



COMMISSIONER
Jon Weizenbaum

December 31, 2012

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

Subject: Fiscal Year 2013 November Monthly Financial Report

Dear Ms. Parks:

The following is a narrative summary of budget adjustments processed as of November 2012, as well as, year-to-date (YTD) expenditure data; annual projections; budget variances; and other key budget issues at this time.

BUDGET ADJUSTMENTS

In total, the Department of Aging and Disability Services (DADS) fiscal year 2013 Operating Budget is \$3,744.4 million in All Funds (\$1,484.9 million in General Revenue/General Revenue Dedicated Funds), which is \$287.4 million in All Funds above the fiscal year 2013 appropriation of \$3,457.0 million in All Funds, as stated in House Bill 1, 82nd Legislature, Regular Session, 2011, Conference Committee, Stage 12, dated May 22, 2011. For fiscal year 2013, the most significant budget adjustments affecting DADS' operating budget are as follows:

- Additional funding for Medicaid-related programs pursuant to Article IX, Section 18.12(a), House Bill 1, 82nd Legislature, Regular Session, 2011 (2012-13 General Appropriations Act (GAA)). In addition to amounts appropriated in Article II, DADS received \$112.9 million in General Revenue and \$264.8 million in All Funds for fiscal year 2013. This amount is reflected in DADS fiscal year 2013 Operating Budget.
- The federal Affordable Care Act created a Balancing Incentive Program which authorizes enhanced federal funding for states through September 30, 2015 to provide quality care in the most appropriate integrated setting. States that spend less than 50% of Medicaid long-term services and supports (LTSS) funding on community LTSS are eligible for a 2% enhanced Federal Medical Assistance Percentage (FMAP). Texas spends 46.9% on community LTSS and is eligible to receive funding for community LTSS in exchange for making structural and programmatic changes to increase access to community LTSS. By October 1, 2015, Texas must achieve a 50% benchmark of Medicaid community-based LTSS expenditures. Based on appropriated funding, DADS fiscal year 2013 Operating Budget reflects a \$29.0 million increase in Federal Funds and an offsetting General Revenue reduction. DADS has not submitted a request for approval to expend the additional federal revenue, pursuant to GAA, Article II,

Special Provisions, Section 7; therefore, the associated freed-up GR is assumed to be transferred out of the respective strategies proportionately to the additional BIP funds increase.

BUDGET_YEAR	GOS_CODE	STRATEGY_DESC	AMOUNT
AY13	1.3.4	Deaf-Blind Multiple Disabilities (DBMD)	147,033.62
AY13	1.2.1	Primary Home Care	618,337.38
AY13	1.3.1	Community Based Alternatives (CBA)	2,315,135.70
AY13	1.2.2	Community Attendant Services (Formerly Frail Elderly)	3,306,122.38
AY13	1.3.5	Medically Dependent Children Program (MDCP)	831,089.92
AY13	1.3.7	Texas Home Living Waiver	895,773.76
AY13	1.2.3	Day Activity and Health Services (DAHS)	60,320.96
AY13	1.3.2	Home and Community Based Services (HCS)	16,262,024.30
AY13	1.5.1	Program of All-inclusive Care for the Elderly (PACE)	230,210.58
AY13	1.3.3	Community Living Assistance & Support Services	3,502,066.68
AY13	1.1.1	Intake, Access and Eligibility to Services and Supports	879,236.00
Total:			29,047,351.28

- 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).

STRATEGY	Measures (Number of Clients)	All Funds	GR Match for Medicaid (0758)	Title XIX - FMAP (93.778)
A.3.6 Consolidated Waiver Program	-156	(\$3,770,017)	(\$1,537,791)	(\$2,232,226)
Total FY 2013		(\$3,770,017)	(\$1,537,791)	(\$2,232,226)

STRATEGY	Measures (Number of Clients)	All Funds	GR Match for Medicaid (0758)	Title XIX - FMAP (93.778)
A.1.1 Intake, Access, and Eligibility to Services and Support	-	\$144,778	\$59,057	\$85,721
A.3.2 Home & Community-Based Services (HCS)	66	\$1,922,236	\$784,080	\$1,138,156
A.3.3 Community Living Assistance & Support (CLASS)	36	\$791,001	\$322,649	\$468,352
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	2	\$46,320	\$18,894	\$27,426
A.3.5 Medically Dependent Children Program (MDCP)	24	\$302,494	\$123,387	\$179,107
B.1.6 STAR+PLUS	28	\$563,188	\$229,724	\$333,464
Total FY 2013	156	\$3,770,017	\$1,537,791	\$2,232,226

- The transfer of funds and FTEs from the Department of Assistive and Rehabilitative Services (DARS) to DADS pursuant to GAA, 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 Governor's Office of Budget, Policy and Planning (GOBPP) on February 16, 2012. The fiscal year 2013 Operating Budget reflects the adjustment (\$513,750 in All Funds, \$86,310 in General Revenue Funds and 5.0 FTEs).
- Carry back of \$50.0 million in General Revenue and \$72.6 million in Federal Matching Funds from fiscal year 2013 to fiscal year 2012 in A.6.1, Nursing Facilities, pursuant to GAA, DADS Rider 11 - Appropriation Transfer between Fiscal Years. The carry back amount was used to cover the fiscal year 2012 shortfall.
- All other Federal Funds adjustments related to aligning Federal Funds with available General Revenue Funds as well as adjustments made to various original Federal Grant amounts.

BUDGET VARIANCES

As of November 30, 2012, DADS is projecting a fiscal year 2013 deficit of \$2,553.1 million in All Funds (\$1,040.7 million in General Revenue). Projections are based on estimates from July 2012, using data through August 2012. For fiscal year 2013, DADS' Medicaid client services programs were funded at approximately 41 percent of the anticipated demand. This estimate includes State Supported Living Centers, and would reflect 31 percent funding without them. Of the total agency shortfall, approximately \$2,130.7 million in All Funds (\$869.1 million in General Revenue) is related to "unfunded months" for direct client service Medicaid programs. The \$869.1 million GR amount is the net result after the addition of Article IX, Section 18.12 – Additional Funding for Medicaid, a more favorable FMAP, and non-caseload related items.

- **Strategy A.2.1, Primary Home Care** - This strategy is projected to have a negative variance of \$67.0 million in All Funds, which includes \$26.2 million in General Revenue Funds. In addition to the "unfunded months" issue, the variance is partially due to a projected increase in the average monthly cost per individual served from \$671.90, as found in HB 1, to the current estimate of \$716.55, a difference of \$44.65. This is partially offset by a projected decrease in the number of individuals served per month from 12,084, as found in HB 1, to the current estimate of 11,355, a difference of 729.
- **Strategy A.2.2, Community Attendant Services** - This strategy is projected to have a negative variance of \$361.3 million in All Funds, which includes \$141.1 million in General Revenue Funds. In addition to the "unfunded months" issue, the variance is partially due to a projected increase in the average monthly cost per individual served from \$842.35, as found in HB 1, to the current estimate of \$902.74, a difference of \$60.39. This is partially offset by a projected

decrease in the average number of individuals served per month from 51,534, as found in HB 1, to the current estimate of 48,417, a difference of 3,117.

