



**HHS System
Annual Federal Funds
Report for
State Fiscal Year 2022**

**As Required by
Texas Government Code,
Section 531.028 (c)**

Health and Human Services

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Table of Contents

Table of Contents	ii
Summary	1
1. Introduction	3
2. Background	4
3. Federal Funds: Current Issues	5
A. Federal Budget Outlook.....	5
1. Federal Appropriations Bills.....	5
2. Future Sequestration Impact.....	5
3. Debt Ceiling	7
B. Pending Federal Reauthorizations	7
1. Temporary Assistance for Needy Families (TANF)	7
2. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	8
C. Agency Specific Federal Issues	8
1. CHIP	8
2. Disability Determination Services (HHSC)	9
3. Early Childhood Intervention (HHSC).....	9
4. Public Health Preparedness (DSHS).....	10
5. COVID-19 Supplemental Funding (DSHS)	11
6. Strengthening Sexually Transmitted Disease (STD) Prevention and Control for Health Departments (DSHS).....	12
7. Epidemiology and Laboratory Capacity (DSHS)	12
8. Texas HIV Medication Program (THMP).....	13
9. 1115 Waiver (HHSC)	13
10. Disaster Funding (HHSC).....	15
11. Social Services Block Grant (HHSC/DFPS/TWC).....	16
12. Money Follows the Person (HHSC)	17
13. Affordable Care Act Funding to HHS System (HHSC)	18
14. COVID-19 Relief Funding.....	21
E. Federal Funds Enhancement Initiatives	29
1. TANF Contingency Fund (HHSC)	29
List of Acronyms	30
Appendix A. Top 30 Federal Funding Sources for HHSC and DSHS, State Fiscal Year 2022	A-1
HHSC.....	A-1
DSHS.....	A-3

Summary

The Texas Health and Human Services Commission is submitting the annual federal funds report for state fiscal year 2022 in accordance with Government Code, Section 531.028(c). This report highlights the critical role of federal funding in the Texas Health and Human Services (HHS) system. For state fiscal year 2022, two state agencies comprised the Texas HHS system:

- Department of State Health Services (DSHS)
- Health and Human Services Commission (HHSC)

For state fiscal year 2022, Texas HHS agencies expended approximately \$55.9 billion in All Funds. Federal Funds comprised 63 percent or approximately \$35.1 billion of agency funds. (See Figure 1)

Figure 1. HHS System Federal Funds as a Percent of All Funds, State Fiscal Year 2022

Agency ¹	Federal Funds ²	All Funds	Percent Federal Funds of All Funds
DSHS	\$5,400,373,628	\$6,141,039,756	88%
HHSC	\$29,770,073,647	\$49,775,932,711	60%
TOTAL	\$35,170,447,275	\$55,916,972,467	63%

The Texas HHS system agencies used almost 200 different sources of federal funds. Of those sources, the top 30 major federal funding streams accounted for approximately 95 percent of all federal funds to the Texas HHS agencies. Medicaid is the largest federal funding source at \$24.8 billion, accounting for 61 percent of all federal funding. The next largest is Children’s Health Insurance Program (CHIP) at approximately \$1 billion, accounting for 4 percent of federal funding. A table of the top 30 federal funding sources used by the Texas HHS system is attached as Appendix A.

This report outlines key federal issues which challenge Texas HHS agencies and identifies federal funds management practices undertaken to maximize receipt

¹ DSHS and HHSC numbers are derived from state fiscal year 2022 Expenditures as reported in the 2024-2025 Legislative Appropriations Request.

² Excludes employee benefits, certain payments made as a result of local funding sources (Intergovernmental Transfers), and the value of Supplemental Nutrition Assistance Program (SNAP) benefits.

of federal funds to meet the mission of each HHS agency. It also includes highlights of the current federal budget outlook, pending program authorizations, and agency specific issues associated with federal appropriations or actions.

The effort to ensure that Texas optimizes federal funding consistent with state policy goals to the extent allowable is a basic premise in the financial management of all HHS agencies. With the development of federal cost allocation plans, active analysis of federal legislations, and careful assessment of opportunities to enhance federal funds for the state, Texas HHS agencies are continually monitoring federal funding opportunities to ensure efficient and effective use of those dollars as well as any associated general revenue.

1. Introduction

The Annual Federal Funds Report identifies strategies to maximize the receipt and use of federal funds and to improve federal funds management. This report also outlines key federal issues impacting the Texas HHS agencies; highlights the current federal budget outlook; discusses pending program authorizations; and notes agency specific issues associated with federal appropriations or actions.

2. Background

Pursuant to Texas Government Code, Section 531.028, HHSC is responsible for planning and managing use of all federal funds for the Texas HHS system, including ensuring the system meets the federal requirements relating to state matching money and maintenance of effort.

Government Code, Section 531.028, requires HHSC to prepare an annual report that identifies strategies to maximize the receipt and use of federal funds and to improve federal funds management. HHSC must file the report with the Governor, the Lieutenant Governor, and the Speaker of the House of Representatives, no later than December 15 of each year.

Before 2020, during even-numbered years, this report was included within the Consolidated Budget Request for the Texas HHS system. During odd-numbered years, the report was submitted as a stand-alone report. Beginning with state fiscal year 2020, the report was submitted as a stand-alone report for each year.

3. Federal Funds: Current Issues

Current issues affecting federal funding include fragmented continuing resolutions due to delays in passages of federal appropriations bills, budget sequestration, and the debt ceiling.

A. Federal Budget Outlook

1. Federal Appropriations Bills

During federal fiscal year 2022, three continuing resolutions were signed into law to fund the federal government until an appropriations package could be passed.

On September 30, 2021, House Resolution 5305, Extending Government Funding and Delivering Emergency Assistance Acts was signed into law providing federal fiscal year 2022 funding at federal fiscal year 2021 levels through December 3, 2021. On December 3, 2021, House Resolution 6119, Further Extending Government Funding Act was signed into law, continuing funding through February 18, 2022. On February 18, 2022, House Resolution 6617, Further Additional Extending Government Funding Act, was signed into law providing continued funding through March 11, 2022. On March 9, 2022, the Fiscal Year 2022 Omnibus Appropriations Package was signed into law providing funding for the remainder of federal fiscal year 2022.

House Resolution 6833, Making continuing appropriations for fiscal year 2023, and for other purposes, was signed into law on September 30, 2022, funding the government through December 16, 2022 at prior-year levels.

To avoid a government shutdown, Congress must either pass annual appropriations bills for federal fiscal year 2023 or pass another short-term continuing resolution. A government shutdown might affect Texas HHS system operations in federal funding drawdowns.

