



INTERIM COMMISSIONER
Jon Weizenbaum

October 8, 2012

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

Subject: Fiscal Year 2012 August Monthly Financial Report

Dear Ms. Parks:

The following is a narrative summary of budget adjustments processed during August 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 \$6,524.2 million in All Funds (\$2,692.1 million in General Revenue/General Revenue Dedicated Funds), which is \$305.7 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 most significant budget adjustments that affected DADS' operating budget are as follows:

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).

- 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).

The authority to carry-back \$50 million in GR from fiscal year 2013 to fiscal year 2012 in A.6.1 Nursing Facilities, pursuant to Rider 11, Appropriation Transfer between Fiscal Years.

Strategy	FY2012	FY2013
A.6.1 Nursing Facility Payments	\$50,000,000	(\$50,000,000)
Total Carry-Back	\$50,000,000	(\$50,000,000)

As a result of the recent A.8.1 State Supported Living Centers (SSLC) cost settlement for fiscal year 2011, DADS received approximately \$51.2 million of Earned Federal Funds (EFF), which was 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 submitted a plan 30 days prior to the expense of these funds, to the LBB/GOBPP, and the Comptroller of Public Accounts. This correspondence served 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 submitted 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 received approval to expend the additional Earned Federal Funds from the LBB in a letter dated August 22, 2012 with the following allocation.

Strategy	Additional EFF Allocation
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$2,504,873
A.2.3 Day Activity and Health Services (DAHS)	\$383,057
A.3.1 Community Based Alternatives (CBA)	\$7,214,159
A.3.2 Home and Community Based Services (HCS)	\$6,628,524
A.3.3 Community Living Assistance & Support Services (CLASS)	\$7,026,862
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$205,355
A.6.1 Nursing Facility Payments	\$24,517,390
Total Net EFF Adjustment	\$48,480,220

DADS requested authority to expend an amount not to exceed \$10.8 million of the Quality Assurance Account (QAF) to fund the current estimated fiscal year 2012 demand. DADS received approval from the LBB to expend the additional QAF funds in a letter dated August 22, 2012 with the following allocation.

Strategy	FY2012 Shortfall
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	(\$1,050,935)
A.8.1 State Supported Living Centers (SSLC)	(\$8,356,813)
GR Freed up related to additional QAF	(\$9,476,408)

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) as approved in letter from the LBB August 22, 2012 with the following allocation.

Strategy	Program Transfers
A.2.1 Primary Home Care	(\$672,703)
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$672,703
A.3.1 Community Based Alternatives (CBA)	\$3,651,376
A.3.5 Medically Dependent Children Program (MDCP)	(\$124,627)
A.3.6 Consolidated Waiver Program	(\$1,155,728)
A.3.7 Texas Home Living Waiver	(\$2,371,022)
A.6.1 Nursing Facility Payments	\$13,051,886
A.6.2 Medicare Skilled Nursing Facility	(\$5,406,033)
A.6.3 Hospice	(\$3,118,616)
A.6.4 Promoting Independence Services	(\$4,527,236)
Total Net Program Transfer	\$0

- This current estimated shortfall includes the amount which is the result of the more favorable FMAP rate for fiscal year 2013, based on current House Bill 1 appropriations, which will be utilized in accordance to the approval from the letter from the GOBPP dated August 20, 2102 with the following allocation.

Strategy	Program Transfers
A.3.1 Community Based Alternatives (CBA)	(\$2,261,445)
A.3.2 Home and Community Based Services (HCS)	(\$15,040,093)
A.3.3 Community Living Assistance & Support Services (CLASS)	(\$3,240,311)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	(\$135,549)
A.3.5 Medically Dependent Children Program (MDCP)	(\$764,706)
A.3.7 Texas Home Living Waiver	(825,707)
A.6.1 Nursing Facility Payments	\$28,338,900
A.8.1 State Supported Living Centers (SSLC)	(\$6,071,089)
Total Net Program Transfer	\$0

Federal funds adjustments which related to aligning Federal Funds with available General Revenue Funds.

BUDGET VARIANCES

As of August 31, 2012, DADS is projecting a fiscal year 2012 lapse of \$7.4 million in All Funds (\$1.1 million in General Revenue). The current lapse amount is the net result of the approved budget adjustments listed above. As updated payment data is received, DADS will continue to update annual projection amounts, as a one-tenth of a percent change in projections could result in an approximate \$6.5 million change in All Funds. Any potential lapse of General Revenue will be used to offset the \$50 million in General Revenue carry back amount, in strategy A.6.1 Nursing Facility Payment. Projected expenditures for Medicaid entitlement client services are based upon caseload and payment data through August 2012.

As compared to the September 2011 Monthly Financial Report, the current projections reflect several key differences, they are, but not limited to, the following:

- 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 April 2012. 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 ARRA/ACA 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.
- In comparing the variances between the July 2012 and August 2012 Monthly Financial Reports, the variances aggregately decreased to due to declining costs in serving the individuals in both Client Services and Waiver Strategies as well as decreases in number of individuals served in the Client Services strategies.

VARIANCES DETAILED BY STRATEGIES

Strategy A.2.1, Primary Home Care - This strategy is projected to have a positive variance of \$4.0 million in All Funds which includes \$1.7 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 estimate of 30,104, a difference of 1,136. This is partially offset by an increase in the average monthly cost per individual served from \$830.90 to the current estimate of \$842.15, a difference of \$11.25.

Strategy A.2.2, Community Attendant Services - This strategy is projected to have a positive variance of \$7.2 million in All Funds which includes \$3.0 million in General Revenue Funds. The variance relates to a decrease in the average number of individuals served per month from 48,617 to the current estimate of 46,680, a difference of 1,937. This is partially offset by a higher average monthly cost per individual served which increased from \$834.21 per month, as found in HB 1, to the current estimate of \$869.56, a difference of \$32.72.

Strategy A.2.3, Day Activity and Health Services – This strategy is projected to have a negative variance of \$1.1 million in All Funds which includes \$0.5 million in General Revenue Funds. The variance relates to the average monthly cost per individual served which increased from \$526.50 per month, as found in HB 1, to the current estimate of \$538.70, a difference of \$12.20. In addition, the average number of individuals served per month increased from 9,716 to the current estimate of 9,776, a difference of 60.

