

Agency Code: 539	Agency Name: Department of Aging & Disability Services	Prepared By: Gordon Taylor	Date:	Request Level: Base
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Current Rider Number	Page Number in 2014-15 GAA	Proposed Rider Language
1	4	<p>Performance Measure Targets. 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>2012 2013</p> <p>A. Goal: LONG-TERM SERVICES AND SUPPORTS 20122014 20132015</p> <p>Outcome (Results/Impact):</p> <p>Percent of Long-term Care Individuals served in Community Settings 77.43% 76.4277.91%</p> <p>Average Number of Individuals Served Per Month:</p> <p>Medicaid Non-waiver Community Services and Supports 89,57362,774 65,30463,776</p> <p>Average Number of Individuals Served Per Month: Waivers 47,77843,108 43,37243,108</p> <p>Number of Persons Receiving Services at the End of the Fiscal Year: Waivers 47,98743,108 43,57043,108</p> <p>A.1.1. Strategy: INTAKE, ACCESS, & ELIGIBILITY</p> <p>Output (Volume):</p> <p>Average Monthly Number of Individuals with Intellectual and Developmental Disabilities Receiving Assessment and Service Coordination Including Home and Community Based Services 28,59329,382 28,59329,382</p> <p>A.2.1. Strategy: PRIMARY HOME CARE</p> <p>Output (Volume):</p> <p>Average Number of Individuals Served Per Month: Primary Home Care 31,24011,371 42,08411,372</p> <p>Efficiencies:</p> <p>Average Monthly Cost Per Individual Served: Primary Home Care 830.9716.55 671.9716.55</p> <p>A.2.2. Strategy: COMMUNITY ATTENDANT SERVICES</p> <p>Output (Volume):</p> <p>Average Number of Individuals Served Per Month: Community Attendant Services 48,61749,370 51,53450,326</p> <p>Efficiencies:</p> <p>Average Monthly Cost Per Individual Served: Community Attendant Services 834.21902.74 842.35902.74</p> <p>A.2.3. Strategy: DAY ACTIVITY & HEALTH SERVICES</p> <p>Output (Volume):</p>

	Average Number of Individuals Served Per Month: Day Activity and Health Services	9,716	<u>2,033</u>	1,686	<u>2,068</u>
	Efficiencies:				
	Average Monthly Cost Per Individual Served: Day Activity and Health Services	526.5	<u>477.08</u>	469.67	<u>477.08</u>
	A.3.1. Strategy: COMMUNITY-BASED ALTERNATIVES				
	Output (Volume):				
	Average Number of Individuals Served Per Month: Medicaid Community-based Alternatives (CBA) Waiver	14,616	<u>9,816</u>	9,794	<u>9,816</u>
	Efficiencies:				
	Average Monthly Cost Per Individual Served: Medicaid Community-based Alternatives (CBA) Waiver	1,320.19	<u>1,378.36</u>	1,378.36	<u>1,378.36</u>
	Explanatory:				
	Average Number of Individuals on Interest List Per Month: Medicaid Community-based Alternatives (CBA) Waiver	55,600	<u>13,108</u>	55,600	<u>13,372</u>
	Number of Individuals Receiving Services at the End of the Fiscal Year: Community-based Alternatives (CBA) Waiver	9,768	<u>9,816</u>	9,816	<u>9,816</u>
	Total Number of Declined Services or Found to be Ineligible for Services during the Fiscal Year: Community-based Alternative (CBA) Waiver	5,652	<u>8,800</u>	5,652	<u>8,800</u>
	Average Number on Community-based Alternatives (CBA) Interest List Receiving Other DADS Services Per Month	22,255	<u>6,436</u>	22,255	<u>6,564</u>
	A.3.2. Strategy: HOME AND COMMUNITY-BASED SERVICES				
	Output (Volume):				
	Average Number of Individuals Served Per Month: Home and Community Based Services (HCS)	20,123	<u>20,434</u>	20,539	<u>20,434</u>
	Efficiencies:				
	Average Monthly Cost Per Individual Served: Home and Community Based Services (HCS)	3,280.22	<u>3,449.22</u>	3,299.07	<u>3,449.00</u>
	Explanatory:				
	Number of Individuals Receiving Services at the End of the Fiscal Year: Home and Community Based Services (HCS)	20,313	<u>20,434</u>	20,729	<u>20,434</u>
	Average Number of Individuals on Interest List Per Month: Home and Community Based Services (HCS)	47,047	<u>75,047</u>	47,047	<u>86,153</u>
	Total Number Declined Services or Found to be Ineligible for Services during the Fiscal Year: Home and Community-based Services (HCS)	1,103	<u>0</u>	1,103	<u>0</u>
	Average Number on Home Community-based Services (HCS) Interest List Receiving Other DADS Services Per Month	10,839	<u>14,763</u>	10,839	<u>14,992</u>
	A.3.3. Strategy: COMMUNITY LIVING ASSISTANCE (CLASS)				
	Output (Volume):				
	Average Number of Individuals Served Per Month				

