

Section 1

**Aging and Disability Services, Department of
Summary of Recommendations - House**

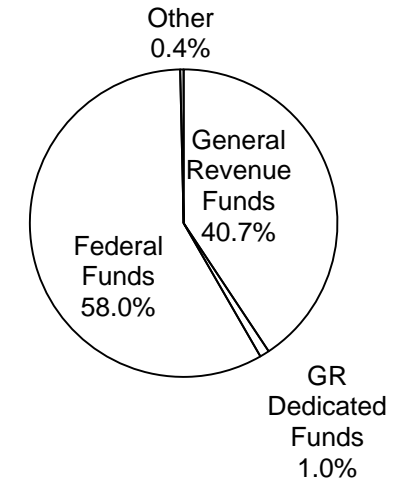
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Jon Weizenbaum, Commissioner

Lindsay Littlefield, LBB Analyst

Method of Financing	2012-13 Base	2014-15 Recommended	Biennial Change	% Change
General Revenue Funds	\$5,146,519,170	\$5,297,421,412	\$150,902,242	2.9%
GR Dedicated Funds	\$133,032,997	\$131,395,403	(\$1,637,594)	(1.2%)
<i>Total GR-Related Funds</i>	<i>\$5,279,552,167</i>	<i>\$5,428,816,815</i>	<i>\$149,264,648</i>	<i>2.8%</i>
Federal Funds	\$7,496,501,957	\$7,548,262,088	\$51,760,131	0.7%
Other	\$62,587,896	\$47,256,104	(\$15,331,792)	(24.5%)
All Funds	\$12,838,642,020	\$13,024,335,007	\$185,692,987	1.4%

RECOMMENDED FUNDING
BY METHOD OF FINANCING



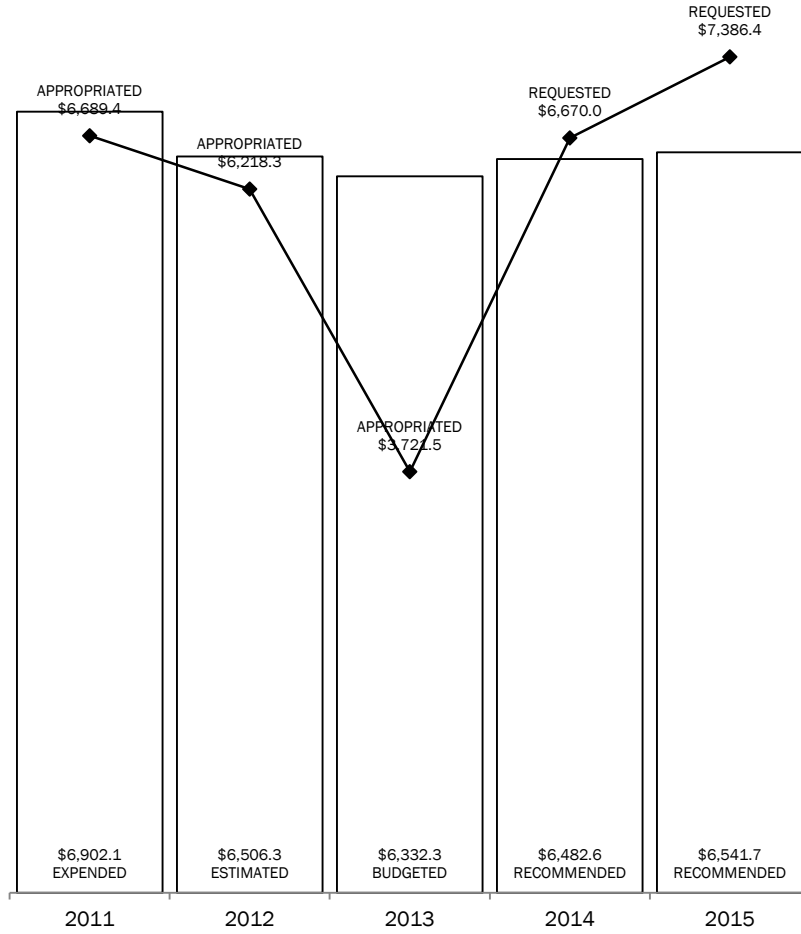
	FY 2013 Budgeted	FY 2015 Recommended	Biennial Change	% Change
FTEs	17,499.0	17,499.0	0.0	0.0%

The bill pattern for this agency (2014-15 Recommended) represents an estimated 99.9% of the agency's estimated total available funds for the 2014-15 biennium.

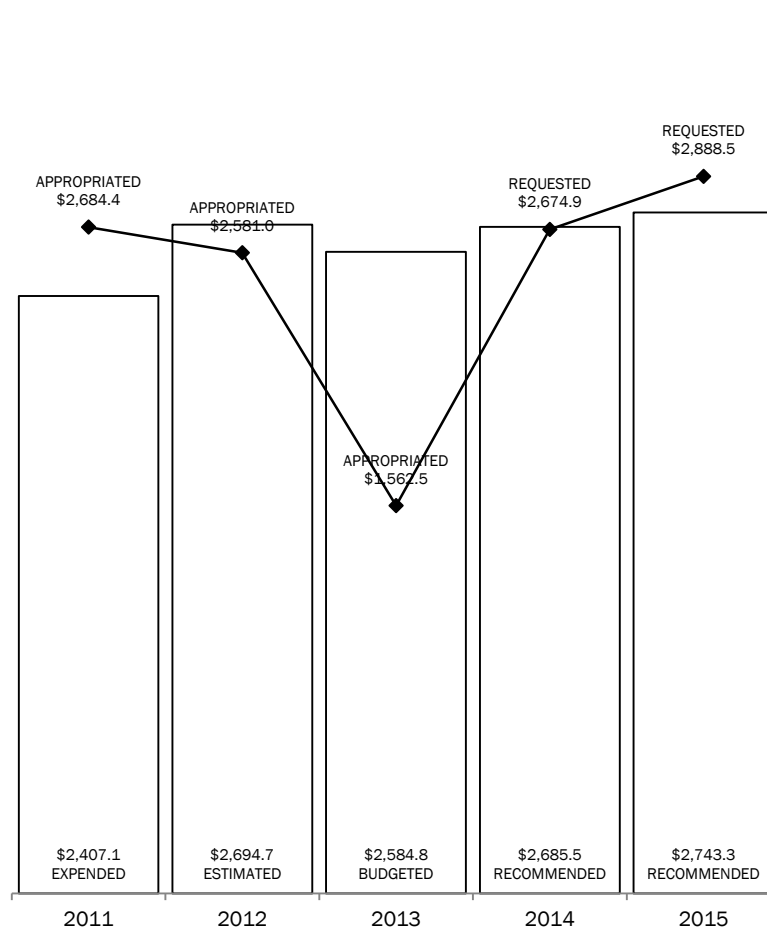
Section 1
Aging and Disability Services, Department of
2014-2015 BIENNIUM
 IN MILLIONS