Strategy A.3.1, Community Based Alternatives - This strategy is projected to have a positive variance of \$5.2 million in All Funds which includes \$2.1 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 estimate of \$1,456.99, a difference of \$136.80. This is partially offset by a decrease in average number of individuals served per month from 14,616 to 14,342, a difference of 274.

Strategy A.3.3, Community Living Assistance Support Services – This strategy is projected to have a negative variance of \$2.2 million in All Funds which includes \$0.9 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 estimate of \$3,482.01, a difference of \$249.84. In addition, the average monthly number of individuals served increased from 4,619 to 4,759, a difference of 140, 24 of whom are a result of the transfer of individuals from the expired Consolidated Waiver Program.

Strategy A.3.7, Texas Home Living Waiver - This strategy is projected to have a positive variance of \$1.4 million in All Funds which includes \$0.6 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 estimate of \$797.40, a difference of \$145.15. The average monthly number of individuals served is currently at 3,951 and has not reached the projected 5,738, a difference of 1,787, which is due to the ramping up of services for this program in fiscal year 2012.

Strategy A.5.1, Program of All-Inclusive Care for the Elderly (PACE) - This strategy is projected to have a positive variance of \$2.5 million in All Funds, which includes \$1.0 million in General Revenue Funds. The variance relates to the average monthly cost per

individual served which increased from \$2,867.08 per month as found in HB 1, to the current estimate of \$2,872.59, a difference of \$5.51. This is partially offset by a decrease in the average number of individuals served per month from 1,091 to 1,017, a difference of 74.

Strategy A.6.1, Nursing Facility Payments - This strategy is projected to have a negative variance of \$15 million in All Funds which includes \$8.2 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 estimate of \$3,230.45, a difference of \$248.53. The average number of individuals served per month increased from 56,213 to 56,940, a difference of 727.

Strategy A.6.2, Medicare Skilled Nursing Facility - This strategy is projected to have a positive variance of \$2.6 million in All Funds which includes \$1.1 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 estimate of \$2,044.47, a difference of \$11.46. The average number of individuals served per month decreased from 6,767 to 6,168, a difference of 599.

Strategy A.6.3, Hospice - This strategy is projected to have a negative variance of \$7.3 million in All Funds which includes \$3.0 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 estimate of \$2,828.72 a difference of \$89.14. The average number of individuals served per month decreased from 7,039 to 6,813, a difference of 226.

Strategy A.6.4, Promoting Independence Services - This strategy is projected to have a positive variance of \$4.1 million in All Funds which includes \$1.0 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 estimate of \$1,479.31, a difference of \$8.44. The average number of individuals served per month decreased from 6,318 to 5,760, a difference of 558.

Strategy A.8.1, State Supported Living Centers - This strategy is projected to have a positive variance of \$3.2 million in All Funds which includes \$1.6 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 estimate of \$13,928.95, a difference of \$178.16. This is partially offset by an increase in the average monthly number of residents served per month from 3,831 to 3,880, a difference of 49.

OTHER KEY BUDGET ISSUES

The following items have been included in the current forecast:

- As already noted in the September MFR, for fiscal year 2013, the DADS' Medicaid Entitlement programs were funded at approximately 41 percent of the anticipated demand, including State Supported Living Centers (31 percent without SSLC included).

- The request for Capital authority for three additional IT projects, funded 100% with federal funds was granted.
 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

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) 438-3177 or by e-mail at David.Cook@dads.state.tx.us.

Sincerely,



David Cook
Interim Chief Financial Officer

DC:rb

Enclosure

cc: Jon Weizenbaum, Interim 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 August 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
Reductions from Appropriations for DCS	(\$145,837)	\$0	(\$205,155)	(\$9,813)	(\$360,805)
SB 102 - Benefit Replacement Pay (BRP)	\$1,491,698	\$0	\$2,185,124	\$13,177	\$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	\$2,521,099,080	\$62,061,125	\$3,619,871,865	\$23,892,613	\$6,226,924,683
Federal Funds Adjustment	\$0	\$0	(\$260,636)	\$0	(\$260,636)
Revised Operating Budget, October 2011	\$2,521,099,080	\$62,061,125	\$3,619,611,229	\$23,892,613	\$6,226,664,047
Federal Funds Adjustment	\$0	\$0	\$9,329,006	\$0	\$9,329,006
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)
Revised Operating Budget, November 2011	\$2,521,099,080	\$62,061,125	\$3,628,940,235	\$23,892,613	\$6,235,993,053
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	\$2,521,099,080	\$62,061,125	\$3,629,846,273	\$23,892,613	\$6,236,899,091
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	\$2,522,193,428	\$62,061,125	\$3,631,288,074	\$23,892,613	\$6,239,435,240
Federal Funds Adjustment	\$0	\$0	\$13,259,065	\$0	\$13,259,065
Revised Operating Budget, February 2012	\$2,522,193,428	\$62,061,125	\$3,644,547,139	\$23,892,613	\$6,252,694,305
Federal Funds Adjustment	\$0	\$0	\$139,304	\$0	\$139,304
GR Transfer from DARS - Media Services Staffing	\$35,963	\$0	\$0	\$0	\$35,963
Revised Operating Budget, March 2012	\$2,522,229,391	\$62,061,125	\$3,644,686,443	\$23,892,613	\$6,252,869,572
Federal Funds Adjustment	\$0	\$0	\$2,782,802	\$0	\$2,782,802
Revised Operating Budget, April 2012	\$2,522,229,391	\$62,061,125	\$3,647,469,245	\$23,892,613	\$6,255,652,374
Revised Operating Budget, May 2012	\$2,522,229,391	\$62,061,125	\$3,647,469,245	\$23,892,613	\$6,255,652,374
Revised Operating Budget, June 2012	\$2,522,229,391	\$62,061,125	\$3,647,469,245	\$23,892,613	\$6,255,652,374

