

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
 79th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/7/2004
 TIME: 10:33:11AM

Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

CODE	DESCRIPTION	Excp 2006	Excp 2007
	Item Name: Biennial Decrease in FMAP		
	Item Priority: 3		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Intake and Access to Services and Support		
	01-02-01 Primary Home Care		
	01-02-02 Community Attendant Services (Formerly Frail Elderly)		
	01-02-03 Day Activity and Health Services (DAHS)		
	01-03-01 Community-based Alternatives (CBA)		
	01-03-02 Home and Community-based Services (HCS)		
	01-03-03 Community Living Assistance and Support Services (CLASS)		
	01-03-04 Deaf-Blind Multiple Disabilities (DBMD)		
	01-03-05 Medically Dependent Children Program (MDCP)		
	01-03-06 Consolidated Waiver Program		
	01-03-07 Texas Home Living Waiver		
	01-06-01 Nursing Facility and Hospice Payments		
	01-07-01 Intermediate Care Facilities - Mental Retardation		
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	21,132,751	20,867,281
4000	GRANTS	24,556	24,581
TOTAL, OBJECT OF EXPENSE		\$21,157,307	\$20,891,862
METHOD OF FINANCING:			
555	FEDERAL FUNDS		
93.778.005	XIX FMAP	12,769,809	12,608,239
758	GR MATCH FOR MEDICAID	8,362,942	8,259,042
8032	GR CERTIFIED AS MATCH FOR MEDICAID	24,556	24,581
TOTAL, METHOD OF FINANCING		\$21,157,307	\$20,891,862

DESCRIPTION / JUSTIFICATION:

The baseline funding level did not include funding to cover the additional state funds costs associated with a reduced Medicaid Federal Medical Assistance Percentage (FMAP) for FY 2006-2007. (The estimated FMAP for FY 2006-2007 is 60.35%, compared to an average FMAP for FY 2004-2005 of 60.54% which excludes the Federal Fiscal Relief adjustment.) This baseline funding reduction will be achieved by reducing rates for the following services: Nursing Facilities, Hospice, Primary Home Care (PHC), Community

0000274

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CODE DESCRIPTION

Excp 2006

Excp 2007

Attendant Services (CAS), Day Activity and Health Services Title XIX (DAHS), Community Based Alternatives Waiver (CBA), Community Living Assistance and Support Services (CLASS), Deaf-Blind waiver, Medically Dependent Children's Program (MDCP), Consolidated Waiver, Community ICF/MR, Home and Community Based Services Waiver (HCS), Texas Home Living Waiver (TxHmL), and MR Service Coordination.

This item assumes that the Exceptional Item for "Entitlement Growth", and "Restore 5% Reduction" are funded. It restores an additional .47% of the 1.06% rate reduction for Nursing Facilities, and .47% of the 1.06% rate reduction for the community services listed above, resulting in full restoration of rates to FY 2005 levels.

EXTERNAL/INTERNAL FACTORS:

Further reductions to provider rates will make it difficult for providers to maintain services at current levels of quality.

0000275

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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DATE: 10/6/2004
 TIME: 1:28:51PM

Agency code: **539** Agency name: **AGING AND DISABILITY SERVICES**

	Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP	
Allocation to Strategy:	1-1-1	Intake and Access to Services and Support
EFFICIENCY MEASURES:		
<u>3</u> Avg Mthly Cost Per Consumer MR Receiving Assessment & Svc Coordination	0.41	0.41
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	37,438	37,413
4000 GRANTS	24,556	24,581
TOTAL, OBJECT OF EXPENSE	\$61,994	\$61,994
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	37,438	37,413
8032 GR CERTIFIED AS MATCH FOR MEDICAID	24,556	24,581
TOTAL, METHOD OF FINANCING	\$61,994	\$61,994

0000276

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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	Excp 2006	Excp 2007
Item Name:		
	Biennial Decrease in FMAP	
Allocation to Strategy:	1-2-1	Primary Home Care
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client Served: Primary Home Care	3.00	3.00
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	2,534,701	2,812,819
TOTAL, OBJECT OF EXPENSE	\$2,534,701	\$2,812,819
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,529,692	1,697,536
758 GR MATCH FOR MEDICAID	1,005,009	1,115,283
TOTAL, METHOD OF FINANCING	\$2,534,701	\$2,812,819

