

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><b>Efficiencies:</b>  Monthly Cost Per ICF/MR Medicaid Eligible Individual <span style="float: right;"><del>4,467,484,590.01</del>      <u>4,467,484,592.95</u></span></p> <p><b>A.8.1. Strategy:</b> MR STATE SCHOOLS SERVICES</p> <p><b>Output (Volume):</b>  Average Monthly Number of <del>Mental Retardation (MR)</del> Campus Residents <span style="float: right;"><del>4,5123,892</del>      <u>4,3543,686</u></span></p> <p><b>Efficiencies:</b>  Average Monthly Cost Per <del>Mental Retardation (MR)</del> Campus Resident <span style="float: right;"><del>13,800.091210,580.79</del>      <u>14,570.8510,943.63</u></span></p> <p><b>B. Goal:</b> REGULATION, CERTIFICATION, OUTREACH</p> <p><b>Outcome (Results/Impact):</b>  Percent of Facilities Complying with Standards at Time of Inspection for Licensure and/or Medicare/Medicaid Certification <span style="float: right;"><del>64.1662.26%</del>      <u>64.1662.26%</u></span></p> <p><b>B.1.1. Strategy:</b> FACILITY/COMMUNITY-BASED REGULATION</p> <p><b>Output (Volume):</b>  Total Dollar Amount Collected from Fines <span style="float: right;"><del>1,520,2562,641,154</del>      <u>2,641,1541,520,256</u></span></p> <p><b>B.1.2. Strategy:</b> CREDENTIALING/CERTIFICATION</p> <p><b>Output (Volume):</b>  Number of Licenses Issued or Renewed Per Year: Nursing Facility Administrators <span style="float: right;"><del>1,2251,285</del>      <u>1,2251,120</u></span></p> <p><i>This rider has been updated to change dates to reflect the FY 2012-13 biennium.</i></p>
<b>Rider 2</b>	<b>II - 7</b>	<p><b>Capital Budget.</b> None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code § 1232.103.</p> <p style="text-align: right;"><del>2010</del>      <u>2011</u></p> <p><del>a. Repair or Rehabilitation of Buildings and Facilities</del></p> <p><del>(1) Repairs of State Owned Bond Homes and State Supported Living Centers</del> <span style="float: right;"><del>\$ 56,995,094</del>      <u>\$ 431,830 &amp; UB</u></span></p> <p><del>b. Acquisition of Information Resource Technologies</del></p> <p><del>(1) Lease of Personal Computers</del> <span style="float: right;"><del>3,193,374</del>      <u>3,508,374</u></span></p> <p><del>(2) Software Licenses</del> <span style="float: right;"><del>1,701,400</del>      <u>1,701,400</u></span></p>

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		<del>(3) Data Center Consolidation-</del>	<del>3,815,460</del>	3,543,960
		<del>(4) Messaging and Collaboration-</del>	<del>1,605,939</del>	1,605,939
		<del>(5) Telecommunications Enhancements-</del>	<del>1,082,445</del>	0
		<del>(6) State Supported Living Center Telecommunication-</del>	<del>1,430,312</del>	1,430,312
		<del>(7) SAS/CARE Consolidation-</del>	<del>1,948,800</del>	6,171,200
		<del>(8) Data Encryption and Security-</del>	<del>300,000</del>	300,000
		<del>Total, Acquisition of Information Resource Technologies-</del>	<del>\$ 15,077,730</del>	<del>\$ 18,261,185</del>
		<del>e. Transportation Items</del>		
		<del>(1) Replacement of Transportation Items (MLPP)-</del>	<del>965,494</del>	0
		<del>d. Other Lease Payments to the Master Lease Purchase Program (MLPP)</del>		
		<del>(1) Payment of MLPP—Furniture &amp; Equipment-</del>	<del>497,682</del>	0
		<del>(2) Payment of MLPP—Utility Savings or Energy Conservation-</del>	<del>3,030,257</del>	2,766,922
		<del>(3) Payment of MLPP—Telecommunications-</del>	<del>200,730</del>	0
		<del>(4) Payment of MLPP—Transportation-</del>	<del>516,742</del>	765,813
		<del>Total, Other Lease Payments to the Master Lease Purchase Program (MLPP)-</del>	<del>\$ 4,245,411</del>	<del>\$ 3,532,735</del>
		<del>Total, Capital Budget-</del>	<del>\$ 77,283,729</del>	<del>\$ 22,225,750</del>
		<del>Method of Financing (Capital Budget):</del>		
		<del>General Revenue Fund</del>		
		<del>General Revenue Fund-</del>	<del>\$ 6,258,754</del>	\$ 4,480,021
		<del>GR Match for Medicaid-</del>	<del>2,388,275</del>	2,976,822
		<del>GR Certified as Match for Medicaid-</del>	<del>2,700,758</del>	2,744,543
		<del>Subtotal, General Revenue Fund-</del>	<del>\$ 11,347,787</del>	<del>\$ 10,201,386</del>
		<del>Texas Capital Trust Fund Account No.-</del>	<del>543,289,803</del>	289,802
		<del>Federal Funds-</del>	<del>8,865,411</del>	11,509,208
		<del>Other Funds</del>		
		<del>Appropriated Receipts-</del>	<del>4,495</del>	4,562

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		<del>702</del>	<del>697</del>	
		<del>56,563,263</del>	<del>0</del>	
		<del>203,673</del>	<del>211,183</del>	
		<del>8,595</del>	<del>8,912</del>	
		<del>\$ 56,780,728</del>	<del>\$ 225,354</del>	
		<del>\$ 77,283,729</del>	<del>\$ 22,225,750</del>	
		<u>2012</u>	<u>2013</u>	
		<b><u>a. Repair or Rehabilitation of Buildings and Facilities:</u></b>		
		<u>(1) Repairs of State Owned Bond Homes and State Supported Living Centers</u>		
		<u>85,882,345</u>	<u>431,830 &amp;UB</u>	
		<b><u>b. Acquisition of Information Resource Technologies</u></b>		
		<u>3,193,374</u>	<u>3,508,374</u>	
		<u>1,701,400</u>	<u>1,701,400</u>	
		<u>3,598,640</u>	<u>3,915,049</u>	
		<u>300,000</u>	<u>300,000</u>	
		<u>1,605,939</u>	<u>1,605,939</u>	
		<u>660,000</u>	<u>690,000</u>	
		<u>4,909,368</u>	<u>814,433</u>	
		<u>2,606,950</u>	<u>2,606,950</u>	
		<u>592,000</u>	<u>592,000</u>	
		<u>1,500,000</u>	<u>1,500,000</u>	
		<u>1,470,000</u>	<u>0</u>	
		<u>1,082,445</u>	<u>0</u>	
		<u>\$ 23,220,116</u>	<u>\$17,234,145</u>	
		<b><u>c. Transportation Items</u></b>		
		<u>5,204,421</u>	<u>5,616,325</u>	
		<b><u>d. Acquisition of Capital Equipment and Items</u></b>		