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

	General Revenue	GR - Dedicated	Federal	Other	Total
Revised Operating Budget, July 2012	\$2,522,229,391	\$62,061,125	\$3,647,469,245	\$23,892,613	\$6,255,652,374
Additional authority - Fund 5080 Quality Assurance Fees and Federal match	\$0	\$9,407,748	\$13,217,908	\$0	\$22,625,656
Additional demand of GR and federal above what was appropriated	\$50,000,000	\$0	\$70,250,120	\$0	\$120,250,120
Additional EFF classified as EFF Match for Medicaid	\$48,480,220	\$0	\$68,114,825	\$0	\$116,595,045
Align FMAP with 2012-13 GAA	\$0	\$0	(\$2,920,660)	\$0	(\$2,920,660)
Art IX Sec 8.02, Fed Funds/Block Grants (2012-13 GAA) UB ARRA Chronic Disease Management Program	\$0	\$0	(\$411,033)	\$0	(\$411,033)
Eliminating Consolidated Waiver Program - transfer to HHSC	(\$155,886)	\$0	(\$219,021)	\$0	(\$374,907)
Federal Funds Adjustment for ACA MIPPA	\$0	\$0	\$1,174,390	\$0	\$1,174,390
Federal Funds Adjustment - Lifestyle Respite Care Demo Grant	\$0	\$0	\$72,844	\$0	\$72,844
Federal Funds Adjustment - Money Follows the Person Demo	\$0	\$0	\$1,480,973	\$0	\$1,480,973
Federal Funds Adjustment - National School Lunch Program	\$0	\$0	\$113,575	\$0	\$113,575
Federal Funds Adjustment - Relating to Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	\$0	\$0	\$17,600,758	\$0	\$17,600,758
Federal Funds Adjustment - Relating to Nutritional Services Incentive Program	\$0	\$0	\$1,550,933	\$0	\$1,550,933
Federal Funds Adjustment - Relating to Special Programs for the Aging Discretionary	\$0	\$0	\$38,898	\$0	\$38,898
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III-E, National Family Caregiver Support	\$0	\$0	(\$26,337)	\$0	(\$26,337)
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III, Part B, Grants for Supportive Services and Senior Centers	\$0	\$0	\$1,480,675	\$0	\$1,480,675
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III, Part C, Nutrition Services	\$0	\$0	\$133,050	\$0	\$133,050
Federal Funds Adjustment - Relating to Special Programs for the Aging Title VII-Chapter 2, Long Term Care Ombudsman Services for Older Individuals	\$0	\$0	\$49,100	\$0	\$49,100
Federal Funds Adjustment - Relating to Special Programs for the Aging Title VII-Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	\$0	\$0	(\$51,070)	\$0	(\$51,070)
Federal Funds Adjustment - Survey and Cert - 75%	\$0	\$0	(\$221,903)	\$0	(\$221,903)
Federal Funds Adjustment-Medicaid Administrative Match	\$0	\$0	(\$10,711,945)	\$0	(\$10,711,945)
GR Match for Medicaid reclassified from GR	\$2,264,159	\$0	\$0	\$0	\$2,264,159
GR Match for Medicaid reclassified to GR	(\$1,481,921)				#####
GR reclassified from GR Match for Medicaid	\$1,481,921				\$1,481,921
GR reclassified to GR Match for Medicaid	(\$2,264,159)	\$0	\$0	\$0	(\$2,264,159)
GR Transfer from DFPS - Center for the Elimination of DD	\$105,668	\$0	\$0	\$0	\$105,668
Other Funds Adjustment - Appropriated Receipts and IAC	\$0	\$0	\$0	(\$155,230)	(\$155,230)
Transfer from DARS - Media Services Staffing	\$0	\$0	\$178,100	\$0	\$178,100
Revised Operating Budget, August 2012	\$2,620,659,393	\$71,468,873	\$3,808,363,425	\$23,737,383	\$6,524,229,074