0000277

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
 79th Regular Session, Agency Submission, Version 1
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	Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP	
Allocation to Strategy:	1-2-2	Community Attendant Services (Formerly Frail Elderly)
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client Served: Community Attendant Services	2.94	2.94
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,756,858	1,950,993
TOTAL, OBJECT OF EXPENSE	\$1,756,858	\$1,950,993
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,060,264	1,177,424
758 GR MATCH FOR MEDICAID	696,594	773,569
TOTAL, METHOD OF FINANCING	\$1,756,858	\$1,950,993

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE

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	Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP	
Allocation to Strategy:	1-2-3 Day Activity and Health Services (DAHS)	
EFFICIENCY MEASURES:		
<u>1</u> Avg Monthly Cost Per Client Served: Day Activity and Health Services	2.22	2.22
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	473,825	490,461
TOTAL, OBJECT OF EXPENSE	\$473,825	\$490,461
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	285,953	295,993
758 GR MATCH FOR MEDICAID	187,872	194,468
TOTAL, METHOD OF FINANCING	\$473,825	\$490,461

0000279

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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	Excp 2006	Excp 2007
Item Name:		
	Biennial Decrease in FMAP	
Allocation to Strategy:	1-3-1	Community-based Alternatives (CBA)
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client Medicaid CBA Waiver	6.00	6.00
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,879,442	1,879,442
TOTAL, OBJECT OF EXPENSE	\$1,879,442	\$1,879,442
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,134,243	1,134,243
758 GR MATCH FOR MEDICAID	745,199	745,199
TOTAL, METHOD OF FINANCING	\$1,879,442	\$1,879,442

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP	
Allocation to Strategy:	1-3-2 Home and Community-based Services (HCS)	
EFFICIENCY MEASURES:		
<u>1</u> Avg Monthly Cost Per Client Served: Home & Community Based Services	14.43	14.43
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,553,390	1,553,390
TOTAL, OBJECT OF EXPENSE	\$1,553,390	\$1,553,390
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	938,092	937,471
758 GR MATCH FOR MEDICAID	615,298	615,919
TOTAL, METHOD OF FINANCING	\$1,553,390	\$1,553,390

0000281

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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	Excp 2006	Excp 2007
Item Name:		
	Biennial Decrease in FMAP	
Allocation to Strategy:	1-3-3	Community Living Assistance and Support Services(CLASS)
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client CLASS Waiver	13.14	13.14
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	286,460	286,460
TOTAL, OBJECT OF EXPENSE	\$286,460	\$286,460
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	172,879	172,879
758 GR MATCH FOR MEDICAID	113,581	113,581
TOTAL, METHOD OF FINANCING	\$286,460	\$286,460

0000282

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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DATE: 10/6/2004
 TIME: 1:28:51PM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:		
	Biennial Decrease in FMAP	
Allocation to Strategy:	1-3-4	Deaf-Blind Multiple Disabilities (DBMD)
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client: Deaf-Blind Waiver	17.12	17.12
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	29,375	29,375
TOTAL, OBJECT OF EXPENSE	\$29,375	\$29,375
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	17,728	17,728
758 GR MATCH FOR MEDICAID	11,647	11,647
TOTAL, METHOD OF FINANCING	\$29,375	\$29,375

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:		
	Biennial Decrease in FMAP	
Allocation to Strategy:	1-3-5	Medically Dependent Children Program (MDCP)
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client: MDCP Waiver	6.59	6.59
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	77,749	77,749
TOTAL, OBJECT OF EXPENSE	\$77,749	\$77,749
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	46,922	46,922
758 GR MATCH FOR MEDICAID	30,827	30,827
TOTAL, METHOD OF FINANCING	\$77,749	\$77,749

