

6.F.a. Advisory Committee Supporting Schedule ~ Part A

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/23/2012  
 Time: 2:24:49PM

Agency Code: **529** Agency: **Health and Human Services Commission**

**MEDICAL CARE ADVISORY COMMITTEE**

Statutory Authorization: V.C.T.A. Human Resources Code §32.022  
 Number of Members: 12  
 Committee Status: Ongoing  
 Date Created: 03/01/1966  
 Date to Be Abolished: N/A  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

<b>Advisory Committee Costs</b>	<b>Expended Exp 2011</b>	<b>Estimated Est 2012</b>	<b>Budgeted Bud 2013</b>	<b>Requested BL 2014</b>	<b>Requested BL 2015</b>
Committee Members Direct Expenses					
Travel	\$7,416	\$10,253	\$8,202	\$10,253	\$8,202
Other Expenditures in Support of Committee Activities					
Personnel	10,767	10,767	10,767	10,767	10,767
<b>Total, Committee Expenditures</b>	<b>\$18,183</b>	<b>\$21,020</b>	<b>\$18,969</b>	<b>\$21,020</b>	<b>\$18,969</b>
Method of Financing					
Federal Funds	\$9,091	\$10,510	\$9,484	\$10,510	\$9,484
GR Match For Medicaid	9,092	10,510	9,485	10,510	9,485
<b>Total, Method of Financing</b>	<b>\$18,183</b>	<b>\$21,020</b>	<b>\$18,969</b>	<b>\$21,020</b>	<b>\$18,969</b>
<b>Meetings Per Fiscal Year</b>	4	5	4	5	4

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**Description and Justification for Continuation/Consequences of Abolishing**

The Medical Care Advisory Committee (MCAC) is comprised of 12 members and is required under Title XIX of the Social Security Act. The Committee reviews and makes recommendations concerning health and medical assistance issues and policies, the scope and utilization of services, payment methodology, quality of services, program changes and cost containment.

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**GUARDIANSHIP ADVISORY BOARD**

Statutory Authorization: TX Government Code Sec. 531.121  
 Number of Members: 15  
 Committee Status: Ongoing  
 Date Created: 12/01/1997  
 Date to Be Abolished: N/A  
 Strategy (Strategies): 1-1-1 ENTERPRISE OVERSIGHT & POLICY

Advisory Committee Costs	Expended Exp 2011	Estimated Est 2012	Budgeted Bud 2013	Requested BL 2014	Requested BL 2015
Committee Members Direct Expenses					
Travel	\$3,558	\$0	\$0	\$0	\$0
Other Operating	1,500	0	0	0	0
Other Expenditures in Support of Committee Activities					
Personnel	88,896	0	0	0	0
Other Operating	3,094	0	0	0	0
<b>Total, Committee Expenditures</b>	<b>\$97,048</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Method of Financing					
General Revenue Fund	\$97,048	\$0	\$0	\$0	\$0
<b>Total, Method of Financing</b>	<b>\$97,048</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Meetings Per Fiscal Year</b>	6	0	0	0	0

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**Description and Justification for Continuation/Consequences of Abolishing**

The legislature established the HHSC 15 member Guardianship Advisory Board in 1997 to advise HHSC in the following activities: 1) To develop, and subject to appropriations, implement a statewide guardianship program to ensure that incapacitated individuals in Texas who need guardianship or less restrictive assistance receive the needed assistance; and 2) To provide grants to foster the establishment and growth of local guardianship programs, local legal guardianship programs, and local money management program for incapacitated individuals without family, friends or funds.

The 80th Legislature increased the number of DFPS-Adult Protective Services and DFPS-Child Protective Services investigators which has significantly increased the number of referrals to local guardianship programs for guardianship related support services. Also, federal investigations of state schools resulting in a need for a large increase in the number of guardians for state school residents from local programs. In addition there has been a large increase in the number of referrals from local county Probate Courts to the local guardianship programs as a result of more public awareness of Section 683, Probate Code, concerning the initiation of Court Initiated Guardianships for incapacitated individuals in local communities.

State funding for the Guardianship Program was eliminated by the 82nd Legislature.

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**HOSPITAL PAYMENT ADVISORY COMMITTEE**

Statutory Authorization: V.C.T.A. Human Resources Code Sec 32.022  
 Number of Members: 12  
 Committee Status: Ongoing  
 Date Created: 06/01/1989  
 Date to Be Abolished: 08/31/2016  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

<b>Advisory Committee Costs</b>	<b>Expended Exp 2011</b>	<b>Estimated Est 2012</b>	<b>Budgeted Bud 2013</b>	<b>Requested BL 2014</b>	<b>Requested BL 2015</b>
Committee Members Direct Expenses					
Travel	\$3,255	\$2,587	\$5,174	\$6,467	\$5,174
Other Expenditures in Support of Committee Activities					
Personnel (.5 FTE's)	8,614	8,614	8,614	8,614	8,614
<b>Total, Committee Expenditures</b>	<b>\$11,869</b>	<b>\$11,201</b>	<b>\$13,788</b>	<b>\$15,081</b>	<b>\$13,788</b>
Method of Financing					
Federal Funds	\$5,934	\$5,600	\$6,894	\$7,540	\$6,894
GR Match For Medicaid	5,935	5,601	6,894	7,541	6,894
<b>Total, Method of Financing</b>	<b>\$11,869</b>	<b>\$11,201</b>	<b>\$13,788</b>	<b>\$15,081</b>	<b>\$13,788</b>
<b>Meetings Per Fiscal Year</b>	3	5	4	5	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