	Medicaid Related Conditions Waiver (CLASS) :	4,6194,655	4,6194,655
	Efficiencies:		
	Average Monthly Cost Per Individual Served: Medicaid Related Conditions Waiver (CLASS)	3,232,173,503.09	3,159,113,503.09
	Explanatory:		
	Average Number of Individuals on Interest List Per Month: Medicaid Related Conditions Waiver (CLASS)	30,28054,114	30,28061,983
	Number of Persons Receiving Services at the End of the Fiscal Year: Community Living Assistance & Support Services Waiver (CLASS)	4,6194,655	4,6194,655
	Total Number Declined Services or Found to be Ineligible for Services during the Fiscal Year: Community Living Assistance and Support Services (CLASS)	837,338	837,338
	Average Number on Community Living Assistance and Support Services (CLASS) Interest List Receiving Other DADS Services Per Month	5,4079,822	5,4079,931
	A.3.4. Strategy: DEAF-BLIND MULTIPLE DISABILITIES		
	Output (Volume):		
	Average Number of Individuals Served Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver	148	158 148158
	Efficiencies:		
	Average Monthly Cost Per Individual Served: Medicaid Deaf-blind with Multiple Disabilities Waiver	4,150,81,437.76	4,139,461,437.76
	Explanatory:		
	Average Number of Persons on Interest List Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver	335	756 335953
	Number of Persons Receiving Services at the End of the Fiscal Year: Medicaid Deaf-blind with Multiple Disabilities Waiver	148	158 148158
	Total Number Declined Services or Found to be Ineligible for Services during the Fiscal Year: Deaf-Blind Multiple Disabilities (DBMD)	0	15 015
	Average Number on Deaf-Blind Multiple Disabilities(DBMD) Interest List Receiving Other DADS Services Per Month	108	189 108190
	A.3.5. Strategy: MEDICALLY DEPENDENT CHILDREN PGM		
	Output (Volume):		
	Average Number of Individuals Served Per Month: Medically Dependent Children Program	2,3802,404	2,3802,404
	Efficiencies:		
	Average Monthly Cost Per Individual Served: Medically Dependent Children Program	1,468.73	1,437.761,454.991,437.76
	Explanatory:		
	Average Number of Persons on Interest List Per Month:		

	Medically Dependent Children Program	18,310	33,105	18,310	33,730
	Number of Persons Receiving Services at the End of the Fiscal Year:				
	Medically Dependent Children's Program	2,380	2,404	2,380	2,404
	Total Number Declined Services or Found to be Ineligible for Services Fiscal Year:				
	Medically Dependent Children Program (MDCP)	416	1,032	416	1,032
	Average Number on Medically Dependent Children Program (MDCP)				
	Interest List Receiving Other DADS Services Per Month	340	1,803	340	1,836
	A.3.6. Strategy: CONSOLIDATED WAIVER PROGRAM				
	Output (Volume):				
	Average Number of Individuals Served Per Month: Medicaid Consolidated Waiver Program	154	154	154	154
	Efficiencies:				
	Average Monthly Cost Per Individual Served: Medicaid Consolidated Waiver Program	2,045.64	2,040.05	2,045.64	2,040.05
	Explanatory:				
	Number of Persons Receiving Services at the End of the Fiscal Year: Medicaid Consolidated Waiver Program	154	154	154	154
	A.3.7. Strategy: TEXAS HOME LIVING WAIVER				
	Output (Volume):				
	Average Number of Individuals Served Per Month: Texas Home Living Waiver	5,738	5,641	5,738	5,641
	Efficiencies:				
	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	652.25	800.00	650.47	800.00
	Explanatory:				
	Number of Individuals Receiving Services at the End of the Fiscal Year:				
	Texas Home Living Waiver	5,738	5,641	5,738	5,641
	A.4.1. Strategy: NON-MEDICAID SERVICES				
	Output (Volume):				
	Average Number of Individuals Served Per Month:				
	Non Medicaid Community Care (XX/GR)	35,377	32,985	35,377	32,985
	Explanatory:				
	Average Number of Individuals Receiving Non-Medicaid Community Services and Supports (XX)	17,026	18,469	17,026	18,469
	Number of Individuals Receiving Services at the End of the Fiscal Year:				
	Non Medicaid Community Care (XX /GR)	35,489	18,469	35,489	18,469
	A.4.2. Strategy: MR COMMUNITY SERVICES				
	Output (Volume):				
	Average Monthly Number of Individuals with Intellectual and Developmental Disabilities Receiving Community Services	9,955	3,872	9,955	3,872
	Efficiencies:				
	Average Monthly Cost Per Individual with Intellectual and Developmental				

	Disabilities Receiving Community Services	661,470.87	661,470.87
	Explanatory:		
	Number of Individuals with Intellectual and Developmental Disabilities Receiving Community Services at the End of the Fiscal Year	9,955,812	9,955,812
	A.4.4. Strategy: IN-HOME AND FAMILY SUPPORT		
	Output (Volume):		
	Average Number of Individuals Per Month Receiving In-home Family Support (IHFS)	5,375,999	5,375,999
	Efficiencies:		
	Average Monthly Cost of In-home Family Support Per Individual	77,366.32	77,366.32
	Explanatory:		
	Number of Individuals Receiving Services at the End of the Fiscal Year:		
	In-Home and Family Support	5,375,999	5,375,999
	A.4.5. Strategy: MENTAL RETARDATION IN HOME SERVICES		
	Output (Volume):		
	Number of Individuals with Intellectual and Developmental Disabilities Receiving In-Home and Family Support Per Year	0	0
	Efficiencies:		
	Average Annual Grant Per Individual with Intellectual and Developmental Disabilities Receiving In-home and Family Support Per Year	0	0
	Explanatory:		
	Number of Individuals with Intellectual and Developmental Disabilities Receiving Services at the End of the Fiscal Year:		
	In-Home and Family Support	0	0
	A.5.1. Strategy: ALL-INCLUSIVE CARE – ELDERLY (PACE)		
	Output (Volume):		
	Average Number of Recipients Per Month: Program for All Inclusive Care (PACE)	1,091	1,105
	Efficiencies:		
	Average Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	2,867.08	2,859.20
	Explanatory:		
	Number of Persons Receiving Services at the End of the Fiscal Year:		
	Program of All-inclusive Care for the Elderly (PACE)	1,091	1,105
	A.6.1. Strategy: NURSING FACILITY PAYMENTS		
	Output (Volume):		
	Average Number of Individuals Receiving Medicaid – Funded Nursing Facility Services per Month	56,213	56,223
	Efficiencies:		
	Net Nursing Facility Cost Per Medicaid Resident Per Month	2,981.92	2,950.54
	A.6.2. Strategy: MEDICARE SKILLED NURSING FACILITY		