TOTAL= \$13,024.3 MILLION

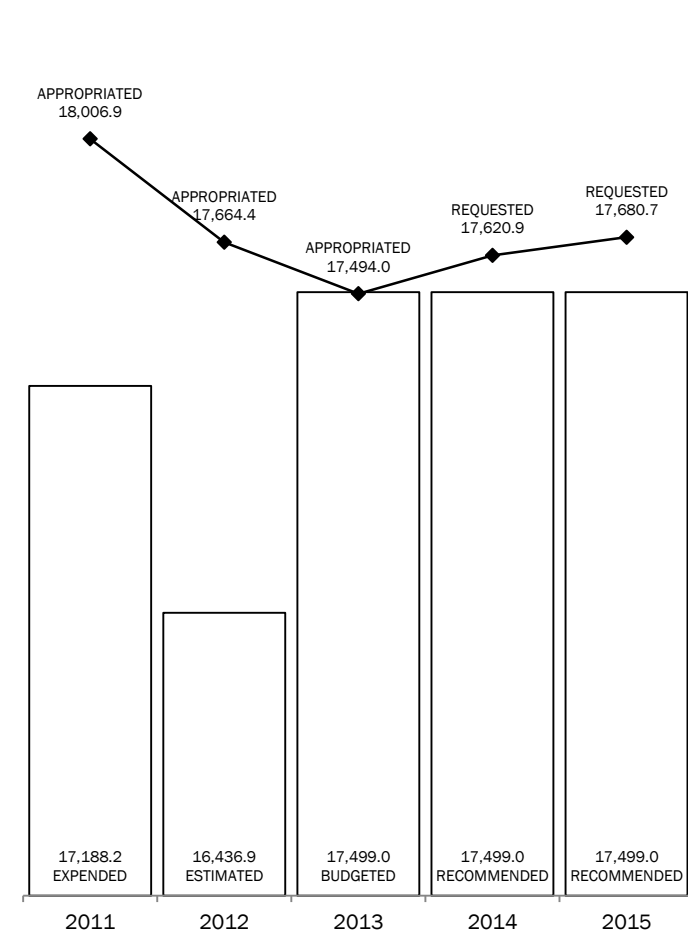
ALL FUNDS



**GENERAL REVENUE AND
 GENERAL REVENUE-DEDICATED FUNDS**



FULL-TIME-EQUIVALENT POSITIONS



**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- High-Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Intake, Access, & Eligibility and Guardianship	\$464,395,356	\$470,530,454	\$6,135,098	1.3%	Increase for client services and grants for service coordination (agency's base request)
GENERAL REVENUE FUNDS	\$220,347,606	\$225,704,223	\$5,356,617	2.4%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$240,308,921	\$241,109,109	\$800,188	0.3%	
OTHER FUNDS	\$3,738,829	\$3,717,122	(\$21,707)	(0.6%)	
Medicaid	\$11,665,593,439	\$11,878,052,573	\$212,459,134	1.8%	• Assumes net less favorable 2014-15 FMAP (see Sec. 3, Policy Issue #4).
GENERAL REVENUE FUNDS	\$4,699,967,663	\$4,868,531,817	\$168,564,154	3.6%	• Assumes Balancing Incentive Program (BIP) enhanced federal funding and reduced
GR DEDICATED	\$128,550,706	\$110,000,000	(\$18,550,706)	(14.4%)	General Revenue need for fiscal years 2013 - 2015 in several strategies (see Sec. 3,
FEDERAL FUNDS	\$6,799,706,119	\$6,862,477,118	\$62,770,999	0.9%	Policy Issue #7 for list of affected strategies). The freed-up General Revenue funds at
OTHER FUNDS	\$37,368,951	\$37,043,638	(\$325,313)	(0.9%)	DADS and the Health and Human Services Commission are included in strategy A.10.1,
					Balancing Incentive Program.
					• Assumes impact of STAR+PLUS expansion (18 months in fiscal years 2012-13, 24
					months in fiscal years 2014-15) (see Sec. 3, Policy Issue #2 for list of affected strategies).
					• Waiver programs and PACE were funded at August 2013 levels. A.3.4, Deaf-Blind
					Multiple Disabilities caseload assumes Affordable Care Act maintenance of effort
					requirement.
					• Recommendations fund projected caseload growth in the community care entitlement,
					nursing facility-related, and ICF/IID strategies.
					• Projected decline in caseload and reduction of \$39.5 million in All Funds in A.8.1, State
					Supported Living Centers.
					• Funding does not include cost growth for fiscal years 2014-15, except for certain
					federally-required increases.
					• Decrease in Quality Assurance Fee due to use of balances in fiscal years 2012-13.
Non-Medicaid Services	\$398,674,682	\$389,765,929	(\$8,908,753)	(2.2%)	• Assumes Federal Funding decrease in A.4.1, Non-Medicaid Services (agency request).
GENERAL REVENUE FUNDS	\$121,173,744	\$116,011,347	(\$5,162,397)	(4.3%)	• General Revenue reduction reflects realignment of funding for intellectual disability
GR DEDICATED	\$6,000	\$6,000	\$0	0.0%	services into A.1.1, Access, Intake & Eligibility (agency's base request).
FEDERAL FUNDS	\$277,343,499	\$273,748,582	(\$3,594,917)	(1.3%)	
OTHER FUNDS	\$151,439	\$0	(\$151,439)	(100.0%)	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- High-Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Regulatory	\$143,531,424	\$143,521,102	(\$10,322)	(0.0%)	Increased use of General Revenue-Dedicated Home Health Services Account No. 5018; like reduction in General Revenue.
GENERAL REVENUE FUNDS	\$40,597,114	\$23,684,002	(\$16,913,112)	(41.7%)	
GR DEDICATED	\$3,896,686	\$20,809,798	\$16,913,112	434.0%	
FEDERAL FUNDS	\$96,377,624	\$96,367,302	(\$10,322)	(0.0%)	
OTHER FUNDS	\$2,660,000	\$2,660,000	\$0	0.0%	
Administration/Capital	\$166,447,119	\$142,464,949	(\$23,982,170)	(14.4%)	• Assumes removal of one-time capital items (SAS-CARE, community services portal). • No new bond authority included. • Funds current obligations for Data Center Services.
GENERAL REVENUE FUNDS	\$64,433,043	\$63,490,023	(\$943,020)	(1.5%)	
GR DEDICATED	\$579,605	\$579,605	\$0	0.0%	
FEDERAL FUNDS	\$82,765,794	\$74,559,977	(\$8,205,817)	(9.9%)	
OTHER FUNDS	\$18,668,677	\$3,835,344	(\$14,833,333)	(79.5%)	
Grand Total, All Agency	\$12,838,642,020	\$13,024,335,007	\$185,692,987	1.4%	
GENERAL REVENUE FUNDS	\$5,146,519,170	\$5,297,421,412	\$150,902,242	2.9%	
GR DEDICATED	\$133,032,997	\$131,395,403	(\$1,637,594)	(1.2%)	
FEDERAL FUNDS	\$7,496,501,957	\$7,548,262,088	\$51,760,131	0.7%	
OTHER FUNDS	\$62,587,896	\$47,256,104	(\$15,331,792)	(24.5%)	

Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Mid-Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
INTAKE, ACCESS, & ELIGIBILITY AND GUARDIANSHIP	\$464,395,356	\$470,530,454	\$6,135,098	1.3%	Increase for client services and grants for service coordination (agency's base request).
GENERAL REVENUE FUNDS	\$220,347,606	\$225,704,223	\$5,356,617	2.4%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$240,308,921	\$241,109,109	\$800,188	0.3%	
OTHER FUNDS	\$3,738,829	\$3,717,122	(\$21,707)	(0.6%)	
COMMUNITY CARE ENTITLEMENT	\$1,481,238,762	\$1,351,911,871	(\$129,326,891)	(8.7%)	Recommendations fund projected caseload growth and reflect impact of STAR+PLUS expansion at HHSC (see Sec. 3, Policy Issue #2). Assumes net less favorable 2014-15 FMAP (see Sec. 3, Policy Issue #4). Assumes average monthly fiscal year 2013 cost (adjusted for work days in A.2.3, Day Activity and Health Services). Assumes Balancing Incentive Program (BIP) enhanced Federal Funding and reduced General Revenue need (see Sec. 3, Policy Issue #7).
GENERAL REVENUE FUNDS	\$598,934,753	\$534,481,661	(\$64,453,092)	(10.8%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$882,304,009	\$817,430,210	(\$64,873,799)	(7.4%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
COMMUNITY CARE WAIVERS	\$2,618,870,588	\$2,652,330,548	\$33,459,960	1.3%	Medicaid caseload generally maintained at August 2013 level (see Sec. 3, Policy Issue #2). Reflects impact of STAR+PLUS expansion where appropriate. Assumes net less favorable 2014-15 FMAP (see Sec. 3, Policy Issue #4). Assumes BIP enhanced Federal Funding and reduced General Revenue need (see Sec. 3, Policy Issue #7).
GENERAL REVENUE FUNDS	\$1,055,891,361	\$1,048,642,591	(\$7,248,770)	(0.7%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$1,562,979,227	\$1,603,687,957	\$40,708,730	2.6%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
NON-MEDICAID SERVICES	\$398,674,682	\$389,765,929	(\$8,908,753)	(2.2%)	Reduction reflects realignment of funding for intellectual disability services into strategy A.1.1, Access, Intake & Eligibility (agency's base request). Reduction in Federal Funds (assumed in agency's base request for A.4.1, Non-Medicaid Services).
GENERAL REVENUE FUNDS	\$121,173,744	\$116,011,347	(\$5,162,397)	(4.3%)	
GR DEDICATED	\$6,000	\$6,000	\$0	0.0%	
FEDERAL FUNDS	\$277,343,499	\$273,748,582	(\$3,594,917)	(1.3%)	
OTHER FUNDS	\$151,439	\$0	(\$151,439)	(100.0%)	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Mid-Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
ALL-INCLUSIVE CARE - ELDERLY (PACE) A.5.1	\$70,297,831	\$70,602,540	\$304,709	0.4%	Assumes continuation of average August 2013 caseload. Assumes net less (1.4%) favorable 2014-15 FMAP (see Sec. 3, Policy Issue #4). Assumes BIP enhanced Federal Funding and reduced General Revenue need (see Sec. 3, Policy Issue #7).
GENERAL REVENUE FUNDS	\$28,305,753	\$27,907,418	(\$398,335)	(1.4%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$41,992,078	\$42,695,122	\$703,044	1.7%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
NURSING FACILITY, HOSPICE, AND PROMOTING INDEPENDENCE	\$5,508,825,417	\$5,737,198,856	\$228,373,439	4.1%	Recommendations fund projected caseload growth. Recommendations do not fund cost growth except for certain federally-required increases (Skilled Nursing Facility - tied to Medicare Inpatient Hospital Deductible). Assumes net less favorable 2014-15 FMAP (see Sec. 3, Policy Issue #4). A.6.4, Promoting Independence, impacted by STAR+PLUS expansion.
GENERAL REVENUE FUNDS	\$2,273,767,110	\$2,387,746,971	\$113,979,861	5.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$3,235,058,307	\$3,349,451,885	\$114,393,578	3.5%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
INTERMEDIATE CARE FACILITIES - IID (PRIVATE AND STATE SUPPORTED LIVING CENTERS)	\$1,901,360,841	\$1,861,008,758	(\$40,352,083)	(2.1%)	Projected census decline in A.8.1, State Supported Living Centers (SSLCs) and funding reduction. Assumes net less favorable 2014-15 FMAP (see Sec. 3, Policy Issues #4 and #6). Decrease in Quality Assurance Fee due to use of balances in fiscal years 2012-13.
GENERAL REVENUE FUNDS	\$658,068,686	\$664,753,176	\$6,684,490	1.0%	
GR DEDICATED	\$128,550,706	\$110,000,000	(\$18,550,706)	(14.4%)	
FEDERAL FUNDS	\$1,077,372,498	\$1,049,211,944	(\$28,160,554)	(2.6%)	
OTHER FUNDS	\$37,368,951	\$37,043,638	(\$325,313)	(0.9%)	
CAPITAL REPAIRS AND RENOVATIONS	\$15,537,704	\$704,371	(\$14,833,333)	(95.5%)	No new bond authority included.
GENERAL REVENUE FUNDS	\$124,766	\$124,766	\$0	0.0%	
GR DEDICATED	\$579,605	\$579,605	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$14,833,333	\$0	(\$14,833,333)	(100.0%)	
BALANCING INCENTIVE PROGRAM	\$85,000,000	\$205,000,000	\$120,000,000	141.2%	General Revenue funds made available by enhanced FMAP from Balancing Incentive Program in community care programs at DADS and the Health and Human Services Commission.
GENERAL REVENUE FUNDS	\$85,000,000	\$205,000,000	\$120,000,000	141.2%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Mid-Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
REGULATION, CERTIFICATION, OUTREACH	\$143,531,424	\$143,521,102	(\$10,322)	(0.0%)	
GENERAL REVENUE FUNDS	\$40,597,114	\$23,684,002	(\$16,913,112)	(41.7%)	Reduced General Revenue need due to increased use of GR-D Home Health Services Account No. 5018 (see Sec. 3, Policy Issue #9).
GR DEDICATED	\$3,896,686	\$20,809,798	\$16,913,112	434.0%	Increased use of GR-D Account No. 5018.
FEDERAL FUNDS	\$96,377,624	\$96,367,302	(\$10,322)	(0.0%)	
OTHER FUNDS	\$2,660,000	\$2,660,000	\$0	0.0%	
INDIRECT ADMINISTRATION	\$150,909,415	\$141,760,578	(\$9,148,837)	(6.1%)	Removed one-time capital projects (SAS-CARE, community services portal) and funded current obligations for Data Center Services.
GENERAL REVENUE FUNDS	\$64,308,277	\$63,365,257	(\$943,020)	(1.5%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$82,765,794	\$74,559,977	(\$8,205,817)	(9.9%)	
OTHER FUNDS	\$3,835,344	\$3,835,344	\$0	0.0%	
Grand Total, All Agency	\$12,838,642,020	\$13,024,335,007	\$185,692,987	1.4%	
GENERAL REVENUE FUNDS	\$5,146,519,170	\$5,297,421,412	\$150,902,242	2.9%	
GR DEDICATED	\$133,032,997	\$131,395,403	(\$1,637,594)	(1.2%)	
FEDERAL FUNDS	\$7,496,501,957	\$7,548,262,088	\$51,760,131	0.7%	
OTHER FUNDS	\$62,587,896	\$47,256,104	(\$15,331,792)	(24.5%)	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
INTAKE, ACCESS, & ELIGIBILITY A.1.1	\$450,404,910	\$456,540,008	\$6,135,098	1.4%	Increase for client services and grants for service coordination (agency's base request).
GUARDIANSHIP A.1.2	\$13,990,446	\$13,990,446	\$0	0.0%	Maintained at 2012-13 base level.
PRIMARY HOME CARE A.2.1	\$397,168,743	\$199,710,973	(\$197,457,770)	(49.7%)	Assumes caseload growth, impacted by STAR+PLUS expansion. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
COMMUNITY ATTENDANT SERVICES A.2.2	\$1,009,007,032	\$1,127,337,244	\$118,330,212	11.7%	Assumes caseload growth. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
DAY ACTIVITY & HEALTH SERVICES A.2.3	\$75,062,987	\$24,863,654	(\$50,199,333)	(66.9%)	Assumes caseload growth, impacted by STAR+PLUS expansion. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
COMMUNITY-BASED ALTERNATIVES A.3.1	\$399,908,976	\$303,822,504	(\$96,086,472)	(24.0%)	Assumes August 2013 caseload and impact of STAR+PLUS expansion, net less favorable FMAP, and BIP enhanced federal funding.
HOME AND COMMUNITY-BASED SERVICES A.3.2	\$1,636,639,991	\$1,745,032,338	\$108,392,347	6.6%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
COMMUNITY LIVING ASSISTANCE (CLASS) A.3.3	\$394,984,546	\$387,946,448	(\$7,038,098)	(1.8%)	Assumes fiscal year 2013 appropriated caseload with adjustment for transfer of clients from the Consolidated Waiver Program, net less favorable FMAP, and BIP enhanced federal funding.
DEAF-BLIND MULTIPLE DISABILITIES A.3.4	\$15,207,727	\$15,482,346	\$274,619	1.8%	Assumes Affordable Care Act maintenance of effort requirement for caseload, net less favorable FMAP, and BIP enhanced federal funding.
MEDICALLY DEPENDENT CHILDREN PGM A.3.5	\$81,354,852	\$85,118,168	\$3,763,316	4.6%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
TEXAS HOME LIVING WAIVER A.3.6	\$89,778,286	\$114,928,744	\$25,150,458	28.0%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
CONSOLIDATED WAIVER PROGRAM A.3.7	\$996,210	\$0	(\$996,210)	(100.0%)	Program eliminated in fiscal year 2012.
NON-MEDICAID SERVICES A.4.1	\$306,405,556	\$302,659,200	(\$3,746,356)	(1.2%)	Reduction in Federal Funds assumed in agency's base request.
ID COMMUNITY SERVICES A.4.2	\$73,966,237	\$68,803,840	(\$5,162,397)	(7.0%)	Reduction reflects realignment of funding for intellectual disability services into strategy A.1.1 (agency's base request).
PROMOTING INDEPENDENCE PLAN A.4.3	\$8,323,074	\$8,323,074	\$0	0.0%	Maintained at 2012-13 base level.
IN-HOME AND FAMILY SUPPORT A.4.4	\$9,979,815	\$9,979,815	\$0	0.0%	Maintained at 2012-13 base level.