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		<u>(1) Replacement of Furniture and Equipment in SSLCs</u>	<u>3,800,000</u> <u>3,800,000</u>
		<b><u>e. Other Lease Payments to the Master Lease Purchase Program (MLPP)</u></b>	
		<u>(1) Payment of MLPP - Utility Savings</u>	<u>3,305,939</u> <u>2,387,101</u>
		<u>(2) Payment of MLPP - Transportation</u>	<u>987,394</u> <u>839,636</u>
		<u>Total, Other Lease Payments to the Master Lease Purchase Program (MLPP)</u>	
		-	<u>\$ 4,293,333</u> <u>\$ 3,226,737</u>
		<b><u>Total, Capital Budget</u></b>	<b><u>\$ 122,400,215</u></b> <b><u>\$ 30,309,037</u></b>
		<b><u>Method of Financing (Capital Budget):</u></b>	
		<b><u>General Revenue Fund</u></b>	
		<u>General Revenue Fund</u>	<u>\$ 12,463,690</u> <u>\$11,643,995</u>
		<u>GR Match for Medicaid</u>	<u>4,058,756</u> <u>2,504,633</u>
		<u>GR Certified as Match for Medicaid</u>	<u>4,765,642</u> <u>4,453,375</u>
		<u>Subtotal, General Revenue Fund</u>	<u>\$ 21,288,088</u> <u>\$ 18,602,003</u>
		<u>Texas Capital Trust Fund Account No. 543</u>	<u>289,803</u> <u>289,802</u>
		<u>Federal Funds</u>	<u>15,089,892</u> <u>11,118,115</u>
		<b><u>Other Funds</u></b>	
		<u>Appropriated Receipts</u>	<u>0</u> <u>0</u>
		<u>Interagency Contracts</u>	<u>0</u> <u>0</u>
		<u>Bond Proceeds-General Obligation Bonds</u>	<u>85,450,514</u> <u>0</u>
		<u>MR Collections for Patient Support and Maintenance</u>	<u>252,911</u> <u>268,266</u>
		<u>MR Appropriated Receipts</u>	<u>29,007</u> <u>30,851</u>
		<u>Subtotal, Other Funds</u>	<u>\$ 85,732,432</u> <u>\$ 299,117</u>

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		<p><b><u>Total, Method of Financing</u></b> <span style="float: right;"><b><u>\$ 122,400,215</u></b> <b><u>\$ 30,309,037</u></b></span></p> <p><i>This rider has been updated to reflect the base and exceptional item capital expenditures for FY2012-13 Legislative Appropriations Request.</i></p>
<b>Rider 3</b>	<b>II-8</b>	<p><b>Appropriation of Local Funds.</b> All funds received by the department from counties, cities, and from any other local source and all balances from such sources as of August 31, 2012, are hereby appropriated for the biennium ending August 31, 2013, for the purpose of carrying out the provisions of this Act.</p> <p><i>This rider has been updated to change dates to reflect the FY 2012-13 biennium.</i></p>
<b>Rider 4</b>	<b>II-8</b>	<p><b><del>Nursing Home Program Provisions:</del></b></p> <p><del>a. Nursing Home Income Eligibility Cap. It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).</del></p> <p><del>b. Establishment of a Swing bed Program. Out of the funds appropriated above for nursing home vendor payments, the department shall maintain a "swing bed" program, in accordance with federal regulations, to provide reimbursement for skilled nursing patients who are served in hospital settings in counties with a population of 100,000 or less. If the swing beds are used for more than one 30-day length of stay per year per patient, the hospital must comply with the regulations and standards required for nursing home facilities.</del></p> <p><del>c. Nursing Home Bed Capacity Planning. It is the intent of the Legislature that the department shall establish by rule procedures for controlling the number of Medicaid beds and for the decertification of unused Medicaid beds and for reallocating some or all of the decertified Medicaid beds. The procedures shall take into account a facility's occupancy rate.</del></p> <p><del>d. Nursing Facility Competition. It is the intent of the Legislature that the department encourage competition among contracted nursing facilities.</del></p> <p><i><del>DADS is requesting no changes to this rider.</del></i></p>
<b>Rider 5</b>	<b>II-8</b>	<p><b>Appropriations Limited to Revenue Collections.</b> It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made above for the Nursing Facility Administrator program in Strategy B.1.2, Credentialing/Certification, and the Home Health and Community Support Services Agencies program in Strategy B.1.1, Facility &amp; Community-Based Regulation, as well as the "other direct and indirect costs" associated with this program, appropriated elsewhere in this Act. Direct costs for the Nursing Facility Administrator program are estimated to be \$494,191 for fiscal year <del>2010-2012</del> and \$494,191 for fiscal year <del>2011-2013</del>. Direct costs for the Home and Community Support Services Agencies program are estimated to be \$1,939,322 for fiscal year <del>2010-2012</del> and \$1,939,322 for fiscal year <del>2011-2013</del>. "Other direct and indirect costs" for the Nursing Facility Administrator program are estimated to be \$109,728 for fiscal year <del>2012+0</del> and \$113,769 for fiscal year <del>2011+2013</del>. "Other direct and indirect costs" for the Home and Community Support Services Agencies program are estimated to be \$529,194 for fiscal year <del>2010-2012</del> and \$550,696 for fiscal year</p>

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		<p><del>2011</del>2013. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.</p> <p><i>This rider has been updated to correspond to the amounts in the FY2012-13 Legislative Appropriations Request and to change dates to reflect the FY 2012-13 biennium.</i></p>
Rider 9	II-9	<p><b>Limitation: Medicaid Transfer Authority.</b></p> <p><del>Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Aging and Disability Services (DADS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision:</del></p> <p>a. Limitation on Transfers. <del>Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall</del>Notwithstanding the transfer provisions in the general provisions (general transfer provisions) and other transfer provisions of this Act, none of the funds appropriated by this Act to the Department of Aging and Disability Services for the following Medicaid Strategies:</p> <p>(1) Waivers. Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</p> <p><del>A.3.1. Community-based Alternatives (CBA)</del>  <del>A.3.2. Home and Community-based Services (HCS)</del>  <del>A.3.3. Community Living Assistance and Support Services (CLASS)</del>  <del>A.3.4. Deaf-Blind Multiple Disabilities (DBMD)</del>  <del>A.3.5. Medically Dependent Children Program (MDCP)</del>  <del>A.3.6. Consolidated Waiver Program</del>  <del>A.3.7. Texas Home Living Waiver</del>  <del>A.6.4. Promoting Independence Services</del></p> <p><del>(2) Community Entitlement. Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from</del></p>