	<p>Output (Volume): Average Number of Individuals Receiving Copaid Medicaid/Medicare Nursing Facility Services Per Month</p>	6,7676,012	6,9035,949
	<p>Efficiencies: Net Payment Per Individual for Copaid Medicaid/Medicare Nursing Facility Services Per Month</p>	2,055.932	2,115.012,183.65
	<p>A.6.3. Strategy: HOSPICE</p>		
	<p>Output (Volume): Average Number of Individuals Receiving Hospice Services Per Month</p>	7,0397,218	7,3437,418
	<p>Efficiencies: Average Net Payment Per Individual Per Month for Hospice</p>	2,739.582,830.60	2,732.232,830.70
	<p>A.6.4. Strategy: PROMOTING INDEPENDENCE SERVICES</p>		
	<p>Output (Volume): Average Number of Individuals Served Through Promoting Independence Per Month</p>	6,3185,769	6,8636,076
	<p>Efficiencies: Average Monthly Cost Per Individual Served: Promoting Independence</p>	1,487.751,431.61	1,418.111,430.89
	<p>A.7.1. Strategy: INTERMEDIATE CARE FACILITIES MR<u>IID</u></p>		
	<p>Output (Volume): Average Number of Persons in ICF/MR<u>IID</u> Medicaid Beds Per Month</p>	5,6025,624	5,4235,624
	<p>Efficiencies: Monthly Cost Per ICF/MR<u>IID</u> Medicaid Eligible Individual</p>	4,360.274,384.64	4,349.924,384.64
	<p>A.8.1. Strategy: STATE SUPPORTED LIVING CENTERS</p>		
	<p>Output (Volume): Average Monthly Number of State Supported Living Center Campus Residents</p>	3,8313,381	3,5953,134
	<p>Number of Unfounded Abuse/Neglect/Exploitation Allegations Against State Supported Living Center Staff as Reported By Victims</p>	131-1,022	65,5919
	<p>Number of Confirmed Abuse/Neglect/Exploitation Incidents at State Supported Living Centers</p>	214.5636	107.25573
	<p>Efficiencies: Average Monthly Cost Per State Supported Living Center or State Center Resident</p>	14,107.1116,382.00	14,801.5317,673.00
	<p>B. Goal: REGULATION, CERTIFICATION, OUTREACH</p>		
	<p>Outcome (Results/Impact): Percent of Facilities Complying with Standards at Time of Inspection for Licensure and/or Medicare/Medicaid Certification</p>	62.2642.67%	62.2642.67%
	<p>B.1.1. Strategy: FACILITY/COMMUNITY-BASED REGULATION</p>		
	<p>Output (Volume): Total Dollar Amount Collected from Fines</p>	2,641,154-3,254,120	2,641,1543,254,120
	<p>B.1.2. Strategy: CREDENTIALING/CERTIFICATION</p>		

		Output (Volume): Number of Licenses Issued or Renewed Per Year: Nursing Facility Administrators	<u>1,285,186</u>	<u>1,120,991</u>
		<i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i>		
2	II-8	Capital Budget. 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.		
			<u>20124</u>	<u>20135</u>
		a. Repair or Rehabilitation of Buildings and Facilities		
		(1) Repairs of State Owned Bond Homes and State Supported Living Centers	<u>\$3,352,186</u>	<u>352,186</u> \$ <u>45,185,518</u> <u>352,186</u>
		b. Acquisition of Information Resource Technologies		
		(1) Lease of Personal Computers	<u>3,965,874</u>	<u>3,965,874</u> <u>3,995,874</u> <u>3,965,874</u>
		(2) Software Licenses	<u>1,701,400</u>	<u>1,701,400</u>
		(3) Data Center Consolidation ¹⁰	<u>3,158,668</u>	<u>3,316,874</u> <u>3,475,079</u> <u>3,316,874</u>
		(4) SAS/CARE Consolidation <u>4,909,368</u> <u>814,433</u>		
		(5) Messaging and Collaboration	<u>1,605,939</u>	<u>1,605,939</u>
		(6) Telecommunications Enhancements <u>1,082,445</u> <u>0</u>		
		(7) Community Services Database Portal Design <u>1,500,000</u> <u>1,500,000</u>		
		(8) Security Improvements <u>\$ 290,000</u> <u>\$ 914,216</u>		
		Total, Acquisition of Information Resource Technologies	<u>\$ 48,213,694</u>	<u>10,590,087</u> \$ <u>44,006,944</u> <u>10,620,087</u>
		e. Transportation Items		
		(1) Vehicle Replacement for State Supported Living Centers Paratransit/Wheelchair <u>\$ 1,271,365</u> <u>\$ 1,227,366</u>		
		dc. Other Lease Payments to the Master Lease Purchase Program (MLPP)		
		(1) Payment of MLPP - Utility Savings or Energy Conservation	<u>3,305,939</u>	<u>3,024,022</u> <u>2,387,104</u> <u>3,004,887</u>
		(2) Payment of MLPP - Transportation	<u>\$ 271,914</u>	<u>252,204</u> \$ <u>127,754</u> <u>249,960</u>
		Total, Other Lease Payments to the Master Lease Purchase Program (MLPP)	<u>\$ 3,577,853</u>	<u>3,276,226</u> \$ <u>2,514,852</u> <u>3,254,846</u>
		d. Money Follows the Person Demonstration Technology Enhancements		
		(1) Development and Maintenance of a Contract Monitoring Tool	<u>\$144,500</u>	<u>\$0</u>
		Total, Capital Budget	<u>\$ 26,415,098</u>	<u>\$14,802,969</u> <u>\$ 32,934,677</u> <u>\$14,667,090</u>
		Method of Financing (Capital Budget):		
		General Revenue Fund		
		General Revenue Fund	<u>\$ 7,358,341</u>	<u>3,915,083</u> \$ <u>3,239,326</u> <u>3,891,861</u>

