

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: 1 Nursing Facility Payments Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:						
KEY 1	Average Number Receiving Medicaid-funded Nursing Facility Services/Mo	56,255.00	55,915.00	29,289.00	2,892.00	2,901.00
2	Average Number Receiving Personal Needs Allowance Per Month	12,695.00	12,695.00	12,695.00	12,695.00	12,695.00
Efficiency Measures:						
1	Average Daily Nursing Facility Rate	131.75	136.03	144.34	146.37	146.37
2	Avg Amount of Individual Income Applied to the Cost of Care Per Day	24.26	24.55	25.32	25.99	26.80
KEY 3	Net Nursing Facility Cost Per Medicaid Resident Per Month	3,269.34	3,390.84	3,620.23	3,671.34	3,636.52
4	Average Monthly Cost Per Individual: Personal Needs Allowance	30.00	30.00	30.00	30.00	30.00
Objects of Expense:						
3001	CLIENT SERVICES	\$2,257,033,016	\$2,286,729,014	\$1,284,604,394	\$145,040,486	\$144,224,828
TOTAL, OBJECT OF EXPENSE		\$2,257,033,016	\$2,286,729,014	\$1,284,604,394	\$145,040,486	\$144,224,828
Method of Financing:						
1	General Revenue Fund	\$4,570,200	\$4,555,080	\$4,596,840	\$4,570,200	\$4,570,200

3.A. Strategy Request
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

8/5/2014 1:43:21PM

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:	1	Nursing Facility Payments	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
758	GR Match For Medicaid	\$905,614,304	\$942,914,267	\$536,549,038	\$60,002,858	\$59,752,119
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$910,184,504	\$947,469,347	\$541,145,878	\$64,573,058	\$64,322,319
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$1,344,630,169	\$1,338,972,369	\$743,347,307	\$80,316,428	\$79,751,509
	93.778.003 XIX 50%	\$2,218,343	\$287,298	\$111,209	\$151,000	\$151,000
CFDA Subtotal, Fund	555	\$1,346,848,512	\$1,339,259,667	\$743,458,516	\$80,467,428	\$79,902,509
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,346,848,512	\$1,339,259,667	\$743,458,516	\$80,467,428	\$79,902,509
Rider Appropriations:						
758	GR Match For Medicaid					
	539 12 Art II SP Sec 62, Medicaid Unexpended Balances (14-15 GAA)				\$0	\$0
TOTAL, RIDER & UNEXPENDED BALANCES APPROP					\$0	\$0

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:	1	Nursing Facility Payments	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$145,040,486	\$144,224,828
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,257,033,016	\$2,286,729,014	\$1,284,604,394	\$145,040,486	\$144,224,828

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Nursing Facility (NF) strategy provides payments to promote quality of care for individuals with medical problems requiring NF or hospice care. The types of payments include NF Care, Medicaid Swing Bed Program, Augmented Communication Device Systems, Customized Power Wheelchairs, Emergency Dental Services, and Specialized and Rehabilitative Services.

The NF Payments provides institutional nursing care for individuals whose medical condition requires a licensed nurse on a regular basis. The NF must provide for the medical, nursing, and psychosocial needs of each individual, to include room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items, and rehabilitative therapies.

To be eligible for Medicaid coverage in a NF, the individual must reside in a Medicaid-certified facility for 30 consecutive days; be eligible for Supplemental Security Income (SSI) from the Social Security Administration or be determined by the Texas Health and Human Services Commission to be financially eligible for Medicaid; and meet medical necessity requirements.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; Government Code, Chapter 531, and Texas Administrative Code §193130, 19.1401, and 19.2613-2614.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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:	1	Nursing Facility Payments	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
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Effective March 1, 2015, the vast majority of individuals who were receiving this service at DADS under a Fee-For-Service Arrangement will begin receiving services through HHSC Managed Care.

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

3.D. Sub-Strategy Level Detail

Date: Jul 29, 2014

Time: 7:58:18 AM

Agency Code: 539

Agency Name: Aging and Disability Services, Department of

GOAL: 1 Long Term Services and Supports
 OBJECTIVE: 6 Nursing Facility and Hospice Payments
 STRATEGY: 1 Nursing Facility Payments
 SUB-STRATEGY: 1 Nursing Facilities