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		<p><del>the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</del></p> <p><del>A.2.1. Primary Home Care</del></p> <p><del>A.2.2. Community Attendant Services (formerly Frail Elderly)</del></p> <p><del>A.2.3. Day Activity and Health Services (DAHS)</del></p> <p><del>A.5.1. Program of All inclusive Care for the Elderly (PACE)</del></p> <p><del>(3) Nursing Facility and Related Care. Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</del></p> <p><del>A.6.1. Nursing Facility Payments</del></p> <p><del>A.6.2. Medicare Skilled Nursing Facility</del></p> <p><del>A.6.3. Hospice</del></p> <p><del>(4) Mental Retardation Services. Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</del></p> <p><del>A.7.1. Intermediate Care Facilities—Mental Retardation (ICF/MR)</del></p> <p><del>A.8.1. MR State Schools Services</del></p> <p><del>b. Notification Regarding Transfers that Do not Require Approval. Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:</del></p> <p><del>(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one time or ongoing;</del></p> <p><del>(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</del></p> <p><del>(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</del></p> <p><del>(4) the capital budget impact.</del></p> <p><del>e. Requests for Transfers that Require Approval. To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</del></p> <p><del>(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one time or ongoing;</del></p>

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		<p><del>(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</del>  <del>(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</del>  <del>(4) the capital budget impact.</del></p> <p><del>A transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 45 calendar days of receipt of the request.</del></p> <p><del>d. Transfers into Items of Appropriation. Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.</del></p> <p><u><a href="#">A.1.1. Intake, Access and Eligibility;</a></u>  <u><a href="#">A.2.1. Primary Home Care;</a></u>  <u><a href="#">A.2.2. Community Attendant Services (formerly Frail Elderly);</a></u>  <u><a href="#">A.2.3. Day Activity and Health Services (DAHS);</a></u>  <u><a href="#">A.3.1. Community-based Alternatives (CBA);</a></u>  <u><a href="#">A.3.2. Home and Community-based Services (HCS);</a></u>  <u><a href="#">A.3.3. Community Living Assistance and Support Services (CLASS);</a></u>  <u><a href="#">A.3.4. Deaf-Blind Multiple Disabilities (DBMD);</a></u>  <u><a href="#">A.3.5. Medically Dependent Children Program (MDCP);</a></u>  <u><a href="#">A.3.6. Consolidated Waiver Program;</a></u>  <u><a href="#">A.3.7. Texas Home Living Waiver;</a></u>  <u><a href="#">A.5.1. Program of All-inclusive Care for the Elderly (PACE);</a></u>  <u><a href="#">A.6.1. Nursing Facility Payments;</a></u>  <u><a href="#">A.6.2. Medicare Skilled Nursing Facility;</a></u>  <u><a href="#">A.6.3. Hospice;</a></u>  <u><a href="#">A.6.4. Promoting Independence Services;</a></u>  <u><a href="#">A.7.1. Intermediate Care Facilities - Mental Retardation (ICF/MR);</a></u>  <u><a href="#">A.8.1. MR State <b>Supported Living Centers</b> Services; and</a></u>  <u><a href="#">B.1.1. Facility and Community-based Regulation</a></u>  <u><a href="#">B.1.2. Credentialing/Certification</a></u>  <u><a href="#">B.1.3. LTC Quality Outreach</a></u>  <u><a href="#">C.1.1 Central Administration</a></u></p> <p><u><a href="#">may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are</a></u></p>



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		<p><u>appropriated without the prior written notification of the Legislative Budget Board and the Governor. However, transfers may be made between Medicaid Strategies in accordance with other provisions in this Act, including the general transfer provisions.</u></p> <p><u>b. Notification Regarding Transfers. Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:</u></p> <ul style="list-style-type: none"> <li>• <u>a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</u></li> <li>• <u>the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</u></li> <li>• <u>an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</u></li> <li>• <u>the capital budget impact.</u></li> </ul> <p><u>ec. Cost Pools. Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.</u></p> <p><u>fd. Cash Management. Notwithstanding the above limitations, DADS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.</u></p> <p><u>e. In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.</u></p> <p>The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied. In the case of disaster or other emergency, this provision is superseded by the emergency related transfer authority in Article IX of this Act.</p> <p><i>To allow the agency to move funds between strategies to address changing caseloads and cost experiences, and consumer needs that takes place during the biennium. If DADS is unable to realign funds as forecasts are updated, it will lead to cash flow issues, delay in services provided, and could potentially hinder the delivery of services.</i></p>
Rider 11	II-11	<b>Appropriation Transfer Between Fiscal Years.</b> In addition to the transfer authority provided

