3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: TIME: 8/10/2010

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

B.3

OBJECTIVE: 3 Community Services and Supports - Waivers

Service Categories:

26

Service:

Income: A.1 Age:

STRATEGY: 6 Consolidated Waiver Program

CODE DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures: KEY 1 Avg Number of Individuals Served/Mo: Consolidated Waiver Program (CWP)	169.00	159.00	159.00	120.00	120.00
Efficiency Measures:					
KEY 1 Average Monthly Cost Per Individual: Consolidated Waiver (CWP)	1,892.73	1,904.05	1,904.98	1,911.30	1,911.30
Explanatory/Input Measures:					
KEY 1 # Persons Receiving Svcs at the End of the Fiscal Year: CWP	164.00	159.00	159.00	120.00	120.00
Objects of Expense: 3001 CLIENT SERVICES TOTAL, OBJECT OF EXPENSE	\$3,844,173 \$3,844,173	\$3,623,609 \$3,623,609	\$3,629,529 \$3,629,529	\$2,752,273 \$2,752,273	\$2,752,273 \$2,752,273
Method of Financing:					
758 GR Match For Medicaid	\$1,223,714	\$1,152,168	\$1,388,376	\$1,085,772	\$1,085,772
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$1,223,714	\$1,152,168	\$1,388,376	\$1,085,772	\$1,085,772
Method of Financing: 369 Fed Recovery & Reinvestment Fund 93.778.014 Medicaid - Stimulus	\$678,506	\$341,121	\$96,968	\$0	\$0
CFDA Subtotal, Fund 369 555 Federal Funds	\$678,506	\$341,121	\$96,968	\$0	\$0
93.778.000 XIX FMAP	\$1,941,953	\$2,130,320	\$2,144,185	\$1,666,501	\$1,666,501
CFDA Subtotal, Fund 555	\$1,941,953	\$2,130,320	\$2,144,185	\$1,666,501	\$1,666,501
SUBTOTAL, MOF (FEDERAL FUNDS)	\$2,620,459	\$2,471,441	\$2,241,153	\$1,666,501	\$1,666,501

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: TIME: 8/10/2010

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

Consolidated Waiver Program

Service Categories:

26

Service:

165.

Income: A.1

Age:

B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, MET	THOD OF FINANCE (INCLUDING RIDERS)				\$2,752,273	\$2,752,273
TOTAL, MET	THOD OF FINANCE (EXCLUDING RIDERS)	\$3,844,173	\$3,623,609	\$3,629,529	\$2,752,273	\$2,752,273

FULL TIME EQUIVALENT POSITIONS:

STRATEGY:

STRATEGY DESCRIPTION AND JUSTIFICATION:

Consolidated Waiver Program (CWP) was implemented as a pilot program in September 2001 in Bexar County only. This program serves individuals drawn from interest lists for the following 1915 (c) waiver programs: Home and Community-based Services (HCS), Community Living Assistance and Support Services (CLASS), Deaf Blind Multiple Disabilities (DBMD), State of Texas Access Reform (STAR+PLUS), and Medically Dependent Children Program (MDCP).

The Consolidated Waiver Program provides an alternative to living in a nursing facility or in an ICF/MR. CWP provides the following services: adaptive aids/medical supplies, adult foster care, assisted living/residential care, audiology, behavioral support, dental, dietary, emergency response services, day habilitation, home-delivered meals, independent advocacy, intervener, minor home modifications, nursing, orientation and mobility, personal assistance, transportation, respite, social work, employment assistance, supported employment, physical and occupational therapy, and speech/language therapy.

To be eligible for CWP, an individual may be of any age, and must reside in Bexar County; be on the interest list in Bexar County for STAR+PLUS 1915(c), HCS, CLASS, DBMD, or MDCP waiver services; have a monthly income that is within 300% of the monthly income limit for SSI (currently \$2,022/month, adjusted annually); have countable resources of no more than \$2,000; and must meet further requirements.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The base request would allow us to serve 39 fewer individuals per month than we anticipate serving in August 2011. At this funding level, the affordable number of individuals served is 56 below July 2008 service levels, which may put us in 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 Legislative Appropriations Request (LAR); an exceptional item will be submitted to address maintaining services for DADS customers, "Annualization of Non-Entitlement Programs". The projected annual increase in the rates for FY 2012 and FY 2013 equates to an increased cost per client per month of \$28.10 for FY 2012 and \$76.96 for FY 2013. Funding for this utilization/acuity-related increase has been included in the departments' "Maintain FY2010-2011 Service Levels-Cost Trends (entitlement and non-entitlement)" exceptional item.