



COMMISSIONER
Chris Traylor

June 4, 2012

Ursula Parks, Acting Director
Legislative Budget Board
P.O. Box 12666
Austin, TX 78711-2666

Subject: Fiscal Year 2012 April Monthly Financial Report

Dear Ms. Parks:

The following is a narrative summary of budget adjustments processed during April 2012, as well as, budget variances and other key budget issues at this time.

BUDGET ADJUSTMENTS

In total, the Department of Aging and Disability Services (DADS) fiscal year 2012 Operating budget is \$6,255.7 million in All Funds (\$2,584.3 million in General Revenue/General Revenue Dedicated Funds), which is \$37.1 million in All Funds above the fiscal year 2012 appropriation of \$6,218.5 million in All Funds, as stated in the Eighty-second Legislature, Conference Committee, Stage 12, 2012-13 Biennium, dated May 22, 2011. For fiscal year 2012, the adjustments are related to three significant initiatives that affected DADS' operating budget:

- The carry-forward of the unexpended balance authority for the Service Authorization System/Client Assignment and Registration System (SAS/CARE) Consolidation Project. Pursuant to Rider 42, House Bill 1, 82nd Legislature, 2012-13 General Appropriations Act (GAA), DADS submitted a letter dated October 3, 2011, requesting approval to carry forward the unexpended balance of the SAS/CARE Consolidation Project (\$6.6 million in All Funds and \$0.7 million in General Revenue Funds). The letter was approved by the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning and Policy (GOBPP), and the fiscal year 2012 Operating Budget reflects the adjustment.
- The transfer of funds from the Health and Human Services Commission (HHSC) to DADS for Enterprise Support Services pursuant to Article II, Special Provisions, Section 10-Limitations on Transfer Authority, House Bill 1, 82nd Legislature, 2012-13 General Appropriations Act (GAA) for the HHS HR/Payroll System Upgrade project. HHSC submitted a letter dated September 13, 2011, requesting the transfer of funds to DADS, and the letter was approved by LBB and the GOBPP, and the fiscal year 2012 Operating Budget reflects the adjustment (\$2,536,149 in All Funds and \$1,094,348 in General Revenue Funds).
- The transfer of funds and FTEs from the Department of Assistive and Rehabilitative Services (DARS) to DADS pursuant to Article II, Special Provisions, Section 10-Limitations on Transfer

Authority, related to health and human services (HHS) media service for DADS' strategy C.1.1 Central Administration. DARS submitted a letter requesting the transfer of funds and FTEs to DADS, and the letter was approved by the LBB and the GOBPP on February 16, 2012. The fiscal year 2012 Operating Budget reflects the adjustment (\$35,963 in both All Funds and in General Revenue Funds and 5.0 FTEs).

- A federal increase which related to aligning Federal Funds with available General Revenue Funds.

BUDGET VARIANCES

As of April 30, 2012, DADS is projecting a fiscal year 2012 deficit of \$267.1 million in All Funds (\$108.5 million in General Revenue). Projected expenditures for Medicaid entitlement client services are based upon caseload forecasts prepared by HHSC in October 2011 and payment data through December 2011.

As a result of the updated forecast, there is a significant change from September's annual projections to April's annual projections. The key differences are:

- Current projections assume a cost trend growth in strategies A.2.1 Primary Home Care (PHC); A.2.2 Community Attendant Services (CAS); A.2.3 Day Activity and Health Services (DAHS); A.3.1 Community Based Alternatives (CBA); A.3.2 Home and Community Based Services (HCS); and A.6.1 Nursing Facility (NF), based upon expenditure data collected through December 2011. The September 2011 estimate only assumed cost growth for NFs.
- For CBA, since no additional slots were funded, a higher proportion of slots are being used by children aging out of the Medically Dependent Children Program (MDCP) waiver as well as the Comprehensive Care program. This population has higher costs than the average CBA population. For HCS, all of the new slots as well as the vast majority of replacement slots are being filled by individuals relocating out of ICFs or SSLCs. The larger portion of these individuals goes into residential settings, which are the higher cost settings.
- The waiver slots for Deaf-Blind Multiple Disabilities (DBMD) have been increased by eight above appropriated in order to meet maintenance-of-effort requirements. The number of individuals served in Community Living Assistance & Support (CLASS) is projected to exceed the appropriated level. The appropriated level was based upon the number of individuals being served in February 2011; however, for CLASS there were many individuals "still in the pipeline" in February 2011.
- As a result of the STAR+PLUS expansion, effective March 1, 2012, the amount of expenditures for the remainder of fiscal year 2012 for A.2.1 Primary Home Care; A.2.3 Day Activity and Health Services; A.3.1 Community Based Alternatives; and A.6.4 Promoting Independence

Services strategies, will be significantly reduced as compared to what was experienced in the first portion of the year.

- In accordance with Attachment 4.19-D, ICF/MR, Section (X)(A)(2)(b) of the Medicaid State Plan, “a settlement is determined for each state-operated facility on a facility by facility basis based on cost reports for the rate period as audited by the Health and Human Services Commission (HHSC) if there is a difference the allowable costs from the audited cost reports and the reimbursement due under the interim payment rate, including adjustments for applied income for the state fiscal year.” For fiscal year 2011, the final amount allowable Medicaid expenses requiring settlement is \$76,123,208 in All Funds (\$51,249,950 in Federal Revenue). HHSC has authorized DADS to process the final settlement and draw the federal share, as stated above, which will be deposited in fiscal year 2012.

VARIANCES DETAILED BY STRATEGIES

- **Strategy A.2.1, Primary Home Care** - This strategy is now projected to have a positive variance of \$1.6 million in All Funds which includes \$0.7 million in General Revenue Funds. The variance relates to a decrease in the number of individuals served per month from 31,240, as found in HB 1, to the current forecast of 30,245, a difference of 995. This is partially offset by an increase in the average monthly cost per individual served from \$830.90 to the current forecast of \$851.02, a difference of \$20.12.
- **Strategy A.2.2, Community Attendant Services** - This strategy is now projected to have a negative variance of \$7.6 million in All Funds which includes \$3.2 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$834.21 per month, as found in HB 1, to the current forecast of \$875.83, a difference of \$41.62. This is partially offset by a decrease in the average number of individuals served per month from 48,617 to the current forecast of 47,037, a difference of 1,580.
- **Strategy A.3.1, Community Based Alternatives** - This strategy is projected to have a negative variance of \$26.1 million in All Funds which includes \$10.9 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$1,320.19 per month as found in HB 1, to the current forecast of \$1,479.05, a difference of \$158.86. This is partially offset by a decrease in average number of individuals served per month from 14,616 to 14,441, a difference of 175.
- **Strategy A.3.2, Home and Community Based Services** – This strategy is projected to have a negative variance of \$16.9 million in All Funds which includes \$6.6 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$3,280.22 as found in HB 1, to the current forecast of \$3,423.61, a difference of \$143.39. The average monthly number of consumers served decreased from 20,123 to 19,860, a difference

of 263, all of whom are a result of the transfer of individuals from the expired Consolidated Waiver Program.