**Description and Justification for Continuation/Consequences of Abolishing**

The Hospital Payment Advisory Committee is comprised of 12 members. The Committee advises the State Medicaid Director in developing and maintaining the inpatient hospital rate setting methodology. The Committee advises the State Medical Director on necessary changes in hospital payment methodologies for inpatient hospital prospective payments and on adjustments for disproportionate share hospitals.

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Agency Code: **529** Agency: **Health and Human Services Commission**

**PHARMACY AND THERAPEUTICS (P&T)**

Statutory Authorization: House Bill 2292, 78 Leg Session, RS  
 Number of Members: 11  
 Committee Status: Ongoing  
 Date Created: 11/01/2003  
 Date to Be Abolished: N/A  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

<b>Advisory Committee Costs</b>	<b>Expended Exp 2011</b>	<b>Estimated Est 2012</b>	<b>Budgeted Bud 2013</b>	<b>Requested BL 2014</b>	<b>Requested BL 2015</b>
Committee Members Direct Expenses					
Travel	\$6,653	\$10,000	\$12,000	\$12,000	\$12,000
Other Expenditures in Support of Committee Activities					
Personnel	19,800	19,800	19,800	19,800	19,800
<b>Total, Committee Expenditures</b>	<b>\$26,453</b>	<b>\$29,800</b>	<b>\$31,800</b>	<b>\$31,800</b>	<b>\$31,800</b>
Method of Financing					
Federal Funds	\$13,226	\$14,900	\$15,900	\$15,900	\$15,900
GR Match For Medicaid	13,227	14,900	15,900	15,900	15,900
<b>Total, Method of Financing</b>	<b>\$26,453</b>	<b>\$29,800</b>	<b>\$31,800</b>	<b>\$31,800</b>	<b>\$31,800</b>
<b>Meetings Per Fiscal Year</b>	4	4	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

**Description and Justification for Continuation/Consequences of Abolishing**

The Pharmacy and Therapeutics Committee is comprised of six physicians and five pharmacists. The Committee is responsible for reviewing drug products and recommending drugs for the Vendor Drug Preferred Drug List (PDL). Criteria for the review process includes drug safety, clinical efficacy, and cost-effectiveness. All drug classes are required to be reviewed annually.

The committee meets at least 4 times per year but may meet more often if required.

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**DRUG USE REVIEW (DUR) BOARD**

Statutory Authorization: Omnibus Budg Reconciliation Act of 1990  
 Number of Members: 10  
 Committee Status: Ongoing  
 Date Created: 11/01/1992  
 Date to Be Abolished: N/A  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2011	Estimated Est 2012	Budgeted Bud 2013	Requested BL 2014	Requested BL 2015
Committee Members Direct Expenses					
Travel	\$2,678	\$10,000	\$10,000	\$10,000	\$10,000
Other Expenditures in Support of Committee Activities					
Personnel	10,600	14,400	14,400	14,400	14,400
<b>Total, Committee Expenditures</b>	<b>\$13,278</b>	<b>\$24,400</b>	<b>\$24,400</b>	<b>\$24,400</b>	<b>\$24,400</b>
Method of Financing					
Federal Funds	\$6,639	\$12,200	\$12,200	\$12,200	\$12,200
GR Match For Medicaid	6,639	12,200	12,200	12,200	12,200
<b>Total, Method of Financing</b>	<b>\$13,278</b>	<b>\$24,400</b>	<b>\$24,400</b>	<b>\$24,400</b>	<b>\$24,400</b>
<b>Meetings Per Fiscal Year</b>	4	4	4	4	4

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**Description and Justification for Continuation/Consequences of Abolishing**

The Drug Use Review Board is comprised of five physicians and five pharmacists and is required by federal law. The Board works with the Vendor Drug program to implement the Drug Use Review process to ensure outpatient drugs are appropriate, medically necessary, and not likely to result in adverse events. The Board approves both retrospective and prospective drug use review criteria. The Board is also responsible for approving and initiating interventions targeted at physicians or pharmacists to improve the quality of pharmaceutical therapy. The Board reviews and approves prior authorization criteria for the preferred drug list.

