropriations at the Department of Aging and Disability Services include \$13,751,152 in General Revenue Funds (\$32,721,362 in All Funds) for the FY 2014-15 biennium for salary increases for direct service professionals at state supported living centers.</p> <p>(2) Appropriations at the Department of State Health Services include \$14,790,336 in General Revenue Funds (\$14,790,336 in All Funds) for the FY 2014-15 biennium for salary increases for psychiatric nursing assistants at state hospitals.</p> <p><b>b. Community-based Programs.</b> Appropriations provide for an increase in the base wage of personal attendants to \$7.50 per hour in FY 2014 and \$7.86 per hour in FY 2015, and include an additional \$20.0 million in General Revenue Funds for rate enhancement across community-based programs.</p> <p>(1) Appropriations at DADS include \$40,866,318 in General Revenue Funds (\$95,595,909 in All Funds) for the FY 2014-15 biennium for this purpose.</p> <p>(2) Appropriations at HHSC include \$47,886,539 in General Revenue Funds (\$120,800,570 in All Funds) for the FY 2014-15 biennium for this purpose.</p>

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**Article IX Riders**

<p><b>Article IX, Sec. 17.11</b></p>	<p><b>Certain Targeted Salary Increases.</b> From funds appropriated elsewhere in this Act for certain targeted salary increases, the following agencies shall use the amounts detailed below for the following purposes only:</p> <ol style="list-style-type: none"> <li>(1) at the Department of Aging and Disability Services \$13,751,152 appropriated from the General Revenue Fund and \$32,721,362 out of All Funds during the biennium for a ten percent (10%) pay increase for direct care workers at State Supported Living Centers;</li> <li>(2) at the Department of Family and Protective Services, \$15,436,523 appropriated from the General Revenue Fund and \$17,265,012 out of All Funds for a career ladder for workers, and \$3,051,454 appropriated from the General Revenue Fund and \$3,446,824 out of All Funds for supervisor reclassification;</li> <li>(3) at the Department of State Health Services \$14,790,336 appropriated from the General Revenue Fund during the biennium for a pay increase for psychiatric nursing assistants at State Hospitals;</li> </ol>
<p><b>Article IX, Sec. 18.32</b></p>	<p><b>Contingency for SB 8.</b> Contingent on enactment of SB 8, or similar legislation relating to the provision and delivery of certain health and human services in this state, including the provision of those services through the Medicaid program and the prevention of fraud, waste, and abuse in that program and other programs, by the Eighty-third Legislature, Regular Session, the Health and Human Services Commission is hereby appropriated in Strategy B.3.1, Medicaid Contracts and Administration, \$171,805 in General Revenue Funds and \$452,118 in All Funds in fiscal year 2014 and \$178,257 in General Revenue Funds and \$445,642 in All Funds in fiscal year 2015 and in Strategy G.1.1, Office of Inspector General, \$328,359 in General Revenue Funds and \$795,829 in All Funds in fiscal year 2014 and \$629,364 in General Revenue Funds and \$1,500,630 in All Funds in fiscal year 2015 to implement the provisions of the legislation. In addition, the "Number of Full-Time-Equivalents (FTE)" indicated in HHSC's bill pattern is hereby increased by 21.6 FTEs in fiscal year 2014 and 34.1 FTEs in fiscal year 2015.</p> <p>Also contingent on enactment of SB 8, or similar legislation relating to the provision and delivery of certain health and human services in this state, including the provision of those services through the Medicaid program and the prevention of fraud, waste, and abuse in that program and other programs, by the Eighty-third Legislature, Regular Session, the State Auditor's Office is hereby appropriated in Strategy A.1.1, State Auditor, \$366,210 in General Revenue Funds in fiscal year 2014 to implement the provisions of the bill. In addition, the "Number of Full-Time-Equivalents (FTE)" indicated in the State Auditor's Office bill pattern is hereby increased by 3.1 FTEs in fiscal year 2014.</p>
<p><b>Article IX, Sec. 18.40</b></p>	<p><b>Contingency for SB 492.</b> Contingent on the enactment of Senate Bill 492, or similar legislation relating to licensing and regulation of prescribed pediatric extended care centers, by the Eighty-third Legislature, Regular Session, the Department of Aging and Disability Services (DADS) is hereby appropriated \$784,139 in fiscal year 2014 and \$686,225 in fiscal year 2015 to Strategy B.1.1, Facility/Community-Based Regulation, from fees collected and deposited in the General Revenue Fund. The number of "Full-Time Equivalents (FTE)" indicated in DADS' bill pattern is increased by 8.0 in fiscal year 2014 and 10.5 in fiscal year 2015.</p>
<p><b>Article IX, Sec. 18.58</b></p>	<p><b>Contingency for SB 1803.</b> Contingent on enactment of SB 1803, or similar legislation relating to investigations of and payment holds relating to allegations of fraud or abuse and investigations of and hearings on overpayments and other amounts owed by providers in connection with the Medicaid program or other health and human services programs, by the Eighty-third Legislature, Regular Session, the Health and Human Services Commission is hereby appropriated in Strategy G.1.1, Office of the Inspector General, \$316,385 in General Revenue Funds and \$668,482 in All Funds in fiscal year 2014 and \$451,149 in General Revenue Funds and \$957,380 in All Funds in fiscal year 2015 to implement the provisions of the legislation. In addition, the "Number of Full-Time-Equivalents (FTE)" indicated in HHSC's bill pattern is hereby increased by 10.0 FTEs in fiscal year 2014 and 17.0 in fiscal year 2015.</p>