- **Strategy A.3.3, Community Living Assistance Support Services** – This strategy is projected to have a negative variance of \$16.9 million in All Funds which includes \$7.0 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$3,232.17 as found in HB 1, to the current forecast of \$3,503.09, a difference of \$270.92. The average monthly number of individuals served increased from 4,619 to 4,664, a difference of 45, 24 of whom are a result of the transfer of individuals from the expired Consolidated Waiver Program.
- **Strategy A.3.6, Consolidated Waiver Program** – This strategy is projected to have a positive variance of \$2.8 million in All Funds which includes \$1.2 million in General Revenue Funds. The variance relates to the fact that the program was eliminated December 31, 2011 and the expenditures and projections for January through August for FY 2012 were moved to the associated strategies. Because the budget cannot be moved until LBB and GOBPP approval is received, there is an artificial variance.
- **Strategy A.3.7, Texas Home Living Waiver** - This strategy is projected to have a positive variance of \$5.7 million in All Funds which includes \$2.4 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$652.25 as found in HB 1, to the current forecast of \$778.18, a difference of \$125.93. The average monthly number of individuals served decreased from 5,738 to 4,200, a difference of 1,538.
- **Strategy A.5.1, Program of All-Inclusive Care for the Elderly (PACE)** - This strategy is now projected to have a positive variance of \$1.8 million in All Funds, which includes \$0.8 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$2867.08 per month as found in HB 1, to the current forecast of \$2873.90, a difference of \$6.82. This is partially offset by a decrease in the average number of individuals served per month from 1,091 to 1,036, a difference of 55.
- **Strategy A.6.1, Nursing Facility Payments** - This strategy is projected to have a negative variance of \$215.9 million in All Funds which includes \$89.0 million in General Revenue Funds. The variance relates to the net nursing facility cost per Medicaid resident per month served which increased from \$2,981.92 per month as found in HB 1, to the current forecast of \$3,227.02, a difference of \$245.10. The average number of individuals served per month increased from 56,213 to 56,644, a difference of 431.
- **Strategy A.6.2, Medicare Skilled Nursing Facility** - This strategy is projected to have a positive variance of \$13.0 million in All Funds which includes \$5.4 million in General Revenue Funds. The variance relates to the net payment per individual for co-paid Medicaid/Medicare nursing facility services per month which decreased from \$2,055.93 per month as found in HB 1, to the

current forecast of \$2,044.46, a difference of \$11.47. The average number of individuals served per month decreased from 6,767 to 6,278, a difference of 489.

- **Strategy A.6.3, Hospice** - This strategy is projected to have a positive variance of \$7.5 million in All Funds which includes \$3.1 million in General Revenue Funds. The variance relates to the average net payment for individuals serviced per month which increased from \$2,739.58 per month as found in HB 1, to the current forecast of \$2,791.85, a difference of \$52.27. The average number of individuals served per month decreased from 7,039 to 6,685, a difference of 354.
- **Strategy A.6.4, Promoting Independence Services** - This strategy is projected to have a positive variance of \$10.0 million in All Funds which includes \$4.5 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which decreased from \$1,487.75 per month as found in HB 1, to the current forecast of \$1,488.38, a difference of \$0.63. The average number of individuals served per month decreased from 6,318 to 5,827, a difference of 491.
- **Strategy A.7.1, Intermediate Care Facilities – (ICFs)** - This strategy is projected to have a negative variance of \$2.6 million in All Funds which includes \$1.1 million in General Revenue Funds. The variance relates to the monthly cost per ICF Medicaid eligible consumer served which decreased from \$4,360.27 per month as found in HB 1, to the current forecast of \$4,356.10, a difference of \$4.17. The average number of individuals served per month increased from 5,602 to 5,616, a difference of 14.
- **Strategy A.8.1, State Supported Living Centers** - This strategy is projected to have a negative variance of \$22.5 million in All Funds which includes \$8.4 million in General Revenue Funds. The average monthly cost per ID campus resident served decreased from \$14,107.11 per month as found in HB 1 to the current forecast of \$13,889.58, a difference of \$217.53. The average monthly number of residents served per month increased from 3,831 to 3,891, a difference of 60.

OTHER KEY BUDGET ISSUES

The following items have not been included in the current forecast, but may impact future projections:

- We did not reduce the cost containment savings estimate for the 90th percentile service cap (75th percentile for CLASS specialized therapies), although the ability of individuals to obtain health and safety exceptions may significantly reduce the amount of savings realized.
- No estimate of savings from Electronic Visit Verification has been included.
- The Social Security cost-of-living adjustment of 3.6 percent in January 2012 will increase the amount of applied income, which will reduce the NF projections slightly. In addition, the actual

Medicare SNF coinsurance rate for the fiscal year 2012 rate was set at \$144.50 per day, compared to an estimated amount of \$145.50 per day assumed for this estimate.

- As already noted in the September MFR for fiscal year 2013, the DADS' Medicaid Entitlement programs are funded at 28 percent of the anticipated demand. The biennial budget deficit is now projected to be \$2.8 billion in All Funds which includes \$1.1 billion in General Revenue Funds. This current estimated shortfall does not include the amount which is the result of the more favorable FMAP rate for fiscal year 2013, based on current House Bill 1 appropriations.

TRANSACTIONS SUBMITTED TO AND AWAITING LBB/GOBPP APPROVAL AS OF APRIL 30, 2012:

- The budget transfer authority relating to the elimination of the Consolidated Waiver Program (Rider 35-Elimination of Consolidated Waiver Programs, Rider 9-Limitation: Medicaid Transfer Authority and Rider 34.-Limits for Waivers and Other Programs).
- Request for Capital authority for three additional IT projects, funded 100% with federal funds.
 1. Data Mart and Relocation Contractor Data System
 2. Technology Enhancements to the Abuse, Neglect and Exploitation (ANE) Database
 3. Development and Maintenance of a Contract Monitoring Tool

DADS WILL BE REQUESTING APPROVAL FOR THE FOLLOWING

- The transfer authority between strategies in fiscal year 2012 to offset deficit in client service within the existing appropriations (Rider 9-Limitation: Medicaid Transfer Authority and Rider 34-Limits for Waivers and Other Programs) estimated at \$32.4 million in All Funds (\$13.8 million in General Revenue Funds), for Strategies A.2.1 Primary Home Care (PHC); A.3.5 Medically Dependent Children Program (MDCP); A.6.2 Medicare Skilled Nursing Facility; A.6.3 Hospice; and A.6.4 Promoting Independence Services.
- The authority to exceed the appropriation in all waiver programs based on the latest forecast with the exception of Medically Dependent Children Program (MDCP) in order to maintain the performance level targets (Rider 34-Limits for Waivers and Other Programs).
- The authority to carry-back funds from fiscal year 2013 to fiscal year 2012 to cover budget shortfalls in fiscal year 2012 and exemption from the \$50 million transfer limit (Rider 11-Appropriation Transfer between Fiscal Years, Rider 9- Limitation: Medicaid Transfer Authority, and Rider 34-Limits for Waivers and Other Programs) estimated at \$267.1 million in All Funds (\$108.5 million in General Revenue Funds). (See Schedule 1).
- As a result of the recent A.8.1 State Supported Living Centers (SSLC) cost settlement for fiscal year 2011, DADS will be receiving approximately \$51.2 million of Earned Federal Funds (EFF),

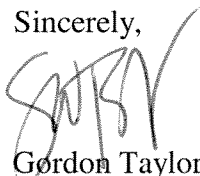
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which will be deposited in fiscal year 2012. Pursuant to Article IX, Section 6.22 - Definition, Appropriation, Reporting and Audit of Earned Federal Funds (EFF), DADS will be required to apply approximately \$2.7 million of the cost settlement, towards the remaining EFF balance, leaving \$48.5 million. In accordance with Article IX, DADS will submit a plan 30 days prior to the expense of these funds, to the LBB/GOBPP, and the Comptroller of Public Accounts. This correspondence serves as notification of such intent to expend all funds above the EFF appropriation, not to exceed \$48.5 million. Due to the recent gas leak in Austin State Supported Living Center, approximately \$5.0 million in General Revenue will be needed to fund repair cost, leaving a balance of \$43.5 million in General Revenue to cover budget shortfalls throughout the Agency's client service programs, in addition to SSLC. In order to expend those funds, DADS will be required to submit approval and notification letter pursuant to Article IX, Section 6.22 - Definition, Appropriation, Reporting and Audit of Earned Federal Funds, Rider 9 – Medicaid Transfer Authority, Rider 15 – Limitations on SSLC Strategy Transfers (5%), and Article IX, Section 8.02 – Federal Funds adjustment (\$10 million limit).