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		<p>elsewhere in this Act, the Department of Aging and Disability Services may transfer appropriations made for fiscal year ending August 31, <del>2011-2013</del> to fiscal year ending August 31, <del>2010-2012</del>, subject to the following conditions provided by this section:</p> <p>a. Transfers under this section may be made only:</p> <p>(1) if costs associated with providing Long Term Care Medicaid services exceed the funds appropriated for these services for fiscal year 2010, or</p> <p>(2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity, or</p> <p>(3) if appropriated receipts generated through the MR related programs required to fund appropriations contained in this Act for fiscal year 2010 are less than those contained in the method of finance for the department for fiscal year 2010.</p> <p>b. Transfers may not exceed \$50,000,000 in General Revenue.</p> <p>c. A transfer authorized by this section must receive the prior approval of the Governor and the Legislative Budget Board.</p> <p>d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p> <p><i>This rider has been updated to change dates to reflect the FY 2012-13 biennium.</i></p>
Rider 16	II-12	<p><b>State Supported Living Center Medicaid Revenue</b></p> <p>a. <del>Proportionality of Funds. Pursuant to Article IX, Sec 6.08, Benefits Paid Proportional by Fund, payment for salaries, wages, and benefits for ICF/MR state school employees shall be proportional to the source of funds. The department shall develop a plan for the 2010-11 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/MR state school employees. This plan is subject to review by the Comptroller of Public Accounts and the Legislative Budget Board and shall be certified by the Chief Financial Officer of the department by October 1, 2009 prior to submission to the Legislative Budget Board.</del></p> <p>Department of Aging and Disability Services shall report quarterly to the Legislative Budget Board and the Governor on the distribution of ICF/MR state <del>schools</del><u>supported living center</u> revenues to other state agencies. This report shall be submitted no later than 25 days after the close of each quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.</p> <p>b. <b>Quality Assurance Fee Funds - Informational Item.</b> Appropriations from the Quality Assurance Fee Funds in this Act total \$<del>57,957,357</del><u>52,578,135</u> in fiscal year <del>2010-2012</del> and \$<del>57,468,049</del><u>52,578,135</u> in fiscal year <del>2011-2013</del>. Out of funds appropriated above in Strategy A.7.1, ICF/MR and A.8.1, State <del>School</del><u>Supported Living Centers</u> Services, \$<del>52,821,479</del><u>47,179,803</u> in fiscal year <del>2010-2012</del> and \$<del>52,321,479</del><u>47,179,803</u> in fiscal year <del>2011-2013</del> in Quality Assurance Fee Funds are provided for <del>mental retardation</del><u>intellectual and developmental disability</u> services. Estimated amounts of \$<del>5,135,878</del><u>5,398,332</u> in fiscal year <del>2010-2012</del> and \$<del>5,146,570</del><u>5,398,332</u> in fiscal year <del>2011-2013</del> are appropriated elsewhere in this Act for employee benefits for State <del>School</del><u>Supported Living Center</u> employees. Pursuant to Article IX, Sec. 6.08, Benefits Paid Proportional by Fund, benefits for State <del>School</del><u>Supported Living Center</u> Employees</p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p>reflect the proportion by fund type as used for salaries.</p> <p><i>(a) Deleted because the Comptroller has confirmed that this item is complete; (b) revised to reflect updated revenue projections.</i></p>
Rider 17	II-13	<p><del><b>MR Residential Services Funded by General Revenue.</b> The Department of Aging and Disability Services shall refinance, with Medicaid funding, mental retardation residential services to Medicaid-eligible clients that are currently funded with general revenue. This refinancing effort shall include both public and private general revenue-funded programs. The department shall accomplish this refinancing through the use of Medicaid-waiver programs, or, if necessary, the Intermediate Care Facility for the Mentally Retarded program. The department shall submit a report by October 1 of each year of the biennium to the Legislative Budget Board and the Governor that documents the number of persons and residential sites converted to Medicaid funding. The format of this report shall be prescribed by the Legislative Budget Board.</del></p> <p><i>Recommend deletion. Whereas there used to be hundreds of individuals served by MR residential services, currently there are only four. This strategy has already been removed as well as the performance measures associated with these individuals. DADS suggests this rider be deleted as well.</i></p>
Rider 19	II-13	<p><del><b>Disposition of Construction Appropriation Related to Mental Retardation.</b> Construction appropriations may be used to pay salaries and travel expenses of department engineers and architects and administrative expenses of construction projects (but shall not exceed \$300,000 in a fiscal year that are paid out of G.O. Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.</del></p> <p><i>Recommend deletion as DADS no longer employ these staff and we have IAC with HHSC for these services.</i></p>
Rider 21	II-13	<p><b>Unexpended Construction Balances.</b> Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$<del>29,576,263</del><u>14,833,333</u> from fiscal year <del>2009-2011</del> to fiscal year <del>2010-2012</del> and included in the method of finance above as General Obligation Bond proceeds and in Strategy A.9.1, Capital Repairs and Renovations, are hereby appropriated to the Department of Aging and Disability Services for the same purposes.</p> <p>Authorization to expend the unexpended balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts. report by September 1, <del>2009-2011</del> providing actual expenditures for fiscal years <del>2008-2010</del> and <del>2009-2011</del>, and planned expenditures for fiscal years <del>2010-2012</del> and <del>2011-2013</del> at the project/state <del>school</del><u>supported living center</u> level; and report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/state <del>school</del><u>supported living center</u> for the previous six months.</p> <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p>The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>This rider has been updated to reflect the estimated unexpended construction balances for FY2012-13 Legislative Appropriations Request.</i></p>
