

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:	2	Medicare Skilled Nursing Facility	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 Nursing Facility Copayments/Mo	5,823.00	5,255.00	3,496.00	2,061.00	2,064.00
Efficiency Measures:						
KEY 1	Net Medicaid/Medicare Copay Per Individual-Nursing Facility Svcs/Mo	2,152.34	2,259.53	2,288.76	2,364.02	2,420.18
Objects of Expense:						
3001	CLIENT SERVICES	\$150,367,533	\$139,862,725	\$96,309,475	\$58,466,970	\$59,942,966
TOTAL, OBJECT OF EXPENSE		\$150,367,533	\$139,862,725	\$96,309,475	\$58,466,970	\$59,942,966
Method of Financing:						
758	GR Match For Medicaid	\$61,334,917	\$57,777,292	\$40,353,670	\$24,965,396	\$25,637,607
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$61,334,917	\$57,777,292	\$40,353,670	\$24,965,396	\$25,637,607
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$89,032,616	\$82,085,433	\$55,955,805	\$33,501,574	\$34,305,359
CFDA Subtotal, Fund	555	\$89,032,616	\$82,085,433	\$55,955,805	\$33,501,574	\$34,305,359

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:	2	Medicare Skilled Nursing Facility	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
SUBTOTAL, MOF (FEDERAL FUNDS)		\$89,032,616	\$82,085,433	\$55,955,805	\$33,501,574	\$34,305,359
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$58,466,970	\$59,942,966
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$150,367,533	\$139,862,725	\$96,309,475	\$58,466,970	\$59,942,966

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Medicare Skilled Nursing Facility strategy covers the payment of Medicare Skilled Nursing Facility (SNF) co-insurance for Medicaid recipients in Medicare (XVIII) facilities. Medicaid also pays the co-payment for Medicaid Qualified Medicare Beneficiary (QMB) recipients, and for "Pure" (i.e., Medicare-only) QMB recipients. For recipients in dually certified facilities (certified for both Medicaid and Medicare), Medicaid pays the coinsurance less the applied income amount for both Medicaid only and Medicaid QMB recipients. For "Pure" QMB recipients, the entire coinsurance amount is paid. The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.

To be eligible for Medicaid coverage in a nursing facility, an 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; and Government Code, Chapter 531.

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:	2	Medicare Skilled Nursing Facility	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
------	-------------	----------	----------	----------	---------	---------

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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.