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Budget and Variance, All Funds
Data Through the End of August 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	\$1,810,512	A,B,F	\$186,688,092	\$185,871,166	\$185,871,166	\$816,925
A.1.2 Guardianship	\$6,995,223	\$25,675	A	\$7,020,898	\$7,020,898	\$7,020,898	\$0
A.2.1 Primary Home Care	\$311,484,070	(\$2,557,131)	B	\$308,926,939	\$304,935,235	\$304,935,235	\$3,991,704
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$486,682,976	\$7,777,835	B	\$494,460,811	\$487,227,247	\$487,227,247	\$7,233,564
A.2.3 Day Activity and Health Services (DAHS)	\$61,384,145	\$677,250	B	\$62,061,395	\$63,197,692	\$63,197,692	(\$1,136,297)
A.3.1 Community Based Alternatives (CBA)	\$231,542,467	\$25,661,937	B	\$257,204,404	\$252,021,928	\$252,021,928	\$5,182,476
A.3.2 Home and Community Based Services (HCS)	\$792,081,944	\$24,219,906	B	\$816,301,850	\$816,945,904	\$816,945,904	(\$644,054)
A.3.3 Community Living Assistance & Support Services (CLASS)	\$179,152,968	\$17,463,581	B	\$196,616,549	\$198,853,888	\$198,853,888	(\$2,237,339)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$7,371,823	\$526,167	B	\$7,897,990	\$7,466,553	\$7,466,553	\$431,437
A.3.5 Medically Dependent Children Program (MDCP)	\$41,946,865	(\$89,927)	B	\$41,856,938	\$40,978,741	\$40,978,741	\$878,197
A.3.6 Consolidated Waiver Program	\$3,780,346	(\$2,509,794)	B	\$1,270,552	\$997,059	\$997,059	\$273,493
A.3.7 Texas Home Living Waiver	\$44,911,397	(\$5,693,461)	B	\$39,217,936	\$37,806,912	\$37,806,912	\$1,411,024
A.4.1 Non-Medicaid Services	\$145,516,181	\$6,992,522	B	\$152,508,703	\$152,226,820	\$152,226,820	\$281,883
A.4.2 Mental Retardation Community Services	\$75,000,000	\$0		\$75,000,000	\$74,888,295	\$74,888,295	\$111,705
A.4.3 Promoting Independence Plan	\$4,818,281	(\$808,183)	B	\$4,010,098	\$3,751,970	\$3,751,970	\$258,128
A.4.4 In-Home and Family Support	\$4,989,907	\$0		\$4,989,907	\$4,989,909	\$4,989,909	(\$2)
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$37,550,176	\$9,559	B	\$37,559,735	\$35,048,500	\$35,048,500	\$2,511,235
A.6.1 Nursing Facility Payments	\$2,011,480,976	\$215,890,540	B,E	\$2,227,371,516	\$2,242,835,440	\$2,242,835,440	(\$15,463,924)
A.6.2 Medicare Skilled Nursing Facility	\$166,956,355	(\$12,934,832)	B	\$154,021,523	\$151,393,786	\$151,393,786	\$2,627,737
A.6.3 Hospice	\$231,407,223	(\$7,444,773)	B	\$223,962,450	\$231,256,485	\$231,256,485	(\$7,294,035)
A.6.4 Promoting Independence Services	\$112,790,001	(\$6,417,847)	B	\$106,372,154	\$102,258,948	\$102,258,948	\$4,113,206
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$293,123,363	(\$310,588)	A,B	\$292,812,775	\$293,540,845	\$293,540,845	(\$728,070)
A.8.1 State Supported Living Centers (SSLC)	\$648,574,310	\$25,592,952	A,B	\$674,167,262	\$671,016,215	\$671,016,215	\$3,151,047
A.9.1 Capital Repairs and Renovations	\$352,186	\$0		\$352,186	\$352,186	\$352,186	\$0
Subtotal, Goal A: Long Term Services and Supports	\$6,084,770,763	\$287,881,900		\$6,372,652,663	\$6,366,882,622	\$6,366,882,622	\$5,770,041
B.1.1 Facility and Community-Based Regulation	\$62,510,903	\$7,749,825	A,B,C	\$70,260,728	\$69,844,888	\$69,844,888	\$415,840
B.1.2 Credentialing/Certification	\$1,274,532	\$14,199	A,B	\$1,288,731	\$1,251,144	\$1,251,144	\$37,587
B.1.3 Quality Outreach	\$5,080,203	\$425,831	A,B	\$5,506,034	\$5,343,885	\$5,343,885	\$162,149
Subtotal, Goal B: Regulation, Certification and Outreach	\$68,865,638	\$8,189,855		\$77,055,493	\$76,439,917	\$76,439,917	\$615,576
C.1.1 Central Administration	\$29,904,976	\$2,083,948	A,B	\$31,988,924	\$31,671,265	\$31,671,265	\$317,659
C.1.2 Information Technology Program Support	\$34,978,552	\$7,553,442	A,B,D,G	\$42,531,994	\$41,837,785	\$41,837,785	\$694,208
Subtotal, Goal C: Indirect Administration	\$64,883,528	\$9,637,390		\$74,520,918	\$73,509,051	\$73,509,051	\$1,011,867
GRAND TOTAL, DADS	\$6,218,519,929	\$305,709,145		\$6,524,229,074	\$6,516,831,590	\$6,516,831,590	\$7,397,484

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) ARRAs 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 August 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	1,511.3	1,375.0
A.1.2 Guardianship	108.0	0.0	108.0	104.1	104.0
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	28.4	27.1
A.8.1 State Supported Living Centers (SSLC)	14,200.4	0.0	14,200.4	13,187.4	13,050.6
A.9.1 Capital Repairs and Renovations					
Subtotal, Goal A: Long Term Services and Supports	16,018.7	0.0	16,018.7	14,840.0	14,556.8
B.1.1 Facility and Community-Based Regulation	1,079.5	2.0	1,081.5	1,037.6	1,040.7
B.1.2 Credentialing/Certification	27.0	0.0	27.0	27.9	28.0
B.1.3 Quality Outreach	74.0	0.0	74.0	64.4	63.3
Subtotal, Goal B: Regulation, Certification and Outreach	1,180.5	2.0	1,182.5	1,129.9	1,132.0
C.1.1 Central Administration	365.4	5.0	370.4	364.0	357.7
C.1.2 Information Technology Program Support	97.8	0.0	97.8	108.7	103.1
C.1.3 Other Support Services	0.0	0.0			
Subtotal, Goal C: Indirect Administration	463.2	5.0	468.2	472.7	460.8
GRAND TOTAL, DADS	17,662.4	7.0	17,669.4	16,442.5	16,149.6