2. Future Sequestration Impact

The Balanced Budget and Emergency Deficit Control Act of 1985 established the sequester as a budget enforcement tool that automatically reduces certain federal spending if certain budget objectives are not met. Some federal funding for federal fiscal year 2023 might be reduced because of potential budget

sequestrations triggered from the Budget Control Act of 2011 (BCA) and the Statutory Pay-As-You-Go Act of 2010 (S-PAYGO).

Budget Control Act Sequester

The BCA established statutory limits on discretionary spending from federal fiscal year 2012 through federal fiscal year 2021, required annual reductions to the discretionary spending limits for the 10-year period, and required annual sequester of nonexempt mandatory spending programs.

Federal fiscal year 2022 was the first year without discretionary spending limits, and the President's Budget request for federal fiscal year 2022 reflected level funds or increases in budget for every department.

BCA also requires annual sequester of nonexempt mandatory spending programs through federal fiscal year 2021, which has been extended to federal fiscal year 2031 through subsequent legislations. Medicaid, Children's Health Insurance Plan (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) are exempt, but the Social Services Block Grant (SSBG) is continually subject to BCA mandatory sequester.

Statutory Pay-As-You-Go Act Sequester

Statutory Pay-As-You Go (S-PAYGO) requires all legislations related to direct mandatory spending and revenues to not increase the deficit over a 5-year and 10-year period (S-PAYGO does not apply to discretionary spending). If such legislation were to become law, a sequester of certain mandatory spending would be required. The same 200-plus budget accounts that are sequestered by the BCA sequester are also used for the PAYGO sequester.

Although Congress has passed legislation that has been estimated to increase the deficit since S-PAYGO was enacted, the sequestration from S-PAYGO has never been triggered because Congress has voted to prohibit the effects of specific legislations from being counted as increasing the deficit.

The \$1.9 trillion American Rescue Plan Act of 2021 (ARPA) would have triggered the S-PAYGO sequester in federal fiscal year 2022, however, Congress voted to defer action on waiving the Statutory PAYGO. Congress will need to waive these cuts, or they will take effect in 2023. One potential impact would be a 4 percent reduction in Medicare spending.

To date, PAYGO sequester has never been triggered as Congress has always acted to waive the reductions required.

Sequester Impacts to HHSC

The Texas HHS system currently does not anticipate any discretionary spending sequestration, however mandatory spending sequestration is possible, which would impact HHS system's Medicare and SSBG funding. Medicare is subject to a 2 percent BCA mandatory sequester with most of these reductions coming from payments to Medicare providers. There is an additional potential S-PAYGO sequester for Medicare, to be capped at 4 percent.

The Texas HHS system agencies continue to monitor and analyze available information and assess the potential impact of a future federal sequestration to clients and services. Federal agencies have not provided specific guidance about future sequestration reductions.

3. Debt Ceiling

Senate Joint Resolution 33 was signed into law on December 16, 2021, increasing the debt ceiling by \$2.5 trillion to its current level of \$31.4 trillion. If Congress does not raise the debt limit again in federal fiscal year 2023, it will trigger a federal government shutdown, which might affect Texas HHS operations in federal funding drawdowns.

B. Pending Federal Reauthorizations

Many of the Texas HHS system federal grant programs are pending program reauthorizations, some for many years. Historically, federal grant programs are extended through the federal appropriations bills passed by Congress for each federal fiscal year. The following summarizes the status of key programs as of December 2022.

1. Temporary Assistance for Needy Families (TANF)

The TANF program was created in 1996 (Public Law 104-193) and replaced the Aid to Families with Dependent Children (AFDC). The U.S. Department of Health and Human Services administers TANF, which is an entitlement to the states. The basic TANF block grant has been set at \$16.5 billion each year since 1996. As a result, the real value of TANF has fallen by almost 40 percent because of inflation.

TANF has four program goals:

- Provide assistance to needy families so children can be cared for in their own homes or in the homes of relatives.
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
- Prevent and reduce the incidence of out of wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
- Encourage the formation and maintenance of two-parent families.

Congress last reauthorized TANF in the Deficit Reduction Act of 2005 (Public Law 109-171) and has renewed the program through a series of short-term extensions since its expiration in 2010. The TANF authorization was extended with the Continued Appropriations Act of 2022 through September 30, 2022. The current continuing resolution, House Resolution 6833, re-extends the reauthorization of TANF through December 16, 2022.

2. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Child Nutrition Act of 1966 authorizes the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The program was last reauthorized through September 30, 2015, by the Healthy, Hunger-Free Kids Act of 2010. Although the authorization for the program has expired, the program has maintained operations through continuous funding in appropriation laws. The Consolidated Appropriations Act of 2021 provided funding for WIC through September 30, 2022, and the program is currently operating under a continuing resolution through December 16, 2022.

C. Agency Specific Federal Issues

This section includes information on federal funding issues affecting specific Texas HHS agencies.

1. CHIP

For federal fiscal year 2022, CHIP enhanced Federal Medical Assistance Percentages (eFMAs) reflect higher federal matching funding made available through the Families First Coronavirus Response Act (amended by the Coronavirus Aid, Relief, and Economic Security Act). The additional funds are available to states from January 1, 2020, until the end of the public health emergency period for the COVID-19 pandemic. During the PHE, FMAP rates

include an extra 6.2 percent in federal matching funds and eFMAPs are derived from those stimulus FMAPs.

2. Disability Determination Services (HHSC)

The Disability Determination Services (DDS) program is 100 percent federally funded by the Social Security Administration (SSA) and is exempt from the sequestration legislation. Staffing levels have consistently seen a decline since 2014. Currently, DDS has 435 vacant positions. COVID-19 and staffing shortages continue to have a significant impact on the national workload. In addition, transition of a new Disability Case Processing System, (DCPS) and the lack of functionality requiring work arounds continue to hinder the ability to seamlessly clear a case. Since this is a national program, the DDS program continues to work with the SSA to discuss alternatives for workload capacity, staffing strategies, and program enhancements.

