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3.A. STRATEGY REQUEST

83rd Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST)

539 Aging and Disability Services, Department of

GOAL: 1 Long-term Services and Supports Statewide Goal/Benchmark:

OBJECTIVE: 6 Nursing Facility and Hospice Payments Service Categories:

STRATEGY: 3 Hospice Service: 26 Income: A.1 Age: B.3

STRATEGY: 3 Hospice			Service: 26	Income: A.1	Age: B.3
CODE DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:					
KEY 1 Average Number of Individuals Receiving Hospice Services Per Month	6,673.00	6,812.00	7,017.00	7,218.00	7,418.00
Efficiency Measures:					
KEY 1 Average Net Payment Per Individual Per Month for Hospice	2,808.47	2,787.28	2,818.44	2,830.60	2,830.70
Objects of Expense:					
3001 CLIENT SERVICES	\$224,350,455	\$223,962,450	\$226,443,099	\$245,175,112	\$251,977,963
TOTAL, OBJECT OF EXPENSE	\$224,350,455	\$223,962,450	\$226,443,099	\$245,175,112	\$251,977,963
Method of Financing:					
758 GR Match For Medicaid	\$77,277,179	\$93,123,587	\$31,162,213	\$98,658,465	\$101,295,141
8137 GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$61,203,927	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$77,277,179	\$93,123,587	\$92,366,140	\$98,658,465	\$101,295,141
Method of Financing:					
369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$12,225,197	\$0	\$0	\$0	\$0

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GOAL: 1 Long-term Services and Supports Statewide Goal/Benchmark: 3

OBJECTIVE: 6 Nursing Facility and Hospice Payments Service Categories:

STRATEGY: 3 Hospice Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
CFDA Subtotal, Fund 369 555 Federal Funds	\$12,225,197	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$134,848,079	\$130,838,863	\$45,234,485	\$146,516,647	\$150,682,822
CFDA Subtotal, Fund 555 8138 FF for FY 12-13 Entitlement/Waiver	\$134,848,079	\$130,838,863	\$45,234,485	\$146,516,647	\$150,682,822
93.778.000 XIX FMAP	\$0	\$0	\$88,842,474	\$0	\$0
CFDA Subtotal, Fund 8138 SUBTOTAL, MOF (FEDERAL FUNDS)	\$0 \$147,073,276	\$0 \$130,838,863	\$88,842,474 \$134,076,959	\$0 \$146,516,647	\$0 \$150,682,822
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)				\$245,175,112	\$251,977,963
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)	\$224,350,455	\$223,962,450	\$226,443,099	\$245,175,112	\$251,977,963
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

83rd Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST)

539 Aging and Disability Services, Department of

GOAL: 1 Long-term Services and Supports Statewide Goal/Benchmark: 3 1

OBJECTIVE: 6 Nursing Facility and Hospice Payments Service Categories:

STRATEGY: 3 Hospice Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION Exp 2011 Est 2012 Bud 2013 BL 2014 BL 2015

The Medicaid Hospice strategy provides services to Medicaid recipients who no longer desire curative treatment and who have a physician's prognosis of six months or less to live. Available services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker, and household services; physical, occupational, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care. Service settings can be in the home, in community settings, or in long-term-care facilities. Medicaid rates for community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For individuals residing in a nursing facility or an ICF/IID and receiving hospice services, the facility also receives a payment of 95% of the established nursing facility rate for that individual.

Hospice eligibility is available for all age groups, including children, during their final stages of life.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A