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
ALL-INCLUSIVE CARE - ELDERLY (PACE) A.5.1	\$70,297,831	\$70,602,540	\$304,709	0.4%	Assumes August 2013 caseload, net less favorable FMAP, and assumes BIP enhanced federal funding.
NURSING FACILITY PAYMENTS A.6.1	\$4,520,002,637	\$4,676,994,700	\$156,992,063	3.5%	Assumes caseload growth, continuation of August 2013 average daily rate, and net less favorable FMAP.
MEDICARE SKILLED NURSING FACILITY A.6.2	\$321,536,749	\$366,900,496	\$45,363,747	14.1%	Assumes caseload growth, cost tied to the Medicare inpatient hospital deductible, and net less favorable FMAP.
HOSPICE A.6.3	\$474,790,708	\$509,988,520	\$35,197,812	7.4%	Assumes caseload growth, continuation of August 2013 cost per unit, and net less favorable FMAP.
PROMOTING INDEPENDENCE SERVICES A.6.4	\$192,495,323	\$183,315,140	(\$9,180,183)	(4.8%)	Assumes caseload growth, impacted by STAR+PLUS expansion, and net less favorable FMAP.
INTERMEDIATE CARE FACILITIES - IID A.7.1	\$590,037,790	\$589,169,458	(\$868,332)	(0.1%)	Method of finance swap, maintains caseload growth that occurred during fiscal years 2012-13, fiscal year 2013 average monthly cost, and net less favorable FMAP.
STATE SUPPORTED LIVING CENTERS A.8.1	\$1,311,323,051	\$1,271,839,300	(\$39,483,751)	(3.0%)	Method of finance swap, projected decline in caseloads, reduction for census decline, net less favorable FMAP.
CAPITAL REPAIRS AND RENOVATIONS A.9.1	\$15,537,704	\$704,371	(\$14,833,333)	(95.5%)	No new bond authority included.
BALANCING INCENTIVE PROGRAM A.10.1	\$85,000,000	\$205,000,000	\$120,000,000	141.2%	General Revenue funds made available by enhanced FMAP from Balancing Incentive Program in community care programs at DADS and the Health and Human Services Commission.
Total, Goal A, LONG-TERM SERVICES AND SUPPORTS	\$12,544,201,181	\$12,739,053,327	\$194,852,146	1.6%	
FACILITY/COMMUNITY-BASED REGULATION B.1.1	\$130,821,066	\$130,821,066	\$0	0.0%	Method of finance swap, maintained at 2012-13 base level.
CREDENTIALING/CERTIFICATION B.1.2	\$2,549,953	\$2,539,631	(\$10,322)	(0.4%)	Agency request
LTC QUALITY OUTREACH B.1.3	\$10,160,405	\$10,160,405	\$0	0.0%	Maintained at 2012-13 base level.
Total, Goal B, REGULATION, CERTIFICATION, OUTREACH	\$143,531,424	\$143,521,102	(\$10,322)	(0.0%)	
CENTRAL ADMINISTRATION C.1.1	\$73,326,681	\$73,094,547	(\$232,134)	(0.3%)	Agency request
IT PROGRAM SUPPORT C.1.2	\$77,582,734	\$68,666,031	(\$8,916,703)	(11.5%)	Removed one-time capital projects and funded current obligations for Data Center Services.
Total, Goal C, INDIRECT ADMINISTRATION	\$150,909,415	\$141,760,578	(\$9,148,837)	(6.1%)	
Grand Total, All Strategies	\$12,838,642,020	\$13,024,335,007	\$185,692,987	1.4%	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
INTAKE, ACCESS, & ELIGIBILITY A.1.1	\$450,404,910	\$456,540,008	\$6,135,098	1.4%	Increase for client services and grants for service coordination (agency's base request).
GENERAL REVENUE FUNDS	\$220,347,606	\$225,704,223	\$5,356,617	2.4%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$226,318,475	\$227,118,663	\$800,188	0.4%	
OTHER FUNDS	\$3,738,829	\$3,717,122	(\$21,707)	(0.6%)	
GUARDIANSHIP A.1.2	\$13,990,446	\$13,990,446	\$0	0.0%	Maintained at 2012-13 base level.
GENERAL REVENUE FUNDS	\$0	\$0	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$13,990,446	\$13,990,446	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
PRIMARY HOME CARE A.2.1	\$397,168,743	\$199,710,973	(\$197,457,770)	(49.7%)	Assumes caseload growth, impacted by STAR+PLUS expansion. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
GENERAL REVENUE FUNDS	\$162,288,893	\$78,954,128	(\$83,334,765)	(51.3%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$234,879,850	\$120,756,845	(\$114,123,005)	(48.6%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
COMMUNITY ATTENDANT SERVICES A.2.2	\$1,009,007,032	\$1,127,337,244	\$118,330,212	11.7%	Assumes caseload growth. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
GENERAL REVENUE FUNDS	\$405,847,628	\$445,698,045	\$39,850,417	9.8%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$603,159,404	\$681,639,199	\$78,479,795	13.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
DAY ACTIVITY & HEALTH SERVICES A.2.3	\$75,062,987	\$24,863,654	(\$50,199,333)	(66.9%)	Assumes caseload growth, impacted by STAR+PLUS expansion. Assumes average monthly fiscal year 2013 cost, net less favorable FMAP, and Balancing Incentive Program enhanced federal funding.
GENERAL REVENUE FUNDS	\$30,798,232	\$9,829,488	(\$20,968,744)	(68.1%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$44,264,755	\$15,034,166	(\$29,230,589)	(66.0%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
COMMUNITY-BASED ALTERNATIVES A.3.1	\$399,908,976	\$303,822,504	(\$96,086,472)	(24.0%)	Assumes August 2013 caseload and impact of STAR+PLUS expansion, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$162,416,382	\$120,320,792	(\$42,095,590)	(25.9%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$237,492,594	\$183,501,712	(\$53,990,882)	(22.7%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
HOME AND COMMUNITY-BASED SERVICES A.3.2	\$1,636,639,991	\$1,745,032,338	\$108,392,347	6.6%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$659,083,576	\$689,779,012	\$30,695,436	4.7%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$977,556,415	\$1,055,253,326	\$77,696,911	7.9%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
COMMUNITY LIVING ASSISTANCE (CLASS) A.3.3	\$394,984,546	\$387,946,448	(\$7,038,098)	(1.8%)	Assumes fiscal year 2013 appropriated caseload with adjustment for transfer of clients from the Consolidated Waiver Program, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$159,110,004	\$153,348,057	(\$5,761,947)	(3.6%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$235,874,542	\$234,598,391	(\$1,276,151)	(0.5%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
DEAF-BLIND MULTIPLE DISABILITIES A.3.4	\$15,207,727	\$15,482,346	\$274,619	1.8%	Assumes Affordable Care Act maintenance of effort requirement for caseload, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$6,120,943	\$6,119,885	(\$1,058)	(0.0%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$9,086,784	\$9,362,461	\$275,677	3.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
MEDICALLY DEPENDENT CHILDREN PGM A.3.5	\$81,354,852	\$85,118,168	\$3,763,316	4.6%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$32,770,535	\$33,645,638	\$875,103	2.7%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$48,584,317	\$51,472,530	\$2,888,213	5.9%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	

Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
TEXAS HOME LIVING WAIVER A.3.6	\$89,778,286	\$114,928,744	\$25,150,458	28.0%	Assumes August 2013 caseload, net less favorable FMAP, and BIP enhanced federal funding.
GENERAL REVENUE FUNDS	\$35,981,055	\$45,429,207	\$9,448,152	26.3%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$53,797,231	\$69,499,537	\$15,702,306	29.2%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
CONSOLIDATED WAIVER PROGRAM A.3.7	\$996,210	\$0	(\$996,210)	(100.0%)	Program eliminated in fiscal year 2012.
GENERAL REVENUE FUNDS	\$408,866	\$0	(\$408,866)	(100.0%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$587,344	\$0	(\$587,344)	(100.0%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
NON-MEDICAID SERVICES A.4.1	\$306,405,556	\$302,659,200	(\$3,746,356)	(1.2%)	Reduction in Federal Funds assumed in agency's base request.
GENERAL REVENUE FUNDS	\$31,806,296	\$31,806,296	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$274,599,260	\$270,852,904	(\$3,746,356)	(1.4%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
ID COMMUNITY SERVICES A.4.2	\$73,966,237	\$68,803,840	(\$5,162,397)	(7.0%)	Reduction reflects realignment of funding for intellectual disability services into strategy A.1.1 (agency's base request).
GENERAL REVENUE FUNDS	\$73,960,237	\$68,797,840	(\$5,162,397)	(7.0%)	
GR DEDICATED	\$6,000	\$6,000	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
PROMOTING INDEPENDENCE PLAN A.4.3	\$8,323,074	\$8,323,074	\$0	0.0%	Maintained at 2012-13 base level.
GENERAL REVENUE FUNDS	\$5,427,396	\$5,427,396	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$2,744,239	\$2,895,678	\$151,439	5.5%	
OTHER FUNDS	\$151,439	\$0	(\$151,439)	(100.0%)	

Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
IN-HOME AND FAMILY SUPPORT A.4.4	\$9,979,815	\$9,979,815	\$0	0.0%	Maintained at 2012-13 base level.
GENERAL REVENUE FUNDS	\$9,979,815	\$9,979,815	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
ALL-INCLUSIVE CARE - ELDERLY (PACE) A.5.1	\$70,297,831	\$70,602,540	\$304,709	0.4%	Assumes August 2013 caseload, net less favorable FMAP, and assumes BIP
GENERAL REVENUE FUNDS	\$28,305,753	\$27,907,418	(\$398,335)	(1.4%)	enhanced federal funding.
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$41,992,078	\$42,695,122	\$703,044	1.7%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
NURSING FACILITY PAYMENTS A.6.1	\$4,520,002,637	\$4,676,994,700	\$156,992,063	3.5%	Assumes caseload growth, continuation of August 2013 average daily rate, and
GENERAL REVENUE FUNDS	\$1,866,532,502	\$1,947,399,331	\$80,866,829	4.3%	net less favorable FMAP.
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$2,653,470,135	\$2,729,595,369	\$76,125,234	2.9%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
MEDICARE SKILLED NURSING FACILITY A.6.2	\$321,536,749	\$366,900,496	\$45,363,747	14.1%	Assumes caseload growth, cost tied to the Medicare inpatient hospital deductible,
GENERAL REVENUE FUNDS	\$132,400,764	\$152,409,886	\$20,009,122	15.1%	and net less favorable FMAP.
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$189,135,985	\$214,490,610	\$25,354,625	13.4%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
HOSPICE A.6.3	\$474,790,708	\$509,988,520	\$35,197,812	7.4%	Assumes caseload growth, continuation of August 2013 cost per unit, and net less
GENERAL REVENUE FUNDS	\$195,525,400	\$211,807,539	\$16,282,139	8.3%	favorable FMAP.
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$279,265,308	\$298,180,981	\$18,915,673	6.8%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
PROMOTING INDEPENDENCE SERVICES A.6.4	\$192,495,323	\$183,315,140	(\$9,180,183)	(4.8%)	Assumes caseload growth, impacted by STAR+PLUS expansion, and net less favorable FMAP.
GENERAL REVENUE FUNDS	\$79,308,444	\$76,130,215	(\$3,178,229)	(4.0%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$113,186,879	\$107,184,925	(\$6,001,954)	(5.3%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
INTERMEDIATE CARE FACILITIES - IID A.7.1	\$590,037,790	\$589,169,458	(\$868,332)	(0.1%)	Method of finance swap, maintains caseload growth that occurred during fiscal years 2012-13, fiscal year 2013 average monthly cost, and net less favorable FMAP.
GENERAL REVENUE FUNDS	\$188,779,089	\$134,597,896	(\$54,181,193)	(28.7%)	
GR DEDICATED	\$54,193,893	\$110,000,000	\$55,806,107	103.0%	
FEDERAL FUNDS	\$346,925,317	\$344,394,346	(\$2,530,971)	(0.7%)	
OTHER FUNDS	\$139,491	\$177,216	\$37,725	27.0%	
STATE SUPPORTED LIVING CENTERS A.8.1	\$1,311,323,051	\$1,271,839,300	(\$39,483,751)	(3.0%)	Method of finance swap, projected decline in caseloads, reduction for census decline, net less favorable FMAP.
GENERAL REVENUE FUNDS	\$469,289,597	\$530,155,280	\$60,865,683	13.0%	
GR DEDICATED	\$74,356,813	\$0	(\$74,356,813)	(100.0%)	
FEDERAL FUNDS	\$730,447,181	\$704,817,598	(\$25,629,583)	(3.5%)	
OTHER FUNDS	\$37,229,460	\$36,866,422	(\$363,038)	(1.0%)	
CAPITAL REPAIRS AND RENOVATIONS A.9.1	\$15,537,704	\$704,371	(\$14,833,333)	(95.5%)	No new bond authority included.
GENERAL REVENUE FUNDS	\$124,766	\$124,766	\$0	0.0%	
GR DEDICATED	\$579,605	\$579,605	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$14,833,333	\$0	(\$14,833,333)	(100.0%)	
BALANCING INCENTIVE PROGRAM A.10.1	\$85,000,000	\$205,000,000	\$120,000,000	141.2%	General Revenue funds made available by enhanced FMAP from Balancing Incentive Program in community care programs at DADS and the Health and Human Services Commission.
GENERAL REVENUE FUNDS	\$85,000,000	\$205,000,000	\$120,000,000	141.2%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	

**Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Total, Goal A, LONG-TERM SERVICES AND SUPPORTS	\$12,544,201,181	\$12,739,053,327	\$194,852,146	1.6%	
GENERAL REVENUE FUNDS	\$5,041,613,779	\$5,210,372,153	\$168,758,374	3.3%	
GR DEDICATED	\$129,136,311	\$110,585,605	(\$18,550,706)	(14.4%)	
FEDERAL FUNDS	\$7,317,358,539	\$7,377,334,809	\$59,976,270	0.8%	
OTHER FUNDS	\$56,092,552	\$40,760,760	(\$15,331,792)	(27.3%)	
FACILITY/COMMUNITY-BASED REGULATION B.1.1	\$130,821,066	\$130,821,066	\$0	0.0%	Method of finance swap, maintained at 2012-13 base level.
GENERAL REVENUE FUNDS	\$37,814,342	\$20,901,230	(\$16,913,112)	(44.7%)	
GR DEDICATED	\$3,896,686	\$20,809,798	\$16,913,112	434.0%	
FEDERAL FUNDS	\$89,110,038	\$89,110,038	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
CREDENTIALING/CERTIFICATION B.1.2	\$2,549,953	\$2,539,631	(\$10,322)	(0.4%)	Agency request
GENERAL REVENUE FUNDS	\$1,722,354	\$1,722,354	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$827,599	\$817,277	(\$10,322)	(1.2%)	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
LTC QUALITY OUTREACH B.1.3	\$10,160,405	\$10,160,405	\$0	0.0%	Maintained at 2012-13 base level.
GENERAL REVENUE FUNDS	\$1,060,418	\$1,060,418	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$6,439,987	\$6,439,987	\$0	0.0%	
OTHER FUNDS	\$2,660,000	\$2,660,000	\$0	0.0%	
Total, Goal B, REGULATION, CERTIFICATION, OUTREACH	\$143,531,424	\$143,521,102	(\$10,322)	(0.0%)	
GENERAL REVENUE FUNDS	\$40,597,114	\$23,684,002	(\$16,913,112)	(41.7%)	
GR DEDICATED	\$3,896,686	\$20,809,798	\$16,913,112	434.0%	
FEDERAL FUNDS	\$96,377,624	\$96,367,302	(\$10,322)	(0.0%)	
OTHER FUNDS	\$2,660,000	\$2,660,000	\$0	0.0%	