3. Early Childhood Intervention (HHSC)

Early Childhood Intervention (ECI) is a statewide program for families with children younger than three years of age who have disabilities or developmental delays. Based on available appropriations, HHSC funds a portion of the total ECI program budget through a variety of state and federal funding sources including:

- General Revenue
- Foundation School Funds
- Individual with Disabilities Education Act (IDEA) Part C
- IDEA Part B
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- American Rescue Plan Act Funds

The federal agency administering IDEA Part C funding is the Office of Special Education Programs (OSEP), which is part of the Department of Education. The federal requirements for ECI are similar to regulations for public education and require states to provide all eligible children with early intervention services as defined by 34 C.F.R. §303.13, although states determine the eligibility requirements. Despite federal regulations requiring the ECI program to largely function as an entitlement program where any child who is determined eligible must be served, IDEA Part C funding for the program is capped. The Code of Federal Regulations, Title 34, §303.732, requires that for each fiscal year, the Department of Education allots IDEA Part C funds to each state in an amount

that bears the same ratio to the aggregate amount as the number of infants and toddlers in the state bears to the number of infants and toddlers in all states. Federal funding has remained fairly level for multiple years, despite increased population and caseload growth in Texas. In 2020, ECI applied for and received an additional three-year, \$750,000 grant from OSEP to fund early intervention personnel retention efforts, with the potential for two additional years of funding. ECI also received \$22,241,906 in American Rescue Plan Act Funds in federal fiscal year 2021 to support ECI initiatives in state fiscal years 2022 and 2023. In 2022, ECI received \$3,256,850.50 in American Rescue Plan Act Funds through a grant from the Texas Workforce Commission. These funds will help train and support early intervention and early childhood education providers.

4. Public Health Preparedness (DSHS)

Congress reauthorized the 2013 Pandemic and All-Hazards Preparedness and Advancing Innovation Act in 2019. The act provides states and independently funded jurisdictions with funding for public health and medical preparedness programs, such as the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) Cooperative Agreement grants. Additionally, the act provides increased flexibility allowing states to temporarily deploy federally funded state personnel, funded in programs other than preparedness, to meet critical community needs in a disaster.

Texas uses dollars from these federally funded programs to fund public health and medical preparedness activities at the local, regional, and state level. In state fiscal year 2021 and state fiscal year 2022, Texas received mostly level funding to sustain public health and health care systems preparedness activities.

The CDC established the Public Health Crisis Response (PHCR) funding program in 2018.

If the federal government reduces future federal allocations to Texas, it may diminish the capacity of state, regional, and local public health, and healthcare partners in an all-hazards response. Such capacity might include, but is not limited to:

- Epidemiologic surveillance
- Investigation and response to disease outbreaks and environmental health concerns
- Planning, training, and exercising efforts for mitigating the health impact of natural and man-made disasters

5. COVID-19 Supplemental Funding (DSHS)

Since 2020, DSHS has received over \$18 billion in supplemental funds for COVID-19 pandemic response efforts comprising special congressional authority attached to existing awarded grants such as: Immunization, Epidemiology and Laboratory Capacity, Ryan White HIV Services, and Hospital Preparedness Program. These supplemental funds support various response projects within DSHS as well as activities provided through local health entities. Funds are intended for the highest priority COVID-19 response needs.

DSHS received multiple supplemental awards of the CDC Epidemiology and Laboratory Capacity grant to address critical response activities including enhanced detection, reopening of schools and communities, sequencing and analytics, strengthening laboratory services, training, data modernization, travelers' health, and border partnerships.

Public Health Workforce

In 2021, DSHS received Public Health Workforce (PHWF) funding through the Public Health Crisis Response Program for regional and local health services. This two-year funding is to establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.

DSHS applied for a state fiscal year 2023 grant from CDC, "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems," to continue the initial retention and recruitment efforts under the PHWF grant. Though the expected annual funding level is less than the PHWF funding, DSHS will use any funds awarded to help sustain a highly skilled public health workforce.

Disease Intervention Specialists Workforce Development

In 2021, DSHS was awarded the "Disease Intervention Specialists (DIS) Workforce Development Funding" grant funded through the American Rescue Plan Act of 2021 for infectious disease services. The funds increased DSHS capacity to support and strengthen the state's ability to hire, expand, train, and sustain DIS to mitigate the spread of COVID-19, sexually transmitted diseases, Human Immunodeficiency Virus (HIV), and other emerging infections.

COVID supplemental funds have enhanced staffing infrastructure and the ability of DSHS to monitor and respond to infectious disease events. Changes in federal funding levels will impact the ability of DSHS to respond to future infectious disease events.

6. Strengthening Sexually Transmitted Disease (STD) Prevention and Control for Health Departments (DSHS)

DSHS was awarded the CDC “Strengthening STD Prevention and Control for Health Departments” grant in 2021 for a five-year period to conduct STD surveillance, respond to STD-related outbreaks, and conduct partner services for persons with a new STD. During year two, CDC approved for DSHS to support monkeypox response efforts under the grant’s current scope of work and included the following items:

- Expanding and enhancing frontline public health staff.
- Conducting DIS workforce training and skills building.
- Building organizational capacity for outbreak response.
- Evaluating and improving recruitment, training, and outbreak response efforts.

CDC delayed the start of the year two grant budget period and announced a new funding opportunity notice would be released for 2023. DSHS was granted expanded authority to support efforts until the new grant is awarded.

CDC developed a process which allowed DSHS to request approval to reallocate or redirect staff and resources from multiple existing federal grants and cooperative agreements to support monkeypox activities, however, the process at the federal level is lengthy.

If future federal allocations are delayed or reduced for Texas, it may diminish the capacity of state, regional, and local public health departments to retain DIS and STD surveillance staff and respond to STD-related outbreaks and other emerging infections, such as monkeypox.

7. Epidemiology and Laboratory Capacity (DSHS)

The Epidemiology and Laboratory Capacity (ELC) receives annual funding through a cooperative agreement. During the funding opportunity announcement phase, the guidance typically proposes to level fund current ELC recipients. With this information, DSHS proposes activities based on local need, factoring in the cost of staff and sub-recipient contracts with a goal of preventing gaps in services.

In recent budget cycles, CDC has repurposed the level funding available dollars for projects that are of CDC’s special interest. DSHS has been able to undertake the additional activities with the level funding while in most cases continuing the

previous year's activities. Generally, DSHS is able to fund the previous year's activities through expanded authority using the previous year's unspent funds. This grant operates on five-year project periods and any funds remaining at the end of the period may be made available for use contingent on the approval of the federal grantor agency.

As CDC requires additional activities with level funding DSHS ability to continue providing previous activities in a context of escalating costs of materials and labor grows increasingly difficult and could result in scaling back on proposed activities. DSHS continues to anticipate and plan for these issues to allow required activities to continue to take place.