Rider 28	II-15	<p><b>Revolving Fund Services: Canteen Services and Sheltered Workshops.</b> Out of funds appropriated above in Strategy A.8.1, MR State <del>School</del><a href="#">Supported Living Centers</a> Services, \$2,724,957 per fiscal year in General Revenue shall be allocated for the operation of canteen and sheltered workshops. In addition, DADS may also utilize agency-generated collections from Revenue Object Code 3767 Supplies/Equipment/Services - Federal/Other (estimated to be \$82,160 per fiscal year) and which are appropriated above as MR Revolving Fund Receipts (Other Funds) for the operation of canteen and sheltered workshops. The department shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts. These revenues, expenditures and balances shall be reported and included in agency Operating Budgets, Legislative Appropriation Requests, and Annual Financial Reports. The timetable, format and content for additional monthly reports related to canteen operations and sheltered workshops shall be prescribed by the Legislative Budget Board.</p> <p><a href="#">Revenue Objects code 3767 receipts collected above \$82,160 per year (excluding any amounts needed to comply with Article IX, Sec.6.08, Benefits Paid Proportional by Fund) are hereby appropriated to the Department for expenditures in Strategy A.8.1, State Supported Living Centers, pursuant to the limitations of this provision.</a></p> <p><i>Revolving fund services fund programs in the State Supported Living Centers that directly benefit the residents of the SSLCs. Allowing spending authority at the levels collected allows residents to enjoy a greater benefit from the programs and provide the residents of the programs with incentive to do well.</i></p>
Rider 34	II-16	<p><b>Promoting Community Services for Children.</b> It is the intent of the Legislature, out of funds appropriated above, to provide opportunities for children (under the age of 22) residing in community intermediate care facilities for the mentally retarded to transition to families during the <del>2010-11</del><a href="#">2012-13</a> biennium. To facilitate such transitions when requested by parent/guardian, funding for up to 50 children residing in community intermediate care facilities for the mentally retarded may be transferred from the Strategy A.7.1, Intermediate Care Facilities - MR, to Community Care Services strategies to cover the cost of the shift in services. In accordance with all applicable laws the Executive Commissioner may develop rules that would allow decertification of the ICF/MR beds upon such transition to prevent additional costs being incurred.</p> <p><i>This rider has been updated to change dates to reflect the FY 2012-13 biennium.</i></p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
Rider 37	II-17	<p><b>Expenditure of Settlement Funds.</b> The Department of Aging and Disability Services shall notify the Governor and the Legislative Budget Board 30 days prior to expenditure of any settlement funds during fiscal years <del>2010-2012</del> and <del>2011-2013</del>. The department shall provide a detailed plan outlining the expenditure of the settlement funds in a format approved by the Legislative Budget Board. Settlement funds may include, but are not limited to, the difference between allowable costs and the reimbursement paid under the interim rate, including applied income.</p> <p><i>This rider has been updated to change dates to reflect the FY 2012-13 biennium.</i></p>
Rider 38	II-18	<p><del><b>Delivery of Caregiver Support Services.</b> Out of funds appropriated above in Goal A, Long Term Services and Supports, the Department of Aging and Disability Services shall develop and submit a report on strategies implemented by the agency after the effective date of this Act to strengthen the delivery of informal caregiver support services. The report to the Legislative Budget Board and the Governor shall be submitted by September 1, 2010.</del></p> <p><u>DADS recommends this rider for deletion. The Passage of Senate Bill 271, 81<sup>st</sup> Legislature, Regular Session, 2009 requires a caregiver assessment tool be developed and implemented statewide by the AAA's. S.B. 271 also requires that the report, required by Rider 38, be filed with the Governor no later than September 1 of even-numbered years, with the first report due by December 1 2012. Therefore, the Rider 38 report requirement is not needed.</u></p>
Rider 40	II-18	<p><b>Limits for Waivers and Other Programs.</b> Notwithstanding other provisions included in this Act, this provision shall govern expenditure levels for the following strategies.</p> <p>a. <b>Waivers and PACE.</b> The All Funds amounts included above for Department of Aging and Disability Services (DADS) for fiscal year <del>2010-2012</del> and fiscal year <del>2011-2013</del> in each individual strategy identified below shall not be exceeded unless <i>DADS notifies</i> the Legislative Budget Board and the Governor.</p> <ul style="list-style-type: none"> <li>A.3.1. Medicaid Community-based Alternatives (CBA) Waiver</li> <li>A.3.2. Home and Community Based Services (HCS)</li> <li>A.3.3. Medicaid Related Conditions Waiver (CLASS)</li> <li>A.3.4. Medicaid Deaf-blind with Multiple Disabilities Waiver</li> <li>A.3.5. Medically Dependent Children Program</li> <li>A.3.6. Medicaid Consolidated Waiver Program</li> <li>A.3.7. Texas Home Living Waiver</li> <li>A.5.1. All-Inclusive Care - Elderly (Pace)</li> </ul> <p><del>Requests for Exemptions. To request an exemption from the limits established under section (a), DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information: a detailed explanation of the reason for the requested exemption and whether and how the exemption would impact client and expenditure levels at the individual strategy level in the 2010-11 biennium and the 2012-13 biennium.</del></p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><i>b. Notification Regarding Transfers. Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:</i></p> <ol style="list-style-type: none"> <li><i>1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</i></li> <li><i>2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</i></li> <li><i>3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</i></li> <li><i>4) the capital budget impact.</i></li> <li><i>5) <u>The request shall include the following information: a detailed explanation of the reason for the requested exemption and whether and how the exemption would impact client and expenditure levels at the individual strategy level in the 2010-11 biennium and the 2012-13 biennium.</u></i></li> </ol> <p><b>b. Non-Medicaid Programs.</b> The All Funds amounts included above for DADS for fiscal year 2010 and fiscal year 2011 in each individual strategy identified below shall not be exceeded unless DADS notifies the Legislative Budget Board and the Governor it has received federal funding (primarily Title XX and Administration on Aging) that exceeds levels assumed in the 2010-11 GAA and specifies the following information: a detailed explanation how the increase would impact client and expenditure levels by method of finance at the individual strategy level in the 2010-11 biennium and the 2012-13 biennium.</p> <ul style="list-style-type: none"> <li>A.4.1. Non-Medicaid Services</li> <li>A.4.2. MR Community Services</li> <li>A.4.4. In-Home and Family Support</li> <li>A.4.5. Mental Retardation In-Home Services</li> </ul> <p>The Comptroller of Public Accounts shall not allow any exemptions from the limits established by this provision if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied</p> <p><i>This rider limits appropriate action if cost or caseload varies.</i></p>