Aging and Disability Services, Department of
Summary of Recommendations - House, By Method of Finance -- Strategy Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
CENTRAL ADMINISTRATION C.1.1	\$73,326,681	\$73,094,547	(\$232,134)	(0.3%)	Agency request
GENERAL REVENUE FUNDS	\$30,508,587	\$31,374,565	\$865,978	2.8%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$40,147,364	\$39,049,252	(\$1,098,112)	(2.7%)	
OTHER FUNDS	\$2,670,730	\$2,670,730	\$0	0.0%	
IT PROGRAM SUPPORT C.1.2	\$77,582,734	\$68,666,031	(\$8,916,703)	(11.5%)	Removed one-time capital projects and funded current obligations for Data Center
GENERAL REVENUE FUNDS	\$33,799,690	\$31,990,692	(\$1,808,998)	(5.4%)	Services.
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$42,618,430	\$35,510,725	(\$7,107,705)	(16.7%)	
OTHER FUNDS	\$1,164,614	\$1,164,614	\$0	0.0%	
Total, Goal C, INDIRECT ADMINISTRATION	\$150,909,415	\$141,760,578	(\$9,148,837)	(6.1%)	
GENERAL REVENUE FUNDS	\$64,308,277	\$63,365,257	(\$943,020)	(1.5%)	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$82,765,794	\$74,559,977	(\$8,205,817)	(9.9%)	
OTHER FUNDS	\$3,835,344	\$3,835,344	\$0	0.0%	
Grand Total, All Agency	\$12,838,642,020	\$13,024,335,007	\$185,692,987	1.4%	
GENERAL REVENUE FUNDS	\$5,146,519,170	\$5,297,421,412	\$150,902,242	2.9%	
GR DEDICATED	\$133,032,997	\$131,395,403	(\$1,637,594)	(1.2%)	
FEDERAL FUNDS	\$7,496,501,957	\$7,548,262,088	\$51,760,131	0.7%	
OTHER FUNDS	\$62,587,896	\$47,256,104	(\$15,331,792)	(24.5%)	

Section 3

Department of Aging and Disability Services Selected Fiscal and Policy Issues - House

Person-first language. House Bill 1481, Eighty-second Legislature, requires use of Person First Respectful Language by the legislature and health and human services agencies. Terminology in the Department of Aging and Disability Services' bill pattern has been updated as follows:

- Mental Retardation (MR) --> Intellectual Disability (ID)
- Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR) --> Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Medicaid

1. **Supplemental Need in FY 2012-13.** Based on LBB caseload and cost assumptions, the shortfall at DADS is **\$1,019.1 million** in General Revenue funds.
2. **Caseload.** Caseload adjustments result in an increase of **\$32.1 million** in General Revenue funds from the 2012-13 base.
 - Recommendations maintain growth that occurred during fiscal years 2012-13 and include funding to support continued growth during fiscal years 2014-15 in community care entitlement, nursing facility-related programs, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Waivers and Program of All-Inclusive Care for the Elderly (PACE) are funded at August 2013 levels except for A.3.4, Deaf-Blind Multiple Disabilities, which assumes the higher Affordable Care Act maintenance of effort requirement.
 - Expansion of STAR+PLUS services in March 2012 to the El Paso, Lubbock, and South Texas service areas resulted in lower caseloads at DADS in A.2.1, Primary Home Care, A.2.3, Day Activity and Health Services, A.3.1, Community-based Alternatives, and A.6.4, Promoting Independence Services. STAR+PLUS expansion is reflected for 24 months in 2014-15 but only 18 months in 2012-13 due to the March 2012 implementation. Caseload reductions in those programs offset other General Revenue demand in fiscal years 2014-15.
 - Recommendations assume elimination of the Consolidated Waiver Program in fiscal year 2012 and transfer of 156 clients and related funding to other DADS and HHSC strategies. Ongoing expenditures for these clients are reflected in those strategies.
3. **Cost.** The recommendations include a net **\$21.8 million** General Revenue increase in fiscal years 2014-15 related to cost adjustments. Recommendations do not include cost growth for fiscal years 2014-15 except for Skilled Nursing Facilities (increase in average daily rate due to federally projected Medicare Inpatient Hospital Deductible).
 - Recommendations maintain projected fiscal year 2013 average cost except for A.6.1, Nursing Facility Payments and A.6.3, Hospice, where the (higher) projected August 2013 average daily rate is maintained.
 - Cost Containment: DADS has not achieved all of the cost savings assumed in the General Appropriations Act for fiscal years 2012-13. Not all cost containment items were implemented fully. Recommendations assume continuation of FY 2011 and FYs 2012-13 cost containment measures and rate reductions that were implemented.
4. **Federal Medical Assistance Percentage (FMAP).** Federal participation rates for state-administered programs are more favorable in federal fiscal year 2014 than fiscal year 2012 and less favorable in federal fiscal year 2015 than fiscal year 2013. The net adjustment is a **\$35.7 million** increase in General Revenue and a like decrease to Federal Funds. The final federal fiscal year 2015 rate has not been established and may change.

**Department of Aging and Disability Services
Selected Fiscal and Policy Issues - House**

5. **Quality Assurance Fees (QAF).** Recommendations include use of \$110.0 million in QAF anticipated revenues in strategy A.7.1, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and not also in A.8.1, State Supported Living Centers (net neutral General Revenue fund impact). Recommendations also modify the QAF rider (new rider number 25) to require the agency to request approval to spend QAF funds above the Biennial Revenue Estimate.
6. **State Supported Living Center (SSLC) Reduction.** Recommendations reduce SSLC funding by \$39.5 million in All Funds from the fiscal years 2012-13 base. The All Funds reduction was calculated by reducing an assumed variable portion of the adjusted budgeted fiscal year 2013 expenditures (All Funds) based on projected census reduction.
- The reduction in 2014-15 assumes that a portion of SSLC expenditures includes variable costs (10 percent) and should be reduced proportionately as the census decreases. The average monthly SSLC system census has declined by 24.4 percent since fiscal year 2002 and is projected to decline by 5.7 percent in fiscal year 2014 and an additional 6.0 percent in fiscal year 2015.
 - With the recommendations, the expenditures available per resident will increase from \$174,574 in fiscal year 2013 to \$194,748 in fiscal year 2015 (11.6% increase).
7. **Balancing Incentive Program.** Texas qualified to earn a 2 percent enhanced FMAP on Medicaid non-institutional long-term services and supports from October 1, 2012 to September 30, 2015. Freed-up General Revenue as a result of the enhanced federal funds may be used for “new or expanded offerings of non-institutionally based long-term services and supports under the State Medicaid program.” The General Revenue freed-up due to the enhanced federal funds at DADS and the Health and Human Services Commission (HHSC), estimated to be \$205.0 million in fiscal years 2014-15 (estimated \$125 million at HHSC and \$80 million at DADS), has been removed from the strategies where it would be earned and deposited in strategy A.10.1, Balancing Incentive Program.

Strategies eligible to earn the enhanced FMAP at DADS include:

- A.2.1, Primary Home Care
- A.2.2, Community Attendant Services
- A.2.3, Day Activity and Health Services
- A.3.1, Community-based Alternatives
- A.3.2, Home and Community-based Services
- A.3.3, Community Living Assistance and Support Services
- A.3.4, Deaf-Blind Multiple Disabilities
- A.3.5, Medically Dependent Children Program
- A.3.6, Texas Home Living Waiver
- A.5.1, Program of All-Inclusive Care for the Elderly

Note: Some portion of A.1.1, Intake, Access, & Eligibility and A.6.4, Promoting Independence Services may be eligible for the enhanced match but that is not included in these recommendations.

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Department of Aging and Disability Services Selected Fiscal and Policy Issues - House

Decision-points include:

- Level of control over HHS enterprise agencies' ability to spend freed-up General Revenue; and,
- Which projects to fund (see Supplemental Schedule #1 for options).

8. **Preadmission Screening and Resident Review (PASRR)**. The recommendations do not fund assessments and additional services/therapies related to the PASRR process as reflected in DADS' base request in strategy A.6.1, Nursing Facility Payments (\$9.3 million in General Revenue Funds, \$18.8 million in All Funds) due to uncertainty of implementation in fiscal years 2014-15.

Non-Medicaid

9. **Home and Community Support Service Agencies Licensing Fees**. The recommendations maximize use of anticipated balances in General Revenue-Dedicated Home Health Services Account No. 5018 in lieu of General Revenue (increase of \$16.9 million) in strategy B.1.1, Facility and Community-based Regulation. This increase would help reduce reliance on GR-Dedicated Account No. 5018 for certification purposes. This recommendation is related to the LBB staff report of strategies to reduce reliance on GR-D accounts for certification.
10. **Local Authority System**. A Government Effectiveness and Efficiency Report entitled "An Overview of State-Funded Services for Persons with Intellectual and Developmental Disabilities in Texas" discusses functions performed by local authorities and the major budget and policy issues affecting the local authority system.
11. **Data Center Services**. Recommendations increase funding in strategy C.1.2, IT Program Support, in order to meet current demand for Data Center Services costs under the Department of Information Resources. The cost for maintaining current obligations is **\$0.5 million** in General Revenue Funds (**\$1.3 million** in All Funds).

