

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/10/2010
 TIME: 9:29:18AM

Agency code: **539** Agency name: **Aging and Disability Services, Department of**

GOAL: 1 Long-term Services and Supports Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 3 Community Services and Supports - Waivers Service Categories:
 STRATEGY: 2 Home and Community-based Services (HCS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Avg # Individuals Served Per Mth: Home & Community Based Services (HCS)	15,106.00	17,255.00	20,223.00	16,424.00	16,424.00
Efficiency Measures:						
KEY 1	Avg Mthly Cost Per Individual Served: Home & Community Based Services	3,443.27	3,534.46	3,451.60	3,328.88	3,328.88
Explanatory/Input Measures:						
KEY 1	# Individuals Receiving Services at the End of the Fiscal Year: HCS	15,539.00	18,722.00	21,690.00	16,424.00	16,424.00
2	Avg # Individuals on Interest List Per Month: Home & Community Based Svcs	40,489.00	43,503.00	41,620.00	47,047.00	47,047.00
Objects of Expense:						
3001	CLIENT SERVICES	\$624,102,012	\$731,844,517	\$843,060,885	\$656,082,320	\$656,082,320
TOTAL, OBJECT OF EXPENSE		\$624,102,012	\$731,844,517	\$843,060,885	\$656,082,320	\$656,082,320
Method of Financing:						
1	General Revenue Fund	\$0	\$808,538	\$1,001,783	\$0	\$0
758	GR Match For Medicaid	\$190,495,380	\$212,543,613	\$310,327,569	\$258,824,475	\$258,824,475
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$190,495,380	\$213,352,151	\$311,329,352	\$258,824,475	\$258,824,475
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$55,798,729	\$84,987,926	\$29,931,063	\$0	\$0
CFDA Subtotal, Fund 369		\$55,798,729	\$84,987,926	\$29,931,063	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$361,904,702	\$422,183,500	\$501,800,470	\$397,257,845	\$397,257,845

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93.779.000	Health Care Financing Res	\$12,915,601	\$11,320,940	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$374,820,303	\$433,504,440	\$501,800,470	\$397,257,845	\$397,257,845
SUBTOTAL, MOF (FEDERAL FUNDS)		\$430,619,032	\$518,492,366	\$531,731,533	\$397,257,845	\$397,257,845
Method of Financing:						
777	Interagency Contracts	\$2,987,600	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$2,987,600	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$656,082,320	\$656,082,320
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$624,102,012	\$731,844,517	\$843,060,885	\$656,082,320	\$656,082,320

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Home and Community-Based Services (HCS) strategy provides services and supports for individuals with intellectual or developmental disabilities as an alternative to an ICF/MR. Individuals may live in their own or family home, in a foster/companion care setting, or in a residence with no more than four individuals who receive similar services. Services include case management, and, as appropriate, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications, and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services, and licensed nursing services.

To be eligible for HCS, an individual may be of any age, and must have a determination of mental retardation made in accordance with state law or have been diagnosed by a physician as having a related condition; meet the ICF/MR Level of Care I criteria; have a monthly income that is within 300% of the SSI monthly income limit (currently \$2,022/month, adjusted annually); and have an Individual Plan of Care (IPC) that does not exceed 200 percent of the reimbursement rate that would have been paid for that same person to receive services in an ICF/MR, or 200 percent of the estimated annualized per capita cost for ICF/MR services, whichever is greater.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Targeted Case Management was moved from the HCS strategy to Intake, Access, and Eligibility.

HCS was included in the 5% Biennial Budget Reduction plan and met its reduction goal through the reduction of HCS Utilization Review in FY 2011. In addition a 3.7% rate reduction was assumed for HCS in the base request. This reduction is derived from basing HCS rates upon actual reported costs, reducing the portion of the rates attributable to administration and operations. In accordance with the general budget instructions for the FY 2012-FY2013 LAR, the full 5% Biennial Budget Reduction was carried to FY 2012-FY 2013 from FY 2010-FY 2011.

The base request would allow DADS to serve 5,266 fewer individuals per month than will be served in August 2011, and the affordable number of individuals served will be 1,007 below March 2010 service levels, risking violation of maintenance of effort requirements under the Affordable Care Act. The "Return to regular FMAP after ARRA expiration" exceptional item addresses the loss of ARRA funding which further reduced the All Funds amount requested per the general budget instructions for the FY 2012-FY 2013 LAR. An EI, "Annualization of Non-Entitlement Programs", will be submitted to address maintaining services for DADS customers, .

The Promoting Independence exceptional items has been included to request HCS slots to prevent the institutionalization, into Large ICF –MRs and SSLCs, of individuals in a crisis or emergency situation, to create slots for children aging out of CPS, and for Behavior Intervention Teams.