Rider 41	II-18	<p><del><u>Contingency for Transferring Savings Related to State School Supported Living Center Downsizing. Contingent on passage of Senate Bill 2407, or similar legislation relating to the Department of Aging and Disability Services' inclusion of strategies for downsizing state schools and transitioning more state school residents to community-based care in its biennial Long Range Plan, by the Eighty-first Legislature, Regular Session, 2009, the Department of Aging and Disability Services is authorized, subject to the approval limitations in DADS Rider 9, to transfer savings from Strategy A.8.1, MR State School Services, to any of the following strategies: Notwithstanding any other provisions contained in this Act, the Department of Aging and Disability Services is authorized to transfer savings from Strategy A.8.1, MR State Supported Living Center Services, to any of the following strategies relating to the Department of Aging and</u></del></p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><a href="#"><u>Disability Services' inclusion of strategies for downsizing state supported living centers and transitioning more state supported living center residents to community-based care :</u></a></p> <ul style="list-style-type: none"> <li>A.1.1 Intake, Access, &amp; Eligibility</li> <li>A.3.2 Home and Community-Based Services</li> <li>A.3.3 Community Living Assistance</li> <li>A.3.7 Texas Home Living Waiver</li> <li>A.4.1 Non-Medicaid Services</li> <li>A.4.2 MR Community Services</li> <li>A.4.3 Promoting Independence Plan</li> <li>A.4.4 In-home and Family Support</li> <li>A.4.5 Mental Retardation In-home Services</li> <li>B.1.1 Facility/Community-based Regulation</li> <li>C.1.1 Central Administration</li> <li>C.1.2 IT Program Support</li> <li>C.1.3 Other Support Services</li> </ul> <p>Prior to the transfer of funds, the agency must obtain certification from the Health and Human Services Commission of the amount of savings related to the downsizing of state <del>schools</del><a href="#"><u>supported living centers</u></a>.</p> <p><i>DADS need guidance on allocation of savings related to downsizing.</i></p>
Rider 42	II-19	<p><del><b>Contingency for Eliminating Consolidated Waiver Program.</b> Contingent on passage of Senate Bill 705, or similar legislation eliminating the Consolidated Waiver Program, by the Eighty-first Legislature, Regular Session, funding in Goal A, Long Term Services and Supports is reduced by \$706,192 in All Funds, and \$353,096 in General Revenue Funds, and in addition, the Full Time Equivalent (FTE) cap for the Department of Aging and Disability Services is hereby reduced by 7 for each year of the 2010-11 biennium. The Department of Aging and Disability Services is directed to transfer funding from Strategy A.3.6, Consolidated Waiver Program, to other strategies in Goal A, Long Term Services and Supports, and to the Health and Human Services Commission, Goal B, Medicaid, to serve clients who otherwise would have received services through the Consolidated Waiver Program in the appropriate Medicaid 1915(c) long-term care waiver program with no break in service. Funds from Strategy A.3.6, Consolidated Waiver Program, should be allocated based on the client and cost mix in the Consolidated Waiver Program as follows:</del></p> <ul style="list-style-type: none"> <li><del>a. 32.62 percent to Strategy A.3.3, Community Living Assistance;</del></li> <li><del>b. 27.56 percent to Strategy A.3.2, Home and Community Based Services;</del></li> <li><del>c. 21.69 percent to the Health and Human Services Commission, Goal B, Medicaid, to serve clients receiving Medicaid 1915(c) long-term care waiver program services through the STAR+PLUS program;</del></li> <li><del>d. 17.00 percent to Strategy A.3.5, Medically Dependent Children Program; and</del></li> </ul>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><del>e. 1.12 percent to Strategy A.3.4, Deaf-Blind Multiple Disabilities. The Department of Aging and Disability Services is allowed to update the percentages used to allocate funds from the Consolidated Waiver Program based on the client and cost mix at the time of transfer and must receive approval for the reallocation pursuant to the Department of Aging and Disability Services Rider 9.</del></p> <p><i>The 81<sup>st</sup> Legislature passed legislation to eliminate the Consolidated Waiver Program. However, base funding for continuation of the program is included in strategy A.3.6 Consolidated Waiver Program in order to comply with ARRA and Affordable Care Act (Health Care Reform) requirements.</i></p>
Rider 44	II-19	<p><del><b>Program of All-inclusive Care for the Elderly (PACE) Slots.</b> Out of funds appropriated above for the Department of Aging and Disability Services (DADS) in Strategy A.5.1, All-inclusive Care for the Elderly (PACE), \$1,600,000 in General Revenue and \$2,282,553 in Federal Funds in fiscal year 2010 and \$1,600,000 in General Revenue and \$2,239,693 in Federal Funds in fiscal year 2011 shall be used for up to 150 additional slots at the El Paso, Amarillo, and Lubbock sites. The Commissioner of DADS is authorized to allocate the 150 slots to the appropriate locations.</del></p> <p><i>Recommended for deletion Additional appropriation not needed, amount is built into DADS base for FY2012-13.</i></p>
Rider 45	II-19	<p><del><b>Excellence in Nursing Homes.</b> Out of the funds appropriated above, an amount not to exceed \$2,500,000 in General Revenue Funds shall be set aside for the biennium to implement a system for data collection, analysis, and reporting of facility performance levels for all nursing homes in Texas during the second year of the biennium. The system shall begin operation no later than September 1, 2010. The system and the data collected, analyzed and reported for each facility shall be used as the basis for awarding incentive payments to nursing homes in Texas that meet or exceed targets for superior performance. Domains of performance shall include but not be limited to quality of care, resident and family satisfaction. Participation is required in the first year of operation of the program for nursing homes to be eligible to receive future incentive payments once funds are appropriated for that purpose.</del></p> <p><i>Recommended for deletion – One time appropriation that will be completed by the end of FY2011.</i></p>
Rider 47	II-20	<p><del><b>Appropriation Authority for General Obligation Bond Proceeds.</b> Appropriated above in Strategy A.9.1, Capital Repairs and Renovations, in fiscal year 2010 is \$26,987,000 in general obligation bond proceeds for projects for the Department of Aging and Disability Services as described in Article IX, Sec. 17.01, Informational Listing: General Obligation Bond Proceeds. All projects funded herein with general obligation bond proceeds are subject to approval by the Legislative Budget Board prior to issuance of the bond proceeds by the Texas Public Finance Authority. Any unexpended and unobligated balances in general obligation bond proceeds described herein and remaining as of August 31, 2010 are hereby appropriated for the fiscal year beginning September 1, 2010 for the same purpose.</del></p> <p><i>Recommended for deletion. Refers to prior biennium.</i></p>
<b>DADS</b>		<b>Money Follows the Person (MFP) Rebalancing</b>



## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
<b>new rider</b>		<p><u>Notwithstanding any provisions made in this Act, which limits the use of General Revenue funds, made available by an EFMAP, Money Follows the Person Rebalancing Demonstration funds are authorized to be transferred between strategies and expended on community based services in the respective line items.</u></p>

## Requested Changes to DADS Riders in HB 1

<b>Agency Code:</b> 539	<b>Agency Name:</b> Department of Aging & Disability Services	<b>Prepared By:</b> Gordon Taylor	<b>Date:</b> 08/09/2010	<b>Request Level:</b> Base
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Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language																														
<b>Rider 1</b>	<b>II-4</b>	<p><b>Performance Measure Targets.</b> The following is a listing of the key performance target levels for the Department of Aging and Disability Services. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Department of Aging and Disability Services. In order to achieve the objectives and service standards established by this Act, the Department of Aging and Disability Services shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <p><b>A. Goal: LONG-TERM SERVICES AND SUPPORTS</b></p> <p><b>Outcome (Results/Impact):</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;"><del>2010</del> <b>20112</b></th> <th style="width: 15%; text-align: center;"><del>2011</del> <b>20113</b></th> </tr> </thead> <tbody> <tr> <td>Percent of Long-term Care Individuals Served in Community Settings</td> <td style="text-align: center;"><del>74.15</del><u>68.53</u>%</td> <td style="text-align: center;"><del>74.36</del><u>68.73</u>.%</td> </tr> <tr> <td><del>Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports</del></td> <td style="text-align: center;"><del>110,754</del></td> <td style="text-align: center;"><del>110,971</del></td> </tr> <tr> <td><del>Average Number of Clients Served Per Month: Waivers</del></td> <td style="text-align: center;"><del>52,131</del></td> <td style="text-align: center;"><del>56,651</del></td> </tr> <tr> <td><del>Number of Persons Receiving Services at the End of the Fiscal Year: Waivers</del></td> <td style="text-align: center;"><del>54,375</del></td> <td style="text-align: center;"><del>58,896</del></td> </tr> </tbody> </table> <p><b>A.1.1. Strategy: INTAKE, ACCESS, &amp; ELIGIBILITY</b></p> <p><b>Output (Volume):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Average Monthly Number of Individuals with <del>Mental Retardation (MR)</del> Receiving Assessment and Service Coordination</td> <td style="width: 15%; text-align: center;"><del>8,023</del><u>28,593</u></td> <td style="width: 15%; text-align: center;"><del>8,023</del><u>28,593</u></td> </tr> </tbody> </table> <p><b>A.2.1. Strategy: PRIMARY HOME CARE</b></p> <p><b>Output (Volume):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Average Number of Individuals Served Per Month: Primary Home Care</td> <td style="width: 15%; text-align: center;"><del>52,277</del><u>52,733</u></td> <td style="width: 15%; text-align: center;"><del>52,599</del><u>54,288</u></td> </tr> </tbody> </table> <p><b>Efficiencies:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Average Monthly Cost Per Individual Served: Primary Home Care</td> <td style="width: 15%; text-align: center;"><del>825.48</del><u>855.83</u></td> <td style="width: 15%; text-align: center;"><del>838.46</del><u>855.83</u></td> </tr> </tbody> </table> <p><b>A.2.2. Strategy: COMMUNITY ATTENDANT SERVICES</b></p> <p><b>Output (Volume):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Average Number of Individuals Served Per Month: Community Attendant Services</td> <td style="width: 15%; text-align: center;"><del>40,925</del><u>43,979</u></td> <td style="width: 15%; text-align: center;"><del>40,341</del><u>44,339</u></td> </tr> </tbody> </table> <p><b>Efficiencies:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Average Monthly Cost Per Individual Served: Community Attendant Services</td> <td style="width: 15%; text-align: center;"><del>781.52</del><u>807.71</u></td> <td style="width: 15%; text-align: center;"><del>788.14</del><u>808.71</u></td> </tr> </tbody> </table> <p><b>A.2.3. Strategy: DAY ACTIVITY &amp; HEALTH SERVICES</b></p>		<del>2010</del> <b>20112</b>	<del>2011</del> <b>20113</b>	Percent of Long-term Care Individuals Served in Community Settings	<del>74.15</del> <u>68.53</u> %	<del>74.36</del> <u>68.73</u> .%	<del>Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports</del>	<del>110,754</del>	<del>110,971</del>	<del>Average Number of Clients Served Per Month: Waivers</del>	<del>52,131</del>	<del>56,651</del>	<del>Number of Persons Receiving Services at the End of the Fiscal Year: Waivers</del>	<del>54,375</del>	<del>58,896</del>	Average Monthly Number of Individuals with <del>Mental Retardation (MR)</del> Receiving Assessment and Service Coordination	<del>8,023</del> <u>28,593</u>	<del>8,023</del> <u>28,593</u>	Average Number of Individuals Served Per Month: Primary Home Care	<del>52,277</del> <u>52,733</u>	<del>52,599</del> <u>54,288</u>	Average Monthly Cost Per Individual Served: Primary Home Care	<del>825.48</del> <u>855.83</u>	<del>838.46</del> <u>855.83</u>	Average Number of Individuals Served Per Month: Community Attendant Services	<del>40,925</del> <u>43,979</u>	<del>40,341</del> <u>44,339</u>	Average Monthly Cost Per Individual Served: Community Attendant Services	<del>781.52</del> <u>807.71</u>	<del>788.14</del> <u>808.71</u>
	<del>2010</del> <b>20112</b>	<del>2011</del> <b>20113</b>																														
Percent of Long-term Care Individuals Served in Community Settings	<del>74.15</del> <u>68.53</u> %	<del>74.36</del> <u>68.73</u> .%																														
<del>Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports</del>	<del>110,754</del>	<del>110,971</del>																														
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Average Monthly Number of Individuals with <del>Mental Retardation (MR)</del> Receiving Assessment and Service Coordination	<del>8,023</del> <u>28,593</u>	<del>8,023</del> <u>28,593</u>																														
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## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language		
		<b>Output (Volume):</b> Average Number of Individuals Served Per Month: Day Activity and Health Services	<del>17,552</del> 17,800	<del>18,031</del> 18,260
		<b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Day Activity and Health Services	<del>525.15</del> 536.22	<del>527.03</del> 536.22
		<b>A.3.1. Strategy: COMMUNITY-BASED ALTERNATIVES</b>		
		<b>Output (Volume):</b> Average Number of Individuals Served Per Month: Medicaid Community-based Alternatives (CBA) Waiver	<del>26,302</del> 16,589	<del>26,732</del> 16,589
		<b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Medicaid Community-based Alternatives (CBA) Waiver	<del>1,533.14</del> 1,587.48	<del>1,535.19</del> 1,587.48
		<b>Explanatory:</b> Number of <del>Persons</del> <u>Individuals</u> Receiving Services at the End of the Fiscal Year: Community based Alternatives (CBA) Waiver	<del>16,589</del> 26,517	<del>16,589</del> 26,948
		<b>A.3.2. Strategy: HOME AND COMMUNITY-BASED SERVICES</b>		
		<b>Output (Volume):</b> Average Number of Individuals Served Per Month: Home and Community Based Services (HCS)	<del>17,017</del> 16,424	<del>19,985</del> 16,424
		<b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Home and Community Based Services (HCS)	<del>3,449.71</del> 3,328.88	<del>3,474.28</del> 3,328.88
		<b>Explanatory:</b> Number of Individuals Receiving Services at the End of the Fiscal Year: Home and Community Based Services (HCS)	<del>16,424</del> 18,484	<del>16,424</del> 21,452
		<b>A.3.3. Strategy: COMMUNITY LIVING ASSISTANCE (CLASS)</b>		
		<b>Outcome:</b> <u>Number of Individual Receiving Services at the End of the Fiscal Year: Waivers</u>	40,769	40,769
		<b>Output (Volume):</b> Average Number of Individuals Served Per Month: Medicaid Related Conditions Waiver (CLASS)	<del>4,671</del> 4,434	<del>5,616</del> 4,434
		<b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Medicaid Related Conditions Waiver (CLASS)	<del>3,427.01</del> 3,652.48	<del>3,416.71</del> 3,652.48
		<b>Explanatory:</b> Number of <u>Individuals</u> <del>Persons</del> Receiving Services at the End of the Fiscal Year: Community Living Assistance & Support Services Waiver (CLASS)	<del>4,434</del> 5,144	<del>4,434</del> 6,089

