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

GOAL:	1 Long-term Services and Supports			Statewide Goal/	Statewide Goal/Benchmark: 3 1					
OBJECTIVE:	ECTIVE: 7 Intermediate Care Facilities - Individuals w/ Intellectual Disability			Service Categori	Service Categories:					
STRATEGY:	1	Intermed Care Facilities - for Individuals w/ ID (ICF	5/IID)		Service: 26	Income: A.1	Age: B.3			
CODE	DESC	CRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017			
Output Measu	res:									
KEY 1 Avera Month	age Num	ber of Persons in ICF/IID Medicaid Beds Per	5,518.92	5,226.68	5,210.75	5,218.23	5,218.23			
2 Avera	age Num	ber of ICF/IID Medicaid Beds Per Month	5,980.00	5,898.00	5,461.00	5,461.00	5,461.00			
Efficiency Mea	sures:									
KEY 1 Mont	hly Cost	Per ICF/IID Medicaid Eligible Individual	4,343.07	4,356.38	4,375.82	4,377.39	4,375.82			
Explanatory/In	nput Me	asures:								
1 Numl	ber of In	dividuals in ICF/IID Medicaid Beds Per Year	5,474.00	5,391.00	5,391.00	5,391.00	5,391.00			
	ber ICF/I 2 Month	IID Individuals with Residential Length of	454.00	447.00	447.00	447.00	447.00			
3 Numl Stay 13-		IID Individuals with Residential Length of	407.00	401.00	401.00	401.00	401.00			
	ber ICF/I + Month	IID Individuals with Residential Length of s	4,613.00	4,543.00	4,543.00	4,543.00	4,543.00			
5 Avera Beds	age Mon	thly Number of Individuals in ICF/IID, 1-8	4,455.42	4,431.43	4,483.00	4,483.00	4,483.00			
6 Mont to 8 Bec		Per ICF/IID Medicaid Eligible Individual, 1	4,537.61	4,531.43	4,531.63	4,531.63	4,531.63			

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GOAL:	L: 1 Long-term Services and Supports				Statewide Goal/Benchmark: 3 1					
OBJECTIVE	: 7 Intermediate Care Facilities - Individuals w/ Intelle		Service Categori							
STRATEGY:	1 Intermed Care Facilities - for Individuals w/ ID (IC	F/IID)		Service: 26	Income: A.1	Age: B.3				
CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017				
7 Ave Beds	erage Monthly Number of Individuals in ICF/IID, 9-13	549.58	531.42	521.00	521.00	521.00				
8 Moi 9-13 E	nthly Cost Per ICF/IID Medicaid Eligible Individual, Beds	3,454.27	3,441.95	3,453.33	3,462.79	3,453.33				
9 Ave Beds	erage Monthly Number of Individuals in ICF/IID, 14+	505.58	429.92	377.00	377.00	377.00				
10 Ma 14+ Ba	onthly Cost Per ICF/IID Medicaid Eligible Individual, eds	3,346.15	3,364.29	3,425.01	3,434.39	3,425.01				
11 Av or Les	verage Monthly Number of ICF/IID Medicaid Beds, 8	4,049.00	4,051.00	3,875.00	3,875.00	3,875.00				
12 Av	verage Monthly Number of ICF/IID Beds, 9-13	562.00	541.00	517.00	517.00	517.00				
13 Av 14+	verage Monthly Number of ICF/IID Medicaid Beds,	1,369.00	1,306.00	1,249.00	1,249.00	1,249.00				
Objects of Ex	xpense:									
1001 SA	ALARIES AND WAGES	\$870,655	\$876,491	\$938,718	\$938,718	\$938,718				
1002 OT	THER PERSONNEL COSTS	\$33,660	\$31,609	\$39,240	\$39,240	\$39,240				
2001 PR	ROFESSIONAL FEES AND SERVICES	\$55,661	\$41,918	\$61,762	\$61,762	\$61,762				
2003 CC	ONSUMABLE SUPPLIES	\$15,032	\$17,736	\$10,067	\$10,067	\$10,067				
2004 UT	TILITIES	\$19,499	\$16,672	\$20,351	\$20,351	\$20,351				

