# 3.A. STRATEGY REQUEST

80th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: TIME: 8/18/2006 6:59:51PM

Agency code:	529	Agency name: Health and Human Service	es Commission		Statewide Goal/Benchmark: 3 13				
GOAL:	2	Medicaid			Service Categories:				
OBJECTIVE:	2	Other Medicaid Services			Service	: 30 Income: A.	1 Age: B.		
STRATEGY:	5	Medicaid Family Planning			2.00				
CODE	DESC	CRIPTION	Exp 2005	Est 2006	Bud 2007	BL 2008	BL 2009		
Output Measures:  1 Average Medicaid Family Planning Recipient Months Per  Month		331,278.00	155,027.00	141,341.00	143,777.00	149,855.00			
Efficiency Measures:  1 Average Medicaid Family Planning Cost Per Recipient Month		6.39	5.55	5.55	5.48	5.47			
Objects of Expense: 1001 SALARIES AND WAGES			\$0	\$10,253	\$9,978	\$8,822	\$8,848		
			\$156	\$306	\$259	\$287	\$287		
1002 OTHER PERSONNEL COSTS			\$23	<b>\$96,455</b>	\$95,533	\$20,945	\$20,958		
2001 PROFESSIONAL FEES AND SERVICES			\$25 \$0	\$2	\$1	\$1	\$1		
2002 FUELS AND LUBRICANTS			\$0 \$7	\$78	\$53	\$59	\$59		
2003 CONSUMABLE SUPPLIES			\$53	<b>\$</b> 481	\$565	\$435	\$435		
2004 UTILITIES			\$0 \$0	\$125	\$130	\$63	\$63		
2005 TRAVEL			\$55	\$758	\$1,052	\$858	\$858		
2006 RENT - BUILDING			\$11	\$108	\$75	\$102	\$102		
2007 RENT - MACHINE AND OTHER			\$146	\$1,418	\$884	\$941	\$941		
2009 OTHER OPERATING EXPENSE			\$36,482,720	\$30,730,282	\$9,467,979	\$9,451,457	\$9,844,095		
3001 CLIENT SERVICES			\$63,115	\$15,258	\$13,562	\$76,911	\$76,911		
4000 GRANTS			\$17	\$311	\$8,485	\$3,944	\$3,943		
5000 CAPITAL EXPENDITURES			\$36,546,303	\$30,855,835	\$9,598,556	\$9,564,825	\$9,957,501		
TOTAL, O	BJEC'	T OF EXPENSE	**************************************						
Method of			ea ana 00a	\$3,073,258	\$1,065,560	\$1,036,463	\$1,075,741		
758 GR MATCH FOR MEDICAID 8056 SUPPLEMENTAL: GR MATCH FOR MEDICAID			\$3,708,982 \$0	\$56,105	\$0	\$0	\$(		

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TOAT.	2	Medicaid	•			de Goal/Benchmark:	3 13		
ioal:						Service Categories:			
OBJECTIVE:	2				Service	: 30 Income: A.	Age: B.3		
STRATEGY:	5	Medicaid Family Planning							
CODE	DESC	CRIPTION	Exp 2005	Est 2006	Bud 2007	BL 2008	BL 2009		
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)			\$3,708,982	\$3,129,363	\$1,065,560	\$1,036,463	\$1,075,741		
Method of Financing: 555 FEDERAL FUNDS		\$32,837,321	\$27,639,888	\$8,532,996	\$8,528,362	\$8,881,760			
	93.778.000 Medical Assistance Program		\$32,837,321	\$27,639,888	\$8,532,996	\$8,528,362	\$8,881,760		
2FDA Subtotal, Fund 555  8059 SUPPLEMENTAL: FEDERAL FUNDS 93.778.000 Medical Assistance Program  2FDA Subtotal, Fund 8059  SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$86,584	\$0	\$0	\$0			
		\$0 \$32,837,321	\$86,584 <b>\$27,726,472</b>	\$0 <b>\$8,532,996</b>	\$0 <b>\$8,528,362</b>	\$0 \$8,881,760			
		OF FINANCE (INCLUDING RIDERS)				\$9,564,825	\$9,957,501		
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)			\$36,546,303	\$30,855,835	\$9,598,556	\$9,564,825	\$9,957,501		
FULL TIME EQUIVALENT POSITIONS:		0.0	0.2	0.2	0.1	0.1			
		TOTAL AND BICTIFICATION							

## STRATEGY DESCRIPTION AND JUSTIFICATION:

Medicaid Family Planning services provided to eligible, low-income clients include: health screening; health education; contraception counseling and provision; treatment of minor genitourinary infections; and other health-related counseling and referral. Services are delivered to clients by local health departments, medical schools, hospitals, rural health clinics, community health centers, private-nonprofit agencies, regional clinics band by private practitioners enrolled in the Medicaid program. These medical services are outside of the premium arrangement. In addition to Medicaid, there are other Family Planning Services provided by DSHS through Titles V, X and XX.

Included in this strategy are client service payments to providers as well as the state match for the administrative functions at the Department of State Health Services (DSHS).

Projected 2008-09 expenditures in the base request reflect client service cost reductions to FY2006 levels. A 10% reduction in administrative functions in contracts, staffing, and general operating expenses is reflected.

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Agency code: 529

Agency name: Health and Human Services Commission

GOAL:

Medicaid 2

Other Medicaid Services

OBJECTIVE: STRATEGY:

Medicaid Family Planning

Statewide Goal/Benchmark:

13

3

Service Categories:

Service: 30

Income: A.1

B.3 Age:

CODE

DESCRIPTION

Exp 2005

Est 2006

**Bud 2007** 

BL 2008

**BL 2009** 

### EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. As well as covering all eligible persons.

FY2006 estimated expenses reflect the cost of fee-for-service and Primary Care Case Management. Beginning in FY2006 the Primary Care Case Management estimated expenses reflect only fee-for-service.