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><b>A.3.4. Strategy:</b> DEAF-BLIND MULTIPLE DISABILITIES</p> <p><b>Output (Volume):</b> Average Number of Individuals Served Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver <span style="float: right;"><del>155-116</del> <u>158-116</u></span></p> <p><b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Medicaid Deaf-blind with Multiple Disabilities Waiver <span style="float: right;"><del>3,950.434,078.92</del> <u>3,954.794,078.92</u></span></p> <p><b>Explanatory:</b> Number of <del>Individuals</del> <u>Persons</u> Receiving Services at the End of the Fiscal Year: Medicaid Deaf-blind with Multiple Disabilities Waiver <span style="float: right;"><del>157-116</del> <u>160-116</u></span></p> <p><b>A.3.5. Strategy:</b> MEDICALLY DEPENDENT CHILDREN PGM</p> <p><b>Output (Volume):</b> Average Number of Individuals Served Per Month: Medically Dependent Children Program <del>2,8322,200</del> <u>3,0062,200</u></p> <p><b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Medically Dependent Children Program <del>1,446.561,575.35</del> <u>1,447.501,575.35</u></p> <p><b>Explanatory:</b> Number of <del>Individuals</del> <u>Persons</u> Receiving Services at the End of the Fiscal Year: Medically Dependent Children's Program <span style="float: right;"><del>2,2002,919</del> <u>2,2003,093</u></span></p> <p><b>A.3.6. Strategy:</b> CONSOLIDATED WAIVER PROGRAM</p> <p><b>Output (Volume):</b> Average Number of Individuals Served Per Month: Medicaid Consolidated Waiver Program <del>160-120</del> <u>160-120</u></p> <p><b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Medicaid Consolidated Waiver Program <del>1,887.301,911.30</del> <u>1,890.381,911.30</u></p> <p><b>Explanatory:</b> Number of <del>Individuals</del> <u>Persons</u> Receiving Services at the End of the Fiscal Year: Medicaid Consolidated Waiver Program <span style="float: right;"><del>160120</del> <u>160-120</u></span></p> <p><b>A.3.7. Strategy:</b> TEXAS HOME LIVING WAIVER</p> <p><b>Output (Volume):</b> Average Number of Individuals Served Per Month: Texas Home Living Waiver <span style="float: right;"><del>994-886</del> <u>994-886</u></span></p> <p><b>Efficiencies:</b> Average Monthly Cost Per Individual Served: Texas Home Living Waiver <span style="float: right;"><del>917.69697.82</del> <u>922.30-697.82</u></span></p> <p><b>Explanatory:</b> Number of Individuals Receiving Services at the End of the Fiscal Year: Texas Home Living Waiver <span style="float: right;"><del>994-886</del> <u>994-886</u></span></p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><b>A.4.1. Strategy: NON-MEDICAID SERVICES</b></p> <p><b>Output (Volume):</b>            Average Number of Individuals Served Per Month: Non Medicaid Community Care (XX/GR) <del>39,130</del><u>36,522</u>      <del>39,379</del><u>36,522</u></p> <p><b>Explanatory:</b>            Number of Individuals Receiving Services at the End of the Fiscal Year:            Non Medicaid Community Care (XX / GR)      <del>36,503</del><u>39,254</u>      <del>36,503</del><u>39,503</u></p> <p><b>A.4.2. Strategy: MR COMMUNITY SERVICES</b></p> <p><b>Output (Volume):</b>            Average Monthly Number of Individuals with Mental Retardation (MR) Receiving Community Services      <del>12,927</del><u>12,612</u>      <del>12,927</del><u>12,612</u></p> <p><b>Efficiencies:</b>            Average Monthly Cost Per Individual with Mental Retardation (MR) Receiving Community Services      661.10      <del>664.59</del><u>661.10</u></p> <p><b>Explanatory:</b>            Number of Individuals with Mental Retardation (MR) Receiving Community Services at the End of the Fiscal Year      <del>12,631</del><u>12,927</u>      <del>12,631</del><u>12,927</u></p> <p><b>A.4.4. Strategy: IN-HOME AND FAMILY SUPPORT</b></p> <p><b>Output (Volume):</b>            Average Number of Individuals Per Month Receiving In-home Family Support (IHFS)      <del>4,753</del><u>5,375</u>      <del>5,079</del><u>5,375</u></p> <p><b>Efficiencies:</b>            Average Monthly Cost of In-home Family Support Per Individual      <del>84.49</del><u>77.36</u>      <del>84.68</del><u>77.36</u></p> <p><b>Explanatory:</b>            Number of Individuals Receiving Services at the End of the Fiscal Year:            In-Home and Family Support      <del>5,375</del><u>4,916</u>      <del>5,375</del><u>5,241</u></p> <p><b>A.4.5. Strategy: MENTAL RETARDATION IN-HOME SERVICES</b></p> <p><b>Output (Volume):</b>            Number of Individuals with Mental Retardation (MR) Receiving In-Home and Family Support Per Year      3,060      3,060</p> <p><b>Efficiencies:</b>            Average Annual Grant Per Individual with Mental Retardation (MR) Receiving In-home and Family Support Per Year      <del>1,869.85</del><u>1,869.85</u>      <del>1,869.85</del><u>1,869.85</u></p> <p><b>Explanatory:</b>            Number of Individuals with Mental Retardation (MR) Receiving Services at the End of the Fiscal Year: In-Home and Family Support      3,060      3,060</p>

## Requested Changes to DADS Riders in HB 1

Current Rider Number	Page Number in 201213 GAA	Proposed Rider Language
		<p><b>A.5.1. Strategy:</b> ALL-INCLUSIVE CARE - ELDERLY (PACE)  <b>Output (Volume):</b>                      Average Number of <del>Individuals Recipients</del> Per Month: Program for All Inclusive Care (PACE) <del>1,137</del>—<u>924</u> <span style="float: right;"><u>1,202</u><u>924</u></span></p> <p><b>Efficiencies:</b>                      Average Monthly Cost Per <del>Individuals Recipient</del>: Program for All Inclusive Care (PACE) <del>2,748.322,830.26</del> <span style="float: right;"><u>2,830.262,654.03</u></span></p> <p><b>Explanatory:</b>                      Number of <del>Individuals Persons</del> Receiving Services at the End of the Fiscal Year:                      Program of All-inclusive Care for the Elderly (PACE) <span style="float: right;"><u>924</u><u>1,202</u> <span style="float: right;"><u>924</u><u>1,202</u></span></span></p> <p><b>A.6.1. Strategy:</b> NURSING FACILITY PAYMENTS  <b>Output (Volume):</b>                      Average Number of Individuals Receiving Medicaid - Funded Nursing Facility Services per Month <span style="float: right;"><u>55,153</u><u>54,269</u> <span style="float: right;"><u>55,153</u><u>53,827</u></span></span></p> <p><b>Efficiencies:</b>                      Net Nursing Facility Cost Per Medicaid Resident Per Month <span style="float: right;"><u>3,167.733,077.35</u> <span style="float: right;"><u>3,167.733,077.27</u></span></span></p> <p><b>A.6.2. Strategy:</b> MEDICARE SKILLED NURSING FACILITY  <b>Output (Volume):</b>                      Average Number of Individuals Receiving Co-paid Medicaid/ Medicare Nursing Facility Services Per Month <span style="float: right;"><u>7,228</u><u>7,014</u> <span style="float: right;"><u>7,449</u><u>7,319</u></span></span></p> <p><b>Efficiencies:</b>                      Net Payment Per Individual for Co-paid Medicaid/Medicare Nursing Facility Services Per Month <span style="float: right;"><u>2,055.921,959.2</u> <span style="float: right;"><u>2,051.072,065</u></span></span></p> <p><b>A.6.3. Strategy:</b> HOSPICE  <b>Output (Volume):</b>                      Average Number of Individuals Receiving Hospice Services Per Month <span style="float: right;"><u>6,221</u><u>7,607</u> <span style="float: right;"><u>6,370</u><u>8,199</u></span></span></p> <p><b>Efficiencies:</b>                      Average Net Payment Per Individual Per Month for Hospice <span style="float: right;"><u>2,908.362,797.73</u> <span style="float: right;"><u>2,908.362,819.57</u></span></span></p> <p><b>A.6.4. Strategy:</b> PROMOTING INDEPENDENCE SERVICES  <b>Output (Volume):</b>                      Average Number of Individuals Served Through Promoting Independence Per Month <span style="float: right;"><u>5,702</u><u>6,803</u> <span style="float: right;"><u>6,140</u><u>7,681</u></span></span></p> <p><b>Efficiencies:</b>                      Average Monthly Cost Per Individual Served: Promoting Independence <span style="float: right;"><u>1,582.551,510.09</u> <span style="float: right;"><u>1,582.551,507.32</u></span></span></p> <p><b>A.7.1. Strategy:</b> INTERMEDIATE CARE FACILITIES - MR  <b>Output (Volume):</b>                      Average Number of <del>Individuals Persons</del> in ICF/MR Medicaid Beds Per Month <span style="float: right;"><u>6,037</u><u>5,772</u> <span style="float: right;"><u>5,871</u><u>5,769</u></span></span></p>