		GR Match for Medicaid	3,344,608	737,612	2,786,192	737,371
		GR Certified as Match for Medicaid	2,800,505	2,864,563	2,889,774	2,869,862
		<u>GR for Fed. Funds (OAA)</u>	249		231	
		Subtotal, General Revenue Fund	\$ 13,503,454	8,007,934	\$ 8,914,289	7,956,177
		GR Dedicated - Texas Capital Trust Fund Account No. 543	289,803	289,802	289,802	
		Federal Funds	12,335,743	6,325,157	8,604,827	6,203,866
		Other Funds				
		Bond Proceeds - General Obligation Bonds	0	0	14,833,333	0
		MR Collections for Patient Support and Maintenance	253,724	195,560	262,733	196,042
		MR Appropriated Receipts	32,407	8,390	32,693	8,410
		<u>Appropriated Receipts</u>	2,306		2,312	
		<u>Interagency Contracts</u>	27,526		27,594	
		Subtotal, Other Funds	\$ 6,795,035	286,128	\$ 15,128,759	6,270,942
		Total, Method of Financing	\$ 6,415,098	14,362,999	\$ 32,934,677	14,227,120
		<i>This rider has been updated to reflect the base capital expenditures for FY2014-15 Legislative Appropriations Request.</i>				
3	II-9	Appropriation of Local Funds. 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, 2014, are hereby appropriated for the biennium ending August 31, 2015, for the purpose of carrying out the provisions of this Act.				
		<i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i>				
5	II-9	Appropriations Limited to Revenue Collections. 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 & 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 \$479,544 for fiscal year 2012-2014 and \$479,544 for fiscal year 2013-2015. Direct costs for the Home and Community Support Services Agencies program are estimated to be \$1,948,343 for fiscal year 2012 and \$1,948,343 for fiscal year 2013. "Other direct and indirect costs" for the Nursing Facility Administrator program are estimated to be \$120,678 for fiscal year 2012-2014 and \$128,761 for fiscal year 2013-2015. "Other direct and indirect costs" for the Home and Community Support Services Agencies program are estimated to be \$503,321 for fiscal year 2012-2014 and \$536,715 for fiscal year 2013-2015. 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.				
		<i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i>				
9	II-10	Limitation: Medicaid Transfer Authority. a. Notwithstanding the transfer provisions (general 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:				

- a. A.1.1. Intake and Access to Services and Support;
- b. A.2.1. Primary Home Care;
- c. A.2.2. Community Attendant Services (formerly Frail Elderly);
- d. A.2.3. Day Activity and Health Services (DAHS);
- e. A.3.1. Community-based Alternatives (CBA);
- f. A.3.2. Home and Community-based Services (HCS);
- g. A.3.3. Community Living Assistance and Support Services (CLASS);
- h. A.3.4. Deaf-Blind Multiple Disabilities (DBMD);
- i. A.3.5. Medically Dependent Children Program (MDCP);
- j. A.3.6. Texas Home Living Waiver;
- k. A.5.1 Program of All-inclusive Care for the Elderly (PACE);
- l. A.6.1. Nursing Facility Payments;
- m. A.6.2. Medicare Skilled Nursing Facility;
- n. A.6.3. Hospice;
- o. A.6.4. Promoting Independence Services;
- p. A.7.1. Intermediate Care Facilities - Mental Retardation (ICF/MR);
- q. A.8.1 State Supported Living Centers and
- r. B.1.1. Long-Term Care Facility Regulation

may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated without the prior written approval 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. 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.

a. Limitations on Transfers.

(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.

- A.3.1. Community-based Alternatives (CBA)
- A.3.2. Home and Community-based Services (HCS)
- A.3.3. Community Living Assistance and Support Services (CLASS)
- A.3.4. Deaf-Blind Multiple Disabilities (DBMD)
- A.3.5. Medically Dependent Children Program (MDCP)
- A.3.6. Consolidated Waiver Program

~~A.3.7. Texas Home Living Waiver
A.6.4. Promoting Independence Services~~

~~(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 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.~~

~~A.2.1. Primary Home Care
A.2.2. Community Attendant Services (formerly Frail Elderly)
A.2.3. Day Activity and Health Services (DAHS)
A.5.1. Program of All-inclusive Care for the Elderly (PACE)~~

~~(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.~~

~~A.6.1. Nursing Facility Payments
A.6.2. Medicare Skilled Nursing Facility
A.6.3. Hospice~~

~~(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.~~

~~A.7.1. Intermediate Care Facilities – Mental Retardation (ICF/MR)
A.8.1. State Supported Living Centers~~

~~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:~~

- ~~(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;~~
- ~~(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;~~

		<p>(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 (4) the capital budget impact.</p> <p>c. 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:</p> <p>(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing; (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year; (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 (4) the capital budget impact.</p> <p>The transfer request shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the transfer request 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>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.</p> <p>eb. 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.</p> <p>fc. 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. 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>Notification formalizes transfers already stated in monthly financial reporting to the LBB and Governor's office.</i></p>
11	II-12	<p>Appropriation Transfer between Fiscal Years. In addition to the transfer authority provided elsewhere in this Act, the Department of Aging and Disability Services may transfer appropriations made for fiscal year ending August 31, 2013 <u>2015</u> to fiscal year ending August 31, 2012 <u>2014</u>, 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</p>