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

Method of Finance	ABEST Code/CFDA	Appropriated	Adjustments	Op Budget	Expend YTD	Projected	Variance
General Revenue	0001	148,625,478	177,842	148,803,320	138,455,122	145,485,261	3,318,059
GR-Match for Medicaid	0758	2,128,893,990	52,362,914	2,181,256,904	2,248,078,761	2,183,213,039	(1,956,134)
EFF-Match for Medicaid	8091	0	48,480,220	48,480,220	0	48,480,220	0
GR for Fed Funds (OAA)	8004	4,282,380	0	4,282,380	0	4,282,380	0
GR Cert Match - Medicaid	8032	237,147,291	689,276	237,836,567	261,486,192	238,079,293	(242,726)
Subtotal, General Revenue		2,518,949,139	101,710,253	2,620,659,392	2,648,020,076	2,619,540,193	1,119,199
GR Ded-Tx Capital TF	0543	289,803	0	289,803	289,802	289,803	0
GR Ded-HCSSA	5018	1,948,343	0	1,948,343	1,826,608	1,948,343	0
Special Olympic Lic Plate	5055	1,500	0	1,500	0	0	1,500
GR Ded - QAF	5080	59,821,479	9,407,748	69,229,227	29,006,262	69,229,227	0
Subtotal, General Revenue-Dedicated		62,061,125	9,407,748	71,468,873	31,122,673	71,467,373	1,500
Subtotal, GR-Related		2,581,010,264	111,118,001	2,692,128,265	2,679,142,748	2,691,007,566	1,120,699
XIX ADM 50%	93.778.003	40,354,169	3,158,522	43,512,691	42,413,230	42,413,230	1,099,461
XIXADM 75%	93.778.004	19,042,420	(3,034,495)	16,007,925	15,225,448	15,493,075	514,850
XIXADM 90%	93.778.005	76,500	4,563,149	4,639,649	4,786,786	4,786,786	(147,137)
XIX FMAP	93.778.000	3,341,017,228	152,723,315	3,493,740,543	3,489,331,647	3,488,872,549	4,867,994
Federal Funds-FY 12-13 demand	93.778.000	0	0	0	0	0	0
Title XX	93.667.000	88,840,273	109,235	88,949,508	100,149,390	88,949,508	0
School Breakfast Program	10.553.000	0	113,575	113,575	113,575	113,575	0
National School Lunch Program	10.555.000	0	0	0	0	0	0
TITLE XVIII	93.777.000	27,692,377	82,419	27,774,796	27,162,097	27,774,796	0
SUR&C-75%	93.777.002	17,407,153	3,310,813	20,717,966	20,979,930	20,935,067	(217,101)
Foster Grandparent Pgm	94.011.000	2,088,893	6,175	2,095,068	1,962,523	2,095,068	0
CMS Res, Demo, & Eval	93.779.000	2,346,700	19,783,005	22,129,705	21,968,372	21,966,284	163,421
Spc Svcs Aging-VII3	93.041.000	377,737	(106,313)	271,424	283,667	271,424	0
Spc Svcs Aging-VII2	93.042.000	973,603	49,100	1,022,703	1,022,703	1,022,703	0
Spc Svcs Aging-IIID	93.043.000	1,334,413	(434,757)	899,656	887,413	899,656	0
Spc Svcs Aging-IIIB	93.044.000	23,154,603	1,086,607	24,241,210	24,241,348	24,242,685	(1,475)
Spc Svcs Aging-IIIC	93.045.000	28,145,487	7,311,914	35,457,401	35,458,503	35,459,981	(2,581)
Spc Svcs Aging-Discretionary	93.048.000	469,800	38,898	508,698	508,698	508,698	0
Natl Family Caregiver	93.052.000	9,325,188	(578,370)	8,746,818	8,746,966	8,747,463	(646)
Nutrition Svcs Incentive	93.053.000	10,973,872	3,040,710	14,014,582	14,014,582	14,014,582	0
ARRA AoA Grant to AAA's	93.725.000	0	411,033	411,033	411,033	411,033	0
MFP Demo	93.791.000	0	1,480,723	1,480,723	1,480,723	1,480,723	0
MIPPA AoA Grants	93.518.000	0	622,593	622,593	622,593	622,593	0
MIPPA AoA Grants	93.518.001	0	551,797	551,797	551,797	551,797	0
MIPPA CMS	93.779.000	0	380,519	380,519	380,519	380,519	0
Respite AoA	93.072.000	0	72,844	72,844	72,844	72,844	0
Subtotal, Federal Funds		3,613,620,416	194,743,009	3,808,363,425	3,812,776,388	3,802,086,639	6,276,786
Appropriated Receipts	0666	2,150,393	(5,567)	2,144,826	1,948,310	2,144,826	0
MR Collections	8095	17,266,929	4,282	17,271,211	18,519,487	17,271,211	0
MR Approp Recpts	8096	754,450	859	755,309	799,751	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	(151,439)	3,483,878	3,644,906	3,483,878	0
Medicare Part D Receipts	8115	0	0	0	0	0	0
Subtotal, Other Funds		23,889,249	(151,864)	23,737,385	24,912,454	23,737,385	0
GRAND TOTAL, ALL FUNDS		6,218,519,929	305,709,145	6,524,229,074	6,516,831,590	6,516,831,590	7,397,484

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Projections by MOF
Data Through the End of August 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	\$73,743,657	\$0	\$72,758,537	\$6,582,724	\$30,988,318	\$110,329,579	\$1,797,930	\$185,871,166
A.1.2 Guardianship	\$0	\$0	\$0	\$7,020,898	\$0	\$7,020,898	\$0	\$7,020,898
A.2.1 Primary Home Care	\$126,792,071	\$0	\$178,143,164	\$0	\$0	\$178,143,164	\$0	\$304,935,235
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$202,589,089	\$0	\$284,638,158	\$0	\$0	\$284,638,158	\$0	\$487,227,247
A.2.3 Day Activity and Health Services (DAHS)	\$26,277,600	\$0	\$36,920,092	\$0	\$0	\$36,920,092	\$0	\$63,197,692
A.3.1 Community Based Alternatives (CBA)	\$104,890,880	\$0	\$147,131,048	\$0	\$0	\$147,131,048	\$0	\$252,021,928
A.3.2 Home and Community Based Services (HCS)	\$336,864,408	\$0	\$469,330,809	\$0	\$10,750,687	\$480,081,496	\$0	\$816,945,904
A.3.3 Community Living Assistance & Support Services (CLASS)	\$82,683,447	\$0	\$116,170,441	\$0	\$0	\$116,170,441	\$0	\$198,853,888
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$3,104,593	\$0	\$4,361,960	\$0	\$0	\$4,361,960	\$0	\$7,466,553
A.3.5 Medically Dependent Children Program (MDCP)	\$17,038,961	\$0	\$23,939,780	\$0	\$0	\$23,939,780	\$0	\$40,978,741
A.3.6 Consolidated Waiver Program	\$414,577	\$0	\$582,482	\$0	\$0	\$582,482	\$0	\$997,059
A.3.7 Texas Home Living Waiver	\$15,720,114	\$0	\$22,086,798	\$0	\$0	\$22,086,798	\$0	\$37,806,912
A.4.1 Non-Medicaid Services	\$15,621,265	\$0	\$0	\$74,645,861	\$61,959,694	\$136,605,555	\$0	\$152,226,820
A.4.2 Mental Retardation Community Services	\$74,888,295	\$0	\$0	\$0	\$0	\$0	\$0	\$74,888,295
A.4.3 Promoting Independence Plan	\$2,620,097	\$0	\$0	\$0	\$1,131,873	\$1,131,873	\$0	\$3,751,970
A.4.4 In-Home and Family Support	\$4,989,909	\$0	\$0	\$0	\$0	\$0	\$0	\$4,989,909
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$14,573,166	\$0	\$20,475,334	\$0	\$0	\$20,475,334	\$0	\$35,048,500
A.6.1 Nursing Facility Payments	\$934,390,695	\$0	\$1,308,444,745	\$0	\$0	\$1,308,444,745	\$0	\$2,242,835,440
A.6.2 Medicare Skilled Nursing Facility	\$62,949,536	\$0	\$88,444,250	\$0	\$0	\$88,444,250	\$0	\$151,393,786
A.6.3 Hospice	\$96,156,446	\$0	\$135,100,039	\$0	\$0	\$135,100,039	\$0	\$231,256,485
A.6.4 Promoting Independence Services	\$41,348,774	\$0	\$56,450,578	\$0	\$4,459,596	\$60,910,174	\$0	\$102,258,948
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$94,144,508	\$27,872,414	\$171,453,866	\$0	\$0	\$171,453,866	\$70,057	\$293,540,845
A.8.1 State Supported Living Centers (SSLC)	\$238,901,612	\$41,356,813	\$368,796,670	\$0	\$3,346,481	\$372,143,151	\$18,614,638	\$671,016,215
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	\$2,570,766,083	\$69,519,030	\$3,505,228,751	\$88,249,483	\$112,636,649	\$3,706,114,883	\$20,482,625	\$6,366,882,622
B.1.1 Facility and Community-Based Regulation	\$18,794,198	\$1,948,343	\$3,694,145	\$0	\$45,408,203	\$49,102,347	\$0	\$69,844,888
B.1.2 Credentialing/Certification	\$837,047	\$0	\$104,767	\$0	\$309,330	\$414,097	\$0	\$1,251,144
B.1.3 Quality Outreach	\$472,877	\$0	\$3,541,008	\$0	\$0	\$3,541,008	\$1,330,000	\$5,343,885
Subtotal, Goal B: Regulation, Certification and Outreach	\$20,104,121	\$1,948,343	\$7,339,920	\$0	\$45,717,533	\$53,057,453	\$1,330,000	\$76,439,917
C.1.1 Central Administration	\$12,570,274	\$0	\$16,132,674	\$375,601	\$1,252,735	\$17,761,010	\$1,339,981	\$31,671,265
C.1.2 Information Technology Program Support	\$16,099,714	\$0	\$22,864,295	\$324,424	\$1,964,574	\$25,153,293	\$584,778	\$41,837,785
Subtotal, Goal C: Indirect Administration	\$28,669,988	\$0	\$38,996,969	\$700,025	\$3,217,309	\$42,914,303	\$1,924,759	\$73,509,051
GRAND TOTAL, DADS	\$2,619,540,193	\$71,467,373	\$3,551,565,640	\$88,949,508	\$161,571,492	\$3,802,086,639	\$23,737,385	\$6,516,831,590