- **Strategy A.2.3, Day Activity and Health Services** – This strategy is projected to have a negative variance of \$8.4 million in All Funds, which includes \$3.3 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially due to a projected increase in the average monthly cost per individual served from \$469.67, as found in HB 1, to the current estimate of \$477.08, a difference of \$7.41. In addition, the projected average number of individuals served per month increased from 1,686, as found in HB 1, to the current estimate of 1,999, a difference of 313.
- **Strategy A.3.1, Community Based Alternatives** - This strategy is projected to have a negative variance of \$46.1 million in All Funds, which includes \$18.1 million in General Revenue Funds. The variance relates to a projected increase in the average monthly cost per individual served from \$992.15 per month, as found in HB 1, to the current estimate of \$1,378.36, a difference of \$386.21.
- **Strategy A.3.2, Home and Community Based Services** - This strategy is projected to have a negative variance of \$32.3 million in All Funds, which includes \$16.7 million in General Revenue Funds. The variance relates to a projected increase in the average monthly cost per individual served from \$3,299.07, as found in HB 1, to the current estimate of \$3,449.22, a difference of \$150.15. This is partially offset by a projected decrease in the average number of individuals served per month from 20,539, as found in HB 1, to the current estimate of 20,471, a difference of 69.
- **Strategy A.3.3, Community Living Assistance Support Services** – This strategy is projected to have a negative variance of \$19.8 million in All Funds, which includes \$8.0 million in General Revenue Funds. The variance relates to a projected increase in the average monthly cost per individual served from \$3,159.11, as found in HB 1, to the current estimate of \$3,503.09, a difference of \$343.98. In addition, the projected average monthly number of individuals served increased from 4,619 to 4,655, a difference of 36. Of the 36 additional individuals served, 24 are a result of the transfer of individuals from the expired Consolidated Waiver Program, as of December 2011.
- **Strategy A.3.7, Texas Home Living Waiver** - This strategy is projected to have a negative variance of \$10.3 million in All Funds, which includes \$4.6 million in General Revenue Funds. The variance relates to a projected increase in the average monthly cost per individual served from \$650.47, as found in HB 1, to the current estimate of \$800.00, a difference of \$149.53.
- **Strategy A.5.1, Program of All-Inclusive Care for the Elderly (PACE)** - This strategy is projected to have a negative variance of \$26.2 million in All Funds, which includes \$10.2 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially

due to a projected increase in the average monthly cost per individual served from \$2,859.20, as found in HB 1, to the current estimate of \$2,882.80, a difference of \$23.60. This is partially offset by a projected decrease in the number of individuals served per month from 1105, as found in HB 1, to the current estimate of 1089, a difference of 16.

- **Strategy A.6.1, Nursing Facility Payments** - This strategy is projected to have a negative variance of \$1,447.8 million in All Funds, which includes \$590.2 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially due to the net nursing facility cost per Medicaid resident per month served, which increased from \$2,950.54, as found in HB 1, to the current estimate of \$3,291.08, a difference of \$340.54. The projected average number of individuals served per month increased from 56,223, as found in HB 1, to 57,054, a difference of 831.
- **Strategy A.6.2, Medicare Skilled Nursing Facility** - This strategy is projected to have a negative variance of \$95.0 million in All Funds, which includes \$38.8 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance in Medicare Skilled Nursing Facilities is partially due to a general lack of program funding in FY 2013.
- **Strategy A.6.3, Hospice** - This strategy is projected to have a negative variance of \$162.8 million in All Funds, which includes \$66.4 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially due to a projected increase in the average net payment for individuals serviced per month from \$2,732.23, as found in HB 1, to the current estimate of \$2,847.18, a difference of \$114.95. This is partially offset by a projected decrease in the average number of individuals served per month from 7,343, as found in HB 1, to 7,001, a difference of 342.
- **Strategy A.6.4, Promoting Independence Services** - This strategy is projected to have a negative variance of \$57.5 million in All Funds, which includes \$21.6 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially due to a projected increase in the average monthly cost per individual served from \$1,418.11 per month, as found in HB 1, to the current estimate of \$1,432.42, a difference of \$14.31. This is partially offset by a projected decrease of the average number of individuals served per month from 6,863, as found in HB 1, to 5,500, a difference of 1,363.
- **Strategy A.7.1, Intermediate Care Facilities** - This strategy is projected to have a negative variance of \$209.4 million in All Funds, which includes \$85.5 million in General Revenue Funds. In addition to the “unfunded months” issue, the variance is partially due to a projected increase of the average monthly cost per consumer per month from \$4,349.92, as found in HB 1, to the current estimate of \$4,369.59, a difference of \$19.67. The average number of individuals in ICF beds per month increased from 5,423, as found in HB 1, to the current estimate of 5,609, a difference of 186.

- **Strategy A.8.1, State Supported Living Centers** - This strategy is projected to have a negative variance of \$12.6 million in All Funds, which includes \$10.0 million in General Revenue Funds. The variance in SSLCs is the result of a general lack of program funding in fiscal year 2013.
- **Strategy A.9.1, Capital Repairs and Renovations** - This strategy is projected to have a positive variance of \$3.7 million in All Funds, consisting almost entirely of bond proceeds. The variance relates to funds not fully encumbered for the current fiscal year, but will be carried forward for use in subsequent fiscal years.

PENDING AGENCY REQUESTS FOR AUTHORITY

DADS has submitted three requests for additional budget authority. One of these requests, relating to a Nursing Facility Administrator Online Licensing System, was deemed by LBB to be a “software as a service” project that does not need additional capital budget authority. The remaining two issues are still awaiting approval on behalf of the LBB and the GOBPP. They include:

- An approval request for FY 2013 capital budget authority relating to DADS’ Regulatory Services Mobile Investigator/Reviewer Application Development Pilot Project. This pilot, upon approval, would allow approximately 70 regulatory investigators and reviewers to minimize time spent in-office completing required data entry. It would also provide managers with immediate knowledge of the location and status of investigation teams so that resources can be allocated more efficiently and effectively. The estimated cost for the Mobile Investigator/Reviewer Application Development Pilot Project in fiscal year 2013 is \$720,000 in All Funds, \$201,600 in General Revenue.
- An approval request for FY 2013 capital budget authority relating to DADS’ ongoing SAS/CARE consolidation project. The SAS/CARE consolidation project is a major priority for the agency, as it is a multi-phase attempt to address legacy-related technology operation and support issues. DADS is requesting approval of \$3,094,429 in additional FY 2013 capital budget authority. This project has been approved by the Centers for Medicare and Medicaid Services (CMS) and will carry a 90/10 federal match rate.

OTHER KEY BUDGET ISSUES

Projected budget shortfalls in fiscal year 2012 were resolved through LBB and GOBPP-approved budget adjustments. The projected shortfall for fiscal year 2013, however, primarily relates to the fact that DADS Medicaid client services programs were funded at 41 percent of expected utilization. If funding for SSLCs is removed, that Medicaid-related program amount sinks to 31 percent.

Ursula Parks
December 31, 2012
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Please let me know if you have any questions or need additional information. David Cook, DADS Budget Director, 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,

A handwritten signature in black ink, appearing to read "James Jenkins". The signature is written in a cursive style with a long, sweeping underline.