		<p>services for fiscal year 20122014, 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-ID related programs required to fund appropriations contained in this Act for fiscal year 2012-2014 are less than those contained in the method of finance for the department for fiscal year 20122014.</p> <p>b. Transfers may not exceed \$50,000,000 in General Revenue.</p> <p>eb. the Governor and the Legislative Budget Board must be notified regarding the reason for the transfer. A transfer authorized by this section must receive the prior approval of the Governor and the Legislative Budget Board.</p> <p>ec. 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 2014-15 biennium.</i></p> <p><i>Deleted section b. is being recommended for deletion to provide more flexibility to resolve shortfalls within the agency.</i></p> <p><i>New section b is consistent with other HHS Enterprise Authority.</i></p>
13	II-13	<p>Survey of Nursing Facility Residents. Out of funds appropriated above, the Department of Aging and Disability Services is allocated the following:</p> <p>a. up to \$360,000 in All Funds, of which up to \$180,000 is General Revenue Funds, in fiscal year 2012-2014 to conduct surveys of nursing facility residents and individuals receiving other long-term services and supports. The surveys shall assess how satisfied individuals are with their quality of care and quality of life. Not later than January 15, 20132015, the department shall submit a written report on the survey to the Legislature, Governor, and Health and Human Services Commissioner; and</p> <p>b. up to \$1,000,000 in All Funds, of which up to \$500,000 is General Revenue Funds, to perform on-site case reviews of the care of nursing home residents and individuals receiving other long-term care services and supports. These reviews will identify preventable occurrences of adverse outcomes. The result of these reviews will be included in the report to the Legislature, Governor and Health and Human Services Commissioner described in (a) above.</p> <p><i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i></p>
14	II-13	<p>Nursing Facility Beds for Medicaid Eligible Veterans. Contingent upon a request from the Texas Veterans Land Board, it is the intent of the Legislature that the Department of Aging and Disability Services maintain a program for Medicaid-eligible veterans that will enable these individuals to be placed in State Veterans Homes <u>if they so choose</u>. It is further the intent of the Legislature that the department amend its nursing facility bed allocation rules to create sufficient certified beds to accommodate</p>

		<p>the requirements of such a program.</p> <p><i>Revised text to recognize a Medicaid-eligible veteran has a choice in determining whether to be placed in a State veteran home and to revise other wording.</i></p>
15	II-13	<p>Limitation on State Supported Living Center Strategy Transfers. The transfer of appropriations from Strategy A.8.1, State Supported Living Centers, to any other strategy is limited to 5 percent without the prior approval of the Legislative Budget Board and the Governor.</p>
16	II-13	<p>State Supported Living Center Medicaid Revenues.</p> <p>a. 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 supported living center employees shall be proportional to the source of funds. The department shall develop a plan for the 2012-13 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/MR state supported living center 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, 2011 prior to submission to the Legislative Budget Board. The Department of Aging and Disability Services shall report quarterly to the Legislative Budget Board and the Governor on the distribution of ICF/MR state supported living center 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>ba. Quality Assurance Fee Funds - Informational Item. Appropriations from the Quality Assurance Fee Funds in this Act total \$66,396,320 <u>65,432,480</u> in fiscal year 2012-2014 (including a UB from fiscal year 2011 estimated to be \$27,263,140) and \$65,896,539 <u>65,432,480</u> in fiscal year 20135. Out of funds appropriated above in Strategy A.7.1, ICF/MR IID and A.8.1, State Supported Living Centers, \$59,824,479 <u>59,571,480</u> in fiscal year 2012-2014 and \$59,324,479 <u>59,571,480</u> in fiscal year 2013-2015 in Quality Assurance Fee Funds are provided for mental retardation services. Estimated amounts of \$6,574,845,861,000 in fiscal year 2012-2014 and \$6,575,060,861,000 in fiscal year 2013-2015 are appropriated elsewhere in this Act for employee benefits for Living Center employees. Pursuant to Article IX, Sec. 6.08, Benefits Paid Proportional by Fund, benefits for Living Center Employees reflect the proportion by fund type as used for salaries.</p> <p><i>Proportionality of Funds report is no longer required by the Comptroller, so this is being recommended for deletion. Respectful language changes. This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i></p>
18	II-14	<p>Disposition of Construction Appropriation Related to Mental Retardation. 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</p>