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Strategy Variance by MOF
Data Through the End of August 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	\$408,463	\$0	\$408,462	\$0	\$0	\$408,462	\$0	\$816,925
A.1.2 Guardianship	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.2.1 Primary Home Care	\$1,659,751	\$0	\$2,331,953	\$0	\$0	\$2,331,953	\$0	\$3,991,704
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$3,007,715	\$0	\$4,225,849	\$0	\$0	\$4,225,849	\$0	\$7,233,564
A.2.3 Day Activity and Health Services (DAHS)	(\$472,472)	\$0	(\$663,825)	\$0	\$0	(\$663,825)	\$0	(\$1,136,297)
A.3.1 Community Based Alternatives (CBA)	\$2,126,167	\$0	\$3,056,309	\$0	\$0	\$3,056,309	\$0	\$5,182,476
A.3.2 Home and Community Based Services (HCS)	(\$267,798)	\$0	(\$376,257)	\$0	\$0	(\$376,257)	\$0	(\$644,054)
A.3.3 Community Living Assistance & Support Services (CLASS)	(\$930,286)	\$0	(\$1,307,053)	\$0	\$0	(\$1,307,053)	\$0	(\$2,237,339)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$179,391	\$0	\$252,046	\$0	\$0	\$252,046	\$0	\$431,437
A.3.5 Medically Dependent Children Program (MDCP)	\$365,154	\$0	\$513,043	\$0	\$0	\$513,043	\$0	\$878,197
A.3.6 Consolidated Waiver Program	\$114,028	\$0	\$159,465	\$0	\$0	\$159,465	\$0	\$273,493
A.3.7 Texas Home Living Waiver	\$586,704	\$0	\$824,320	\$0	\$0	\$824,320	\$0	\$1,411,024
A.4.1 Non-Medicaid Services	\$281,883	\$0	\$0	\$0	\$0	\$0	\$0	\$281,883
A.4.2 Mental Retardation Community Services	\$110,205	\$1,500	\$0	\$0	\$0	\$0	\$0	\$111,705
A.4.3 Promoting Independence Plan	\$93,601	\$0	\$0	\$0	\$164,527	\$164,527	\$0	\$258,128
A.4.4 In-Home and Family Support	(\$2)	\$0	\$0	\$0	\$0	\$0	\$0	(\$2)
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$1,044,172	\$0	\$1,467,063	\$0	\$0	\$1,467,063	\$0	\$2,511,235
A.6.1 Nursing Facility Payments	(\$8,226,658)	\$0	(\$7,237,266)	\$0	\$0	(\$7,237,266)	\$0	(\$15,463,924)
A.6.2 Medicare Skilled Nursing Facility	\$1,092,613	\$0	\$1,535,124	\$0	\$0	\$1,535,124	\$0	\$2,627,737
A.6.3 Hospice	(\$3,032,859)	\$0	(\$4,261,175)	\$0	\$0	(\$4,261,175)	\$0	(\$7,294,035)
A.6.4 Promoting Independence Services	\$1,026,468	\$0	\$3,086,739	\$0	\$0	\$3,086,739	\$0	\$4,113,206
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	(\$294,500)	\$0	(\$433,570)	\$0	\$0	(\$433,570)	\$0	(\$728,070)
A.8.1 State Supported Living Centers (SSLC)	\$1,604,394	\$0	\$1,546,653	\$0	\$0	\$1,546,653	\$0	\$3,151,047
A.9.1 Capital Repairs and Renovations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal, Goal A: Long Term Services and Supports	\$476,134	\$1,500	\$5,127,880	\$0	\$164,527	\$5,292,407	\$0	\$5,770,041
B.1.1 Facility and Community-Based Regulation	\$207,920	\$0	\$207,920	\$0	\$0	\$207,920	\$0	\$415,840
B.1.2 Credentialing/Certification	\$29,316	\$0	\$8,492	\$0	(\$221)	\$8,271	\$0	\$37,587
B.1.3 Quality Outreach	\$57,443	\$0	\$104,706	\$0	\$0	\$104,706	\$0	\$162,149
Subtotal, Goal B: Regulation, Certification and Outreach	\$294,680	\$0	\$321,118	\$0	(\$221)	\$320,897	\$0	\$615,576
C.1.1 Central Administration	\$107,263	\$0	\$210,396	\$0	\$0	\$210,396	\$0	\$317,659
C.1.2 Information Technology Program Support	\$241,122	\$0	\$675,774	\$0	(\$222,688)	\$453,086	\$0	\$694,208
Subtotal, Goal C: Indirect Administration	\$348,385	\$0	\$886,170	\$0	(\$222,688)	\$663,482	\$0	\$1,011,867
GRAND TOTAL, DADS	\$1,119,199	\$1,500	\$6,335,167	\$0	(\$58,382)	\$6,276,786	\$0	\$7,397,484