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GOAL:1Long-term Services and SupportsOBJECTIVE:7Intermediate Care Facilities - Individuals w/ Intelled	ctual Disability		Statewide Goal/ Service Categor		1
STRATEGY: 1 Intermed Care Facilities - for Individuals w/ ID (IC	F/IID)		Service: 26	Income: A.1	Age: B.3
CODE DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
2005 TRAVEL	\$9,403	\$5,567	\$8,660	\$8,660	\$8,660
2006 RENT - BUILDING	\$0	\$520	\$0	\$0	\$0
2007 RENT - MACHINE AND OTHER	\$10,376	\$15,312	\$18,568	\$18,568	\$18,568
2009 OTHER OPERATING EXPENSE	\$210,483	\$194,523	\$165,143	\$165,143	\$165,143
3001 CLIENT SERVICES	\$285,279,632	\$279,686,915	\$279,729,823	\$281,390,441	\$281,288,839
3002 FOOD FOR PERSONS - WARDS OF STATE	\$22,774	\$25,214	\$18,887	\$18,887	\$18,887
TOTAL, OBJECT OF EXPENSE	\$286,527,175	\$280,912,477	\$281,011,219	\$282,671,837	\$282,570,235
Method of Financing:					
758 GR Match For Medicaid	\$92,513,578	\$63,294,092	\$68,311,763	\$65,775,780	\$65,929,004
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$92,513,578	\$63,294,092	\$68,311,763	\$65,775,780	\$65,929,004
Method of Financing:					
5080 Quality Assurance	\$26,321,479	\$55,000,000	\$55,000,000	\$55,000,000	\$55,000,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)	\$26,321,479	\$55,000,000	\$55,000,000	\$55,000,000	\$55,000,000
Method of Financing:					
555 Federal Funds					
93.778.000 XIX FMAP	\$167,622,465	\$162,529,777	\$157,610,848	\$161,833,788	\$161,578,962

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GOAL: 1 Long-term Services and Supports		Statewide Goal/Benchmark: 3 1				
OBJECTIVE: 7 Intermediate Care Facilities - Individuals w/ Intermedi	ellectual Disability		Service Categor	ies:		
STRATEGY: 1 Intermed Care Facilities - for Individuals w/ ID	(ICF/IID)		Service: 26	Income: A.1	Age: B.3	
CODE DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017	
CFDA Subtotal, Fund 555	\$167,622,465	\$162,529,777	\$157,610,848	\$161,833,788	\$161,578,962	
SUBTOTAL, MOF (FEDERAL FUNDS)	\$167,622,465	\$162,529,777	\$157,610,848	\$161,833,788	\$161,578,962	
Method of Financing: 8095 ID Collect-Pat Supp & Maint	\$69,653	\$88,608	\$88,608	\$62,269	\$62,269	
SUBTOTAL, MOF (OTHER FUNDS)	\$69,653	\$88,608	\$88,608	\$62,269	\$62,269	
Rider Appropriations:						
758 GR Match For Medicaid						
539 15 Art II SP Sec 62, Medicaid Unexpended Balances (1	4-15 GAA)			\$0	\$0	
TOTAL, RIDER & UNEXPENDED BALANCES APPROP				\$0	\$0	
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)				\$282,671,837	\$282,570,235	
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)	\$286,527,175	\$280,912,477	\$281,011,219	\$282,671,837	\$282,570,235	
FULL TIME EQUIVALENT POSITIONS:	30.5	30.7	32.0	32.0	32.0	

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539 Aging and Disability Services, Department of

GOAL:	1 Long-term Services and Supports Statewide Goal/Benchmark				Benchmark:	3 1	
OBJECTIVE:	7 Intermediate Care Facilities - Individuals w/ Intel	iduals w/ Intellectual Disability			Service Categories:		
STRATEGY:	1 Intermed Care Facilities - for Individuals w/ ID (ICF/IID)			Service: 26	Income: A.1	Ag	e: B.3
CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016		BL 2017

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Intermediate Care Facilities for individuals with an Intellectual Disability (ICFs/IID) strategy funds residential facilities serving four or more individuals with intellectual and developmental disabilities. ICF/IDD is considered an optional Medicaid program. Each private or public facility must comply with federal and state standards, laws, and regulations. These facilities provide active treatment, including diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at their greatest ability.