Section 3

**Department of Aging and Disability Services
FTE Highlights - House**

Full-Time-Equivalent Positions	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014	Recommended 2015
Cap	17,961.9	17,669.4	17,499.0	17,499.0	17,499.0
Actual/Budgeted	17,188.2	16,436.9	17,499.0	NA	NA

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**Department of Aging and Disability Services
Performance Measure Highlights - House**

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014	Recommended 2015
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports <p><i>Measure Explanation: This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more of the following Medicaid-funded non-waiver Community Services and Supports: Primary Home Care, Community Attendant Services (CAS) (formerly called Frail Elderly), or Day Activity and Health Services (DAHS) Title XIX.</i></p>	117,125	86,663	62,541	65,688	68,855
<ul style="list-style-type: none"> Average Number of Clients Served Per Month: Waivers <p><i>Measure Explanation: This measure reports the total monthly average number of Community Services and Supports Medicaid waiver individuals served. See output measures 1 under the following strategies for more detail: Community-Based Alternatives (CBA) Waiver –1.3.1; Home and Community-Based Services (HCS) Waiver –1.3.2; Community Living Assistance and Support Services (CLASS) Waiver –1.3.3; Deaf-blind Waiver – 1.3.4; Medically Dependent Children Program (MDCP) –1.3.5; and Texas Home Living Waiver –1.3.6.</i></p>	50,426	45,400	41,813	43,563	43,563
<ul style="list-style-type: none"> Number of Persons Receiving Services End of Year: Waivers <p><i>Measure Explanation: This measure reports the total number of Community Services and Supports Medicaid waiver individuals being served at the end of the fiscal year. See output measures 1 under the following strategies for more detail: Community-Based Alternatives (CBA) Waiver –1.3.1; Home and Community-Based Services (HCS) Waiver –1.3.2; Community Living Assistance and Support Services (CLASS) Waiver –1.3.3; Deaf-blind Waiver – 1.3.4; Medically Dependent Children Program (MDCP) –1.3.5; and Texas Home Living Waiver –1.3.6. Measure values for 2011 - 2013 reflect STAR+PLUS expansion and transfer of services from DADS to HHSC.</i></p>	49,670	41,221	42,311	43,563	43,563

Section 3

**Department of Aging and Disability Services
Performance Measure Highlights - House**

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014	Recommended 2015
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Primary Home Care <p><i>Measure Explanation: This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports, Primary Home Care. Measure values for 2011 - 2013 reflect STAR+PLUS expansion and transfer of services from DADS to HHSC.</i></p>	53,573	30,104	11,393	11,872	12,370
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Community Attendant Services <p><i>Measure Explanation: This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received the Medicaid-funded non-waiver Community Services and Supports, Community Attendant Services (CAS) (formerly referred to as Frail Elderly).</i></p>	45,606	46,779	49,195	51,793	54,391
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Day Activity and Health Services <p><i>Measure Explanation: This measure reports the average monthly number of individuals who received Day Activity and Health Services funded by Medicaid (Title XIX). Day Activity and Health Services include personal care, nursing services, physical rehabilitation, nutrition, transportation, and support services to individuals in adult day care facilities licensed by DADS' Regulatory. Measure values for 2011 - 2013 reflect STAR+PLUS expansion and transfer of services from DADS to HHSC.</i></p>	17,946	9,780	1,953	2,023	2,094
<ul style="list-style-type: none"> Average Monthly Cost Per Individual Served: Medicaid Community-based Alternatives (CBA) Waiver <p><i>Measure Explanation: This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more services under the Community-Based Alternatives (CBA) waiver. Measure values for 2011 - 2013 reflect STAR+PLUS expansion and transfer of services from DADS to HHSC.</i></p>	22,810	14,342	9,559	9,816	9,816
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Home and Community Based Services (HCS) <p><i>Measure Explanation: This measure captures the unduplicated count of priority population eligible individuals who receive Home and Community-Based Services waiver (HCS) funded services on a monthly basis.</i></p>	19,485	19,854	19,923	20,795	20,795

Section 3

**Department of Aging and Disability Services
Performance Measure Highlights - House**

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014	Recommended 2015
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Medicaid Related Conditions Waiver (CLASS) <i>Measure Explanation: This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims by month of service, received services under the Medicaid Related Conditions waiver (CLASS).</i> 	4,630	4,759	4,707	4,655	4,655
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver <i>Measure Explanation: This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more services under the Deaf-blind with Multiple Disabilities Waiver.</i> 	153	149	155	155	155
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Medically Dependent Children Program <i>Measure Explanation: This measure reports the monthly average unduplicated number of individuals who received one or more services under the Medically Dependent Children Program (MDCP) Waiver.</i> 	2,437	2,308	2,281	2,404	2,404
<ul style="list-style-type: none"> Average Number of Individuals Served Per Month: Texas Home Living Waiver <i>Measure Explanation: This measure captures the unduplicated count of priority population eligible individuals who receive Texas Home Living (TxHmL) Waiver funded services on a monthly basis.</i> 	911	3,951	5,188	5,738	5,738
<ul style="list-style-type: none"> Average Monthly Number of Individuals with Intellectual Disability (ID) Receiving Community Services <i>Measure Explanation: This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Department of Aging and Disability Services (DADS) appropriation authority funds and who receive ID community services. ID community services include vocational services, training services, respite services, specialized therapies and excludes residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period. Increase in the number of individuals served is due to an increase in grant funding.</i> 	6,787	4,481	3,872	3,872	3,872