- DADS will be requesting authority to expend an amount not to exceed \$15 million of the General Revenue Dedicated Quality Assurance Account (QAF) to fund the current estimated fiscal year 2012 shortfall within SSLC and the Agency. DADS will be notifying the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning, and Policy (GOBPP) with a plan of how the funds will be expended.

Please let me know if you have any questions or need additional information. I will serve as the lead staff on this matter and can be reached by phone at (512) 438-3355 or by e-mail at gordon.taylor@dads.state.tx.us.

Sincerely,



Gordon Taylor
Chief Financial Officer

GT:rb

Enclosure

cc: Chris Traylor, Commissioner
Jonathan Hurst, Director, Governor's Office of Budget, Planning and Policy

**Department of Aging and Disability Services
FY 2012 Attachment A: Budget Adjustments
Data Through the End of April 2012**

	General Revenue	GR - Dedicated	Federal	Other	Total
Adjustments to the FY 2012 Operating Budget:					
Appropriated Funds	\$2,518,949,139	\$62,061,125	\$3,613,620,416	\$23,889,249	\$6,218,519,929
Carry forward of SAS/CARE Capital authority from 2010-11	\$661,702	\$0	\$5,955,320	\$0	\$6,617,022
Federal Funds Adjustment	\$0	\$0	\$483,584	\$0	\$483,584
Federal Funds Adjustment - Relating to Program Transfers (1.8.1 to 2.1.1)	\$0	\$0	(\$2,208,189)	\$0	(\$2,208,189)
GR Certified Match for Medicaid reclassified to GR Match for Medicaid	(\$710,034)	\$0	\$0	\$0	(\$710,034)
GR Match for Medicaid reclassified from GR Certified Match for Medicaid	\$710,034	\$0	\$0	\$0	\$710,034
Program Transfer (Art. IX between Strategies not included in Rider 9)	\$0	\$0	\$0	\$0	\$0
Reductions from Appropriations for DCS	(\$145,837)	\$0	(\$205,155)	(\$9,813)	(\$360,805)
SB 102 Benefit Replacement Pay (BRP)	\$1,491,697	\$0	\$2,185,123	\$13,179	\$3,689,999
SB 223 - Relating to licensing, regulation HCSSA and Admin providing penalties	\$142,378	\$0	\$40,765	\$0	\$183,143
Revised Operating Budget, September 2011	\$2,521,099,079	\$62,061,125	\$3,619,871,865	\$23,892,615	\$6,226,924,684
Federal Funds Adjustment	\$0	\$0	(\$260,637)	\$0	(\$260,637)
Revised Operating Budget, October 2011	\$2,521,099,079	\$62,061,125	\$3,619,611,228	\$23,892,615	\$6,226,664,047
Federal Funds Adjustment	\$0	\$0	\$9,329,007	\$0	\$9,329,007
GR Certified Match for Medicaid reclassified to GR Match for Medicaid	\$710,034	\$0	\$0	\$0	\$710,034
GR Match for Medicaid reclassified from GR Certified Match for Medicaid	(\$710,034)	\$0	\$0	\$0	(\$710,034)
Program Transfer (Art. IX between Strategies not included in Rider 9)	\$0	\$0	\$0	\$0	\$0
Revised Operating Budget, November 2011	\$2,521,099,079	\$62,061,125	\$3,628,940,235	\$23,892,615	\$6,235,993,054
Federal Funds Adjustment	\$0	\$0	\$906,038	\$0	\$906,038
GR Match for Medicaid reclassified to GR	(\$527,494)	\$0	\$0	\$0	(\$527,494)
GR reclassified from GR Match for Medicaid	\$527,494	\$0	\$0	\$0	\$527,494
Revised Operating Budget, December 2011	\$2,521,099,079	\$62,061,125	\$3,629,846,273	\$23,892,615	\$6,236,899,092
Federal Funds Transfer from HHSC - HR/Payroll System upgrade	\$0	\$0	\$1,441,801	\$0	\$1,441,801
GR Transfer from HHSC - HR/Payroll System upgrade	\$1,094,348	\$0	\$0	\$0	\$1,094,348
Revised Operating Budget, January 2012	\$2,522,193,427	\$62,061,125	\$3,631,288,074	\$23,892,615	\$6,239,435,241
Federal Funds Adjustment	\$0	\$0	\$13,259,065	\$0	\$13,259,065
Other Funds Adjustment - Appropriated Receipts and IAC	\$0	\$0	\$0	\$0	\$0
Revised Operating Budget, February 2012	\$2,522,193,427	\$62,061,125	\$3,644,547,139	\$23,892,615	\$6,252,694,306
Federal Funds Adjustment	\$0	\$0	\$139,304	\$0	\$139,304

**Department of Aging and Disability Services
 FY 2012 Attachment A: Budget Adjustments
 Data Through the End of April 2012**

	General Revenue	GR - Dedicated	Federal	Other	Total
GR Transfer from DARS - Media Services Staffing	\$35,963	\$0	\$0	\$0	\$35,963
Revised Operating Budget, March 2012	\$2,522,229,390	\$62,061,125	\$3,644,686,443	\$23,892,615	\$6,252,869,573
Federal Funds Adjustment	\$0	\$0	\$2,782,802	\$0	\$2,782,802
Revised Operating Budget, April 2012	\$2,522,229,390	\$62,061,125	\$3,647,469,245	\$23,892,615	\$6,255,652,375

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Budget and Variance, All Funds
Data Through the End of April 2012