To be eligible, an individual must have a full scale intelligence quotient (IQ) score of 69 or below, and have an adaptive behavior level with mild to extreme deficits in adaptive behavior; or have a full scale IQ score of 75 or below and a primary diagnosis by a licensed physician of a related condition, and have an adaptive behavior level with mild to extreme deficits in adaptive behavior; or have a primary diagnosis of a related condition diagnosed by a licensed physician regardless of IQ and have an adaptive behavior level with moderate to extreme deficits in adaptive behavior; and in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF/IID; and be eligible for Supplemental Security Income (SSI) or be eligible for Medicaid.

Statutory Authority. Social Security Act, Title XIX; Health & Safety Code, §252.201-208; and Human Resources Code, Chapter 161.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

This strategy is impacted by the "Money Follows the Person" demonstration. Under this demonstration, providers of large and medium size facilities may agree to close their facilities and begin serving individuals in new Home and Community Based (HCS) residential slots. However, under this agreement, funds would need to be transferred from this strategy to the HCS strategy. In addition, the number of HCS slots would need to be increased. The department has proposed Rider revisions which would allow more flexibility in implementing this demonstration project.

The following exceptional item will impact this program: Item 5, Enhancing Community IDD Services for Persons w/Complex Medical and/or Behavioral Needs.

3.D	. Sub-Strategy Leve	l Detail		Date:	Jul 29, 2014
		in Development of		Time:	8:00:12 AM
Agency Code: 539Agency Name: AginGOAL:1 Long Term Services and Supports	g and Disability Ser	vices, Department of			
OBJECTIVE: 7 Intermediate Care Facilities - Individuals w/Intellectual Disability					
STRATEGY: 1 Intermediate Care Facilities - Individuals w/ID (ICF/IID)					
SUB-STRATEGY: 1 ID Private					
Code Description	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:					
1 Average Number of Persons in ICF/IID Medicaid Beds Per Month	5,510	5,393	5,381	5,381	5,381
2 Average Number of ICF/IID Medicaid Beds Per Month	5,970	5,888	5,631	5,631	5,631
Efficiency Measures:	- /	-,	-,	- ,	-,
1 Monthly Cost Per ICF/IID Medicaid Eligible Individual	\$4,504.97	\$4,358.52	\$4,349.92	\$4,402.04	\$4,402.04
Explanatory Measures:					
1 Number of Individuals in ICF/IID Medicaid Beds at the End of the	5,464	5,381	5,381	5,381	5,381
Fiscal Year					
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$0	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$0	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$0	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$0	\$0	\$0	\$0	\$0
2004 - Utilities	\$0	\$0	\$0	\$0	\$0
2005 - Travel	\$0	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$0	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
2009 - Other Operating Expense	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
3001 - Client Services	\$285,253,234	\$279,147,404	\$279,463,909	\$281,150,866	\$281,049,264
3002 - Food for Persons - Wards of State	\$203,233,234 \$0			\$201,130,000 \$0	
4000 - Grants		\$0 #0	\$0 ¢0	\$0 \$0	\$0 \$0
	\$0 \$0	\$0 #0	\$0 \$0	\$0 \$0	\$0 \$0
5000 - Capital Expenditures TOTAL, OBJECT OF EXPENSE	_{\$0} \$285,253,234	\$0 \$279,147,404	^پ 0 \$279,463,909	^{\$0} \$281,150,866	^{\$0} \$281,049,264
Method of Financing: 0758 GR-Match for Medicaid	¢02 001 1E4	462 590 756	¢67 601 096	¢65 155 102	465 200 277
	\$92,001,154	\$62,580,756	\$67,691,086	\$65,155,103	\$65,308,327
SUBTOTAL, MOF (General Revenue)	\$92,001,154	\$62,580,756	\$67,691,086	\$65,155,103	\$65,308,327
Method of Financing:					
5080 GR Ded - QAF	\$26,321,479	\$55,000,000	\$55,000,000	\$55,000,000	\$55,000,000
SUBTOTAL, MOF (General Revenue-Dedicated)	\$26,321,479	\$55,000,000	\$55,000,000	\$55,000,000	\$55,000,000
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$166,930,601	\$161,566,648	\$156,772,823	\$160,995,763	\$160,740,937