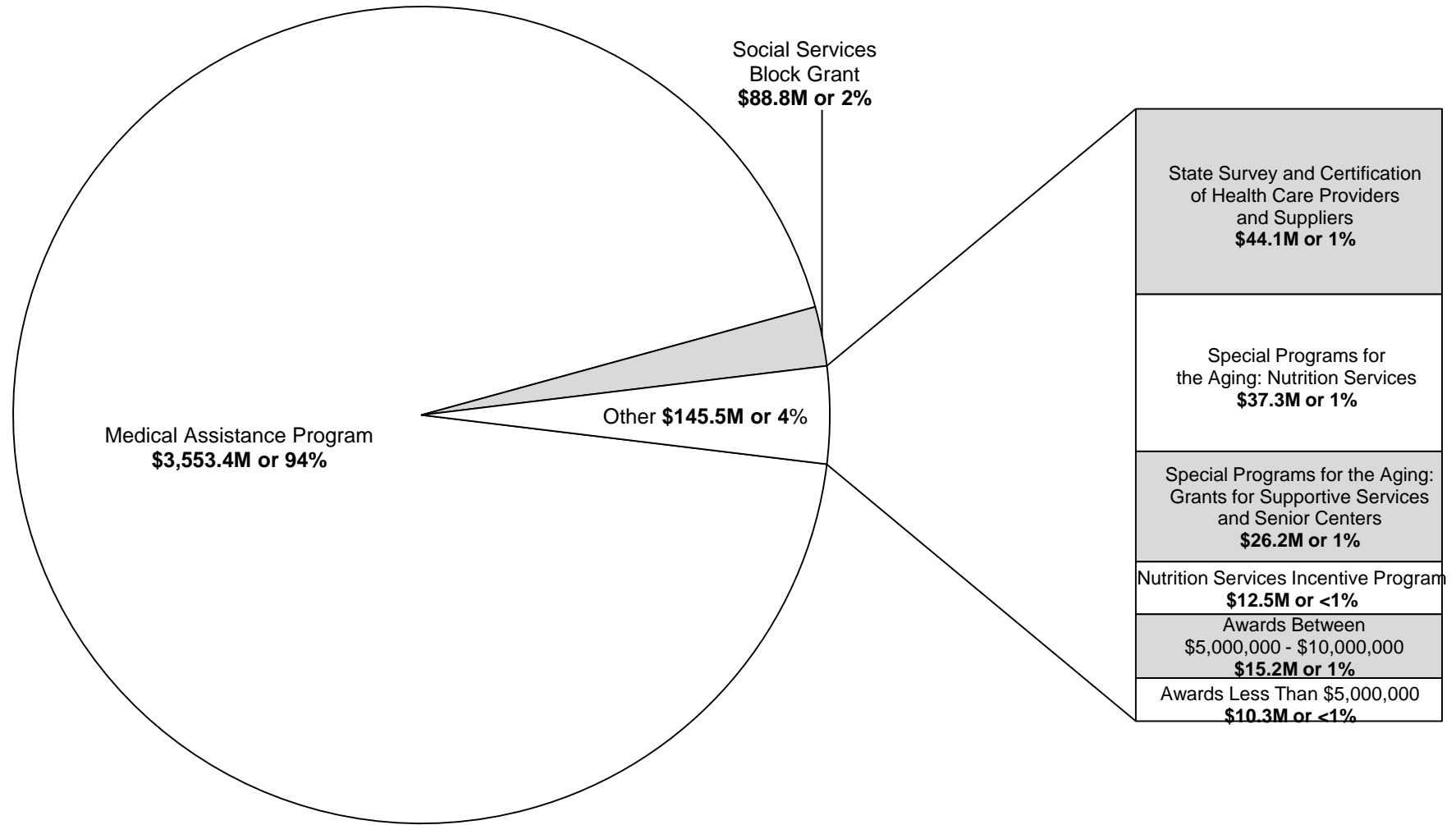
Section 3

**Department of Aging and Disability Services
Performance Measure Highlights - House**

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014	Recommended 2015
<ul style="list-style-type: none"> Average Number of Recipients Per Month: Program for All Inclusive Care (PACE) <p><i>Measure Explanation: This measure reports the monthly average number of individuals who are enrolled in a Program for All Inclusive Care For the Elderly (PACE) managed care model.</i></p>	989	1,016	1,025	1,025	1,025
<ul style="list-style-type: none"> Net Nursing Facility Cost Per Medicaid Resident Per Month <p><i>Measure Explanation: This measure reports the average daily Medicaid rate (payment) for providing nursing facility care.</i></p>	\$3,131.89	\$3,230.25	\$3,310.64	\$3,339.48	\$3,320.33
<ul style="list-style-type: none"> Average Number of Individuals Served Through Promoting Independence Per Month <p><i>Measure Explanation: This measure reports the number of individuals who are successfully moved from a nursing facility into long-term services and supports waiver services provided in the community, and paid for by the State of Texas. Individuals must be residing in a Texas nursing facility immediately prior to transitioning, and their nursing home stay must have been eligible for reimbursement by Medicaid (80th Texas Legislature, Rider 14: Promoting Independence). Measure values for 2011 - 2013 reflect STAR+PLUS expansion and transfer of services from DADS to HHSC.</i></p>	6,589	5,760	5,296	5,357	5,420
<ul style="list-style-type: none"> Average Monthly Number of Intellectual Disability (ID) Campus Residents <p><i>Measure Explanation: This measure provides the number of individuals enrolled in State Supported Living Center campus residential services each month on average. The recommended funding reduction will not affect the census given that the program is an entitlement. It is assumed the reduction will be achieved through operational efficiencies.</i></p>	4,072	3,882	3,674	3,465	3,256

Section 3

Department of Aging and Disability Services
Summary of Federal Funds (Estimated 2012)
TOTAL = \$3,787.7M



Note: Amounts shown may sum greater/less than actual total due to rounding.

**Supplemental Schedule #1
Options to Spend Freed-Up General Revenue available due to Balancing Incentive Program - House**

	Options	Notes on Options	Fiscal Years 14-15 Cost Estimate	Notes on Funding
A	Mandatory BIP Compliance Activities	<p>Completion of structural reforms are required to obtain BIP funding. The 3 areas of structural reforms include:</p> <ul style="list-style-type: none"> • No wrong door/single point of entry system, • Conflict-free case management services, and • Core standardized assessment instruments. <p>DADS developed the agency's specific implementation plan in December 2012. Projects included IT enhancements to connect functional and financial eligibility systems across agencies (HHSC, DADS, DSHS) and expansion of Aging and Disability Resource Centers statewide.</p>	TBD	
B	Implementation of new standard assessment tool in IDD programs (See GEER report)	<p>Recommendations include: 1. Amend statute to require DADS to implement an automated standard functional assessment tool across state programs serving clients with intellectual and developmental disabilities. 2. Amend statute to require DADS to implement a resource allocation methodology in the Home and Community-based Services waiver program. 3. Include a contingency rider (included in introduced bill as DADS Rider 33) that appropriates \$1.5 million General Revenue for the biennium to implement the standard tool and resource allocation methodology and requires DADS to issue a report to the LBB and the Governor. One of the three required BIP structural reforms is related to the assessment processes used in community-based programs.</p>	<p>\$3.0 million All Funds \$1.5 million General Revenue</p>	<p>Additional costs of \$1.75 million All Funds (\$875,000 General Revenue) expected in fiscal years 2016-17</p>
C	Transition assistance and crisis stabilization services for persons exiting State Supported Living Centers	<p>DADS' report "Physical and Behavioral Health Services in the Home and Community-Based Services and Community Living Assistance and Support Services Medicaid Waiver Programs- Exploring the Capacity to Serve Individuals with Complex Needs in the Community" published in April 2012 discusses barriers to successful transition to the community for residents of SSLCs. Resources to assist in the transition and stabilize crises that occur in the community could avoid reinstitutionalizations and decrease costs.</p>	TBD	<p>Could be one-time sum-certain initiative or phased-out in future years.</p>

Supplemental Schedule #1
Options to Spend Freed-Up General Revenue available due to Balancing Incentive Program - House

	Options	Notes on Options	Fiscal Years 14-15 Cost Estimate	Notes on Funding
D	Expansion of Community Programs	<p>See DADS' exceptional items #4 and #5a. Options are all scalable depending on the number of slots or total spending desired.</p> <p>Options could include: -Dedicating certain numbers of slots to specific populations - This could include diversion/crisis slots and slots for foster children aging out of care. -Promoting Independence slots - This could include persons exiting large ICFs/IID, SSLCs, children aging out of foster care. DADS has proposed to include slots for persons with IDD coming out of or diverted from nursing facilities (new population; related to the PASRR lawsuit).</p> <p>Cost estimate prepared by LBB.</p>		<p>State could reverse in future years if funding was not available but could be difficult.</p> <p>Attrition would provide some flexibility in reversing funding.</p>
D1	Home and Community Based Services (100 slots)	<p>As of August 2012, HCS has the longest wait (9+ years) of the waiver programs and the largest number of persons waiting for services (60,196), according to DADS. An option for funding waiver slots may be to prioritize programs with the longest wait.</p>	<p>\$3.7 million All Funds \$2.6 million General Revenue</p>	
D2	Community Living Assistance and Support Services (100 slots)	<p>As of August 2012, CLASS has 43,607 persons on the interest list and the wait is 8-9 years, according to DADS.</p>	<p>\$2.5 million All Funds \$1.8 million General Revenue</p>	
D3	Community Based Alternatives (100 slots)	<p>Because CBA services are an entitlement in STAR+PLUS areas for certain low-income persons, it may be desirable to fund more CBA slots than STAR+PLUS CBA slots because interest lists in non-STAR+PLUS areas include persons from 0-200% SSI limit whereas the STAR+PLUS lists only include persons between 100-200% of the SSI limit.</p> <p>As of August 2012, there are 11,912 persons on the CBA interest list and the wait time is 1-2 years, according to DADS.</p> <p>Funding additional CBA slots will reduce demand for Community Attendant Services.</p>	<p>\$0.9 million All Funds \$0.7 million General Revenue</p>	
D4	STAR+PLUS HCBS (Medical Assistance Only) 50 slots	<p>As of August 2012, there are 12,490 persons on the interest list and the wait is 3-4 years (for most persons), according to DADS.</p> <p>Funding additional CBA slots will reduce demand for Community Attendant Services.</p>	<p>\$0.9 million All Funds \$0.7 million General Revenue</p>	
D5	Medically Dependent Children Program (25 slots)	<p>As of August 2012, there are 25,668 persons on the interest list and the wait is 5-6 years, according to DADS.</p>	<p>\$0.3 million All Funds \$0.2 million General Revenue</p>	

Supplemental Schedule #1
Options to Spend Freed-Up General Revenue available due to Balancing Incentive Program - House

Options		Notes on Options	Fiscal Years 14-15 Cost Estimate	Notes on Funding
D6	Deaf Blind Multiple Disabilities (5 slots)	There may not be a need to fund additional DBMD slots given that many persons on the interest list have previously turned down a slot when it was offered and the wait time for the program is shorter than other programs.	\$0.2 million All Funds \$0.1 million General Revenue	
D7	Texas Home Living (100 slots)	If HCS slots are funded, there may not be a need to fund additional TxHmL slots because persons receiving TxHmL services may take HCS slots which would free up TxHmL slots. In addition, in the 2012--13 biennium, DADS had approximately 1,200 unfilled slots in this program and could not identify additional persons served with General Revenue-funded services to refinance into the program or persons on the HCS interest list willing to enroll in the program.	\$0.6 million All Funds \$0.4 million General Revenue	
D8	Program of All-Inclusive Care for the Elderly (PACE)	See DADS' exceptional item #8. Any expansion of slots and/or sites would earn additional BIP funds, increasing the size of Texas' BIP award.	TBD. Fiscal impact varies depending on approach to implementation.	
E	\$0.50/hour wage enhancement for direct care staff in community programs (not institutions)	See HHSC's exceptional item #9. Funding would provide an across-the-board \$0.50 cent per hour increase for fiscal years 2014--15 to attendants assisting Medicaid clients in community settings at DADS and HHSC (i.e., personal care services). Increasing wages could increase worker recruitment and retention which could improve the quality of care. This option is scalable. Cost estimate prepared by HHSC.	\$536.4 million All Funds \$223.3 million General Revenue	State could reverse in future years if funding was not available. Sum certain appropriation could be provided to increase rate enhancement levels or amounts.