8. Texas HIV Medication Program (THMP)

The Texas HIV Medication Program (THMP) has experienced increased funding needs as a result of changes in federal program guidance. On October 19, 2021, the Health Services and Resources Administration (HRSA) released the Policy Clarification Notice (PCN) providing Clarifications on Ryan White Program Client Eligibility Determinations and Requirements. The PCN eliminated the six-month recertification requirement which required clients to recertify their eligibility after six months.

Additionally, the PCN recommends clients remain eligible until their ineligibility is confirmed. This new guidance would require additional outreach to verify eligibility. During this time, participants would continue to remain eligible for medications. Adopting these federal recommendations would result in additional outreach costs for five central office staff, ten regional contract workers, and medications. The additional cost would be \$17.9 million in state fiscal year 2024 and \$18.6 million in state fiscal year 2025.

9. 1115 Waiver (HHSC)

Section 1115 of the Social Security Act provides the Secretary of Health and Human Services with broad authority to waive certain statutory requirements for states to conduct research and demonstration projects that further the goals of Medicaid. States like Texas use the Section 1115 waiver authority to test new or existing ways to deliver and pay for health care services in Medicaid. Texas has two 1115 demonstration waivers.

Texas Healthcare Transformation and Quality Improvement Program

Texas received approval for the Transformation and Quality Improvement Program 1115 Demonstration Waiver in December 2011. The five-year demonstration waiver allowed Texas to expand its use of Medicaid managed care to achieve program savings while preserving locally funded supplemental payments to safety net hospitals. In May 2016, the federal government extended the waiver through December 2017. In December 2017, the Centers for Medicare and Medicaid Services (CMS) approved a five-year extension of the waiver from October 2017 through September 2022, or Demonstration Years 7-11. In January 2021, CMS approved a 10-year extension of the waiver.

The waiver provides the authority for most of Medicaid managed care in Texas. The initial waiver and extension included a Delivery System Reform Incentive Payment (DSRIP) program pool, which expired September 30, 2021. DSRIP payments are made to hospitals and other providers for demonstrating achievement on selected outcome measures demonstrating improved health care quality and health outcomes for Medicaid and low-income populations. Final DSRIP payments will be made in January 2023. The January 2021 waiver continues the Uncompensated Care (UC) funding pool and established a Public Health Provider – Charity Care Program (PHP-CCP) funding pool. The UC pool provides payments to hospitals and other providers for a portion of their uncompensated care. The PHP-CCP program provides payments to public health providers, including local health departments and local mental health authorities, to cover the costs of charity care. The non-federal share for the waiver supplemental payments is primarily provided by local governmental entities.

Healthy Texas Women

The Healthy Texas Women (HTW) Demonstration is an 1115 Waiver that provides women's health and family planning services at no cost to eligible, low-income Texas women on a fee-for-service basis. In January 2020, CMS approved the HTW waiver through December 2024 (for five years). HHSC estimates it will receive approximately \$350 million in federal funding for the HTW Demonstration. In state fiscal year 2022, HTW had a budget of \$60,160,100 for federal funds. The Demonstration provides funding to HHSC through Federal Financial Participation (FFP) at an enhanced 90 percent (90 percent federal funding/10 percent state general revenue match) for family planning services and at the Federal Medical Assistance Percentage (FMAP) for all other HTW demonstration covered services.

In accordance with Senate Bill 750, 86th Legislature, Regular Session, 2019, HHSC requested an HTW 1115 wavier amendment to receive federal matching funds for HTW Plus services. HHSC submitted the waiver amendment in December 2020 with a requested effective date of April 1, 2021 and is currently awaiting CMS approval.

In accordance with House Bill 133, 87th Legislature, Regular Session, 2021, HHSC is working to transition HTW into managed care. HHSC is working on the implementation of House Bill 133 but does not expect to implement this component of House Bill 133 until state fiscal year 2025.

10. Disaster Funding (HHSC)

Figure 2 lists federal funding amounts received to respond to disasters

Figure 2. Disaster Funding Received by HHSC

Agency	Award Date	FEMA Declaration Number	Disaster	Federal Funding	Amount
HHSC	9/29/2020	4485	COVID-19	SAMHSA Crisis Counseling Assistance and Training Program	\$20,686,221
HHSC	2/25/2021	4586	Texas Severe Winter Storms	FEMA Other Needs Assistance	\$21,000,000
				Total HHS	\$41,686,221

Federal funding provided under the Other Needs Assistance (ONA) provision of The Federal Emergency Management Agency’s (FEMA’s) Individuals and Households Program is another source of funding that can be made available to people in Texas in the event of a presidentially declared disaster event. Throughout fiscal year 2022 ONA continued to issue payments related to winter storm Uri of February of 2021 (FEMA DR 4586-TX). However, since these funds had been awarded to Texas in fiscal year 2021 and there was no significant weather event severe enough to receive another presidential declaration, no additional assistance was awarded to HHSC in state fiscal year 2022.

March 13, 2020, a major disaster declaration was issued by the president for the COVID-19 pandemic beginning on January 20, 2020. HHSC received \$20.7 million from SAMHSA for crisis counseling assistance and training. In fiscal year 2022, the COVID-19 Regular Services Crisis Counseling Assistance and Training Program grant (DR-4485) continued to fund and issue payments throughout the term of the grant contract expiring January 30, 2022. There was no significant event related to the COVID-19 pandemic to issue additional funding or an extension of this grant.

11. Social Services Block Grant (HHSC/DFPS/TWC)

Title XX Social Services Block Grant (SSBG) funds are appropriated by the Texas Legislature to Texas state agencies to help meet specified social service needs for defined low income and at-risk populations.

The Omnibus Budget Reconciliation Act of 1981, PL 97-35 made Title XX a block grant. Under this block grant, the state may provide social services directed at the goals of Title XX and may make expenditures for administration and training. The goals for the people the grant serves include:

- Achieving or maintaining self-sufficiency – economic, physical, and otherwise to include preventing, eliminating, or reducing dependency.
- Preventing or remedying neglect, abuse, and exploitation of children and adults, and preserving, rehabilitating, or reuniting families.
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Achievement of these goals is sought through several programs administered by HHSC, the Department of Family and Protective Services (DFPS), and the Texas Workforce Commission (TWC).

As in previous years, the federal fiscal year 2022 budget allows 10 percent of TANF funding to be transferred to SSBG. For state fiscal year 2022, Texas received a slight increase from \$139.9 million in state fiscal year 2021 to approximately \$140.2 million in state fiscal year 2022 because of demographic factors. SSBG funding is listed in Figure 3 below.

