2.G. Summary of Total Request Objective Outcomes

Date: 8/5/2014
Time: 1:43:20PM

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

Agency co	ode: 539 Agency	name: Aging and Disabilit							
Goal/ Obj	ective / Outcome BL 2016	BL 2017	Excp 2016	Excp 2017	Total Request 2016	Total Request 2017			
1 1	Long-term Services and Supports Intake, Access, and Eligibility								
	1 Avg # of Individuals Serv Per Mth: Total Community Services & Supports								
	123,454.00	118,138.00	132,111.00	134,708.00	132,111.00	134,708.00			
	2 Avg # Persons on Interest Lists/	Mth: Total Community Ser	rv & Supports						
	223,120.00	206,898.00	220,979.00	204,126.00	220,979.00	204,126.00			
	3 % LTC Individuals with ID Served in Community Settings								
	81.01%	81.01%	88.02%	95.03%	88.02%	95.03%			
	4 Avg # Individuals with ID Deins	ti/Diverted Institutional Se	ttings Mth						
	36,418.00	36,418.00	42,232.00	49,193.00	42,232.00	49,193.00			
	5 Percent LTC Ombudsman Com	plaints Resolved or Partial	ly Resolved						
	84.92	85.00	0.00	0.00	84.92	85.00			
2	Community Services and Supports - En	titlement							
KEY	1 Avg # Individuals Serve/Mth: Medicaid Non-waiver Commity Serv & Suppts								
	53,116.00	53,535.00	53,193.00	53,612.00	53,193.00	53,612.00			
	2 Avg Mthly Cost/Individual: Med	dicaid Non-waiver Commit	y Svc & Supports						
	963.66	963.40	1,003.14	1,043.27	1,003.14	1,043.27			
3	Community Services and Supports - Wo	aivers							

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Agency coo	_	Agency name: Aging and Disability Services, Department of							
Goal/ <i>Obje</i>	BL 2016	BL 2017	Exep 2016	Excp 2017	Total Request 2016	Total Request 2017			
KEY	1 Average Number of Individuals Served Per Month: Waivers								
	38,853.00	36,418.00	43,156.00	47,682.00	43,156.00	47,682.00			
	2 Avg Cost/Individual Served: (Commity Services & Support	Waivers (Total)						
	2,866.18	2,962.27	2,866.18	2,962.27	2,866.18	2,962.27			
KEY	3 Number of Persons Receiving Svcs at End of the Fiscal Year: Waivers								
	38,853.00	36,418.00	44,667.00	49,193.00	44,667.00	49,193.00			
4	Community Services and Supports -	State							
	1 Avg # Individuals Served Per Mth: Total Non-Medicaid Commity Serv/Supp								
	27,130.00	27,130.00	28,197.00	30,925.00	28,197.00	30,925.00			
	2 Avg Mthly Cost/Individual Se	erved: Total Non-Medicaid Co	ommity Serv/Supp						
	216.72	216.72	0.00	0.00	216.72	216.72			
	3 Avg # of Persons on Interest I	List Per Month: Total Non-Me	edicaid CC						
	53,440.00	54,364.00	0.00	0.00	53,440.00	54,364.00			
6	Nursing Facility and Hospice Payments								
	1 Percent of At-risk Population Served in Nursing Facilities								
	0.62%	0.61%	0.00%	0.00%	0.62%	0.61%			
	2 Medicaid Nursing Facility Be	d Utilization Per 10,000 Aged	and Disabled						
	9.00	9.00	0.00	0.00	9.00	9.00			

State Supported Living Centers

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Agency code:	539 A ₂	gency name: Aging and Disability	Services, Department of					
Goal/ Objectiv	ve / Outcome BL 2016	BL 2017	Excp 2016	Excp 2017	Total Request 2016	Total Request 2017		
	1 Avg # Days SSLC Resident	ts Recom for Comunty Placemt Wa	ait for Placement					
	234.00	234.00	0.00	0.00	234.00	234.00		
	2 Number of Individuals with	h IID Who Moved from Campus to	o Community					
	251.00	251.00	0.00	0.00	251.00	251.00		
	3 % Consumers Expressed S	atisfaction w Ombudsman's Resol	ution of Issue					
	95.00%	95.00%	0.00%	0.00%	95.00%	95.00%		
	Regulation, Certification, and Ou Regulation, Certification, and Ou							
KEY	1 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid							
	39.05%	39.03%	0.00%	0.00%	39.05%	39.03%		
	2 % Facilities Correcting Ad	verse Findings by 1st Follow-up V	isit					
	90.25%	90.03%	0.00%	0.00%	90.25%	90.03%		
	3 % NF with More Than Six	On-site Monitoring Visits Per Yea	ır					
	54.80%	54.60%	0.00%	0.00%	54.80%	54.60%		
	4 Rate (1000) Substantiated	Complaint Allegations of Abuse/No	eglect: NF					
	20.00	20.00	0.00	0.00	20.00	20.00		
	5 Rate (1000) Substantiated	Complaint Allegations Abuse/Negl	ect: ICF/IID					
	9.00	9.00	0.00	0.00	9.00	9.00		

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Agency code: 539	Agency	name: Aging and Disability S	services, Department of			
Goal/ Objective / Outcom	BL 2016	BL 2017	Excp 2016	Excp 2017	Total Request 2016	Total Request 2017
6 Percent	t of Nursing Facility Adm	ninistrators with No Recent Vi	olations			
	97.55%	97.53%	0.00%	0.00%	97.55%	97.53%
7 Percent	t of Nurse Aides and Med	lication Aides with No Recent	Violations			
	99.96%	99.96%	0.00%	0.00%	99.96%	99.96%
8 % Com	plaints and Referrals Re	sulting in Disciplinary Action:	: NFA			
	33.52%	33.18%	0.00%	0.00%	33.52%	33.18%
9 % Com	plaints and Referrals Re	sulting in Disciplinary Action	: NA & MA			
	93.37%	89.48%	0.00%	0.00%	93.37%	89.48%
10 % HCS	SSA Complying with Stan	dards at Time of Inspection				
	98.00%	98.00%	0.00%	0.00%	98.00%	98.00%
11 Rate (1	000) Substantiated Comp	oliant Allegations Abuse/Negle	ct: PPECC			
	0.00	0.00	0.00	0.00	0.00	0.00