	Budget						
	Appropriated	Adjustments	Notes	Op Bgt.	Expend. YTD	Projected	Variance
A.1.1 Intake, Access and Eligibility to Services and Supports	\$184,877,580	\$6,037,491	A,B,F	\$190,915,071	\$125,285,168	\$190,915,071	\$0
A.1.2 Guardianship	\$6,995,223	\$25,675	A	\$7,020,898	\$4,593,996	\$7,020,898	\$0
A.2.1 Primary Home Care	\$311,484,070	(\$939,279)	B	\$310,544,791	\$275,082,896	\$308,926,939	\$1,617,852
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$486,682,976	\$135,757	B	\$486,818,733	\$320,366,880	\$494,460,809	(\$7,642,076)
A.2.3 Day Activity and Health Services (DAHS)	\$61,384,145	(\$244,003)	B	\$61,140,142	\$59,393,010	\$62,061,396	(\$921,254)
A.3.1 Community Based Alternatives (CBA)	\$231,542,467	(\$469,635)	B	\$231,072,832	\$203,103,210	\$257,204,467	(\$26,131,636)
A.3.2 Home and Community Based Services (HCS)	\$792,081,944	\$6,957,481	B	\$799,039,425	\$539,420,439	\$815,918,159	(\$16,878,734)
A.3.3 Community Living Assistance & Support Services (CLASS)	\$179,152,968	\$37,402	B	\$179,190,370	\$129,675,474	\$196,089,989	(\$16,899,619)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$7,371,823	\$1,453	B	\$7,373,276	\$4,889,838	\$7,867,154	(\$493,878)
A.3.5 Medically Dependent Children Program (MDCP)	\$41,946,865	\$8,433	B	\$41,955,298	\$27,217,459	\$41,655,571	\$299,727
A.3.6 Consolidated Waiver Program	\$3,780,346	\$746	B	\$3,781,092	\$1,000,920	\$1,001,564	\$2,779,528
A.3.7 Texas Home Living Waiver	\$44,911,397	\$8,853	B	\$44,920,250	\$22,681,908	\$39,217,936	\$5,702,314
A.4.1 Non-Medicaid Services	\$145,516,181	\$7,578,218	B	\$153,094,399	\$103,092,804	\$153,094,399	\$0
A.4.2 Mental Retardation Community Services	\$75,000,000	\$0		\$75,000,000	\$63,821,722	\$75,000,000	\$0
A.4.3 Promoting Independence Plan	\$4,818,281	(\$656,744)	B	\$4,161,537	\$1,868,247	\$4,161,537	\$0
A.4.4 In-Home and Family Support	\$4,989,907	\$0		\$4,989,907	\$3,164,291	\$4,989,907	\$0
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$37,550,176	\$9,559	B	\$37,559,735	\$23,305,379	\$35,728,327	\$1,831,408
A.6.1 Nursing Facility Payments	\$2,011,480,976	\$1,719,008	B,E	\$2,013,199,984	\$1,471,027,192	\$2,229,069,631	(\$215,869,647)
A.6.2 Medicare Skilled Nursing Facility	\$166,956,355	\$66,690	B	\$167,023,045	\$102,118,224	\$154,021,523	\$13,001,522
A.6.3 Hospice	\$231,407,223	\$55,507	B	\$231,462,730	\$147,633,341	\$223,962,450	\$7,500,280
A.6.4 Promoting Independence Services	\$112,790,001	\$1,276,937	B	\$114,066,938	\$71,807,760	\$104,077,784	\$9,989,154
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$293,123,363	(\$2,838,090)	A,B	\$290,285,273	\$194,694,161	\$292,856,197	(\$2,570,924)
A.8.1 State Supported Living Centers (SSLC)	\$648,574,310	\$2,614,066	A,B	\$651,188,376	\$425,809,014	\$673,645,487	(\$22,457,111)
A.9.1 Capital Repairs and Renovations	\$352,186	\$0		\$352,186	\$260,243	\$352,186	\$0
Subtotal, Goal A: Long Term Services and Supports	\$6,084,770,763	\$21,385,524		\$6,106,156,287	\$4,321,313,575	\$6,373,299,382	(\$267,143,095)
B.1.1 Facility and Community-Based Regulation	\$62,510,903	\$9,281,508	A,B,C	\$71,792,411	\$48,160,535	\$71,792,411	\$0
B.1.2 Credentialing/Certification	\$1,274,532	(\$5,007)	A,B	\$1,269,525	\$793,607	\$1,269,525	\$0
B.1.3 Quality Outreach	\$5,080,203	\$625,676	A,B	\$5,705,879	\$3,848,281	\$5,705,879	\$0
Subtotal, Goal B: Regulation, Certification and Outreach	\$68,865,638	\$9,902,177		\$78,767,815	\$52,802,422	\$78,767,815	\$0
C.1.1 Central Administration	\$29,904,976	\$1,800,180	A,B	\$31,705,156	\$20,158,822	\$31,705,156	\$0
C.1.2 Information Technology Program Support	\$34,978,552	\$4,044,565	A,B,D,G	\$39,023,117	\$27,012,739	\$39,023,117	\$0
Subtotal, Goal C: Indirect Administration	\$64,883,528	\$5,844,744		\$70,728,272	\$47,171,561	\$70,728,272	\$0
GRAND TOTAL, DADS	\$6,218,519,929	\$37,132,446		\$6,255,652,375	\$4,421,287,558	\$6,522,795,469	(\$267,143,095)

Notes:

- | | | | |
|--|---|---|--|
| A. SB 102 Benefit Replacement Pay (BRP) | B. Federal Funds Adjustment | C. Art IX Sec. 18.65, Contingency for SB 223 (2012-13 GAA) | D. Art IX Sec 17.01, Data Center Services Reductions (2012-13 GAA) |
| E. Art II, Rider 42, Unexpended Balance Authority for SAS/CARE Consolidation Project (2012-13 GAA) | F. Art IX Sec 8.02, Fed Funds/Block Grants(2012-13 GAA) ARRA Chronic Disease Management Program | G. Art II, SP, Sec. 10, Limitations on Transfer Authority (2012-2013 GAA) | |

Department of Aging and Disability Services
FY Monthly Financial Report: FTE Cap and Filled Positions
Data Through the End of April 2012

	Appropriated	Adjusted Cap	Budgeted	Filled Avg YTD	Filled Monthly
A.1.1 Intake, Access and Eligibility to Services and Supports	1,681.3	0.0	1,681.3	1,572.6	1,391.4
A.1.2 Guardianship	108.0	0.0	108.0	103.3	105.0
A.2.1 Primary Home Care					
A.2.2 Community Attendant Services (Formerly Frail Elderly)					
A.2.3 Day Activity and Health Services (DAHS)					
A.3.1 Community Based Alternatives (CBA)					
A.3.2 Home and Community Based Services (HCS)					
A.3.3 Community Living Assistance & Support Services (CLASS)					
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)					
A.3.5 Medically Dependent Children Program (MDCP)					
A.3.6 Consolidated Waiver Program					
A.3.7 Texas Home Living Waiver					
A.3.8 Other Waivers					
A.4.1 Non-Medicaid Services					
A.4.2 Mental Retardation Community Services					
A.4.3 Promoting Independence Plan					
A.4.4 In-Home and Family Support					
A.4.5 Mental Retardation In-Home Services					
A.5.1 Program of All-inclusive Care for the Elderly (PACE)					
A.6.1 Nursing Facility Payments					
A.6.2 Medicare Skilled Nursing Facility					
A.6.3 Hospice					
A.6.4 Promoting Independence Services					
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	29.0	0.0	29.0	29.1	28.4
A.8.1 State Supported Living Centers (SSLC)	14,200.4	0.0	14,200.4	13,253.5	13,074.2
A.9.1 Capital Repairs and Renovations					
Subtotal, Goal A: Long Term Services and Supports	16,018.7	0.0	16,018.7	14,958.7	14,599.0
B.1.1 Facility and Community-Based Regulation	1,079.5	0.0	1,079.5	1,036.5	1,035.8
B.1.2 Credentialing/Certification	27.0	0.0	27.0	27.8	28.0
B.1.3 Quality Outreach	74.0	2.0	76.0	64.7	65.5
Subtotal, Goal B: Regulation, Certification and Outreach	1,180.5	2.0	1,182.5	1,129.0	1,129.3
C.1.1 Central Administration	365.4	0.0	365.4	365.6	365.3
C.1.2 Information Technology Program Support	97.8	0.0	97.8	111.6	105.9
C.1.3 Other Support Services	0.0	0.0			
Subtotal, Goal C: Indirect Administration	463.2	0.0	463.2	477.1	471.2
GRAND TOTAL, DADS	17,662.4	2.0	17,664.4	16,564.9	16,199.6