Figure 3. Social Services Block Grant Funds by State Agency, State Fiscal Year 2022

Agency	SSBG Funds
DFPS	\$28,983,072
HHSC	\$101,333,427
TWC	\$2,000,000
TOTAL	\$132,316,499³

12. Money Follows the Person (HHSC)

In 2007, HHSC and the Department of Aging and Disability Services (DADS) successfully competed for a Deficit Reduction Act of 2005 Money Follows the Person (MFP) Demonstration grant award to build on and enhance existing Promoting Independence/Money Follows the Person initiatives. The MFP Demonstration provides financial incentives to move people from institutions to community settings and includes an enhanced FMAP for client services costs. The MFP Demonstration helps people who live in a nursing home or intermediate care facility for people with intellectual disabilities (ICF/IID). It provides people long-term services, in the community setting of their choice, without having to be placed on an interest list.

The MFP Demonstration also supports projects designed to enhance the infrastructure needed to provide community-based services. Examples of these projects include customized employment services, and enhanced services and service coordination for people with intellectual and developmental disabilities with complex medical or behavioral health needs.

In addition, in 2021 CMS made \$165 million in supplemental funding available to states currently operating MFP programs to help states maintain efforts to transition people with disabilities, and older adults, from institutions to home and community-based settings of their choosing. HHSC successfully applied for these funds, receiving more than \$4.7 million for the period of August 2021 through September 2024.

Texas also earns Enhanced Federal Medical Assistance Percentage (eFMAP) through MFP. Enhanced FMAP increases the federal match rate by approximately

³ Excludes employee benefits.

20 percentage points (an 80/20 match) for eligible services, generating freed-up general revenue, referred to as "rebalancing funds." In 2021, the state allocated \$446,980 in rebalancing funds. These funds were used to educate local mental health authorities on affordable housing programs, and to purchase materials for an event that educates families about alternatives to institutionalization. The amount of rebalancing funds to be allocated in 2022 is \$1,166,310.

13. Affordable Care Act Funding to HHS System (HHSC)

In 2010, the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Affordability Reconciliation Act of 2010, collectively known as the Affordable Care Act (ACA), became federal law.

ACA established the Prevention and Public Health Fund (PPHF) to provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. Beginning in 2010, the PPHF began funding public health efforts such as building public health infrastructure for immunizations, tobacco prevention, and public health workforce and training. Since 2010, funding for certain core public health activities has shifted from CDC-appropriated funds to funds made available through the ACA PPHF. Texas has received funding for several core public health activities through the PPHF including breast and cervical cancer screenings, suicide prevention, the Preventive Health and Health Services Block Grant, abstinence education programs, and several chronic disease prevention activities. Although Texas has received more funding, the ACA has caused increases in caseloads that have resulted in significant cost to the state.

Beginning in June 2015 under ACA, certain public and mental health activities were covered by private health insurance plans. These activities included:

- Infectious disease control, prevention, and treatment
- Health promotion and chronic disease prevention
- Laboratory services
- Primary care and nutrition services
- Behavioral health services
- Community capacity
- State-owned and privately-owned hospital services.

ACA Health Insurance Provider (HIP) Fee

Beginning in calendar year 2014, ACA required covered entities under Section 9010 to pay the ACA health insurance provider (HIP) fee. The fee is an excise tax, and therefore is non-deductible for federal tax purposes. Covered entities were assessed the calendar year 2016 ACA HIP fee based on premiums paid to the affected Managed Care Organizations (MCOs) and Dental Maintenance Organizations (DMOs), or “insurers,” in calendar year 2015. The 2016 payment by the insurers was made to the Internal Revenue Service (IRS) by September 30, 2016. HHSC reimbursed insurers for this payment in March 2017. The total state fiscal year 2017 ACA HIP fee payment to all MCOs/DMOs (including HHSC and DSHS programs) was approximately \$275 million, of which \$113.1 million was state general revenue.

Covered entities were assessed the calendar year 2018 ACA HIP fee based on premiums paid to the affected MCOs and DMOs in calendar year 2017. Insurers made the 2018 payment to the IRS by September 30, 2018. HHSC reimbursed insurers for this payment in July 2019.⁴ The total state fiscal year 2019 ACA HIP fee payment to all MCOs and DMOs was approximately \$290 million, of which \$112.9 million was state general revenue.

Covered entities were assessed the final ACA HIP Fee in calendar year 2020 based on the premiums paid to the affected MCOs and DMOs in calendar year 2019. Insurers made the 2020 payment made to the IRS by September 30, 2020. HHSC reimbursed insurers for this payment in October 2021. The total state fiscal year 2021 ACA HIP fee payment to all MCOs and DMOs was approximately \$276.1 million, of which \$87.9 million was state general revenue.

There was a moratorium on the fee for calendar year 2017 and there was a suspension on the fee for calendar year 2019. The fee was repealed for calendar years beginning after December 31, 2020.

State of Texas, et al v. HHS and IRS

Texas and several other states are challenging payment of the Health Insurance Provider (HIP) Fee charged to MCOs under the Affordable Care Act on several bases, including that it is an unconstitutional tax on the states, violates the

⁴ These amounts include a minor adjustment that is still in the process of being paid, approximately \$1.75 million, of which \$635,000 is state general revenue.

spending clause, and was imposed without proper notice and comment rulemaking. (2014-2016 years at issue)

On September 3, 2021, a Writ of Certiorari (Writ) was filed with the U.S. Supreme Court (SCOTUS). The Respondent brief was filed on November 8, 2021. On March 28, 2022, SCOTUS denied the Writ. This case is now closed.

The Texas Health and Human Services system continued implementing certain ACA-related programs and initiatives during state fiscal year 2021, such as the Community First Choice program.

Community First Choice (HHSC)

Community First Choice (CFC) is a set of services available to people who are eligible for Medicaid, meet an institutional level of care, and need help with activities of daily living and instrumental activities of daily living. This includes people getting services through one of the four intellectual and developmental disability waivers HHSC administered through a fee-for-service model:

- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Deaf Blind with Multiple Disabilities (DBMD)
- Community Living Assistance and Support Services (CLASS)

CFC is also available to eligible people in traditional Medicaid or enrolled in the STAR program through fee-for-service and in STAR Health, STAR+PLUS, or STAR Kids Medicaid managed care. States that offer CFC receive a 6 percent increase in federal matching funds for these services, which are provided as a state plan benefit.

Texas provides the following CFC services:

- Personal Assistance Services;
- Habilitation Services;
- Emergency Response Services; and
- Support Management Services.