		<p>Classification Plan and Classification Salary Schedule.</p> <p><i>Recommend for deletion. These architects and engineers used to be DADS employees but this is now an IAC with HHSC so the rider no longer applies.</i></p>
19	II-14	<p>Unexpended Balances: ICF/MR-IID Standards. Except as otherwise provided, unexpended and unobligated balances, not to exceed \$5 million in General Revenue, remaining from appropriations for the first year of the biennium to the Department of Aging and Disability Services are appropriated to the department for the purpose of complying with Intermediate Care Facilities for the Mentally Retarded <u>individuals with Intellectual disabilities</u> (ICF-MR-IID) standards dealing with residential, non-residential, and community based mental retardation services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this Act to retain for specific purposes in the second year of the biennium. The department shall notify the Legislative Budget Board and the Governor as to when the appropriation originated, why it is not needed, and how it will be used prior to budgeting and expending these balances.</p> <p><i>Respectful language updates.</i></p>
20	II-14	<p>Unexpended Construction Balances. Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$44,833,3330 from fiscal year 2011-2013 to fiscal year 2013-2014 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.</p> <ul style="list-style-type: none"> a. a report by September 1, 2011-2013 providing actual expenditures for fiscal years 2010-2012 and 2011-2013, and planned expenditures for fiscal years 2012-2014 and 2013-2015 at the project/state supported living center level; and b. a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/state supported living center for the previous six months. <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> <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 change dates to reflect the FY 2014-15 biennium.</i></p>
21	II-14	<p>MR-ID Residential Placement Options. Pursuant to § 533.038 of the Health and Safety Code, an individual with mental retardation <u>an intellectual disability</u> or an individual's legally authorized representative seeking residential services shall receive a clear explanation of programs and services for which the individual is determined to be eligible, including state supported living centers, community ICFs- MRID, 1915(c) waiver services or other services, in order to ensure consumer choice. The programs and services that are explained shall be documented in the individual's record and acknowledged in writing by the individual or the individual's legally authorized representative. If the chosen programs or services are not available, the individual or the individual's legally authorized representative shall be given assistance in gaining access to alternative services and the selected waiting lists.</p> <p>The department shall keep a central list of the number of openings available for each type of residential service. The department shall honor the program and services preferences of the person or the person's legally authorized representative to the maximum extent openings are available in a residential program or service for which the individual meets program criteria.</p> <p><i>Respectful language updates.</i></p>
23	II-15	<p>Appropriation and Unexpended Balances: Affordable Housing for the Elderly. General Revenue Funds appropriated above include fees collected pursuant to § 394.902, Local Government Code, and § 101.022, Human Resources Code, as amended, for the purpose of promoting affordable housing for the elderly (\$454,000 for the biennium).</p> <p>Any unexpended balances in fees collected to promote affordable housing for the elderly for the fiscal year ending August 31, 2012<u>2014</u>, may be carried forward into fiscal year 2013<u>2015</u>, and such balances are hereby appropriated.</p> <p>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 change dates to reflect the FY 2014-15 biennium.</i></p>
25	II-15	<p>Appropriation: GR-Dedicated License Plates Account No. 5055.¹¹ Included in funds appropriated above in Strategy A.4.2, MR ID Community Services, is \$6,000 for the biennium in revenue generated from the sale of specialized "Special Olympics Texas" license plates and collected in GR-Dedicated Account No. 5055 during the 2012<u>2014-13-15</u> biennium. It is the intent of the Legislature that these funds be expended for costs associated with training and with area and regional competitions of the Special Olympics Texas.</p> <p><i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i></p>

		<i>Respectful language updates.</i>
26	II-15	<p>Revolving Fund Services: Canteen Services and Sheltered Workshops. Out of funds appropriated above in Strategy A.8.1, State Supported Living Centers, \$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 <u>ID</u> 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><i>Respectful language updates.</i></p>
28	II-15	<p>Cost Comparison Report. Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in Home and Community-based Services (HCS), Texas Home Living, and Intermediate Care Facilities for iIndividuals with an <u>Mental Retardation- Intellectual Disability and Related Conditions (ICF-MR/RC<u>IID</u>)</u>.</p> <p>a. The report shall include the following:</p> <ol style="list-style-type: none"> (1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICF-MR/RC<u>ICF/II</u>D, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICF-MR<u>IID</u> only); (2) a comparison of severity across settings. (3) the total number of persons, by LON, who transitioned from state-operated ICFMR/RC<u>ICF/II</u>D to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program. <p>b. With respect to the cost to the state per person residing in a state operated ICF-MR/RC<u>ICF/II</u>D facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-operated ICF-MR/RC<u>ICF/II</u>D facilities, non-state operated ICF-MR/RC<u>ICF/II</u>D facilities, and the HCS and Texas Home Living waivers, the department shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICF-MR/RC<u>ICF/II</u>D facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. The department shall identify the types of costs included in each category.</p> <p>b. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF-MR<u>ICF/II</u>D services will cover the time a person is admitted to the facility to the time of</p>

		<p>discharge unless the person is admitted to an ICF/MR/ICF/IID or waiver within 60 days of discharge. In that case the Medicaid costs incurred during discharge will be counted toward the ICF/MR/ICF/IID costs. The report shall be submitted to the Eighty-second<u>third</u> Legislature no later than August 31, 201<u>24</u>.</p> <p><i>Revised text to replace 11 instances of “ICF-MR/RC” with “ICF/IID” consistent with person first respectful language as directed by H.B. 1481 (82nd Legislature, Regular Session, 2011).</i></p> <p><i>NOTE: Person first respectful language does not include the acronym “RC” for related condition. Recent published federal rules refer to an intermediate care facility for individuals with an intellectual disability as ICF/IID. This new acronym is being considered for formal adoption by DADS to replace ICF/ID and ICF/ID-RC.</i></p>
29	II-16	<p>Services under a 1915c Medicaid Waiver. It is the intent of the Legislature that, from the funds appropriated above, the Department of Aging and Disability Services shall provide services under a Section 1915(c) <u>Medicaid</u> waiver program, other than a nursing facility waiver program to an individual, 21 years and younger, leaving a nursing facility if the individual:</p> <ul style="list-style-type: none"> a. meets the eligibility requirements for that Section 1915(c) <u>Medicaid</u> waiver program; and c. in order to leave the nursing facility, requires services that are available only under that Section 1915(c) <u>Medicaid</u> waiver program. <p><i>Revised text to correctly reference 1915(c) Medicaid Waiver.</i></p>
30	II-16	<p>Services under HCS Waiver Program. It is the intent of the Legislature that, from the funds appropriated above, if an individual 21 years and younger, seeking to leave an intermediate care facility for <u>individuals with an intellectual disability</u>the mentally retarded, has been offered services under the HCS (Home and Community-based Services) waiver program, the Department of Aging and Disability Services may provide services to the individual under another Section 1915(c) <u>Medicaid</u> waiver program if the individual leaving the facility:</p> <ul style="list-style-type: none"> a. is determined to be ineligible for the services provided under the HCS waiver program; and b. meets the eligibility requirements for and needs services provided under another Section 1915(c) <u>Medicaid</u> waiver program. <p><i>Revised text to replace the term “mentally retarded” with “intellectually disabled” consistent with person first respectful language as directed by H.B. 1481 (82nd Legislature, Regular Session, 2011). In addition, corrected reference to Section 1915(c) Medicaid waiver.</i></p>
31	II-16	<p>Promoting Community Services for Children. 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 <u>individuals with an</u></p>

