



Annual Revenue and Expenditure Report

**As Required by
Title 4, Texas Government Code
Section 531.021135**

**Health and Human Services
Commission**

November 2024



TEXAS
Health and Human
Services

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1. Executive Summary and Background

The Texas Health and Human Services Commission (HHSC) is authorized by Section 531.021135, Government Code, to retain funds HHSC receives from a source other than the general revenue fund to operate a waiver program established under Section 1115 of the federal Social Security Act (42 U.S. Code Section 1315), a directed payment program, or a successor program. Section 531.021135 became effective on June 10, 2019.

Under the 1115 Transformation and Quality Improvement Waiver (1115 Waiver), HHSC administers the Uncompensated Care (UC) program, Comprehensive Hospital Increased Reimbursement Program (CHIRP), Quality Incentive Payment Program (QIPP), Texas Incentives for Physician and Professional Services (TIPPS) program, Directed Payment Program for Behavioral Health Services (DPP BHS), Rural Access to Primary and Preventive Services (RAPPS) program, and the Public Health Provider – Charity Care Program (PHP-CCP). In state fiscal year 2023, the programs had an estimated combined annual value of approximately \$14 billion annually. These programs are all funded using a combination of local and federal funds, with the local funds submitted in the form of intergovernmental fund transfers (IGT) and certified public expenditures (CPE).

Administering these programs is very resource-intensive for HHSC; they are complex programs that must adhere to federal regulations. Additionally, because they are funded via IGT and CPE, HHSC must provide oversight and monitoring to ensure that the funding sources are permissible under federal statutes and regulations. Section 531.021135 was enacted to grant HHSC the authority to be reimbursed by the providers who benefit from the administration of these programs for these incurred costs.

In state fiscal year 2024, HHSC collected an application fee from all privately owned providers at the time of application to UC, CHIRP, and QIPP of \$10,000, \$8,500, and \$10,000, respectively.

HHSC utilized these funds to reimburse a portion of the administrative expenses associated with administering these programs. However, the retained funds do not fully reimburse all expenses associated with administering the 1115 Waiver. The fees cannot supplant expenditures that were funded via general revenue before June 1, 2019.

Table 1. Summary of Revenues

	2023
Total	\$ 6,479,440

Table 2. Summary of Expenditures

Expenditure Category	2022	Description of Expenditure
Salaries, Wages, Personnel Costs, and Fringe	\$ 4,164,687	Full-time equivalents (FTEs) dedicated to the operation of supplemental and directed-payment programs and various support or management staff related to those FTEs. Includes the 42 FTEs that were appropriated via Rider 15(h), as well as other FTEs that were previously supported by unrelated appropriated receipts.
In-State & Out-of-State Travel	\$ 2,375	Travel to and from Tyler, Texas, related to federal litigation regarding the 1115 Waiver, including court orders related to the use of local funds
Other Operating Expenses	\$ 2,254,911	Software licenses, information technology resources, and other expenses related to the construction of the Local Funds Tracking System (LoFTS)
Total	\$ 6,421,973	

2. Examination of Adjustments

HHSC examined the revenues received and compared them to the expenses in compliance with Section 531.021135(f)(3). Through this comparison, HHSC determined that the amount collected was mostly sufficient to support administering the applicable programs as they existed at that time. HHSC plans to use any unused revenues from state fiscal year 2024 for one-time expenses related to the operation of the programs. However, program complexity in fiscal year 2025 and after is anticipated, and resources needed to support the programs are anticipated to increase significantly. HHSC plans to collect sufficient funds to ensure the continuation of more than \$15 billion in annual client services program funding.

3. Conclusion

HHSC anticipates that an adjustment may be necessary in the future because of certain market factors that have increased costs, including wages, supplies, and technology.

List of Acronyms

Acronym	Full Name
CHIRP	Comprehensive Hospital Increase Reimbursement Program
CMS	Centers for Medicare and Medicaid Services
CPE	Certified Public Expenditures
DPP BHS	Directed Payment Program for Behavioral Health Services
FTE	Full-time Equivalent
HHSC	Health and Human Services Commission
IGT	Intergovernmental Transfer
LoFTS	Local Funds Tracking System
PHP-CCP	Public Health Provider – Charity Care Program
QIPP	Quality Incentive Payment Program
RAPPS	Rural Access to Primary and Preventive Services
TIPPS	Texas Incentives for Physicians and Professional Services
UC	Uncompensated Care