Disproportionate Share Hospital (DSH) Program Reductions (HHSC)

States make Medicaid Disproportionate Share Hospital (DSH) payments to hospitals serving a disproportionate share of low-income patients and experiencing high levels of uncompensated care costs. While DSH payments

predate the Affordable Care Act, the ACA included reductions to state DSH allotments.

The ACA provisions related to expanded coverage through private insurance and Medicaid were intended to reduce the amount of uncompensated care covered by hospitals and providers, however, courts ruled certain Medicaid expansions the ACA required are optional to states.

Under ACA, DSH reductions were to have occurred from federal fiscal year 2014 through federal fiscal year 2020. However, DSH reductions have been amended several times, most recently from Consolidated Appropriations Act of 2021, delaying DSH reductions until federal fiscal year 2024. Under current law, Medicaid DSH reductions are to occur from federal fiscal year 2024 through federal fiscal year 2027, with reductions of \$8 billion for each year.

14. COVID-19 Relief Funding

The Secretary of Health and Human Services renewed the declaration of public health emergency (PHE) due to the COVID-19 pandemic four times in state fiscal year 2022. The current PHE expires January 11, 2023.

In response to the national public health and economic impacts caused by the pandemic, Congress passed several COVID-19 relief legislations, appropriating additional federal funds to households, businesses, and government services. The Texas HHS system received additional funds for new and existing federal programs appropriated by the following acts:

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020
- Families First Coronavirus Response Act
- Coronavirus Aid, Relief, and Economic Security (CARES) Act
- Coronavirus Response and Relief Supplemental Appropriations Act, 2021
- American Rescue Plan Act of 2021

FMAP Increases

In addition to appropriating additional federal awards, Families First Coronavirus Response Act increased the Medicaid FMAP by 6.2 percent through the last month of the quarter for which the PHE is in effect. Texas' increased federal funding from the FMAP increase is estimated to be more than \$2 billion per full year in which the PHE is in effect.

On top of the 6.2 percent FMAP increase from Families First Act, the American Rescue Plan Act of 2021 provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid HCBS from April 1, 2021 through March 31, 2022 to reinvest and improve Home and Community Based Services under the Medicaid program.

HHSC

The following figure lists all federal COVID-19 relief funds received by HHSC.

Figure 4. HHSC Federal COVID-19 Relief Funds

CFDA #	CFDA Program Title	Awarded
10.561	STATE ADMINISTRATIVE MATCHING GRANTS FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	\$53,331,178.14
10.649	PANDEMIC EBT ADMINISTRATIVE COSTS	\$2,295,290.00
84.181	SPECIAL EDUCATION GRANTS FOR INFANTS	\$2,434,566.00
93.044	SPECIAL PROGRAMS FOR THE AGING, TITLE III, PART B, GRANTS FOR SUPPORTIVE SERVICES AND SENIOR CENTERS	\$2,201,074.00
93.243	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE	\$8,367,877.00
93.369	ACL INDEPENDENT LIVING STATE GRANTS	\$121,081.00
93.497	FAMILY VIOLENCE PREVENTION AND SERVICES/ SEXUAL ASSAULT/RAPE CRISIS SERVICES AND SUPPORTS	\$11,658,974.00
93.558	TANF Pandemic Emergency Assistance Funds (PEAF)	\$49,518,884.00
93.671	FAMILY VIOLENCE PREVENTION AND SERVICES/DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE SERVICES	\$26,814,190.00
93.747	ELDER ABUSE PREVENTION INTERVENTIONS PROGRAM	\$1,237,799.00

CFDA #	CFDA Program Title	Awarded
93.777	STATE SURVEY AND CERTIFICATION OF HEALTH CARE PROVIDERS AND SUPPLIERS (TITLE XVIII) MEDICARE	\$233,216.84
94.011	FOSTER GRANDPARENT PROGRAM	\$2,464,977.00
	Total	\$160,679,106.98

DSHS

The following figure lists all federal COVID-19 relief funds received by DSHS.

Figure 5. DSHS Federal COVID-19 Relief Funds

Public Law #	CFDA #	CFDA Program Title	Awarded
116-123	93.354	THE COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE	\$55,066,699.00
116-123	93.323	THE EPIDEMIOLOGY AND LABORATORY CAPACITY FIRSTLINE IPC TRAINING	\$3,698,466.00
116-123	93.136	RAPE PREVENTION & EDUCATION: USING THE BEST AVAILABLE EVIDENCE FOR SEXUAL VIOLENCE PREVENTION	\$298,547.00
116-123	93.889	HOSPITAL PREPAREDNESS PROGRAM (HPP) SUPPLEMENTAL ROUNDS 1 AND 2 COVID-19	\$8,686,359.00
116-123	93.817	HOSPITAL PREPAREDNESS PROGRAM (HPP) EBOLA PREPAREDNESS AND RESPONSE ACTIVITIES PART B COVID-19 ADMINISTRATIVE SUPPLEMENT ROUND 1	\$300,000.00
		CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020	\$68,050,071.00
116-136	93.240	ATSDR'S PARTNERSHIP TO PROMOTE LOCAL EFFORTS TO REDUCE ENVIRONMENTAL EXPOSURE - COVID-19	\$102,705.00
116-136	93.817	CARES HPP COVID-19 EBOLA PART B, ROUND 2	\$350,000.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY - REOPEN AMERICA	\$39,141,025.00
116-136 & 116.260	21.019	CORONAVIRUS RELIEF FUND	\$143,189,528.00
116-136	14.241	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)	\$724,936.00
116-136	93.917	RYAN WHITE HIV/AIDS	\$1,500,000.00
116-136	93.268	COVID-19 SUPPLEMENTAL FUNDING - ROUNDS 1 & 2 - IMMUNIZATION	\$24,515,406.00

Public Law #	CFDA #	CFDA Program Title	Awarded
116-136	93.262	OCCUPATIONAL SAFETY AND HEALTH SURVEILLANCE PROGRAM- COVID SUPPLEMENTAL FOR WORKER SAFETY AND HEALTH (WSH)	\$81,818.00
116-136	93.268	COVID-19 VACCINE INFLUENZA PREPAREDNESS	\$10,093,854.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY - MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	\$100,000.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY - BORDER SURVEY COVID-19	\$2,000.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – PROJECT C1: HIS	\$84,666.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – PROJECT J: BIDS	\$375,000.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – C2 DATA MODERNIZATION TIER 1	\$2,018,348.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – C2 DATA MODERNIZATION TIER 2	\$1,100,000.00
116-136	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – C2 DATA MODERNIZATION TIER 3	\$1,350,000.00
		CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT	\$224,729,286.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY FOR ENHANCED DETECTION	\$473,597,520.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY -AMD TECHNOLOGIES	\$865,000.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY -PUBLIC HEALTH LABORATORY PREPAREDNESS (PHL)	\$3,605,000.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY -TRAVELERS HEALTH	\$937,500.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY -PROJECT B LEADERSHIP	\$4,381.00
116-139	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – ELC BIDS COVID-19	\$86,661.00

