4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE

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

8/10/2010 9:30:53AM

Agency code: 539 Agency name:

Aging and Disability Services, Department of

CODE DESCRIPTION Excp 2012 Excp 2013

Item Name:

Specialized Residential Behavior Services

Item Priority: 6

Includes Funding for the Following Strategy or Strategies: 01-07-01 Intermed Care Facilities - for Persons w/ MR (ICF/MR)

OBJECTS OF EXPENSE:

10,836,000 3001 **CLIENT SERVICES** 36,792,000

TOTAL, OBJECT OF EXPENSE \$10,836,000 \$36,792,000

METHOD OF FINANCING:

555 Federal Funds

XIX FMAP 93.778.000 6,561,198 22,277,556 758 GR Match For Medicaid 4,274,802 14,514,444

\$10,836,000 TOTAL, METHOD OF FINANCING \$36,792,000

DESCRIPTION / JUSTIFICATION:

This item would increase the number of specialized ICFs/MRs across the state that provide intensive, short-term (three to six months) behavioral support services. These services would be based on a similar program in Richmond, Texas, known as the Behavior Training and Treatment Center (BTTC).

EXTERNAL/INTERNAL FACTORS:

Funding would provide two specialized ICFMRs in each of the 12 SSLC areas. With each specialized unit serving six beds, 144 beds would be funded in total. This item assumes an aggressive six-month ramp-up beginning in March of 2012.

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE

82nd Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: **8/10/2010**TIME: **9:32:30AM**

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

Code Description		Excp 2012	Excp 2013
Item Name:	Specialized Residential Behavior Services		
Allocation to Strategy:	1-7-1 Intermed Care Facilities - for Pe	ersons w/ MR (ICF/MR)	
OUTPUT MEASURES:			
1 Average Number of Persons in ICF/MR Medicaid Beds Per Month		84.00	144.00
EFFICIENCY MEASURES:			
<u>1</u> Monthly Cost Per ICF/MR Medicaid Eligible Individual		21,700.00	21,700.00
EXPLANATORY/INPUT MEASURI	ES:		
1 Number of Individuals in ICF/MR Medicaid Beds Per Year		144.00	144.00
OBJECTS OF EXPENSE:			
3001 CLIENT SERVICES		10,836,000	36,792,000
ГОТАL, OBJECT OF EXPENSE		\$10,836,000	\$36,792,000
METHOD OF FINANCING:			
555 Federal Fu	unds		
93.778.000) XIX FMAP	6,561,198	22,277,556
758 GR Match	For Medicaid	4,274,802	14,514,444
TOTAL, METHOD OF FINANCING		\$10,836,000	\$36,792,000

Federal Funds Supporting Schedule - Exceptional Items

Date: Aug 10, 2010 Time: 2:02:02 PM

\$0

\$0

Agency Code: **539** Agency Name: **Aging and Disability Services, Department of**

Additional General Revenue for Employee Benefits

Agency Name. Aging and Disability Services, Department of			
Re	Requested		
2012	2013		
\$6,561,198	\$22,277,556		
\$6,561,198	\$22,277,556		
\$0	\$0		
\$6,561,198	\$22,277,556		
\$6,561,198	\$22,277,556		
\$0	\$0		
\$6,561,198	\$22,277,556		
	\$6,561,198 \$6,561,198 \$6,561,198 \$0 \$6,561,198 \$6,561,198 \$0		