James Jenkins
Chief Financial Officer

JJ:dc

Enclosure

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

**Department of Aging and Disability Services
FY 2013 Attachment A: Budget Adjustments
Data Through the End of November 2012**

	General Revenue	GR - Dedicated	Federal	Other	Total
Adjustments to the FY 2013 Operating Budget:					
Appropriated Funds	\$1,388,100,103	\$61,561,124	\$1,968,629,019	\$38,722,581	\$3,457,012,827
Additional Funding for Medicaid	\$112,903,533	\$0	\$151,941,724	\$0	\$264,845,257
Align FMAP with 2012-13 GAA	\$0	\$0	\$7,079,398	\$0	\$7,079,398
Eliminating Consolidated Waiver Program - transfer between programs	\$0	\$0	\$0	\$0	\$0
Eliminating Consolidated Waiver Program - transfer to HHSC	(\$229,218)	\$0	(\$333,970)	\$0	(\$563,188)
Federal Funds Adjustment for ACA MIPPA	\$0	\$0	\$70,240	\$0	\$70,240
Federal Funds Adjustment - Adjust FMAP with Demand	\$0	\$0	\$13,177,206	\$0	\$13,177,206
Federal Funds Adjustment - Art II, SP Sec 7, FMAP Changes	\$0	\$0	\$52,220,572	\$0	\$52,220,572
Federal Funds Adjustment - Art II, SP Sec 7, FMAP Changes - BIP	(\$29,047,352)	\$0	\$29,047,352	\$0	\$0
Federal Funds Adjustment - Lifestyle Respite Care Demo Grant	\$0	\$0	\$416,774	\$0	\$416,774
Federal Funds Adjustment - Money Follows the Person Demo	\$0	\$0	\$2,783,761	\$0	\$2,783,761
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	\$2,670,600	\$0	\$2,670,600
Federal Funds Adjustment - Relating to Medicare Enrollment Assistance Program Program	\$0	\$0	\$99,252	\$0	\$99,252
Federal Funds Adjustment - Relating to Nutritional Services Incentive Program	\$0	\$0	\$1,432,751	\$0	\$1,432,751
Federal Funds Adjustment - Relating to Program Transfers	\$0	\$0	\$39,308,087	\$0	\$39,308,087
Federal Funds Adjustment - Relating to Special Programs for the Aging Discretionary	\$0	\$0	(\$16,699)	\$0	(\$16,699)
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III-D, Disease Prevention and Health Promotion Services	\$0	\$0	(\$71,138)	\$0	(\$71,138)
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III-E, National Family Caregiver Support	\$0	\$0	(\$546,174)	\$0	(\$546,174)
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III, Part B, Grants for Supportive Services and Senior Centers	\$0	\$0	\$1,209,256	\$0	\$1,209,256
Federal Funds Adjustment - Relating to Special Programs for the Aging Title III, Part C, Nutrition Services	\$0	\$0	\$8,484,091	\$0	\$8,484,091
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	(\$44,700)	\$0	(\$44,700)
Federal Funds Adjustment - Survey and Cert - 75%	\$0	\$0	\$2,840,302	\$0	\$2,840,302
Federal Funds Adjustment-Medicaid Administrative Match	\$0	\$0	\$10,449,029	\$0	\$10,449,029
GR Certified Match for Medicaid reclassified from GR	\$794,847	\$0	\$0	\$0	\$794,847

**Department of Aging and Disability Services
FY 2013 Attachment A: Budget Adjustments
Data Through the End of November 2012**

	General Revenue	GR - Dedicated	Federal	Other	Total
GR Certified Match for Medicaid reclassified to GR Match for Medicaid	(\$3,100,661)	\$0	\$0	\$0	(\$3,100,661)
GR Match for Medicaid reclassified from GR	\$3,348,611	\$0	\$0	\$0	\$3,348,611
GR Match for Medicaid reclassified from GR Certified Match for Medicaid	\$3,100,661	\$0	\$0	\$0	\$3,100,661
GR Match for Medicaid reclassified to GR	(\$538,526)	\$0	\$0	\$0	(\$538,526)
GR reclassified from GR Match for Medicaid	\$538,526	\$0	\$0	\$0	\$538,526
GR reclassified to GR Certified Match for Medicaid	(\$794,847)	\$0	\$0	\$0	(\$794,847)
GR reclassified to GR Match for Medicaid	(\$3,348,611)	\$0	\$0	\$0	(\$3,348,611)
GR Transfer from DFPS - CEDD	\$113,664	\$0	\$0	\$0	\$113,664
Other Funds Adjustment - Appropriated Receipts and IAC	\$0	\$0	\$0	(\$3,791)	(\$3,791)
Program Transfer for additional GR produced by more favorable FMAP	\$0	\$0	\$0	\$0	\$0
Reductions for Administrative Rate Charged for Administration of Data Center Services	(\$20,710)	\$0	(\$29,176)	(\$1,397)	(\$51,283)
Reductions for Cost of Living Adjustments related to Certain Data Center Services	(\$188,795)	\$0	(\$266,293)	(\$12,766)	(\$467,854)
SB 102 Benefit Replacement Pay (BRP)	\$1,491,917	\$0	\$2,181,016	\$12,958	\$3,685,891
SB 2 Sec 24, Specialty License Plate Revenue - DADS Rider 25, GR-Dedicated License Plates Account No. 5055.	\$0	\$1,500	\$0	\$0	\$1,500
SB 223 - Relating to licensing, regulation HCSSA and Admin providing penalties	\$141,010	\$0	\$40,309	\$0	\$181,319
Transfer from DARS - Media Services Staffing	\$86,310	\$0	\$427,440	\$0	\$513,750
Transfer of Appropriation made for fiscal year ending August 31, 2013 to fiscal year ending August 31, 2012	(\$50,000,000)	\$0	(\$72,579,064)	\$0	(\$122,579,064)
Revised Operating Budget, September 2012	\$1,423,350,462	\$61,562,624	\$2,220,734,540	\$38,717,585	\$3,744,365,211
Federal Funds Adjustment - Art II, SP Sec 7, FMAP Changes - BIP	\$0	\$0	\$0	\$0	\$0
Revised Operating Budget, October 2012	\$1,423,350,462	\$61,562,624	\$2,220,734,540	\$38,717,585	\$3,744,365,211
Revised Operating Budget, November 2012	\$1,423,350,462	\$61,562,624	\$2,220,734,540	\$38,717,585	\$3,744,365,211

**Department of Aging and Disability Services
FY 2013 Monthly Financial Report: Strategy Budget and Variance, All Funds
Data Through the End of November 2012**