Public Law #	CFDA #	CFDA Program Title	Awarded
116-139	93.336	BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS): COVID-19 LONG COVID	\$5,536.00
		PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT	\$479,101,598.00
116-260	93.268	COVID-19 VACCINE IMPLEMENTATION AND EXPANSION	\$97,634,147.00
116-260	93.268	COVID-19 VACCINE IMPLEMENTATION AND EXPANSION	\$227,056,156.00
116-260	93.391	NATIONAL INITIATIVE TO ADDRESS COVID-19 HEALTH DISPARITIES	\$38,950,306.00
116-260	93.336	BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS): IMPACT IN POPULATION HEALTH	\$35,475.00
116-260	93.336	BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS): IMMUNIZATION COVID-19	\$5,943.00
116-260	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – ENHANCED DETECTION EXPANSION	\$1,535,405,092.00
116-260	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – BORDER REGION PARTNERSHIPS	\$400,000.00
116-260	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – BORDER REGION PARTNERSHIPS	\$200,000.00
		CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT	\$1,899,687,119.00
117-2	93.977	DIS WORKFORCE DEVELOPMENT	\$37,363,046.00
117-2	93.268	COVID-19 VACCINE IMPLEMENTATION AND EXPANSION	\$129,422,009.00
117-2	93.268	COVID-19 VACCINE IMPLEMENTATION AND EXPANSION	\$18,448,313.00
117-2	93.354	THE COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH WORKFORCE	\$157,015,371.00
117-2	93.103	ENHANCING THE CAPACITY AND CAPABILITY OF HUMAN FOOD AND ENVIRONMENTAL TESTING LABORATORY	\$180,151.00

Public Law #	CFDA #	CFDA Program Title	Awarded
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – REOPENING SCHOOLS	\$803,456,353.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – AMD SEQUENCING & ANALYTICS	\$15,555,044.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – STRENGTHENING PH LAB	\$997,311.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – DETECTION AND MITIGATION OF COVID IN CONFINEMENT FACILITIES	\$75,950,000.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – TRAVELERS HEALTH YR2	\$937,500.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – DETECTION AND MITIGATION OF COVID IN HOMELESS SERVICE SITES	\$2,968,416.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – STATE-BASED NURSING HOME AND LTC STRIKE TEAMS - SNF	\$17,879,647.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – STATE-BASED NURSING HOME AND LTC STRIKE TEAMS – NH & LTC	\$17,825,738.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – STRENGTHENING HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIBIOTIC RESISTANCE PROGRAMS (SHARP)	\$24,146,890.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – AMD CONSTRUCTION	\$1,492,090.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – LABORATORY RESPONSE NETWORK (LRN)	\$1,404,156.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – CYCLOSPORA AMD	\$145,290.00
117-2	93.323	EPIDEMIOLOGY & LABORATORY CAPACITY – C1 LABORATORY DATA EXCHANGE (LDX) COVID-19	\$297,908.00
117-2	93.268	IMMUNIZATION AND VACCINES FOR CHILDREN COOPERATIVE AGREEMENT SUPPLEMENTAL FUNDING TO SUPPORT IMMUNIZATION INFORMATION SYSTEM (IIS)	\$5,554,666.00

Public Law #	CFDA #	CFDA Program Title	Awarded
117-2	21.027	STATE AND LOCAL FISCAL RECOVERY FUND MEDICAL SURGE (SB8 SEC 4)	\$2,000,000,000.00
117-2	21.027	STATE AND LOCAL FISCAL RECOVERY FUND LABORATORY (SB8 SEC 16)	\$16,700,000.00
117-2	21.027	STATE AND LOCAL FISCAL RECOVERY FUND FQHC PROVIDERS (SB8 SEC 34)	\$20,000,000.00
117-2	21.027	STATE AND LOCAL FISCAL RECOVERY FUND EMS PROVIDERS (SB8 SEC 35)	\$21,700,000.00
		AMERICAN RESCUE PLAN ACT	\$3,369,439,899.00
	10.475	THE COOPERATIVE AGREEMENT STATE MEAT AND PAULTRY INSPECTION FUNDS SUPPORTING COVID-19 ACTIVITIES – BASE APPROPRIATION FUNDS	\$14,714.00
	97.036	FEDERAL EMERGENCY MANAGEMENT AGENCY - PUBLIC ASSISTANCE for Declaration 4485-DR-TX	\$7,790,180,123.00
		TOTAL	\$13,831,202,810.00

E. Federal Funds Enhancement Initiatives

Texas HHS agencies were successful in efforts to enhance revenues and maximize the use of federal funds to provide services during the last state fiscal year. By working with various federal agencies, the state identified expenditures where additional federal funds could be accessed and qualified for new opportunities to bring additional dollars to Texas. Agencies continue to seek available funding and identify innovative ways for increasing access to federal funds to support the state's mission and interests related to health and human services.

1. TANF Contingency Fund (HHSC)

The TANF Contingency fund provides states with additional federal funds to help meet the needs of low-income families during periods of economic downturn. States may access TANF Contingency funds by meeting certain criteria. States may only use contingency funds in the fiscal year for which they are awarded and may not carry them over for use in a succeeding fiscal year. These funds can be used for any purpose for which regular TANF funds are used.

Unlike the regular TANF block grant that provides a fixed funding amount to states, the TANF Contingency Fund provides additional TANF funds to states which meet certain criteria. Previously, Texas met the requirements, based on SNAP caseload. Since 2012, Texas has received more than \$454 million in funding through the TANF Contingency Fund. If the state remains eligible and if Congress continues appropriations, HHSC will continue to apply for TANF Contingency Funds.

For state fiscal year 2022, Texas applied for and received approximately \$57.7 million in additional funds through the TANF Contingency Fund.