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3326 Gas Royaltie	44,819	289,803
Total Increases	<u>44,819</u>	<u>289,803</u>
Reductions:		
Expended	44,819	289,803
Transfer Reduction	0	0
Total Reductions	<u>44,819</u>	<u>289,803</u>
Ending Balance, 08/31/12	<u><u>0</u></u>	<u><u>0</u></u>

Note: Expenditures represent transfer from 0543 Unappropriated - Capital Trust Funds

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

	Aug 12	FY12 Year to Date as of 08/31/12
Beginning Balance, 08/01/12	383,563	383,563
Increases:		
3321 Oil Royaltie	39,698	116,881
3326 Gas Royaltie	0	395,665
3349 Land Sale Revenu	8,519	102,239
3746 Rental of Lan	0	66,552
3747 Rental-Othe	1,068	11,748
3851 Int-State Dep&Treas Inv-Gener	1,443	6,859
Total Increases	50,728	699,944
Reductions:		
Expended	0	0
Transfer Reduction	24,150	289,803
Total Reductions	24,150	289,803
Ending Balance, 08/31/12	410,141	410,141

Note: Transfer reduction to 0543 - Capital Trust Funds

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3557 Health Care Facilities Fee	99,905	1,495,495
3560 Medical Exam & Registratio	19,557	222,797
3719 Fees for Copies, Fil Re	1,109	4,287
3765 Sales Of Supplies/Equipment/S	0	361,121
3770 Administrative Penaltie	0	7,000
Total Increases	<u>120,571</u>	<u>2,090,700</u>
Reductions:		
Expended	120,571	2,090,700
Transfer Reduction	0	0
Total Reductions	<u>120,571</u>	<u>2,090,700</u>
Ending Balance, 08/31/12	<u><u>0</u></u>	<u><u>0</u></u>

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3557 Health Care Facilities Fee	7,240,095	59,156,942
3765 Sales Of Supplies/Equipment/S	0	0
3770 Administrative Penaltie	0	64,586
3851 Int-State Dep&Treas Inv-Gener	62,975	267,992
Total Increases	<u>7,303,070</u>	<u>59,489,520</u>
Reductions:		
Expended	7,303,070	72,004,134
Transfer Reduction	0	0
Total Reductions	<u>7,303,070</u>	<u>72,004,134</u>
Ending Balance, 08/31/12	<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 August 2012**

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3965 Cash Transf Btn Fnds/Accts-Me	48,480,220	48,480,220
Total Increases	<u>48,480,220</u>	<u>48,480,220</u>
Reductions:		
Expended	48,480,220	48,480,220
Transfer Reduction	0	0
Total Reductions	<u>48,480,220</u>	<u>48,480,220</u>
Ending Balance, 08/31/12	<u><u>0</u></u>	<u><u>0</u></u>

Note: Expenditures represent transfer from Unappropriated - EFF

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3606 Support/Maint of Patient	4,399,935	20,219,082
3618 Welfare/MHMR service fee	0	1,259
Total Increases	<u>4,399,935</u>	<u>20,220,341</u>
Reductions:		
Expended	0	15,820,426
Transfer Reduction	0	0
Total Reductions	<u>0</u>	<u>15,820,426</u>
Ending Balance, 08/31/12	<u><u>4,399,935</u></u>	<u><u>4,399,935</u></u>

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Increases:		
3719 Fees for Copies, Fil Re	12	2,091
3738 Grants - city, Count	300	300
3740 Gifts/Grants/Donatins-NonOpRe	329,615	329,615
3753 Sale of Surplus Property Fe	0	1,275
3767 Supply,Equip,Service-Fed/Othe	0	307,750
3802 Reimbursements-Third Part	1,215	15,424
3806 Rental Of Housing To State Em	13,806	215,758
Total Increases	<u>344,948</u>	<u>872,213</u>
Reductions:		
Expended	344,948	872,213
Transfer Reduction	0	0
Total Reductions	<u>344,948</u>	<u>872,213</u>
Ending Balance, 08/31/12	<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 August 2012**

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	<u>0</u>	<u>0</u>
Increases:		
3765 Sales Of Supplies/Equipment/S	3,961	7,190
3767 Supply,Equip,Service-Fed/Othe	58,122	130,206
Total Increases	<u>62,083</u>	<u>137,396</u>
Reductions:		
Expended	62,083	137,396
Transfer Reduction	0	0
Total Reductions	<u>62,083</u>	<u>137,396</u>
Ending Balance, 08/31/12	<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 August 2012**

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	0	0
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 08/31/12	<u><u>0</u></u>	<u><u>0</u></u>

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

	<u>Aug 12</u>	<u>FY12 Year to Date as of 08/31/12</u>
Beginning Balance, 08/01/12	51,829,366	51,829,366
Increases:		
3702 Federal Receipts-Earned Credi	0	11,056
3851 Int-State Dep&Treas Inv-Gener	1,534	32,093
3965 Cash Transf Btn Fnds/Accts-Me	429,925	52,217,676
Total Increases	<u>431,459</u>	<u>52,260,825</u>
Reductions:		
Expended	0	0
Transfer Reduction	48,480,220	48,480,220
Total Reductions	<u>48,480,220</u>	<u>48,480,220</u>
Ending Balance, 08/31/12	<u><u>3,780,605</u></u>	<u><u>3,780,605</u></u>