	Budget						
	Appropriated	Adjustments	Notes	Exp. Budget	Expend. YTD	Projected	Variance
A.1.1 Intake, Access and Eligibility to Services and Supports	\$176,496,261	\$1,092,921	A,F,H,J,K	\$177,589,182	\$43,222,466	\$177,589,182	\$0
A.1.2 Guardianship	\$6,995,223	\$21,567	A	\$7,016,790	\$1,691,834	\$7,016,790	\$0
A.2.1 Primary Home Care	\$29,579,623	\$1,337,246	J	\$30,916,869	\$23,121,878	\$97,910,842	(\$66,993,973)
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$158,152,934	\$7,153,185	J	\$165,306,119	\$124,491,230	\$526,638,089	(\$361,331,970)
A.2.3 Day Activity and Health Services (DAHS)	\$2,885,234	\$130,814	J	\$3,016,048	\$2,753,916	\$11,445,504	(\$8,429,456)
A.3.1 Community Based Alternatives (CBA)	\$116,605,425	\$0	I,J	\$116,605,425	\$37,307,028	\$162,710,903	(\$46,105,479)
A.3.2 Home and Community Based Services (HCS)	\$813,101,215	\$1,922,236	H,I,J	\$815,023,451	\$206,155,158	\$847,287,096	(\$32,263,645)
A.3.3 Community Living Assistance & Support Services (CLASS)	\$175,103,334	\$791,001	H,I,J	\$175,894,335	\$50,122,561	\$195,692,004	(\$19,797,669)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$7,351,681	\$46,320	H,I,J	\$7,398,001	\$1,929,199	\$8,021,767	(\$623,766)
A.3.5 Medically Dependent Children Program (MDCP)	\$41,554,496	\$302,494	H,I,J	\$41,856,990	\$9,613,064	\$41,530,188	\$326,802
A.3.6 Consolidated Waiver Program	\$3,770,017	(\$3,770,017)	H	\$0	\$0	\$0	\$0
A.3.7 Texas Home Living Waiver	\$44,788,688	\$0	I,J	\$44,788,688	\$11,855,716	\$55,084,804	(\$10,296,116)
A.4.1 Non-Medicaid Services	\$145,516,181	\$5,875,244	F	\$151,391,425	\$32,774,164	\$151,391,425	\$0
A.4.2 Mental Retardation Community Services	\$75,000,000	\$1,500	B	\$75,001,500	\$29,600,078	\$75,001,500	\$0
A.4.3 Promoting Independence Plan	\$4,818,281	(\$952,103)	F,K	\$3,866,178	\$966,543	\$3,866,178	\$0
A.4.4 In-Home and Family Support	\$4,989,908	\$0		\$4,989,908	\$1,019,255	\$4,989,908	\$0
A.5.1 Program of All-inclusive Care for the Elderly (PACE)	\$11,510,529	\$0	I,J	\$11,510,529	\$8,997,210	\$37,672,434	(\$26,161,905)
A.6.1 Nursing Facility Payments	\$604,369,591	\$243,389,581	F,I,J,L,M	\$847,759,172	\$573,689,748	\$2,295,596,225	(\$1,447,837,053)
A.6.2 Medicare Skilled Nursing Facility	\$53,188,257	\$2,408,411	J	\$55,596,668	\$36,225,010	\$150,623,005	(\$95,026,337)
A.6.3 Hospice	\$73,092,040	\$3,304,658	J	\$76,396,698	\$58,319,469	\$239,197,453	(\$162,800,755)
A.6.4 Promoting Independence Services	\$35,457,808	\$1,631,275	J	\$37,089,083	\$22,267,340	\$94,543,966	(\$57,454,883)
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$85,946,848	\$5,135	A,I,J	\$85,951,983	\$72,244,113	\$295,325,772	(\$209,373,789)
A.8.1 State Supported Living Centers (SSLC)	\$638,552,815	\$8,918,137	A,F,I,J	\$647,470,952	\$159,248,933	\$660,055,431	(\$12,584,479)
A.9.1 Capital Repairs and Renovations	\$15,185,518	\$0		\$15,185,518	\$100,175	\$11,489,314	\$3,696,204
Subtotal, Goal A: Long Term Services and Supports	\$3,324,011,907	\$273,609,695		\$3,597,621,602	\$1,507,716,899	\$6,150,679,781	(\$2,553,058,269)
B.1.1 Facility and Community-Based Regulation	\$62,510,903	\$7,123,493	A,C,F	\$69,634,396	\$16,283,989	\$69,634,396	\$0
B.1.2 Credentialing/Certification	\$1,274,531	\$10,387	A,F	\$1,284,918	\$320,725	\$1,284,918	\$0
B.1.3 Quality Outreach	\$5,080,202	\$136,705	A,F,K	\$5,216,907	\$1,173,144	\$5,216,907	\$0
Subtotal, Goal B: Regulation, Certification and Outreach	\$68,865,636	\$7,270,585		\$76,136,221	\$17,777,858	\$76,136,221	\$0
C.1.1 Central Administration	\$29,873,291	\$3,471,372	A,D,F,G	\$33,344,663	\$6,467,100	\$33,344,663	\$0
C.1.2 Information Technology Program Support	\$34,261,993	\$3,000,822	A,D,F	\$37,262,815	\$6,583,557	\$37,262,815	\$0
Subtotal, Goal C: Indirect Administration	\$64,135,284	\$6,472,194		\$70,607,478	\$13,050,657	\$70,607,478	\$0
GRAND TOTAL, DADS	\$3,457,012,827	\$287,352,383		\$3,744,365,210	\$1,538,544,604	\$6,297,423,489	(\$2,553,058,269)
Method of Finance:							
General Revenue	\$1,388,100,103	\$35,250,358		\$1,423,350,461	\$621,732,144	\$2,464,059,490	(\$1,040,709,029)
General Revenue-Dedicated	\$61,561,124	\$1,500		\$61,562,624	\$2,941,559	\$61,562,624	\$0
Subtotal, GR-Related	\$1,449,661,227	\$35,251,858		\$1,484,913,085	\$624,673,702	\$2,525,622,114	(\$1,040,709,029)
Federal Funds	\$1,968,629,019	\$252,105,519		\$2,220,734,538	\$908,773,824	\$3,736,779,983	(\$1,516,045,445)
Other Funds	\$38,722,581	(\$4,994)		\$38,717,587	\$5,097,078	\$35,021,383	\$3,696,204
TOTAL, ALL Funds	\$3,457,012,827	\$287,352,383		\$3,744,365,210	\$1,538,544,604	\$6,297,423,489	(\$2,553,058,269)

- Notes:**
- A. Art IX, Sec 6.07(b) Benefit Replacement Pay (2012-2013 GAA)
 - E. Art II, Rider 42, Unexpended Balance Authority for SAS/CARE Consolidation Project (2012-13 GAA)
 - I. Art II Rider 9, Limitation: Medicaid Transfer Authority (2012-13 GAA)
 - M. Art II Rider 11, Appropriation Transfer between Fiscal Years (2012-13 GAA)
 - B. Art II Rider 25, Appropriation: GR-Dedicated License Plates Account No. 5055 (2012-13 GAA)
 - F. Art IX Sec 8.02, Fed Funds/Block Grants (2012-13 GAA)
 - J. Art II SP Sec 7, Federal Match Assumptions (2012-13 GAA)
 - C. Art IX Sec. 18.65, Contingency for SB 223 (2012-13 GAA)
 - G. Art IX Sec 8.02, Fed Funds/Block Grants (2012-13 GAA)
 - K. Art IX Sec 8.03, Reimbursements and Payments (2012-13 GAA)
 - D. Art IX Sec. 17.01, Reductions Related to Data Center Services (2012-13 GAA)
 - H. Art II Rider 35, Eliminating Consolidated Waiver Program (2012-13 GAA)
 - L. Art IX Sec. 18.12 (a), Additional Funding for Medicaid (2012-13 GAA)