CFDA Subtotal, Fund 0555 SUBTOTAL, MOF (Federal Funds)	\$166,930,601 \$166,930,601	\$161,566,648 \$161,566,648	\$156,772,823 \$156,772,823	\$160,995,763 \$160,995,763	\$160,740,937 \$160,740,937
TOTAL, METHOD OF FINANCE	\$285,253,234	\$279,147,404	\$279,463,909	\$281,150,866	\$281,049,264
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: Time:	Jul 29, 2014 8:00:12 AM
Agency Code: 539 Agency Name: Aging ar	nd Disability Services, D	epartment of		Time.	0.00.12 An
GOAL: 1 Long Term Services and Supports	<u> </u>				
OBJECTIVE:7Intermediate Care Facilities - Individuals w/Intellectual DisabilitySTRATEGY:1Intermediate Care Facilities - Individuals w/ID (ICF/IID)					
SUB-STRATEGY: 2 ID Public					
Code Description	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:					
1 Average Number of Persons in ICF/IID Medicaid Beds Per Month	9	10	10	10	10
2 Average Number of ICF/IID Medicaid Beds Per Month	10	10	10	10	10
Efficiency Measures:					
1 Monthly Cost Per ICF/IID Medicaid Eligible Individual	\$18,237.48	\$17,911.91	\$18,435.40	\$18,435.40	\$18,435.40
Explanatory Measures:				. ,	
1 Number of Individuals in ICF/IID Medicaid Beds at the End of the Fiscal Year	10	10	10	10	10
Objects of Expense:					
1001 - Salaries & Wages	\$888,900	\$711,665	\$784,109	\$757,770	\$757,770
1002 - Other Personnel Costs	\$33,660	\$31,609	\$39,240	\$39,240	\$39,240
2001 - Professional Fees & Services	\$55,661	\$41,918	\$61,762	\$61,762	\$61,762
2003 - Consumable Supplies	\$15,032	\$17,736	\$10,067	\$10,067	\$10,067
2004 - Utilities	\$19,499	\$16,672	\$20,351	\$20,351	\$20,351
2005 - Travel	\$9,403	\$5,567	\$8,660	\$8,660	\$8,660
2006 - Rent - Building	\$0	\$520	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$10,376	\$15,312	\$18,568	\$18,568	\$18,568
2009 - Other Operating Expense	\$210,483	\$194,523	\$165,143	\$165,143	\$165,143
3001 - Client Services	\$8,153	\$704,337	\$420,523	\$420,523	\$420,523
3002 - Food for Persons - Wards of State	\$22,774	\$25,214	\$18,887	\$18,887	\$18,887
TOTAL, OBJECT OF EXPENSE	\$1,273,941	\$1,765,073	\$1,547,310	\$1,520,971	\$1,520,971
Method of Financing:					
0001 General Revenue Fund	\$0	\$0	\$0	\$0	\$0
0758 GR-Match for Medicaid	\$512,424	\$713,336	\$620,678	\$620,678	\$620,678
SUBTOTAL, MOF (General Revenue)	\$512,424	\$713,336	\$620,678	\$620,678	\$620,678
Method of Financing:					
8095 MR Collections	\$69,653	\$88,608	\$88,608	\$62,269	\$62,269
SUBTOTAL, MOF (Other Funds)	\$69,653	\$88,608	\$88,608	\$62,269	\$62,269
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$691,863	\$963,129	\$838,025	\$838,025	\$838,025
CFDA Subtotal, Fund 0555	\$691,863	\$963,129	\$838,025	\$838,025	\$838,025
SUBTOTAL, MOF (Federal Funds)	\$691,863	\$963,129	\$838,025	\$838,025	\$838,025
TOTAL, METHOD OF FINANCE	\$1,273,941	\$1,765,073	\$1,547,310	\$1,520,971	\$1,520,971

TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	30.5	30.7	32.0	32.0	32.0