		<p>intellectual disability (ICFs/IID) the mentally retarded to transition to families during the 2012-13 biennium. To facilitate such transitions when requested by parent/guardian, funding for community intermediate care facilities for <u>individuals with an intellectual disability (ICFs/IID) the mentally retarded</u> may be transferred from the Strategy A.7.1, Intermediate Care Facilities–MR/IID, 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-IID beds upon such transition to prevent additional costs being incurred.</p> <p><i>Revised text to replace the term “mentally retarded” with “individuals with an intellectual disability (ICFs/ID),” to insert the acronym ICF/ID in one instance where language was previously spelled out, and to replace two instances of “ICF/MR” with “ICF/ID” consistent with person first respectful language as directed by H.B. 1481 (82nd Legislature, Regular Session, 2011).</i></p>
33	II-17	<p>Expenditure of Settlement Funds. 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 (General Revenue) during fiscal years 2014 and 2015. The department shall provide a detailed plan outlining the expenditure of the settlement funds in a format approved by the Legislative Budget Board.</p> <p>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 2014-15 biennium.</i></p>
34	II-17	<p>Limits for Waivers and Other Programs. Notwithstanding other provisions included in this Act, this provision shall govern expenditure levels for the following strategies.</p> <p>a. Waivers and PACE. The All Funds amounts included above for Department of Aging and Disability Services (DADS) for fiscal year 2012-2014 and fiscal year 2013-2015 in each individual strategy identified below shall not be exceeded without the prior written approval of <u>unless DADS provides written notification to the Legislative Budget Board and the Governor.</u></p> <ul style="list-style-type: none"> A.3.1. Community-bBased Alternatives (CBA) A.3.2. Home and Community-based Services (HCS) A.3.3. Community Living Assistance and Support Services (CLASS) A.3.4. Deaf-b Blind with Multiple Disabilities (DBMD) A.3.5. Medically Dependent Children Program (MDCP) A.3.6. Consolidated Waiver Program A.3.67. Texas Home Living Waiver A.5.1. Program of All-Inclusive Care for the Elderly (PACE) <p>Requests for Exemptions. To request an exemption from the limits established under section (a), DADS shall submit a written</p>

		<p>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 2012-13 biennium and the 2014-15 biennium. The request for an exemption shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written disapproval within 30<u>45</u> business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for exemption 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>Non-Medicaid Programs. The All Funds amounts included above for DADS for fiscal year 2012-2014 and fiscal year 2013<u>2015</u> 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 2012-13<u>2014-15</u> GAA and specifies the following information: a detailed explanation how the increase would impact client<u>individuals served</u> and expenditure levels by method of finance at the individual strategy level in the 2012-13<u>2014-15</u> biennium and the 2014-15<u>2015-16</u> biennium.</p> <p>A.4.1. Non-Medicaid Services A.4.2. MR-ID Community Services A.4.4. In-Home and Family Support</p> <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 has been updated to change dates to reflect the FY 2014-15 biennium. Revised paragraph a. Waivers and PACE, item A.3.1, to correct spelling of Community Based Alternatives. The term "Community Based" should not be hyphenated and the term "Based" should be capitalized. Revised paragraph a. Waivers and PACE, item A.3.4, to correct spelling of Deaf Blind with Multiple Disabilities (DBMD). The term "Deaf Blind" is not hyphenated and the term "with" should precede "Multiple Disabilities". Revised paragraph a. Waivers and PACE, to delete item A.3.6 relating to the Consolidated Waiver Program which was dissolved December 31, 2011.</i></p>
35	II-18	<p>Elimination of the Consolidated Waiver Program. Upon elimination of the Consolidated Waiver Program as required by Senate Bill 705, Eighty-first Legislature, Regular Session, 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</p>

		<p>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.</p> <p>The Department of Aging and Disability Services must receive approval for the reallocation pursuant to the Department of Aging and Disability Services Rider 9, Limitation: Medicaid Transfer Authority. Until the Consolidated Waiver Program is eliminated, the Department of Aging and Disability Services is directed to submit a report on the status of eliminating the Consolidated Waiver Program to the Legislative Budget Board and the Governor's Office by October 1 of each year of the biennium.</p> <p><i>Recommended for deletion as the Consolidated Waiver Program no longer exists.</i></p>
37	II-18	<p>Program of All-inclusive Care for the Elderly (PACE): Limitations. Out of funds appropriated above for the Department of Aging and Disability Services in Strategy A.5.1, All-inclusive Care for the Elderly (PACE), all funding provided for PACE slots shall be used only for slots in currently operating sites or designated sites coming on line. Notwithstanding any other provision in this Act, funding appropriated to Strategy A.5.1 may not be transferred to another strategy or used for another purpose.</p> <p><i>This rider hampers Agency flexibility given by Rider 9 to address agency shortfalls.</i></p>
38	II-18	<p>Unexpended Balances: General Obligation Bond Proceeds. Included in the amounts appropriated above in Strategy A.9.1, Capital Repairs and Renovations, are unexpended and unobligated balances of General Obligation Bond Proceeds that have been approved under the provisions of Article IX, Section 17.11 of Senate Bill 1, Eighty-first Legislature, Regular Session, 2009, remaining as of August 31, 2014-2013 (estimated to be \$0), for the Department of Aging and Disability Services, in fiscal year 2013-2014.</p> <p>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.</p> <p><i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i></p>
39	II-18	<p>Waiting-Interest List Reduction. Notwithstanding any other provision in this Act, the Department of Aging and Disability Services is directed to consider factors such as length of time on the interest/waiting list, size of waiting-interest list, demographics, average cost, and crisis stabilization in providing services to waiting-interest list clients-individuals on a program-specific basis.</p> <p><i>Revised term "interest/waiting list" and "waiting list" to "interest list." Replaced "clients" with "individuals".</i></p>
41	II-18	<p>Reporting Abuse/Neglect/Exploitation Incidents at All State Supported Living Centers. The Department of Aging and Disability Services shall report quarterly for each state supported living center on:</p> <p>a. as reported by victims, the number of abuse/neglect/exploitation claims deemed "unfounded." "Victim" as defined by</p>