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

	Appropriated	Adjusted Cap	Budgeted	Filled Avg YTD	Filled Monthly
A.1.1 Intake, Access and Eligibility to Services and Supports	1,511.2	0.0	1,511.2	1,381.8	1,395.6
A.1.2 Guardianship	108.0	0.0	108.0	104.6	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					9.5
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	28.7	29.5
A.8.1 State Supported Living Centers (SSLC)	14,200.4	0.0	14,200.4	13,131.9	13,134.6
A.9.1 Capital Repairs and Renovations					
Subtotal, Goal A: Long Term Services and Supports	15848.6	0.0	15848.6	14,657.7	14,674.2
B.1.1 Facility and Community-Based Regulation	1,079.5	0.0	1,079.5	1,031.7	1,027.7
B.1.2 Credentialing/Certification	27.0	0.0	27.0	28.0	28.0
B.1.3 Quality Outreach	74.0	2.0	76.0	62.0	61.7
Subtotal, Goal B: Regulation, Certification and Outreach	1180.5	2.0	1182.5	1,121.6	1,117.4
C.1.1 Central Administration	365.0	5.0	370.0	357.8	354.6
C.1.2 Information Technology Program Support	97.9	0.0	97.9	103.2	101.5
C.1.3 Other Support Services	0.0	0.0			
Subtotal, Goal C: Indirect Administration	462.9	5.0	467.9	461.0	456.2
GRAND TOTAL, DADS	17492	7.0	17499.0	16,240.3	16,247.8

Department of Aging and Disability Services
FY 2013 Monthly Financial Report: Agency Budget and Variance, Detailed MOF
Data Through the End of November 2012

Method of Finance	ARREST Code/CPDA	Appropriated	Adjustments	Op Budget	Expnd YTD	Projected	Variance
General Revenue	0001	148,684,263	(3,135,464)	145,548,799	47,407,079	154,716,352	(9,167,553)
GR-Match for Medicaid	0758	1,002,067,463	40,013,801	1,042,081,264	513,396,635	2,071,625,276	(1,029,544,012)
GR for Fed Funds (OAA)	8004	4,282,380	0	4,282,380	0	4,282,380	0
GR Cert Match - Medicaid	8032	233,065,997	(1,627,979)	231,438,018	60,928,429	233,435,482	(1,997,464)
Subtotal, General Revenue		1,388,100,103	35,250,358	1,423,350,461	621,732,144	2,464,059,490	(1,040,709,029)
GR Ded-Tx Capital TF	0543	289,802	0	289,802	72,450	289,802	0
GR Ded-HCSSA	5018	1,948,343	0	1,948,343	511,192	1,948,343	0
Special Olympic Lic Plate	5055	1,500	1,500	3,000	0	3,000	0
GR Ded - QAF	5080	59,321,479	0	59,321,479	2,357,917	59,321,479	0
Subtotal, General Revenue-Dedicated		61,561,124	1,500	61,562,624	2,941,559	61,562,624	0
Subtotal, GR-Related		1,449,661,227	35,251,858	1,484,913,085	624,673,703	2,525,622,114	(1,040,709,029)
XIX ADM 50%	93.778.003	35,568,183	10,463,829	46,032,012	9,496,309	45,246,401	785,611
XIXADM 75%	93.778.004	19,039,429	(2,116,639)	16,922,790	3,298,568	17,995,400	(1,072,609)
XIXADM 90%	93.778.005	76,500	2,837,523	2,914,023	562,682	5,000,638	(2,086,616)
XIX FMAP	93.778.000	1,700,812,173	192,095,161	1,892,907,334	831,572,737	3,398,823,450	(1,505,916,117)
Title XX	93.667.000	88,840,273	105,127	88,945,400	21,613,078	88,945,400	0
School Breakfast Program	10.553.000	0	0	0	15,820	0	0
National School Lunch Program	10.555.000	0	113,575	113,575	0	89,124	24,451
TTITLE XVIII	93.777.000	27,692,377	82,419	27,774,796	6,236,296	27,774,796	0
SUR&C-75%	93.777.002	17,409,788	2,923,173	20,332,961	4,740,492	20,332,961	0
Foster Grandparent Pgm	94.011.000	2,088,893	6,175	2,095,068	470,118	1,942,806	152,263
CMS Res, Demo, & Eval	93.779.000	2,346,700	1,339,719	3,686,419	2,851,072	5,511,131	(1,824,712)
CMS Res, Demo, & Eval	93.779.001	0	1,330,880	1,330,880	0	1,330,880	0
Spc Svcs Aging-VIIC	93.041.000	377,737	(65,363)	312,374	51,329	312,374	0
Spc Svcs Aging-VIIC	93.042.000	973,603	77,431	1,051,034	142,336	1,051,034	0
Spc Svcs Aging-IIID	93.043.000	1,334,413	(71,138)	1,263,275	421,334	1,263,275	0
Spc Svcs Aging-IIIB	93.044.000	23,154,603	1,210,289	24,364,892	5,919,298	24,364,892	0
Spc Svcs Aging-IIIC	93.045.000	28,115,487	8,485,679	36,601,166	7,555,473	36,601,166	0
Spc Svcs Aging-Discretionary	93.048.000	499,800	(16,699)	483,101	104,108	483,101	0
Natl Family Caregiver	93.052.000	9,325,188	(545,751)	8,779,437	2,436,565	8,779,437	0
Nutrition Svcs Incentive	93.053.000	10,973,872	1,432,751	12,406,623	2,314,375	12,406,623	0
Balancing Incentive Program (BIP), ACA Section 10202	93.778.000	0	29,047,351	29,047,351	8,464,148	35,203,757	(6,156,406)
MFP Demo	93.791.000	0	2,783,761	2,783,761	288,160	2,735,071	48,690
MIPPA AoA Grants	93.518.000	0	48,681	48,681	57,361	48,681	0
MIPPA AoA Grants	93.518.001	0	50,571	50,571	56,911	50,571	0
MIPPA CMS	93.779.000	0	70,240	70,240	63,560	70,240	0
Respite AoA	93.072.000	0	416,774	416,774	41,694	416,774	0
Subtotal, Federal Funds		1,968,629,019	252,105,519	2,220,734,538	908,773,824	3,736,779,983	(1,516,045,445)
Appropriated Receipts	0666	2,150,393	2,564	2,152,957	552,976	2,152,957	0
MR Collections	8095	17,266,928	(7,945)	17,258,983	3,440,574	17,258,983	0
MR Approp Recpts	8096	754,450	386	754,836	148,413	754,836	0
MR Revolving Fund	8098	82,160	0	82,160	0	82,160	0
Interagency Contracts	0777	3,635,317	0	3,635,317	942,986	3,635,317	0
Bond Proceeds-7631	0780	530,845	0	530,845	0	398,135	132,710
Bond Proceeds-7210	0780	0	0	0	2,800	2,800	(2,800)
Bond Proceeds-7644	0780	14,302,488	0	14,302,488	9,328	10,736,194	3,566,294
Subtotal, Other Funds		38,722,581	(4,994)	38,717,587	5,097,078	35,021,383	3,696,204
GRAND TOTAL, ALL FUNDS		3,457,012,827	287,352,383	3,744,365,210	1,538,544,604	6,297,423,480	(2,553,058,269)