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Agency Budget and Variance, Detailed MOF
Data Through the End of April 2012

Method of Finance	ABEST Code/CFDA	Appropriated	Adjustments	Op Budget	Expend YTD	Projected	Variance
General Revenue 2008	Non-Fed	0	0	0	0	0	0
General Revenue	0001	148,625,478	854,412	149,479,890	104,848,237	149,757,463	(277,573)
GR-Match for Medicaid	0758	2,128,893,990	1,736,563	2,130,630,553	1,536,820,783	2,230,753,959	(100,123,406)
Earned Federal Funds	0888	0	0	0	0	0	0
EFF-Match for Medicaid	8091	0	0	0	0	0	0
GR for Fed Funds (OAA)	8004	4,282,380	0	4,282,380	15,660	4,282,380	0
GR Cert Match - Medicaid	8032	237,147,291	689,276	237,836,567	167,159,142	245,915,808	(8,079,240)
Supplemental: GR	8055	0	0	0	0	0	0
Payoff 07: General Revenue Fund	8109	0	0	0	0	0	0
80R SUPP: General Revenue Fund	8890	0	0	0	0	0	0
Supplemental: GR-Match Medicaid	8056	0	0	0	0	0	0
Payoff 07: GR Match for Medicaid	8110	0	0	0	0	0	0
80R SUPP: GR Match for Medicaid	8891	0	0	0	0	0	0
81R SUPP: General Revenue Fund	8900	0	0	0	0	0	0
81R SUPP: GR Match for Medicaid	8901	0	0	0	0	0	0
Subtotal, General Revenue		2,518,949,139	3,280,251	2,522,229,390	1,808,843,823	2,630,709,609	(108,480,220)
GR Ded-Tx Capital TF	0543	289,803	0	289,803	224,717	289,803	0
GR Ded-HCSSA	5018	1,948,343	0	1,948,343	1,270,804	1,948,343	0
Special Olympic Lic Plate	5055	1,500	0	1,500	0	1,500	0
GR Ded - QAF	5080	59,821,479	0	59,821,479	18,047,650	59,821,479	0
Waiver Pgm QAF	8101	0	0	0	0	0	0
Nursing Home QAF	8102	0	0	0	0	0	0
Subtotal, General Revenue-Dedicated		62,061,125	0	62,061,125	19,543,170	62,061,125	0
Subtotal, GR-Related		2,581,010,264	3,280,251	2,584,290,515	1,828,386,993	2,692,770,734	(108,480,220)
XIX ADM 50%	93.778.003	40,354,169	6,116,282	46,470,451	33,706,225	46,470,560	(108)
XIXADM 75%	93.778.004	19,042,420	(995,197)	18,047,223	12,286,850	17,140,954	906,269
XIXADM 90%	93.778.005	76,500	3,813,984	3,890,484	2,307,267	5,393,618	(1,503,135)
XIX FMAP	93.778.000	3,341,017,228	(9,256,531)	3,331,760,697	2,344,636,618	3,482,370,349	(150,609,652)
Title XX	93.667.000	88,840,273	109,235	88,949,508	68,646,058	88,949,508	0
School Breakfast Program	10.553.000	0	0	0	75,720	0	0
National School Lunch Program	10.555.000	0	113,575	113,575	0	113,575	0
Child & Adult Care Food Program	10.558.000	0	0	0	0	0	0
TITLE XVIII	93.777.000	27,692,377	82,419	27,774,796	18,688,914	27,774,796	0
SUR&C-75%	93.777.002	17,407,153	4,708,562	22,115,715	14,219,300	22,115,715	0
Foster Grandparent Pgm	94.011.000	2,088,893	6,175	2,095,068	1,307,016	1,962,523	132,545
CMS Res, Demo, & Eval	93.779.000	2,346,700	10,507,141	12,853,841	17,517,404	20,442,634	(7,588,794)
Spc Svcs Aging-VII3	93.041.000	377,737	(68,931)	308,806	179,278	308,806	0
Spc Svcs Aging-VII2	93.042.000	973,603	76,803	1,050,406	632,580	1,050,406	0
Spc Svcs Aging-IIID	93.043.000	1,334,413	(86,034)	1,248,379	850,468	1,248,379	0
Spc Svcs Aging-IIIB	93.044.000	23,154,603	3,043,508	26,198,111	17,955,679	26,198,111	0
Spc Svcs Aging-IIIC	93.045.000	28,145,487	9,178,477	37,323,964	25,772,825	37,323,964	0
Spc Svcs Aging-Discretionary	93.048.000	469,800	182,663	652,463	428,053	652,463	0
Natl Family Caregiver	93.052.000	9,325,188	(778,409)	8,546,779	5,725,514	8,546,779	0
Nutrition Svcs Incentive	93.053.000	10,973,872	1,489,777	12,463,649	7,341,678	12,463,649	0
ARRA AoA Grant to AAA's	93.725.000	0	415,304	415,304	332,843	415,304	0
MFP Demo	93.791.000	0	2,782,802	2,782,802	2,329,103	2,782,802	0
MIPPA AoA Grants	93.518.000	0	813,438	813,438	424,373	813,438	0
MIPPA AoA Grants	93.518.001	0	727,815	727,815	143,251	727,815	0
MIPPA CMS	93.779.000	0	672,460	672,460	323,239	672,460	0

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Agency Budget and Variance, Detailed MOF
Data Through the End of April 2012

Method of Finance	ABEST Code/CFDA	Appropriated	Adjustments	Op Budget	Expend YTD	Projected	Variance
Respite AoA	93.072.000	0	193,511	193,511	82,926	193,511	0
Subtotal, Federal Funds		3,613,620,416	33,848,829	3,647,469,245	2,575,913,184	3,806,132,120	(158,662,875)
Appropriated Receipts	0666	2,150,393	(1,776)	2,148,617	1,875,073	2,148,617	0
MR Collections	8095	17,266,929	4,282	17,271,211	11,775,895	17,271,211	0
MR Approp Recpts	8096	754,450	859	755,309	508,715	755,309	0
MR Medicare Recpts	8097	0	0	0	0	0	0
MR Revolving Fund	8098	82,160	0	82,160	0	82,160	0
Interagency Contracts	0777	3,635,317	0	3,635,317	2,827,697	3,635,317	0
Bond Proceeds-7605	0780	0	0	0	0	0	0
Bond Proceeds-7616	0780	0	0	0	0	0	0
Bond Proceeds-7620	0780	0	0	0	0	0	0
Bond Proceeds-7631	0780	0	0	0	0	0	0
Bond Proceeds-7210	0780	0	0	0	0	0	0
Bond Proceeds-7644	0780	0	0	0	0	0	0
Bond Proceeds-9999	0780	0	0	0	0	0	0
Medicare Part D Receipts	8115	0	0	0	0	0	0
Subtotal, Other Funds		23,889,249	3,366	23,892,615	16,987,381	23,892,615	0
GRAND TOTAL, ALL FUNDS		6,218,519,929	37,132,446	6,255,652,375	4,421,287,558	6,522,795,469	(267,143,095)