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**PUB ASSIST.HEALTH BENREVIEW/DESIGN**

Statutory Authorization: HB2292, 78th Leg Session, RS, §2.08, 209  
 Number of Members: 9  
 Committee Status: Ongoing  
 Date Created: 09/01/2003  
 Date to Be Abolished: N/A  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

<b>Advisory Committee Costs</b>	<b>Expended Exp 2011</b>	<b>Estimated Est 2012</b>	<b>Budgeted Bud 2013</b>	<b>Requested BL 2014</b>	<b>Requested BL 2015</b>
Committee Members Direct Expenses					
Travel	\$0	\$12,000	\$12,000	\$12,000	\$12,000
Other Expenditures in Support of Committee Activities					
Personnel	42,065	42,065	42,065	42,065	42,065
Other Operating	25	25	25	25	25
<b>Total, Committee Expenditures</b>	<b>\$42,090</b>	<b>\$54,090</b>	<b>\$54,090</b>	<b>\$54,090</b>	<b>\$54,090</b>
Method of Financing					
Federal Funds	\$21,045	\$27,045	\$27,045	\$27,045	\$27,045
GR Match For Medicaid	21,045	27,045	27,045	27,045	27,045
<b>Total, Method of Financing</b>	<b>\$42,090</b>	<b>\$54,090</b>	<b>\$54,090</b>	<b>\$54,090</b>	<b>\$54,090</b>
<b>Meetings Per Fiscal Year</b>	4	4	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

**Description and Justification for Continuation/Consequences of Abolishing**

The Public Assistance Health Benefit Review and Design Committee is comprised of 9 members and is required by state law. The purpose of the committee is to review benefits provided under medical assistance programs that receive state funds and review procedures for addressing high utilization of benefits by recipients. The committee will make recommendations to HHSC for consideration. State law requires that the nine-member committee must include representatives of health care providers participating in the Medicaid program, the Child Health Insurance Program (CHIP) or both; including at least three providers from each program.

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**PHYSICIAN PAYMENT ADVISORY COMMITTEE**

Statutory Authorization: Government Code 531.012  
 Number of Members: 19  
 Committee Status: Ongoing  
 Date Created: 09/01/1999  
 Date to Be Abolished: 08/31/2017  
 Strategy (Strategies): 2-3-1 MEDICAID CONTRACTS & ADMINISTRATION

<b>Advisory Committee Costs</b>	<b>Expended Exp 2011</b>	<b>Estimated Est 2012</b>	<b>Budgeted Bud 2013</b>	<b>Requested BL 2014</b>	<b>Requested BL 2015</b>
Committee Members Direct Expenses					
Travel	\$368	\$645	\$516	\$645	\$516
Other Expenditures in Support of Committee Activities					
Personnel	359	359	359	359	359
<b>Total, Committee Expenditures</b>	<b>\$727</b>	<b>\$1,004</b>	<b>\$875</b>	<b>\$1,004</b>	<b>\$875</b>
Method of Financing					
Federal Funds	\$363	\$502	\$437	\$502	\$437
GR Match For Medicaid	364	502	438	502	438
<b>Total, Method of Financing</b>	<b>\$727</b>	<b>\$1,004</b>	<b>\$875</b>	<b>\$1,004</b>	<b>\$875</b>
<b>Meetings Per Fiscal Year</b>	4	5	4	5	4

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**Description and Justification for Continuation/Consequences of Abolishing**

The Physician Payment Advisory Committee is comprised of 19 members. The Committee advises the State Medicaid Director in developing and maintaining the physician services rate setting methodology.

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**TASK FORCE HLTH INFORMATION EXCHANG**

Statutory Authorization: 82nd Leg Ses, RS, Art IX Sec 18.93  
 Number of Members: 11  
 Committee Status: New  
 Date Created: 09/01/2012  
 Date to Be Abolished: 02/01/2014  
 Strategy (Strategies): 1-1-1 ENTERPRISE OVERSIGHT & POLICY

Advisory Committee Costs	Expended Exp 2011	Estimated Est 2012	Budgeted Bud 2013	Requested BL 2014	Requested BL 2015
Committee Members Direct Expenses					
Travel	\$0	\$0	\$5,000	\$2,500	\$0
<b>Total, Committee Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$0</b>
Method of Financing					
General Revenue Fund	\$0	\$0	\$5	\$2	\$0
Federal Funds	0	0	577	288	0
GR Match For Medicaid	0	0	252	126	0
Interagency Contracts	0	0	3,883	1,943	0
GR Match For Title XXI	0	0	2	1	0
GR Match Food Stamp Adm	0	0	281	140	0
<b>Total, Method of Financing</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$0</b>
<b>Meetings Per Fiscal Year</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

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**Description and Justification for Continuation/Consequences of Abolishing**

OAG is the managing agency.

The task force is comprised of 11 members and is required under the 82nd Legislature, HB 300, Section 18. The task force shall develop recommendations regarding: the improvement of the informed consent protocols for the electronic exchange of protected health information, patient access to and use of electronically maintained and disclosed protected health information for the purpose of personal health and coordination of health care services, and any other critical issues, as determined by the task force, related to the exchange of protected health information. A report of recommendations is due no later than January 1, 2014.

Per 82nd Legislation, RS, Article IX, Section 18.93 states that HHSC shall provide reimbursement of expenses incurred by member of the task force.