		<p>Texas Administrative Code Title 40 Rule 711.3 and "unfounded" as defined by Texas Administrative Code Title 40 Rules 711.425 and 711.421 by the Department of Family and Protective Services investigators; and</p> <p>b. the number of abuse/neglect/exploitation incidents deemed "confirmed" as defined by Texas Administrative Code Title 40 Rules 711.425 and 711.421 by Department of Family and Protective Services investigators. DADS shall input the information into the LBB's Automated Budget and Evaluation System of Texas.</p> <p><i>Recommended for deletion. This has been implemented and DADS now has 2 key performance measures for this in Strategy 1-8-1 Long Term Services and Supports – SSLC.</i></p>
42	II-19	<p>Unexpended Balance Authority for SAS/CARE Consolidation Project.</p> <p>a. Unexpended Balance between Biennia. Unexpended balances in General Revenue Funds appropriated for the Service Authorization System/Client Assignment and Registration (SAS/CARE) Consolidation project in fiscal year 2011 (estimated to be \$572,380 in General Revenue and \$5,151,421 in Federal Funds) in Strategy A.6.1, Nursing Facility Payments, are appropriated to the Department of Aging and Disability Services (DADS) for the fiscal year beginning September 1, 2011, only upon prior written approval by the Legislative Budget Board and the Governor. These General Revenue and Federal Funds are contingent on an unexpended balance from fiscal year 2011. The amount of the appropriation is limited to the amount of the unexpended balance.</p> <p>b. For authorization to expend the funds, 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.</p> <p>c. The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 30 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><i>Recommended for deletion. Phase I will be complete during the 12/13 biennium. Phase II is requested as an Exceptional Item for FY 14/15.</i></p>
43	II-19	<p>Reshaping the System for Providing Services to Individuals with Developmental Disabilities. Out of funds appropriated above for persons with mental retardation, intellectual disabilities, and developmental disabilities, the Department of Aging and Disability Services (DADS) is required to increase the number of Home and Community Based Services (HCS) slots during fiscal years 2012 and 2013 for (1) children aging out of foster care services at the Department of Family and Protective Services, (2) individuals who are at imminent risk of institutionalization as a result of a emergency or crisis situations, and (3) promoting independence initiatives.</p> <p>It is the intent of the Legislature that DADS continue census management initiatives, not closure, while not removing a state</p>

		<p>supported living center resident from a state supported living center against the resident's will or against the will of the resident's legally authorized guardian and without denying admission to a state supported living center on the basis that the admission would cause the state supported living center to exceed any potential capacity limit.</p> <p><i>This rider has been updated to change dates to reflect the FY 2014-15 biennium.</i></p>
45	II-20	<p>MR Community Services Funded through Medicaid. Funds appropriated above to Strategy A.4.2, Mental Retardation Community Services, and Strategy A.3.7, Texas Home Living Waiver, reflect the refinancing of services for up to 5,000 Medicaid-eligible individuals.</p> <p><i>Recommended for deletion as this has been implemented.</i></p>
46	II-20	<p>Attendant Care Services for Persons Enrolled in Community-based Alternatives. Funds appropriated above to the Department of Aging and Disability Services assume a savings of \$22,320,772 in All Funds, including \$9,282,093 in General Revenue Funds, in fiscal year 2012 and \$13,412,084 in All Funds, including \$5,717,907 in General Revenue Funds, in fiscal year 2013. The department may achieve these savings by reducing rates for the indirect portion of attendant care services in the Community-based Alternatives waiver to the level of the indirect component of the rate in the Primary Home Care and Community Attendant Services programs.</p> <p><i>Recommended for deletion as this has been implemented.</i></p>
48	II-20	<p>Home and Community-based Services (HCS) Foster Care Rates. The Department of Aging and Disability Services, in conjunction with the Health and Human Services Commission, shall develop a potential cost savings proposal totaling \$4,074,490 in General Revenue for the 2012-13 biennium, focusing on rates paid for HCS Foster Care and Companion Care services. This rider focuses on the administrative (indirect) component of the Foster Care and Companion Care rate.</p> <p><i>Recommended for deletion as this has been implemented.</i></p>
<u>NEW</u>		<p>Limitations on Use of Available General Revenue Funds. <u>Notwithstanding any other provisions made in this Act, the restriction on use of General Revenue Funds made available by an EFMAP does not apply to the Money Follows the Person Rebalancing Demonstration activities, Balancing Incentive Program, Community First Choice, or any other Federal initiatives to increase community services. The Department of Aging and Disability Services is hereby authorized to transfer available General Revenue funds between strategies and expend on community based services in the respective line items in support of Money Follow the Person activities, Balancing Incentive Program, Community First Choice, or any other Federal initiatives to increase community services. The Department of Aging and Disability Services is authorized to adjust the agency's capital authority limitation to the extent necessary to comply with federal performance standards.</u></p>