**Department of Aging and Disability Services
 FY 2013 Monthly Financial Report: Strategy Projections by MOF
 Data Through the End of November 2012**

	GR	GR-2	Federal Funds				Other Funds	All Funds
			GR-2-1	GR-2-2	Other CMA	Subtotal FF		
A.1.1 Intake, Access and Eligibility to Services and Supports	\$69,177,553	\$0	\$69,675,719	\$6,582,724	\$30,203,816	\$106,462,259	\$1,949,369	\$177,589,182
A.1.2 Guardianship	\$0	\$0	\$0	\$7,016,790	\$0	\$7,016,790	\$0	\$7,016,790
A.2.1 Primary Home Care	\$38,146,064	\$0	\$59,764,778	\$0	\$0	\$59,764,778	\$0	\$97,910,842
A.2.2 Community Attendant Services (Formerly Frail Elderly)	\$205,178,199	\$0	\$321,459,890	\$0	\$0	\$321,459,890	\$0	\$526,638,089
A.2.3 Day Activity and Health Services (DAHS)	\$4,459,168	\$0	\$6,986,336	\$0	\$0	\$6,986,336	\$0	\$11,445,504
A.3.1 Community Based Alternatives (CBA)	\$63,445,836	\$0	\$99,265,067	\$0	\$0	\$99,265,067	\$0	\$162,710,903
A.3.2 Home and Community Based Services (HCS)	\$332,954,789	\$0	\$513,050,165	\$0	\$1,282,142	\$514,332,307	\$0	\$847,287,096
A.3.3 Community Living Assistance & Support Services (CLASS)	\$76,241,605	\$0	\$119,450,399	\$0	\$0	\$119,450,399	\$0	\$195,692,004
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	\$3,125,280	\$0	\$4,896,487	\$0	\$0	\$4,896,487	\$0	\$8,021,767
A.3.5 Medically Dependent Children Program (MDCP)	\$16,180,161	\$0	\$25,350,027	\$0	\$0	\$25,350,027	\$0	\$41,530,188
A.3.7 Texas Home Living Waiver	\$21,972,223	\$0	\$33,112,581	\$0	\$0	\$33,112,581	\$0	\$55,084,804
A.4.1 Non-Medicaid Services	\$15,903,148	\$0	\$0	\$74,645,861	\$60,842,416	\$135,488,277	\$0	\$151,391,425
A.4.2 Mental Retardation Community Services	\$74,998,500	\$3,000	\$0	\$0	\$0	\$0	\$0	\$75,001,500
A.4.3 Promoting Independence Plan	\$2,713,698	\$0	\$0	\$0	\$1,152,480	\$1,152,480	\$0	\$3,866,178
A.4.4 In-Home and Family Support	\$4,989,908	\$0	\$0	\$0	\$0	\$0	\$0	\$4,989,908
A.5.1 Program of All-Inclusive Care for the Elderly (PACE)	\$14,677,180	\$0	\$22,995,254	\$0	\$0	\$22,995,254	\$0	\$37,672,434
A.6.1 Nursing Facility Payments	\$938,605,042	\$0	\$1,356,991,183	\$0	\$0	\$1,356,991,183	\$0	\$2,295,596,225
A.6.2 Medicare Skilled Nursing Facility	\$61,439,124	\$0	\$89,183,881	\$0	\$0	\$89,183,881	\$0	\$150,623,005
A.6.3 Hospice	\$97,568,641	\$0	\$141,628,812	\$0	\$0	\$141,628,812	\$0	\$239,197,453
A.6.4 Promoting Independence Services	\$36,707,820	\$0	\$57,293,576	\$0	\$542,570	\$57,836,146	\$0	\$94,543,966
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	\$93,850,513	\$26,321,479	\$175,084,127	\$0	\$0	\$175,084,127	\$69,653	\$295,325,772
A.8.1 State Supported Living Centers (SSLC)	\$243,346,518	\$33,000,000	\$361,973,013	\$0	\$3,121,077	\$365,094,091	\$18,614,822	\$660,055,431
A.9.1 Capital Repairs and Renovations	\$62,383	\$289,802	\$0	\$0	\$0	\$0	\$11,137,129	\$11,489,314
Subtotal, Goal A: Long Term Services and Supports	\$2,418,743,356	\$89,614,281	\$3,458,161,285	\$88,245,375	\$87,144,582	\$3,643,551,171	\$31,778,973	\$6,180,679,781
B.1.1 Facility and Community-Based Regulation	\$19,000,750	\$1,948,343	\$3,813,313	\$0	\$44,871,990	\$48,685,303	\$0	\$69,634,396
B.1.2 Credentialing/Certification	\$866,364	\$0	\$107,088	\$0	\$311,466	\$418,554	\$0	\$1,284,918
B.1.3 Quality Outreach	\$530,320	\$0	\$3,356,587	\$0	\$0	\$3,356,587	\$1,330,000	\$5,216,907
Subtotal, Goal B: Regulation, Certification and Outreach	\$20,907,433	\$1,948,343	\$7,276,988	\$0	\$45,183,456	\$52,460,445	\$1,330,000	\$76,136,221
C.1.1 Central Administration	\$12,735,880	\$0	\$17,470,918	\$375,601	\$1,422,282	\$19,268,802	\$1,339,981	\$33,344,663
C.1.2 Information Technology Program Support	\$15,182,821	\$0	\$19,360,445	\$324,424	\$1,814,697	\$21,499,566	\$580,428	\$37,262,815
Subtotal, Goal C: Indirect Administration	\$27,918,701	\$0	\$36,831,363	\$700,025	\$3,236,979	\$40,768,967	\$1,920,409	\$70,607,478
GRAND TOTAL, DADS	\$2,464,059,490	\$91,562,624	\$3,502,259,647	\$89,945,400	\$145,564,937	\$3,736,779,983	\$35,021,383	\$6,297,423,480

**Department of Aging and Disability Services
FY 2013 Monthly Financial Report: Strategy Variance by MOF
Data Through the End of November 2012**