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Projections by MOF
Data Through the End of April 2012

	GR	GR-D	Federal Funds				Other Funds	All Funds
			93,778,000	93,667,000	Other CFDA	Subtotal, FF		
A.1.1 Intake, Access and Eligibility to Services and Supports	\$74,111,985	\$0	\$75,376,001	\$6,582,724	\$33,046,430	\$115,005,155	\$1,797,930	\$190,915,071
A.1.2 Guardianship	\$0	\$0	\$0	\$7,020,898	\$0	\$7,020,898	\$0	\$7,020,898
A.2.1 Primary Home Care	\$128,451,821	\$0	\$180,475,118	\$0	\$0	\$180,475,118	\$0	\$308,926,939
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$205,596,805	\$0	\$288,864,005	\$0	\$0	\$288,864,005	\$0	\$494,460,809
A.2.3 Day Activity and Health Services (DAHS)	\$25,805,128	\$0	\$36,256,268	\$0	\$0	\$36,256,268	\$0	\$62,061,396
A.3.1 Community Based Alternatives (CBA)	\$107,017,048	\$0	\$150,187,419	\$0	\$0	\$150,187,419	\$0	\$257,204,467
A.3.2 Home and Community Based Services (HCS)	\$336,064,549	\$0	\$467,683,609	\$0	\$12,170,001	\$479,853,610	\$0	\$815,918,159
A.3.3 Community Living Assistance & Support Services (CLASS)	\$81,534,218	\$0	\$114,555,772	\$0	\$0	\$114,555,772	\$0	\$196,089,989
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$3,271,163	\$0	\$4,595,991	\$0	\$0	\$4,595,991	\$0	\$7,867,154
A.3.5 Medically Dependent Children Program (MDCP)	\$17,320,386	\$0	\$24,335,185	\$0	\$0	\$24,335,185	\$0	\$41,655,571
A.3.6 Consolidated Waiver Program	\$416,450	\$0	\$585,114	\$0	\$0	\$585,114	\$0	\$1,001,564
A.3.7 Texas Home Living Waiver	\$16,306,818	\$0	\$22,911,118	\$0	\$0	\$22,911,118	\$0	\$39,217,936
A.4.1 Non-Medicaid Services	\$15,903,148	\$0	\$0	\$74,645,861	\$62,545,390	\$137,191,251	\$0	\$153,094,399
A.4.2 Mental Retardation Community Services	\$74,998,500	\$1,500	\$0	\$0	\$0	\$0	\$0	\$75,000,000
A.4.3 Promoting Independence Plan	\$2,713,698	\$0	\$0	\$0	\$1,296,400	\$1,296,400	\$151,439	\$4,161,537
A.4.4 In-Home and Family Support	\$4,989,907	\$0	\$0	\$0	\$0	\$0	\$0	\$4,989,907
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$14,855,838	\$0	\$20,872,489	\$0	\$0	\$20,872,489	\$0	\$35,728,327
A.6.1 Nursing Facility Payments	\$928,673,517	\$0	\$1,300,396,115	\$0	\$0	\$1,300,396,115	\$0	\$2,229,069,631
A.6.2 Medicare Skilled Nursing Facility	\$64,042,149	\$0	\$89,979,374	\$0	\$0	\$89,979,374	\$0	\$154,021,523
A.6.3 Hospice	\$93,123,587	\$0	\$130,838,863	\$0	\$0	\$130,838,863	\$0	\$223,962,450
A.6.4 Promoting Independence Services	\$42,375,242	\$0	\$58,272,391	\$0	\$3,430,151	\$61,702,542	\$0	\$104,077,784
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$94,900,943	\$26,821,479	\$171,063,718	\$0	\$0	\$171,063,718	\$70,057	\$292,856,197
A.8.1 State Supported Living Centers (SSLC)	\$248,862,820	\$33,000,000	\$369,954,092	\$0	\$3,213,936	\$373,168,028	\$18,614,638	\$673,645,487
A.9.1 Capital Repairs and Renovations	\$62,383	\$289,803	\$0	\$0	\$0	\$0	\$0	\$352,186
Subtotal, Goal A: Long Term Services and Supports	\$2,581,398,103	\$60,112,782	\$3,507,202,641	\$88,249,483	\$115,702,309	\$3,711,154,433	\$20,634,064	\$6,373,299,382
B.1.1 Facility and Community-Based Regulation	\$19,002,118	\$1,948,343	\$4,027,621	\$0	\$46,814,328	\$50,841,950	\$0	\$71,792,411
B.1.2 Credentialing/Certification	\$866,364	\$0	\$102,429	\$0	\$300,732	\$403,162	\$0	\$1,269,525
B.1.3 Quality Outreach	\$530,320	\$0	\$3,841,768	\$0	\$0	\$3,841,768	\$1,333,791	\$5,705,879
Subtotal, Goal B: Regulation, Certification and Outreach	\$20,398,801	\$1,948,343	\$7,971,819	\$0	\$47,115,061	\$55,086,880	\$1,333,791	\$78,767,815
C.1.1 Central Administration	\$12,571,869	\$0	\$16,164,969	\$375,601	\$1,252,735	\$17,793,306	\$1,339,981	\$31,705,156
C.1.2 Information Technology Program Support	\$16,340,836	\$0	\$20,036,052	\$324,424	\$1,737,026	\$22,097,502	\$584,778	\$39,023,117
Subtotal, Goal C: Indirect Administration	\$28,912,705	\$0	\$36,201,021	\$700,025	\$2,989,761	\$39,890,808	\$1,924,759	\$70,728,272
GRAND TOTAL, DADS	\$2,630,709,609	\$62,061,125	\$3,551,375,482	\$88,949,508	\$165,807,131	\$3,806,132,120	\$23,892,615	\$6,522,795,469

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Variance by MOF
Data Through the End of April 2012