List of Acronyms

Acronyms	Description
ABU	Approved-But-Unfunded
ACA	Affordable Care Act
AFDC	Aid to Families with Dependent Children
ARPA	American Rescue Plan Act
CDC	Center for Disease Control and Prevention
CHIP	Children's Health Insurance Plan
CLASS	Community Living Assistance and Support Services
CMS	Center for Medicare and Medicaid Services
CYSHCN	Children and youths with special care needs
DADS	Department of Aging and Disability Services
DDS	Disability Determination Services
DFPS	Department of Family & Protective Services
DIS	Disease Intervention Specialists
DMO	Dental Maintenance Organization
DSH	Disproportionate Share Hospital
DSRIP	Delivery System Reform Incentive Program
ECI	Early Childhood Intervention
ELC	Epidemiology and Laboratory Capacity
EMTF	Emergency Medical Task Force
FEMA	Federal Emergency Management Agency
FFP	Federal Financial Participation
FMAP	Federal Medicaid Assistance Percentage
FY	Fiscal Year
HCBS	Home and Community Based Services

HIP	Health Insurance Provider
HIPF	Health Insurance Provider Fee
HPP	Hospital Preparedness Program
HRSA	Health Resources and Services Administration
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
IDEA	Individuals with Disabilities Education Act
IRS	Internal Revenue Service
MCO	Managed Care Organization
MFP	Money Follows the Person
ONA	Other Needs Assistance
OSEP	Office of Special Education Programs
PEAF	Pandemic Emergency Assistance Funds
PHCR	Public Health Crisis Response
PHE	Public Health Emergency
PHEP	Public Health Emergency Preparedness
PL	Public Law
PPHF	Prevention and Public Health Fund
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Agency
SSBG	Social Services Block Grant
TANF	Temporary Assistance for Needy Families
TWC	Texas Workforce Commission
TxHmL	Texas Home Living
UC	Uncompensated Care
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Appendix A. Top 30 Federal Funding Sources for HHSC and DSHS, State Fiscal Year 2022

HHSC

Figure 6. Top 30 Federal Funds for HHSC, State Fiscal Year 2022

Assistance Listing #	Program Title	Amount ⁵
93.778	Medical Assistance Program	\$24,809,448,557
93.767	CHIP for Medicaid (eFMAP)	\$986,466,322
93.778	School Health and Related Services (SHARS)	\$846,564,227
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$556,219,477
93.778	XIX Medical Assistance Program Administration at 75 percent	\$379,972,245
93.767	State Children's Insurance Program (CHIP)	\$330,199,457
93.778	XIX Medical Assistance Program Administration at 50 percent	\$315,250,661
93.778	XIX FMAP at 90 percent	\$205,195,294
10.561	State Administrative Matching for Supplemental Nutrition Assistance Program	\$193,884,697
93.778	XIX Medical Assistance Program Administration at 100 percent	\$171,044,553
93.959	Block Grants for Prevention and Treatment of Substance Abuse	\$163,451,342
96.001	Social Security Disability Insurance	\$110,988,973
93.667	Social Services Block Grant	\$101,988,973
93.958	Block Grants for Community Mental Health	\$76,973,970

⁵ HHSC numbers are derived from state fiscal year 2022 expenditures as reported in the 2024-25 Legislative Appropriations Request.

Assistance Listing #	Program Title	Amount⁵
93.788	Opioid State Targeted Response	\$76,502,388
84.181	Special Education Grants for Infants and Families with Disabilities	\$51,667,998
93.558	Temporary Assistance for Needy Families to Title XX	\$45,104,976
93.045	Special Programs for the Aging Title III Part C	\$44,216,950
93.791	Money Follows the Person Rebalancing Demonstration	\$30,764,895
93.044	Special Programs for the Aging Title III Part B	\$28,997,671
93.796	State Survey and Certification of Health Care Providers and Suppliers Title XIX Medicaid at 75 percent	\$26,659,788
93.777	State Survey and Certification of Health Care Providers and Suppliers	\$25,392,771
93.558	Temporary Assistance for Needy Families	\$18,807,221
93.778	XIX Medicaid Specialized Skills Training (SST)	\$18,095,794
93.575	Child Care and Development Block Grant	\$17,374,781
10.557	Breastfeeding Peer Counseling	\$16,035,130
97.050	Disaster Assistance Projects (Severe Winter Storm)	\$13,337,453
93.982	Disaster Response State Grant Program	\$13,337,453
93.053	Nutrition Services Incentive Program	\$11,565,487
93.052	Title III E National Family Caregiver	\$11,278,479
93.778	XIX FMAP TCM	\$8,240,059
	Total	\$29,691,624,234

Figure 7. Top 30 Federal Funds for DSHS, State Fiscal Year 2022

Assistance Listing #	Program Title	Amount
21.027	Coronavirus State and Local Fiscal Recovery Funds	\$2,058,400,000
93.323	Epidemiology & Lab Capacity (ELC)	\$1,588,003,731
97.036	Public Assistance Grants	\$963,251,579
93.268	Immunization Grants	\$278,754,766
93.917	HIV Care Formula Grants	\$125,273,184
93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response	\$102,923,365
93.069	Public Health Emergency Preparedness	\$39,843,549
21.019	Coronavirus Relief Fund for Coronavirus Aid, Relief, and Economic Security Act	\$32,862,890
93.994	Maternal and Child Health Services Block Grants to the States	\$29,956,491
93.977	Preventive Health Services-STD Control Grants	\$24,422,452
93.268	Immunization Grants	\$22,754,454
93.94	HIV Prevention Program: Category A: HIV Prevention Core	\$21,176,063
93.391	Support Health Department	\$17,376,731
93.889	National Bioterrorism Hospital Preparedness Program	\$16,061,876
93.116	Project & Cooperative Agreements for Tuberculosis Control	\$7,978,696
93.778	Medical Assistance Program - 50/50	\$7,902,860

Assistance Listing #	Program Title	Amount
93.991	Preventive Health and Health Services Block Grant	\$7,632,473
93.977	Preventive Health Services-STD Control Grants	\$7,567,478
93.94	HIV Prevention Activities-Health Department Based	\$6,056,203
14.241	Housing Opportunities for Persons with AIDS	\$5,878,424
10.475	Coop-Agreements with States Intrastate Meat and Poultry Inspection	\$4,881,206
93.323	Epidemiology & Lab Capacity (ELC)	\$3,804,901
93.387	Tobacco	\$3,801,954
93.136	Rape Prevention Education	\$2,615,425
93.426	Improving the Health of Americans through the Prevention and Management of Diabetes, Heart Disease, and Stroke	\$2,586,904
10.561	State Admin Match SNAP	\$2,497,654
93.898	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	\$2,187,747
93.439	Tx Physical Activity Nutrition	\$1,213,049
93.435	Innovative health strategy to prevent heart disease and diabetes	\$960,259
93.478	Preventing Maternal Deaths	\$791,562
	Total	\$5,389,417,926