3.A. Strategy Request

84th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST)

539 Aging and Disability Services, Department of

GOAL: OBJECTIVE:	ECTIVE: 2 Community Services and Supports - Entitlement			Statewide Goal/Benchmark:33Service Categories:			
STRATEGY:	1 Primary Home Care			Service: 26	Income: A.1	Age: B.3	
CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017	
	res: age Number of Individuals Served Per Month:	11,127.00	10,936.00	1,249.00	1,281.00	1,314.00	
Efficiency Measures: KEY 1 Average Monthly Cost Per Individual Served: Primary Home Care		732.00	740.05	980.05	1,003.27	1,003.27	
	Dense: ENT SERVICES ECT OF EXPENSE	\$90,406,460 \$90,406,460	\$96,624,692 \$96,624,692	\$14,688,977 \$14,688,977	\$15,422,331 \$15,422,331	\$15,819,627 \$15,819,627	
Method of Financing: 758 GR Match For Medicaid SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$35,181,674 \$35,181,674	\$37,934,854 \$37,934,854	\$6,154,681 \$6,154,681	\$6,557,575 \$6,557,575	\$6,737,579 \$6,737,579	
	ancing: eral Funds 93.778.000 XIX FMAP	\$55,224,786	\$58,689,838	\$8,534,296	\$8,864,756	\$9,082,048	
CFDA Subtotal	l, Fund 555	\$55,224,786	\$58,689,838	\$8,534,296	\$8,864,756	\$9,082,048	

3.A. Strategy Request

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539 Aging and Disability Services, Department of

GOAL:	.: 1 Long-term Services and Supports				Statewide Goal/Benchmark: 3 3				
OBJECTIVE:	2 Community Services and Supports - Entitlement			Service Categories:					
STRATEGY:	1 Primary Home Care			Service: 26	Income: A.1	Age: B.3			
CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017			
SUBTOTAL, N	MOF (FEDERAL FUNDS)	\$55,224,786	\$58,689,838	\$8,534,296	\$8,864,756	\$9,082,048			
Rider Appropr	iations:								
758 GR M	atch For Medicaid								
539	2 Art II SP Sec 62, Medicaid Unexpended Balances (14	-15 GAA)			\$0	\$0			
TOTAL, RIDE	ER & UNEXPENDED BALANCES APPROP				\$0	\$0			
TOTAL, MET	HOD OF FINANCE (INCLUDING RIDERS)				\$15,422,331	\$15,819,627			
TOTAL, METI	HOD OF FINANCE (EXCLUDING RIDERS)	\$90,406,460	\$96,624,692	\$14,688,977	\$15,422,331	\$15,819,627			
FULL TIME E	QUIVALENT POSITIONS:								
STRATEGY D	ESCRIPTION AND JUSTIFICATION:								

3.A. Strategy Request

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539 Aging and Disability Services, Department of

GOAL:	1 Long-term Services and Supports			Statewide Goal/Benchmark:		3	3	
OBJECTIVE:	2 Community Services and Supports - Entitlement	2 Community Services and Supports - Entitlement			Service Categories:			
STRATEGY:	1 Primary Home Care			Service: 26	Income: A.1		Age: B.3	
CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016		BL 2017	

The Primary Home Care (PHC) strategy provides non-skilled, personal care services for individuals whose chronic health problems impair their ability to perform activities of daily living (ADLs). Personal attendants assist individuals in performing ADLs, such as arranging or accompanying individuals on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping, and shopping. On average, individuals are authorized to receive approximately 16.6 hours of assistance per week.

To be eligible to receive Medicaid funded PHC, an individual must be at least 21 years of age (as of September 2007, individuals under age 21 are served by the Health and Human Services Commission's Personal Care Services program), have a monthly income that is equal to or less than 100% of the monthly income limit for Supplemental Security Income (SSI), which is currently \$698/month (SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index); have countable resources of no more than \$2,000; have a functional assessment score of 24 or greater; and have a medical practitioner's statement that the individual's medical condition causes a functional limitation for at least one personal care task.

Statutory Authority. Social Security Act, §§1902(a)(10)(A)(i)(I)-(VII), §1905(a)(24), §1915(b), and §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The vast majority of individuals who were receiving this services through DADS under a Fee-For-Service arrangement will be transitioned to HHSC Managed Care, effective September 1, 2014.

The following exceptional item will impact this program: Item 2, Cost Trends.