	GR	GR-D	Federal Funds				Other Funds	All Funds
			93,778,000	93,667,000	Other CFDA	Subtotal, FF		
A.1.1 Intake, Access and Eligibility to Services and Supports	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.1.2 Guardianship	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.2.1 Primary Home Care	\$672,703	\$0	\$945,149	\$0	\$0	\$945,149	\$0	\$1,617,852
A.2.2 Community Attendant Services (Formerly Frail Elderly)	(\$3,177,576)	\$0	(\$4,464,501)	\$0	\$0	(\$4,464,501)	\$0	(\$7,642,076)
A.2.3 Day Activity and Health Services (DAHS)	(\$383,057)	\$0	(\$538,197)	\$0	\$0	(\$538,197)	\$0	(\$921,254)
A.3.1 Community Based Alternatives (CBA)	(\$10,865,535)	\$0	(\$15,266,100)	\$0	\$0	(\$15,266,100)	\$0	(\$26,131,636)
A.3.2 Home and Community Based Services (HCS)	(\$6,628,524)	\$0	(\$4,825,202)	\$0	(\$5,425,008)	(\$10,250,211)	\$0	(\$16,878,734)
A.3.3 Community Living Assistance & Support Services (CLASS)	(\$7,026,862)	\$0	(\$9,872,758)	\$0	\$0	(\$9,872,758)	\$0	(\$16,899,619)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	(\$205,355)	\$0	(\$288,523)	\$0	\$0	(\$288,523)	\$0	(\$493,878)
A.3.5 Medically Dependent Children Program (MDCP)	\$124,627	\$0	\$175,100	\$0	\$0	\$175,100	\$0	\$299,727
A.3.6 Consolidated Waiver Program	\$1,155,728	\$0	\$1,623,800	\$0	\$0	\$1,623,800	\$0	\$2,779,528
A.3.7 Texas Home Living Waiver	\$2,371,022	\$0	\$3,331,292	\$0	\$0	\$3,331,292	\$0	\$5,702,314
A.4.1 Non-Medicaid Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.4.2 Mental Retardation Community Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.4.3 Promoting Independence Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.4.4 In-Home and Family Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$761,500	\$0	\$1,069,908	\$0	\$0	\$1,069,908	\$0	\$1,831,408
A.6.1 Nursing Facility Payments	(\$88,923,028)	\$0	(\$126,946,620)	\$0	\$0	(\$126,946,620)	\$0	(\$215,869,647)
A.6.2 Medicare Skilled Nursing Facility	\$5,406,033	\$0	\$7,595,489	\$0	\$0	\$7,595,489	\$0	\$13,001,522
A.6.3 Hospice	\$3,118,616	\$0	\$4,381,664	\$0	\$0	\$4,381,664	\$0	\$7,500,280
A.6.4 Promoting Independence Services	\$4,527,236	\$0	\$7,625,703	\$0	(\$2,163,785)	\$5,461,918	\$0	\$9,989,154
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	(\$1,050,935)	\$0	(\$1,519,988)	\$0	\$0	(\$1,519,988)	\$0	(\$2,570,924)
A.8.1 State Supported Living Centers (SSLC)	(\$8,356,813)	\$0	(\$14,232,843)	\$0	\$132,545	(\$14,100,298)	\$0	(\$22,457,111)
A.9.1 Capital Repairs and Renovations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal, Goal A: Long Term Services and Supports	(\$108,480,220)	\$0	(\$151,206,627)	\$0	(\$7,456,248)	(\$158,662,875)	\$0	(\$267,143,095)
B.1.1 Facility and Community-Based Regulation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B.1.2 Credentialing/Certification	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B.1.3 Quality Outreach	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal, Goal B: Regulation, Certification and Outreach	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.1.1 Central Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.1.2 Information Technology Program Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal, Goal C: Indirect Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
GRAND TOTAL, DADS	(\$108,480,220)	\$0	(\$151,206,627)	\$0	(\$7,456,248)	(\$158,662,875)	\$0	(\$267,143,095)

**Department of Aging and Disability Services
 0543 - Capital Trust Funds
 Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	<u>0</u>	<u>0</u>
Reductions:		
Expended	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
0543 Unappropriated - Capital Trust Funds
Data Through the End of April 2012**

	Apr 12	FY12 Year to Date as of 04/30/12
Beginning Balance, 04/01/12	102,106	102,106
Increases:		
3321 Oil Royaltie	10,195	54,596
3746 Rental of Lan	0	47,352
3747 Rental-Othe	2,136	8,544
3851 Int-State Dep&Treas Inv-Gener	359	4,304
Total Increases	12,690	114,796
Reductions:		
Expended	0	0
Total Reductions	0	0
Ending Balance, 04/30/12	114,796	114,796

Department of Aging and Disability Services
0666 - Appropriated Receipts
Data Through the End of April 2012

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	0	0
Increases:		
3557 Health Care Facilities Fee	101,540	998,669
3560 Medical Exam & Registratio	18,950	141,090
3719 Fees for Copies, Fil Re	195	2,057
3770 Administrative Penaltie	3,000	3,000
Total Increases	<u>123,685</u>	<u>1,144,816</u>
Reductions:		
Expended	123,685	1,144,816
Total Reductions	<u>123,685</u>	<u>1,144,816</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

Department of Aging and Disability Services
5080 - QAF
Data Through the End of April 2012

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	<u>0</u>	<u>0</u>
Increases:		
3557 Health Care Facilities Fee	4,858,565	35,949,277
3770 Administrative Penaltie	390	62,552
3851 Int-State Dep&Treas Inv-Gener	18,754	157,328
Total Increases	<u>4,877,709</u>	<u>36,169,157</u>
Reductions:		
Expended	4,877,709	36,169,157
Total Reductions	<u>4,877,709</u>	<u>36,169,157</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
 8091 - EFF Match for Medicaid
 Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	<u>0</u>	<u>0</u>
Reductions:		
Expended	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
8095 - SMT
Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	<u>0</u>	<u>0</u>
Increases:		
3606 Support/Maint of Patient	2,284,021	16,514,159
3618 Welfare/MHMR service fee	105	853
Total Increases	<u>2,284,126</u>	<u>16,515,012</u>
Reductions:		
Expended	2,284,126	16,515,012
Total Reductions	<u>2,284,126</u>	<u>16,515,012</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
8096 - MR Appropriated Receipts
Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	0	0
Increases:		
3719 Fees for Copies, Fil Re	0	1,966
3753 Sale of Surplus Property Fe	88	1,265
3767 Supply,Equip,Service-Fed/Othe	7,598	287,976
3802 Reimbursements-Third Part	958	9,465
3806 Rental Of Housing To State Em	16,613	124,645
Total Increases	<u>25,257</u>	<u>425,317</u>
Reductions:		
Expended	25,257	425,317
Total Reductions	<u>25,257</u>	<u>425,317</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
8098 - MR Revolving Funds
Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	0	0
Increases:		
3765 Sales Of Supplies/Equipment/S	70	2,345
3767 Supply,Equip,Service-Fed/Othe	77	67,580
Total Increases	<u>147</u>	<u>69,925</u>
Reductions:		
Expended	147	69,925
Total Reductions	<u>147</u>	<u>69,925</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
8115 - Medicare Part D Receipts
Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	<u>0</u>	<u>0</u>
Reductions:		
Expended	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 04/30/12	<u><u>0</u></u>	<u><u>0</u></u>

**Department of Aging and Disability Services
Unappropriated - EFF
Data Through the End of April 2012**

	<u>Apr 12</u>	<u>FY12 Year to Date as of 04/30/12</u>
Beginning Balance, 04/01/12	3,688,580	3,688,580
Increases:		
3702 Federal Receipts-Earned Credi	0	1,296
3851 Int-State Dep&Treas Inv-Gener	1,603	25,997
3965 Cash Transf Btn Fnds/Accts-Me	451,818	4,114,708
Total Increases	<u>453,421</u>	<u>4,142,001</u>
Reductions:		
Expended	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 04/30/12	<u><u>4,142,001</u></u>	<u><u>4,142,001</u></u>

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Capital Projects
Data Through the End of April 2012