**Supplemental Schedule #1
Options to Spend Freed-Up General Revenue available due to Balancing Incentive Program - House**

	Options	Notes on Options	Fiscal Years 14-15 Cost Estimate	Notes on Funding
F	Community First Choice program	<p>See DADS' exceptional item #5b. The Community First Choice Option (Section 10202 of the Affordable Care Act) became effective October 1, 2011 as a new state plan option, Section 1915(k), for providing community-based attendant and habilitation services to persons eligible for nursing facilities/ICFs/IID with incomes up to 150 percent FPL. A state with an approved state plan amendment would receive a 6 percent enhanced Federal Medical Assistance Percentage for an indefinite time period. The additional 2 percent BIP enhanced federal funding would be additive to the 6 percent.</p> <p>The program would create a new entitlement. Services must be provided to all eligible persons statewide and interest or waiting lists may not be used. There is a maintenance of effort requirement that the state must spend at least what the state was spending the year prior to implementation of CFC.</p> <p>The cost estimate was prepared by DADS and assumes a caseload of 11,902. Because Texas already offers attendant care services, the CFC option would enable Texas to receive an enhanced match for current services. However, because comparable habilitation services are not provided to persons with IDD, the demand for these services is unknown and would represent new spending.</p>	<p>\$371.4 million All Funds \$41.7 million General Revenue</p>	<p>Once in the state plan, this would be an entitlement program that would result in ongoing costs. The program could be eliminated through a state plan amendment.</p>

Section 4

**Department of Aging and Disability Services (DADS)
Performance Review and Policy Report Highlights - House**

Reports & Recommendations	Report Page	Savings/ (Cost)	Gain/ (Loss)	Fund Type	Included in Introduced Bill	Action Required During Session
Leverage the State Inspection Process to Increase Person-Centered Care in Nursing Facilities	208					
1. Include a rider that directs DADS to implement and evaluate a Person-Centered Care pilot project modeled on the Rhode Island Individualized Care Pilot project that uses the regulatory inspection process to enhance nursing facility providers' knowledge and implementation of person-centered care practices and culture change models of care.					Rider 31	
Improve Assessment and Resource Use in Community Programs	192					
1. Amend statute to require DADS to implement an automated standard functional assessment tool across state programs serving clients with intellectual and developmental disabilities. 2. Amend statute to require DADS to implement a resource allocation methodology in the Home and Community-based Services waiver program. 3. Include a contingency rider that appropriates \$1.5 million General Revenue for the biennium to implement the standard tool and resource allocation methodology and requires DADS to issue a report to the LBB and the Governor.		(\$1,500,000)		GR	Contingency Rider 33	Amend Statute

Section 5

Department of Aging and Disability Services Rider Highlights - House

Deleted Riders (Original Rider Number)

15. Limitation on State Supported Living Center Strategy Transfers – Rider not needed given edits to Rider 9, Limitation: Medicaid Transfer Authority
20. Unexpended Construction Balances – Replaced by new rider #34
21. MR Residential Placement Options – Rider language is in statute
22. Expenditures on Bond Homes – New Article II Special Provisions section on Rate Limitations and Reporting Requirements eliminates the need for this rider
29. Services under a 1915c Waiver – Promoting Independence initiative (in statute) accomplishes intent of rider
30. Services under HCS Waiver Program – Promoting Independence initiative accomplishes intent of rider
31. Promoting Community Services for Children – Promoting Independence initiative accomplishes intent of rider
35. Elimination of the Consolidated Waiver Program – Program has been eliminated
37. Program of All-Inclusive Care for the Elderly (PACE): Limitations – Merged with DADS Rider 9
38. Unexpended Balances: General Obligation Bond Proceeds – Replaced by new rider #34
41. Reporting Abuse/Neglect/Exploitation Incidents at All State Supported Living Centers – Performance measures added in fiscal years 2012-13 to collect this data
42. Unexpended Balance Authority for SAS/CARE Consolidation Project – Rider’s purpose was to carry FY 2010—11 appropriations into FY 2012—13
43. Reshaping the System for Providing Services to Individuals with Developmental Disabilities – Statute prohibits the agency from closing a state supported living center without legislative approval and the provisions of the rider have been completed

Section 5

44. Department of Aging and Disability Services Medicaid Waiver Programs – Rider conflicts with DADS Rider 34, Limits for Waivers and Other Programs
45. MR Community Services Funded through Medicaid – Provisions of the rider have been completed
46. Attendant Care Services for Persons Enrolled in Community-based Alternatives – Provisions of the rider have been completed
47. Facility and Community-based Regulation – Assumes business process improvements have been completed
48. Home and Community-based Services (HCS) Foster Care Rates – Provisions of the rider have been completed

Modified Riders (Original Rider Number)

Multiple Updated references using person-first language as follows:

- Mental Retardation (MR) > Intellectual Disability (ID)
 - Intermediate Care Facility for Persons with Mental Retardation > Intermediate Care Facility for Individuals with Intellectual Disabilities
9. Limitation: Medicaid Transfer Authority – Added a(3) to incorporate Rider 37, Program of All-Inclusive Care for the Elderly (PACE): Limitations, changed a(5) to limit transfers between A.7.1, ICF/IID and A.8.1, SSLCs, added notification for transfers into Medicaid waiver strategies (section d.)
 14. Nursing Facility Beds for Medicaid Eligible Veterans – Removed directive for agency to change its rules
 16. State Supported Living Centers: Proportionality of Funds – Limited to part a. Proportionality of Funds. Deleted Quality Assurance Fee (QAF) since recommendations only use QAF in A.7.1, ICF/IID
 18. Disposition of Construction Appropriation Related to Intellectual Disability – Modified rider to account for policy change and person-first language
 32. Appropriation: Quality Assurance Fees – Added informational listing of QAF revenue appropriated in the Act, converted notification requirement to permission requirement for revenue above the Biennial Revenue Estimate
 39. Interest List Reduction – Modified terminology to be consistent with agency’s use of “interest” lists

New Riders

NEW 31. Person-centered Care Pilot Project for Nursing Facilities – See Performance Review and Policy Report Highlights

NEW 32. Intellectual Disability Community Services: Limitations – Limits transfers from strategy A.4.2, ID Community Services

Section 5

NEW 33. Contingency for Standard Assessment Tool – See Performance Review and Policy Report Highlights

NEW 34. Unexpended Balances Bond Proceeds – Replaces Riders 20 and 38 with updated language regarding unexpended balances for bonds

New Riders – Special Provisions

NEW 45. Money Follows the Person Demonstration – Adds reporting requirements and limitations on the use of General Revenue funds “freed up” by federal match

NEW 46. Balancing Incentive Program Reporting – Adds reporting requirement for monthly expenditures eligible for enhanced federal match

Section 6

**Aging and Disability Services, Department of
Items not Included in Recommendations - House**

	2014-15 Biennial Total	
	GR & GR- Dedicated	All Funds
Agency Exceptional Items - In Agency Priority Order		
1. Maintain Operations at State Supported Living Centers (SSLCs)	\$ 22,225,987	\$ 53,494,231
2. Pre-Admission Screening and Resident Review (PASRR)	\$ 10,439,417	\$ 25,469,904
3. Cost Trends	\$ 64,920,775	\$ 158,528,367
4. Promoting Independence Slots	\$ 33,355,835	\$ 81,741,134
<i>a) Movement from Large and Medium Intermediate Care Facilities (ICFs) (400 HCS slots)</i>	\$ 10,834,572	\$ 26,007,307
<i>b) Children Aging Out of Foster Care (192 HCS slots)</i>	\$ 4,494,998	\$ 11,333,947
<i>c) Prevention of Institutionalization/Crisis (300 HCS slots)</i>	\$ 8,051,823	\$ 20,302,224
<i>d) Prevention of Institutionalization/Crisis (100 CBA slots)</i>	\$ 661,468	\$ 1,667,816
<i>e) Movement of Individuals with IDD from Nursing Homes (120 slots in first year, 240 in second year)</i>	\$ 8,583,125	\$ 20,588,677
<i>f) 25 DFPS Children (25 HCS slots)</i>	\$ 729,849	\$ 1,841,163
5. Community Expansion	\$ 261,647,993	\$ 896,415,443
<i>a) Interest Lists</i>	\$ 219,982,250	\$ 524,999,788
<i>b) Provide attendant and habilitation services to IDD population</i>	\$ 41,665,743	\$ 371,415,655
6. Protecting Vulnerable Texans	\$ 19,922,768	\$ 27,265,825
<i>a) Increase FTEs in the Guardianship Program</i>	\$ 1,016,528	\$ 1,016,528
<i>b) Assisted Living Facility Long-term Care Ombudsman</i>	\$ 2,833,841	\$ 2,833,841
<i>c) Regulatory Waiver Survey and Certification Program Reviewers</i>	\$ 1,421,022	\$ 2,842,044
<i>d) Regulatory Assisted Living Facility and Adult Day Care</i>	\$ 4,244,517	\$ 4,244,517
<i>e) Regulatory Certification of Day Habilitation Providers</i>	\$ 1,321,708	\$ 2,521,552
<i>f) Regulatory Services System Automation Modernization</i>	\$ 5,149,654	\$ 7,635,339
<i>g) Regulatory Mobility Investigators Initial Phase</i>	\$ 3,935,498	\$ 6,172,004

Section 6

**Aging and Disability Services, Department of
Items not Included in Recommendations - House**

	2014-15 Biennial Total	
	GR & GR- Dedicated	All Funds
7. Improving Support for SSLC Residents	\$ 25,563,915	\$ 130,807,873
<i>a) Electronic Health Record and Additional SSLC computers</i>	\$ 8,126,174	\$ 20,204,387
<i>b) Construction to provide physical security of IT assets at SSLCs</i>	\$ 2,742,156	\$ 6,817,884
<i>c) Vehicles</i>	\$ 6,766,632	\$ 6,766,632
<i>d) Furniture and Equipment</i>	\$ 7,400,000	\$ 7,400,000
<i>e) Statewide Videoconferencing</i>	\$ 528,953	\$ 1,088,000
<i>f) Repairs and Renovations (bonds)</i>	\$ -	\$ 88,530,970
8. Program of All-Inclusive Care for the Elderly (PACE) Expansion	\$ 4,732,361	\$ 11,903,934
<i>a) PACE - Sites (2 new sites with 150 slots each)</i>	\$ 3,345,822	\$ 8,406,588
<i>b) PACE - Slots (for existing sites)</i>	\$ 1,386,539	\$ 3,497,346
Total, Items Not Included in the Recommendations	\$ 442,809,051	\$ 1,385,626,711
 Agency Exceptional Items included with Enterprise Requests¹		
1. DADS Single Service Authorization System - Phase II	\$ 1,860,215	\$ 18,602,149
2. DADS Information Security Program	\$ 1,208,532	\$ 2,600,000
3. State Operated Facilities - Laundry	\$ 622,800	\$ 1,548,483
4. Recruitment and Retention - Direct Service Professional Positions	\$ 13,605,542	\$ 32,721,362
5. Increase Attendant Hourly Wage	\$ 176,876,790	\$ 429,402,775

¹ Biennial totals reflect DADS' portion of the item except for #5, Increase Attendant Hourly Wage, which reflects the amount of the total enterprise item.