0000284

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE

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Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:		
Allocation to Strategy:		
Biennial Decrease in FMAP		
1-3-6 Consolidated Waiver Program		
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client: Consolidated Waiver (CWP)	7.48	7.48
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	17,224	17,224
TOTAL, OBJECT OF EXPENSE	\$17,224	\$17,224
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	10,395	10,395
758 GR MATCH FOR MEDICAID	6,829	6,829
TOTAL, METHOD OF FINANCING	\$17,224	\$17,224

0000285

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

		Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP		
Allocation to Strategy:	1-3-7 Texas Home Living Waiver		
EFFICIENCY MEASURES:			
<u>1</u> Average Monthly Cost Per Client Served: Texas Home Living Waiver		4.93	4.93
OBJECTS OF EXPENSE:			
3001 CLIENT SERVICES		168,691	168,691
TOTAL, OBJECT OF EXPENSE		\$168,691	\$168,691
METHOD OF FINANCING:			
555 FEDERAL FUNDS			
93.778.005 XIX FMAP		101,872	101,805
758 GR MATCH FOR MEDICAID		66,819	66,886
TOTAL, METHOD OF FINANCING		\$168,691	\$168,691

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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		Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP		
Allocation to Strategy:	1-6-1 Nursing Facility and Hospice Payments		
EFFICIENCY MEASURES:			
<u>1</u>	Average Daily Nursing Home Rate	0.45	0.45
<u>3</u>	Net Nursing Facility Cost Per Medicaid Resident Per Month	13.78	13.78
<u>6</u>	Average Net Payment Per Client Per Month for Hospice	10.31	10.31
<u>7</u>	Average Monthly Cost Per Client Served: Promoting Independence	6.00	6.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	10,666,111	9,911,777
TOTAL, OBJECT OF EXPENSE		\$10,666,111	\$9,911,777
METHOD OF FINANCING:			
555	FEDERAL FUNDS		
93.778.005	XIX FMAP	6,436,998	5,981,758
758	GR MATCH FOR MEDICAID	4,229,113	3,930,019
TOTAL, METHOD OF FINANCING		\$10,666,111	\$9,911,777

Automated Budget and Evaluation System of Texas(ABES1)

Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:	Biennial Decrease in FMAP	
Allocation to Strategy:	1-7-1 Intermediate Care Facilities - Mental Retardation	
EFFICIENCY MEASURES:		
<u>1</u> Monthly Cost Per ICF/MR Medicaid Eligible Consumer	18.83	18.83
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,651,487	1,651,487
TOTAL, OBJECT OF EXPENSE	\$1,651,487	\$1,651,487
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	997,333	996,672
758 GR MATCH FOR MEDICAID	654,154	654,815
TOTAL, METHOD OF FINANCING	\$1,651,487	\$1,651,487

FEDERAL FUNDS SUPPORTING SCHEDULE - Exceptional Items

Agency Code: 539		Agency Name: Department of Aging and Disability Services	
Item #3	Biennial Decrease in FMAP		
CFDA No. & Strategy No.	CFDA Description & Strategy Description	Requested	
		2006	2007
93.778.005	Medical Assistance Program - Title XIX - FMAP		
01-01-01	Intake & Access	37,438	37,413
01-02-01	Primary Home Care	1,529,692	1,697,536
01-02-02	Community Attendant Services	1,060,264	1,177,424
01-02-03	Day Activity & Health Services	285,953	295,993
01-03-01	Community Based Alternatives	1,134,243	1,134,243
01-03-02	Home & Community Based Services	938,092	937,471
01-03-03	Community Living Assistance & Support Services	172,879	172,879
01-03-04	Deaf-Blind Multiple Disabilities	17,728	17,728
01-03-05	Medically Dependent Children Program	46,922	46,922
01-03-06	Consolidated Waiver Program	10,395	10,395
01-03-07	Texas Home Living Waiver	101,872	101,805
01-06-01	Nursing Facility & Hospice Payments	6,436,998	5,981,758
01-07-01	Intermediate Care Facilities - Mental Retardation	997,333	996,672
	Total, All Strategies	12,769,809	12,608,239
	Additional Federal Funds for Employee Benefits	0	0
	TOTAL, Federal Funds	12,769,809	12,608,239
	Additional General Revenue for Employee Benefits	0	0