Note: Expenditures represent transfer from Unappropriated - EFF

**Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Capital Projects
Data Through the End of August 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	\$2,734,539	\$3,598,640	\$0
Lease of Personal Computers	\$3,965,874	\$0		\$3,965,874	\$2,089,946	\$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	\$271,914	\$271,914	\$0
Payment of MLPP-Utility Savings	\$3,305,939	\$0		\$3,305,939	\$3,305,939	\$3,305,939	\$0
QRSEnhancement	\$0	\$0		\$0	\$11,907	\$0	\$0
Repairs & Renovations	\$3,352,186	\$0		\$3,352,186	\$1,022,323	\$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	\$2,501,383	\$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	\$13,458,215	\$28,562,724	\$0
Method of Finance:							
General Revenue	\$13,681,291	\$170,765		\$14,029,689	\$7,556,809	\$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>\$7,556,809</i>	<i>\$14,319,491</i>	<i>\$0</i>
Federal Funds	\$12,587,332	\$1,536,889		\$13,939,950	\$5,790,856	\$13,939,950	\$0
Other Funds	\$296,644	\$0		\$303,283	\$98,643	\$303,283	\$0
TOTAL, All Funds	\$26,855,070	\$1,707,654		\$28,562,724	\$13,446,308	\$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 August 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	30104	30104	1136
Avg. cost per month	\$830.90	\$842.15	\$842.15	(\$11.25)
CAS				
Avg. # of clients served per month	48617	46680	46680	1937
Avg. cost per month	\$834.21	\$866.93	\$866.93	(\$32.72)
DAHS				
Avg. # of clients served per month	9716	9776	9776	(60)
Avg. cost per month	\$526.50	\$538.70	\$538.70	(\$12.20)
CBA Waiver				
Average # of CBA clients served per month	14616	14342	14342	274
Average Monthly Cost of CBA Clients	\$1,320.19	\$1,456.99	\$1,456.99	(\$136.80)
HCS Waiver				
Average Monthly Number of Consumers Served in the HCS Waiver Program	20123	19861	19861	262
Average Monthly Cost Per Consumer Served in the HCS Waiver Program	\$3,280.22	\$3,427.82	\$3,427.82	(\$147.60)
CLASS Waiver				
Average # of CLASS Waiver clients served per month	4619	4759	4759	(140)
Average Monthly Cost of CLASS Waiver Clients	\$3,232.17	\$3,482.01	\$3,482.01	(\$249.84)
DBMD Waiver				
Average # of DBMD Waiver clients served per month	148	149	149	(1)
Average Monthly Cost of DBMD clients	\$4,150.80	\$4,173.59	\$4,173.59	(\$22.79)
MDCP Waiver				
Average # of MDCP clients served per month	2380	2308	2308	72
Average Monthly Cost of MDCP clients	\$1,468.73	\$1,479.29	\$1,479.29	(\$10.56)
Consolidated Waiver Program				
Average # of CWP clients served per month	154	37	37	117
Average Monthly Cost of CWP clients	\$2,045.64	\$2,248.78	\$2,248.78	(\$203.14)
TxHmL Waiver				
Average Monthly Number of Consumers Served in the TxHmL Waiver Program	5738	3951	3951	1787
Average Monthly Cost Per Consumer Served in the TxHmL Waiver Program	\$652.25	\$797.40	\$797.40	(\$145.15)

Department of Aging and Disability Services
FY 2012 Monthly Financial Report: Select Performance Measures
Data Through the End of August 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	32676	32676	2701
Average monthly cost per client served: Non-Medicaid Community Care (XX)	\$211.80	\$222.95	\$222.95	(\$11.15)
Program of All-Inclusive Care for the Elderly (PACE)				
Average number of recipients per month: Program for All Inclusive Care (PACE)	1091	1017	1017	74
Average monthly cost per recipient: Program for All Inclusive Care (PACE)	\$2,867.08	\$2,872.59	\$2,872.59	(\$5.51)
Promoting Independence				
Avg. # of clients served per month	6318	5760	5760	558
Avg. cost per month	\$1,487.75	\$1,479.31	\$1,479.31	\$8.44
Nursing Facilities				
Average # of persons receiving Medicaid funded Nursing Facility svcs. per mo.	56213	56940	56940	(727)
Net Nursing Facility cost per Medicaid resident per month	\$2,981.92	\$3,230.45	\$3,230.23	(\$248.31)
Medicare Skilled Nursing Facility				
Average number of clients receiving Copaid/Medicaid nursing facility services per month	6767	6168	6168	599
Net payment per client for co-paid Medicaid nursing facility services per month	\$2,055.93	\$2,044.47	\$2,044.47	\$11.46
Hospice				
Average # of clients receiving Hospice services per month	7039	6813	6813	226
Average net payment per client per month for Hospice	\$2,739.58	\$2,828.72	\$2,828.62	(\$89.04)
ICFs/MR				
Average Monthly Number of Persons in ICF/MR Medicaid Beds, Total	5602	5616	5616	(14)
Monthly Cost Per ICF/MR Medicaid Eligible Consumer, Total	\$4,360.27	\$4,367.59	\$4,367.59	(\$7.32)
State School Facilities				
Average Monthly Number of MR Campus Residents	3831	3880	3880	(49)
Average Monthly Cost per MR Campus Resident	\$14,107.11	\$13,928.95	\$13,928.95	\$178.16

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

DADS Programs	Actual Sept 1, 2011 Client Count	Total number of slots at end of FY 2012	August 2012 Count	FY 2012 Budgeted (average for the Fiscal Year)	Projected FY 2012 Average
Community Based Alternatives (CBA)	19,167	9,768	9,559	14,616	14,342
Comm. Living Assist. & Supp. Svcs. (CLASS)	4,737	4,771	4,768	4,834	4,759
Med. Dep. Children Pgm. (MDCP)	2,291	2,380	2,281	2,380	2,308
Deaf-Blind w/Mult. Disab. (DBMD)	148	156	152	156	149
Home & Comm. Based Svcs. (HCS)	19,766	20,313	19,936	20,123	19,861
Texas Home Living	1,942	5,738	4,538	5,738	3,951

CBA Star+ rollout occurred March 2012