	Budget						
	Appropriated	Adjustments	Notes	Op Bgt.	Expend. YTD	Projected	Variance
Capital Projects in Capital Rider							
Community Services DataBase Portal Design	\$1,500,000	\$0		\$1,500,000	\$0	\$1,500,000	\$0
Data Center Consolidation	\$3,598,640	\$0		\$3,598,640	\$2,091,656	\$3,598,640	\$0
Lease of Personal Computers	\$3,965,874	\$0		\$3,965,874	\$1,454,980	\$3,965,874	\$0
Messaging & Collaboration	\$1,605,939	\$0		\$1,605,939	\$0	\$1,605,939	\$0
Payment of MLPP-Transportation	\$271,914	\$0		\$271,914	\$0	\$271,914	\$0
Payment of MLPP-Utility Savings	\$3,305,939	\$0		\$3,305,939	\$0	\$3,305,939	\$0
Repairs & Renovations	\$3,352,186	\$0		\$3,352,186	\$1,014,494	\$3,352,186	\$0
Replacement of Transportation Items	\$1,271,365	\$0		\$1,271,365	\$0	\$1,271,365	\$0
SAS/CARE Consolidation	\$4,909,368	\$1,707,654 A		\$6,617,022	\$1,196,873	\$6,617,022	\$0
Security Improvements	\$290,000	\$0		\$290,000	\$0	\$290,000	\$0
Software Licenses	\$1,701,400	\$0		\$1,701,400	\$1,520,264	\$1,701,400	\$0
Telecommunications Enhancements	\$1,082,445	\$0		\$1,082,445	\$0	\$1,082,445	\$0
GRAND TOTAL	\$26,855,070	\$1,707,654		\$28,562,724	\$7,278,267	\$28,562,724	\$0
Method of Finance:							
General Revenue	\$13,681,291	\$170,765		\$14,029,689	\$3,290,189	\$14,029,689	\$0
General Revenue-Dedicated	\$289,803	\$0		\$289,802	\$0	\$289,802	\$0
<i>Subtotal, GR-Related</i>	<i>\$13,971,094</i>	<i>\$170,765</i>		<i>\$14,319,491</i>	<i>\$3,290,189</i>	<i>\$14,319,491</i>	<i>\$0</i>
Federal Funds	\$12,587,332	\$1,536,889		\$13,939,950	\$3,906,662	\$13,939,950	\$0
Other Funds	\$296,644	\$0		\$303,283	\$81,416	\$303,283	\$0
TOTAL, All Funds	\$26,855,070	\$1,707,654		\$28,562,724	\$7,278,267	\$28,562,724	\$0

Notes:

A. The FY2012 SAS/CARE Consolidation Project operating budget was updated with current data and was adjusted accordingly. The revised amount of \$6,617,002 reflects the amount DADS submitted in a letter dated October 3, 2011 to the LBB/GOBPP, pursuant to Rider 42, House Bill 1, 82nd Legislature, 2012-13 General Appropriations Act (GAA).

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Select Performance Measures
Data Through the End of April 2012

Measure	HB 1	FY 2012 YTD Actual	FY 2012 Projected	Variance (HB 1 vs. Projected)
Primary Home Care				
Avg. # of clients served per month	31240	39625	30245	995
Avg. cost per month	\$830.90	\$865.89	\$851.02	(\$20.12)
CAS				
Avg. # of clients served per month	48617	46418	47037	1580
Avg. cost per month	\$834.21	\$859.94	\$875.83	(\$41.62)
DAHS				
Avg. # of clients served per month	9716	13714	9687	29
Avg. cost per month	\$526.50	\$541.36	\$533.88	(\$7.38)
CBA Waiver				
Average # of CBA clients served per month	14616	16755	14441	175
Average Monthly Cost of CBA Clients	\$1,320.19	\$1,510.60	\$1,479.05	(\$158.86)
HCS Waiver				
Average Monthly Number of Consumers Served in the HCS Waiver Program	20123	19809	19860	263
Average Monthly Cost Per Consumer Served in the HCS Waiver Program	\$3,280.22	\$3,403.95	\$3,423.61	(\$143.39)
CLASS Waiver				
Average # of CLASS Waiver clients served per month	4619	4700	4664	(45)
Average Monthly Cost of CLASS Waiver Clients	\$3,232.17	\$3,448.87	\$3,503.09	(\$270.92)
DBMD Waiver				
Average # of DBMD Waiver clients served per month	148	149	157	(9)
Average Monthly Cost of DBMD clients	\$4,150.80	\$4,116.03	\$4,191.69	(\$40.89)
MDCP Waiver				
Average # of MDCP clients served per month	2380	2325	2350	30
Average Monthly Cost of MDCP clients	\$1,468.73	\$1,463.52	\$1,477.06	(\$8.33)
Consolidated Waiver Program				
Average # of CWP clients served per month	154	56	38	116
Average Monthly Cost of CWP clients	\$2,045.64	\$2,248.38	\$2,288.44	(\$242.80)
TxHmL Waiver				
Average Monthly Number of Consumers Served in the TxHmL Waiver Program	5738	3727	4200	1538
Average Monthly Cost Per Consumer Served in the TxHmL Waiver Program	\$652.25	\$760.68	\$778.18	(\$125.93)

**Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Select Performance Measures
Data Through the End of April 2012**

Measure	HB 1	FY 2012 YTD Actual	FY 2012 Projected	Variance (HB 1 vs. Projected)
Non-Medicaid Services - Title XX				
Average number of clients served per month: Non-Medicaid Community Care (XX)	35377	33863	32985	2392
Average monthly cost per client served: Non-Medicaid Community Care (XX)	\$211.80	\$221.23	\$222.43	(\$10.63)
Program of All-Inclusive Care for the Elderly (PACE)				
Average number of recipients per month: Program for All Inclusive Care (PACE)	1091	1014	1036	55
Average monthly cost per recipient: Program for All Inclusive Care (PACE)	\$2,867.08	\$2,872.24	\$2,873.90	(\$6.82)
Promoting Independence				
Avg. # of clients served per month	6318	5991	5827	491
Avg. cost per month	\$1,487.75	\$1,497.99	\$1,488.38	(\$0.63)
Nursing Facilities				
Average # of persons receiving Medicaid funded Nursing Facility svcs. per mo.	56213	56605	56644	(431)
Net Nursing Facility cost per Medicaid resident per month	\$2,981.92	\$3,196.98	\$3,227.02	(\$245.10)
Medicare Skilled Nursing Facility				
Average number of clients receiving Copaid/Medicaid nursing facility services per month	6767	6239	6278	489
Net payment per client for co-paid Medicaid nursing facility services per month	\$2,055.93	\$2,046.55	\$2,044.46	\$11.47
Hospice				
Average # of clients receiving Hospice services per month	7039	6728	6685	354
Average net payment per client per month for Hospice	\$2,739.58	\$2,742.84	\$2,791.85	(\$52.27)
ICFs/MR				
Average Monthly Number of Persons in ICF/MR Medicaid Beds, Total	5602	5613	5616	(14)
Monthly Cost Per ICF/MR Medicaid Eligible Consumer, Total	\$4,360.27	\$4,349.02	\$4,356.10	\$4.17
State School Facilities				
Average Monthly Number of MR Campus Residents	3831	3860	3891	(60)
Average Monthly Cost per MR Campus Resident	\$14,107.11	\$14,001.12	\$13,889.58	\$217.53

**Department of Aging and Disability Services
 FY 2012 Monthly Financial Report: Waiver Clients Served
 Data Through the End of April 2012**

DADS Programs	Actual Sept 1, 2011 Client Count	Total number of slots at end of FY 2012	April 2012 Count	FY 2012 Budgeted (average for the Fiscal Year)	Projected FY 2012 Average
Community Based Alternatives (CBA)	19,171	9,768	9,636	14,616	14,441
Comm. Living Assist. & Supp. Svcs. (CLASS)	4,738	4,771	4,588	4,834	4,664
Med. Dep. Children Pgm. (MDCP)	2,294	2,380	2,329	2,380	2,350
Deaf-Blind w/Mult. Disab. (DBMD)	148	156	151	156	157
Home & Comm. Based Svcs. (HCS)	19,759	20,313	19,842	20,123	19,860
Texas Home Living	1,935	5,738	4,279	5,738	4,200

CBA Star+ rollout occurred March 2012