Code Description	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:					
1 Average Number of Individuals Receiving Medicaid - Funded Nursing Facility Services per Month	56,255.00	55,915.00	29,289.00	2,892.00	2,901.00
Efficiency Measures:					
1 Average Daily Nursing Facility Rate	\$131.75	\$136.03	\$144.34	\$146.37	\$146.37
2 Average Amount of Individual Income Applied to the Cost of	\$24.26	\$24.55	\$25.32	\$25.99	\$26.80
3 Net Nursing Facility Cost Per Medicaid Resident Per Month	\$3,269.34	\$3,390.84	\$3,620.23	\$3,671.34	\$3,636.52
Objects of Expense:					
3001 - Client Services	\$2,225,142,238	\$2,267,341,282	\$1,266,987,029	\$127,410,038	\$126,594,380
TOTAL, OBJECT OF EXPENSE	\$2,225,142,238	\$2,267,341,282	\$1,266,987,029	\$127,410,038	\$126,594,380
Method of Financing:					
0758 GR-Match for Medicaid	\$899,897,467	\$936,273,436	\$531,052,264	\$54,404,086	\$54,144,416
SUBTOTAL, MOF (General Revenue)	\$899,897,467	\$936,273,436	\$531,052,264	\$54,404,086	\$54,144,416
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$1,325,244,771	\$1,331,067,846	\$735,934,765	\$73,005,952	\$72,449,964
CFDA Subtotal, Fund 0555	\$1,325,244,771	\$1,331,067,846	\$735,934,765	\$73,005,952	\$72,449,964
SUBTOTAL, MOF (Federal Funds)	\$1,325,244,771	\$1,331,067,846	\$735,934,765	\$73,005,952	\$72,449,964
TOTAL, METHOD OF FINANCE	\$2,225,142,238	\$2,267,341,282	\$1,266,987,029	\$127,410,038	\$126,594,380
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Jul 29, 2014

Time: 7:58:18 AM

Agency Code: 539

Agency Name: Aging and Disability Services, Department of

GOAL: 1 Long Term Services and Supports
 OBJECTIVE: 6 Nursing Facility and Hospice Payments
 STRATEGY: 1 Nursing Facility Payments
 SUB-STRATEGY: 2 Nursing Facility Other Services

Code Description	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:					
2 Average Number of Individuals Receiving State Supplementation of Personal Needs Allowance Per Month	12,695.00	12,695.00	12,695.00	12,695.00	12,695.00
Efficiency Measures:					
4 Average Monthly Cost Per Individual: Personal Needs Allowance	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Objects of Expense:					
3001 - Client Services	\$31,890,778	\$17,674,420	\$10,764,117	\$10,777,200	\$10,777,200
TOTAL, OBJECT OF EXPENSE	\$31,890,778	\$17,674,420	\$10,764,117	\$10,777,200	\$10,777,200
Method of Financing:					
0001 General Revenue Fund	\$4,570,200	\$4,555,080	\$4,596,840	\$4,570,200	\$4,570,200
0758 GR-Match for Medicaid	\$5,716,837	\$5,933,919	\$2,625,263	\$2,672,435	\$2,676,569
SUBTOTAL, MOF (General Revenue)	\$10,287,037	\$10,488,999	\$7,222,103	\$7,242,635	\$7,246,769
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$19,385,398	\$6,898,123	\$3,430,805	\$3,383,565	\$3,379,432
93.778.003 XIX ADM 50%	\$2,218,343	\$287,298	\$111,209	\$151,000	\$151,000
CFDA Subtotal, Fund 0555	\$21,603,741	\$7,185,421	\$3,542,014	\$3,534,565	\$3,530,432
SUBTOTAL, MOF (Federal Funds)	\$21,603,741	\$7,185,421	\$3,542,014	\$3,534,565	\$3,530,432
TOTAL, METHOD OF FINANCE	\$31,890,778	\$17,674,420	\$10,764,117	\$10,777,200	\$10,777,200
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Jul 29, 2014

Time: 7:58:18 AM

Agency Code: 539

Agency Name: Aging and Disability Services, Department of

GOAL: 1 Long Term Services and Supports
 OBJECTIVE: 6 Nursing Facility and Hospice Payments
 STRATEGY: 1 Nursing Facility Payments
 SUB-STRATEGY: 5 PASRR

Code Description	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Objects of Expense:					
3001 - Client Services	\$0	\$1,713,312	\$6,853,248	\$6,853,248	\$6,853,248
TOTAL, OBJECT OF EXPENSE	\$0	\$1,713,312	\$6,853,248	\$6,853,248	\$6,853,248
Method of Financing:					
0758 GR-Match for Medicaid	\$0	\$706,913	\$2,871,511	\$2,926,337	\$2,931,134
SUBTOTAL, MOF (General Revenue)	\$0	\$706,913	\$2,871,511	\$2,926,337	\$2,931,134
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$1,006,399	\$3,981,737	\$3,926,911	\$3,922,114
CFDA Subtotal, Fund 0555	\$0	\$1,006,399	\$3,981,737	\$3,926,911	\$3,922,114
SUBTOTAL, MOF (Federal Funds)	\$0	\$1,006,399	\$3,981,737	\$3,926,911	\$3,922,114
TOTAL, METHOD OF FINANCE	\$0	\$1,713,312	\$6,853,248	\$6,853,248	\$6,853,248
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0