	GR	GR-D	Federal Funds				Other Funds	All Funds
			00.779.000	00.807.000	Other CBA	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	(\$26,153,411)	\$0	(\$40,840,563)	\$0	\$0	(\$40,840,563)	\$0	(\$66,993,973)
A.2.2 Community Attendant Services (Formerly Frail Elderly)	(\$141,055,956)	\$0	(\$220,276,014)	\$0	\$0	(\$220,276,014)	\$0	(\$361,331,970)
A.2.3 Day Activity and Health Services (DAHS)	(\$3,289,243)	\$0	(\$5,140,213)	\$0	\$0	(\$5,140,213)	\$0	(\$8,429,456)
A.3.1 Community Based Alternatives (CBA)	(\$18,119,459)	\$0	(\$27,986,020)	\$0	\$0	(\$27,986,020)	\$0	(\$46,105,479)
A.3.2 Home and Community Based Services (HCS)	(\$16,698,739)	\$0	(\$14,282,764)	\$0	(\$1,282,142)	(\$15,564,906)	\$0	(\$32,263,645)
A.3.3 Community Living Assistance & Support Services (CLASS)	(\$7,996,372)	\$0	(\$11,801,296)	\$0	\$0	(\$11,801,296)	\$0	(\$19,797,669)
A.3.4 Deaf-Blind Multiple Disabilities (DBMD)	(\$254,669)	\$0	(\$369,097)	\$0	\$0	(\$369,097)	\$0	(\$623,766)
A.3.5 Medically Dependent Children Program (MDCP)	\$62,215	\$0	\$264,587	\$0	\$0	\$264,587	\$0	\$326,802
A.3.6 Consolidated Waiver Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.3.7 Texas Home Living Waiver	(\$4,598,691)	\$0	(\$5,697,425)	\$0	\$0	(\$5,697,425)	\$0	(\$10,296,116)
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)	(\$10,212,246)	\$0	(\$15,949,659)	\$0	\$0	(\$15,949,659)	\$0	(\$26,161,905)
A.6.1 Nursing Facility Payments	(\$590,165,704)	\$0	(\$857,671,349)	\$0	\$0	(\$857,671,349)	\$0	(\$1,447,837,053)
A.6.2 Medicare Skilled Nursing Facility	(\$38,761,243)	\$0	(\$56,265,094)	\$0	\$0	(\$56,265,094)	\$0	(\$95,026,337)
A.6.3 Hospice	(\$66,406,428)	\$0	(\$96,394,327)	\$0	\$0	(\$96,394,327)	\$0	(\$162,800,755)
A.6.4 Promoting Independence Services	(\$21,579,183)	\$0	(\$35,333,130)	\$0	(\$542,570)	(\$35,875,700)	\$0	(\$57,454,883)
A.7.1 Intermediate Care Facilities - Mental Retardation (ICF/MR)	(\$85,457,433)	\$0	(\$123,916,356)	\$0	\$0	(\$123,916,356)	\$0	(\$209,373,789)
A.8.1 State Supported Living Centers (SSLC)	(\$10,022,467)	\$0	(\$2,787,416)	\$0	\$225,404	(\$2,562,012)	\$0	(\$12,584,479)
A.9.1 Capital Repairs and Renovations	\$0	\$0	\$0	\$0	\$0	\$0	\$3,696,204	\$3,696,204
Subtotal, Goal A: Long Term Services and Supports	\$1,040,709,029	\$0	\$1,514,444,137	\$0	(\$1,599,308)	\$1,516,045,445	\$3,696,204	\$2,553,058,269
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	\$1,040,709,029	\$0	\$1,514,444,137	\$0	(\$1,599,308)	\$1,516,045,445	\$3,696,204	\$2,553,058,269

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	10,593	10,593
Increases:		
3321 Oil Royalty	10,220	20,813
3851 Int-State Dep&Treas Inv-Gener	1,238	1,238
Total Increases	<u>11,458</u>	<u>22,051</u>
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 11/30/12	<u>22,051</u>	<u>22,051</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Increases:		
3557 Health Care Facilities Fee	54,205	269,853
3560 Medical Exam & Registratio	17,740	48,939
3719 Fees for Copies, Fil Re	8	75
Total Increases	<u>71,953</u>	<u>318,867</u>
Reductions:		
Expended	71,953	318,867
Transfer Reduction	0	0
Total Reductions	<u>71,953</u>	<u>318,867</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Increases:		
3557 Health Care Facilities Fee	1,273,007	7,914,865
3770 Administrative Penaltie	397	(323)
3851 Int-State Dep&Treas Inv-Gener	41,309	41,309
Total Increases	<u>1,314,713</u>	<u>7,955,851</u>
Reductions:		
Expended	1,314,713	7,955,851
Transfer Reduction	0	0
Total Reductions	<u>1,314,713</u>	<u>7,955,851</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	0	0
Ending Balance, 11/30/12	0	0

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Increases:		
3606 Support/Maint of Patient	1,398,635	3,829,632
3618 Welfare/MHMR service fee	105	385
Total Increases	<u>1,398,740</u>	<u>3,830,017</u>
Reductions:		
Expended	1,398,740	3,830,017
Transfer Reduction	0	0
Total Reductions	<u>1,398,740</u>	<u>3,830,017</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Increases:		
3719 Fees for Copies, Fil Re	0	23
3753 Sale of Surplus Property Fe	707	798
3767 Supply, Equip, Service-Fed/Othe	27,032	29,646
3802 Reimbursements-Third Part	1,825	4,480
3806 Rental Of Housing To State Em	18,852	38,669
Total Increases	<u>48,416</u>	<u>73,616</u>
Reductions:		
Expended	48,416	73,616
Transfer Reduction	0	0
Total Reductions	<u>48,416</u>	<u>73,616</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Increases:		
3767 Supply, Equip, Service-Fed/Othe	12,248	21,333
Total Increases	<u>12,248</u>	<u>21,333</u>
Reductions:		
Expended	12,248	21,333
Transfer Reduction	0	0
Total Reductions	<u>12,248</u>	<u>21,333</u>
Ending Balance, 11/30/12	<u>0</u>	<u>0</u>

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	0	0
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	0	0
Ending Balance, 11/30/12	0	0

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

	<u>Nov 12</u>	<u>FY13 Year to Date as of 11/30/12</u>
Beginning Balance, 11/01/12	881,706	881,706
Increases:		
3851 Int-State Dep&Treas Inv-Gener	2,131	6,979
3965 Cash Transf Btn Frnds/Accts-Me	438,372	1,315,230
Total Increases	<u>440,503</u>	<u>1,322,209</u>
Reductions:		
Expended	0	0
Transfer Reduction	0	0
Total Reductions	<u>0</u>	<u>0</u>
Ending Balance, 11/30/12	<u>1,322,209</u>	<u>1,322,209</u>

**Department of Aging and Disability Services
FY 2013 Monthly Financial Report: Capital Projects
Data Through the End of November 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	\$1,125,000	\$375,000
Data Center Consolidation	\$3,475,079	\$0		\$3,475,079	\$899,661	\$3,598,640	(\$123,561)
Data Mart & Relocation Contractor Data System - MFP	\$0	\$514,900		\$514,900	\$0	\$514,900	\$0
Dev and Maintenance - Contract monitoring tool - MFP	\$0	\$313,600		\$313,600	\$0	\$313,600	\$0
Lease of Personal Computers	\$3,995,874	\$0		\$3,995,874	\$194,443	\$2,283,294	\$1,712,580
Messaging & Collaboration	\$1,605,939	\$0		\$1,605,939	\$401,484	\$1,605,939	\$0
Payment of MLPP-Transportation	\$127,751	\$0		\$127,751	\$0	\$127,751	\$0
Payment of MLPP-Utility Savings	\$2,387,101	\$0		\$2,387,101	\$0	\$2,387,101	\$0
Repairs & Renovations	\$15,185,518	\$0		\$15,185,518	\$100,175	\$13,739,314	\$1,446,204
Replacement of Transportation Items	\$1,227,366	\$0		\$1,227,366	\$0	\$920,523	\$306,843
SAS/CARE Consolidation	\$814,433	\$2,070,240		\$2,884,673	\$446,400	\$3,539,751	(\$655,078)
Security Improvements	\$914,216	\$0		\$914,216	\$0	\$1,204,216	(\$290,000)
Software Licenses	\$1,701,400	\$0		\$1,701,400	\$0	\$1,596,277	\$105,123
Tech Enhancements to A/N/E database - MFP	\$0	\$228,000		\$228,000	\$0	\$228,000	\$0
GRAND TOTAL	\$32,934,677	\$3,126,740		\$36,061,417	\$2,042,163	\$33,184,306	\$2,877,111
Method of Finance:							
General Revenue	\$8,914,289	\$207,024		\$9,121,313	\$661,779	\$1,017,173,066	(\$1,008,051,753)
General Revenue-Dedicated	\$289,803	\$0		\$289,803	\$72,450	\$869,406	(\$579,603)
<i>Subtotal, GR-Related</i>	<i>\$9,204,092</i>	<i>\$207,024</i>		<i>\$9,411,116</i>	<i>\$734,229</i>	<i>\$1,018,042,472</i>	<i>(\$1,008,631,356)</i>
Federal Funds	\$8,601,826	\$2,919,716		\$11,521,542	\$1,262,744	\$1,550,222,550	(\$1,538,701,008)
Other Funds	\$15,128,759	\$0		\$15,128,759	\$45,190	\$600,961,700	(\$585,832,941)
TOTAL, All Funds	\$32,934,677	\$3,126,740		\$36,061,417	\$2,042,163	\$3,169,226,722	(\$3,133,165,305)

Notes:

**Department of Aging and Disability Services
 FY 2013 Monthly Financial Report: Select Performance Measures
 Data Through the End of November 2012**

Measure	NB 1	FY 2013 YTD Actual	FY 2013 Projected	Variance (\$B 1 vs. Projected)
Primary Home Care				
Avg. # of clients served per month	12084	11189	11355	729
Avg. cost per month	\$671.90	\$687.43	\$716.55	\$44.65
CAS				
Avg. # of clients served per month	51534	47460	48417	3117
Avg. cost per month	\$842.35	\$871.73	\$902.74	\$60.39
DAHS				
Avg. # of clients served per month	1686	1873	1999	313
Avg. cost per month	\$469.67	\$490.20	\$477.08	\$7.41
CBA Waiver				
Average # of CBA clients served per month	9794	9593	9794	0
Average Monthly Cost of CBA Clients	\$992.15	\$1,290.93	\$1,378.36	\$386.21
HCS Waiver				
Average Monthly Number of Consumers Served in the HCS Waiver Program	20539	19927	20471	69
Average Monthly Cost Per Consumer Served in the HCS Waiver Program	\$3,299.07	\$3,448.56	\$3,449.22	\$150.15
CLASS Waiver				
Average # of CLASS Waiver clients served per month	4619	4845	4655	36
Average Monthly Cost of CLASS Waiver Clients	\$3,159.11	\$3,448.40	\$3,503.09	\$343.98
DBMD Waiver				
Average # of DBMD Waiver clients served per month	148	152	158	10
Average Monthly Cost of DBMD clients	\$4,139.46	\$4,240.00	\$4,230.89	\$91.43
MDCP Waiver				
Average # of MDCP clients served per month	2380	2211	2404	24
Average Monthly Cost of MDCP clients	\$1,454.99	\$1,449.28	\$1,437.76	\$17.23
Consolidated Waiver Program				
Average # of CWP clients served per month	154	0	0	154
Average Monthly Cost of CWP clients	\$2,040.05	\$0.00	\$2,248.78	\$208.73
TxHml Waiver				
Average Monthly Number of Consumers Served in the TxHml Waiver Program	5738	4461	5738	0
Average Monthly Cost Per Consumer Served in the TxHml Waiver Program	\$650.47	\$885.88	\$800.00	\$149.53

**Department of Aging and Disability Services
 FY 2013 Monthly Financial Report: Select Performance Measures
 Data Through the End of November 2012**

Measure	MS 1	FY 2013 YTD Actual	FY 2013 Projected	Variance (MS 1 vs. Projected)
Non-Medicaid Services - Title XX				
Average number of clients served per month: Non-Medicaid Community Care (XX)	35377	28161	32517	2860
Average monthly cost per client served: Non-Medicaid Community Care (XX)	\$211.80	\$227.11	\$223.76	\$11.96
Program of All-Inclusive Care for the Elderly (PACE)				
Average number of recipients per month: Program for All Inclusive Care (PACE)	1105	1040	1089	16
Average monthly cost per recipient: Program for All Inclusive Care (PACE)	\$2,859.20	\$2,882.80	\$2,882.80	\$23.60
Promoting Independence				
Avg. # of clients served per month	6863	5268	5500	1363
Avg. cost per month	\$1,418.11	\$1,408.97	\$1,432.42	\$14.31
Nursing Facilities				
Average # of persons receiving Medicaid funded Nursing Facility svcs. per mo.	56223	57913	57054	831
Net Nursing Facility cost per Medicaid resident per month	\$2,950.54	\$3,253.46	\$3,291.08	\$340.54
Medicare Skilled Nursing Facility				
Average number of clients receiving Copaid/Medicaid nursing facility services per month	6903	5873	6051	852
Net payment per client for co-paid Medicaid nursing facility services per month	\$2,115.01	\$2,057.14	\$2,074.35	\$40.66
Hospice				
Average # of clients receiving Hospice services per month	7343	6872	7001	342
Average net payment per client per month for Hospice	\$2,732.23	\$2,828.85	\$2,847.18	\$114.95
ICFs/MR				
Average Monthly Number of Persons in ICF/MR Medicaid Beds, Total	5423	5559	5609	186
Monthly Cost Per ICF/MR Medicaid Eligible Consumer, Total	\$4,349.92	\$4,344.00	\$4,369.59	\$19.67
State School Facilities				
Average Monthly Number of MR Campus Residents	3595	3750	3595	0
Average Monthly Cost per MR Campus Resident	\$14,801.53	\$14,189.73	\$14,801.53	\$0.00

**Department of Aging and Disability Services
 FY 2013 Monthly Financial Report: Waiver Clients Served
 Data Through the End of November 2012**

DADS Programs	Actual Sept 1, 2012 Client Count	Total number of slots at end of FY 2013	November 2012 Count	FY 2013 Budgeted (average for the Fiscal Year)	Projected FY 2013 Average
Community Based Alternatives (CBA)	19,172	9,816	9,641	9,794	9,794
Comm. Living Assist. & Supp. Svcs. (CLASS)	4,736	4,627	4,902	4,619	4,655
Med. Dep. Children Pgm. (MDCP)	2,288	2,380	2,216	2,380	2,404
Deaf-Blind w/Mult. Disab. (DBMD)	148	156	152	148	158
Home & Comm. Based Svcs. (HCS)	19,769	20,729	19,989	20,539	20,471
Texas Home Living	2,743	5,738	4,478	5,738	5,738

CBA Star+ rollout occurred March 2012