

**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
	<b>Item Name:</b> Rate Increase		
	<b>Item Priority:</b> 7		
	<b>Includes Funding for the Following Strategy or Strategies:</b>		
	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		
	01-04-01 Non-Medicaid Services - Title XX		
	01-05-01 Program of All-inclusive Care for the Elderly (PACE)		
	01-06-01 Nursing Facility and Hospice Payments		
	01-07-01 Intermediate Care Facilities - Mental Retardation		
<b>OBJECTS OF EXPENSE:</b>			
3001	CLIENT SERVICES	654,391,813	677,469,836
4000	GRANTS	91,287	215,447
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$654,483,100</b>	<b>\$677,685,283</b>
<b>METHOD OF FINANCING:</b>			
1	GENERAL REVENUE FUND	2,327,855	2,327,855
555	FEDERAL FUNDS		
93.778.003	XIX 50%	94,248	111,414
93.778.005	XIX FMAP	393,482,310	407,443,733
758	GR MATCH FOR MEDICAID	258,487,400	267,586,834
8032	GR CERTIFIED AS MATCH FOR MEDICAID	91,287	215,447
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$654,483,100</b>	<b>\$677,685,283</b>

**0000313**

**4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE**  
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Agency name: AGING AND DISABILITY SERVICES

**CODE DESCRIPTION**

**Excp 2006**

**Excp 2007**

**DESCRIPTION / JUSTIFICATION:**

This item would provide for increases in the rates paid to providers in order to appropriately rebase and inflate rates to FY 2006 and 2007. Without this funding, rising costs will continue to erode the quality of services. The Implicit Price Deflator for Personal Consumption Expenditures (PCE) is the primary basis for the inflation adjustments, which is used by all HHS agencies.

The item also includes cost increases resulting from trends toward heavier case-mix in Nursing Facilities, as well as cost increases resulting from utilization increases in the number of service hours per utilizer for Primary Home Care, Community Attendant Services, Day Activity and Health Services, and Community Based Alternatives.

**EXTERNAL/INTERNAL FACTORS:**

Providers' rates did not keep pace with inflation during the FY 2004-2005 biennium. In fact, institutional rates were decreased by 1.75% from FY 2003 levels, while community provider rates were decreased by 1.1% from FY 2003 levels as the result of legislative action requested to be restored in Exceptional Item 7.

The service delivery system encompassed in the Department of Aging and Disability Services (DADS) is impacted by inflationary pressures inherent in the healthcare field. Failure to rebase and inflate rates will result in reduced quality or fewer consumers being served.

Because of the one-month deferral for August 2007 Nursing Facility payments, FY 06 represents 12 months of activity while FY 07 represents 11 months.

**0000314**

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/6/2004  
 TIME: 1:28:51PM

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-1-1      Intake and Access to Services and Support	
<b>EFFICIENCY MEASURES:</b>		
<u>3</u> Avg Mthly Cost Per Consumer MR Receiving Assessment & Svc Coordination	1.52	3.58
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	139,178	327,925
4000 GRANTS	91,287	215,447
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$230,465</b>	<b>\$543,372</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	139,178	327,925
8032 GR CERTIFIED AS MATCH FOR MEDICAID	91,287	215,447
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$230,465</b>	<b>\$543,372</b>

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version 1  
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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
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>		
1-2-1      Primary Home Care		
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Average Monthly Cost Per Client Served: Primary Home Care	26.33	42.66
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	22,221,720	39,971,081
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$22,221,720</b>	<b>\$39,971,081</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	13,410,808	24,122,548
758 GR MATCH FOR MEDICAID	8,810,912	15,848,533
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$22,221,720</b>	<b>\$39,971,081</b>

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/6/2004  
 TIME: 1:28:51PM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Rate Increase</b>		
<b>Allocation to Strategy:</b>	1-2-2	Community Attendant Services(Formerly Frail Elderly)
<b>EFFICIENCY MEASURES:</b>		
<b>1</b> Average Monthly Cost Per Client Served: Community Attendant Services	26.72	44.96
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	15,996,342	29,886,235
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$15,996,342</b>	<b>\$29,886,235</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	9,653,793	18,036,343
758 GR MATCH FOR MEDICAID	6,342,549	11,849,892
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$15,996,342</b>	<b>\$29,886,235</b>

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**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**

79th Regular Session, Agency Submission, Version 1

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DATE: 10/6/2004

TIME: 1:28:51PM

Agency code: **539**

Agency name: **AGING AND DISABILITY SERVICES**

Item Name:	Rate Increase	Excp 2006	Excp 2007
<b>Allocation to Strategy:</b>	1-2-3 Day Activity and Health Services (DAHS)		
<b>EFFICIENCY MEASURES:</b>			
<u>1</u> Avg Monthly Cost Per Client Served: Day Activity and Health Services		18.56	25.04
<b>OBJECTS OF EXPENSE:</b>			
3001 CLIENT SERVICES		3,962,809	5,534,691
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$3,962,809</b>	<b>\$5,534,691</b>
<b>METHOD OF FINANCING:</b>			
555 FEDERAL FUNDS			
93.778.005 XIX FMAP		2,391,555	3,340,186
758 GR MATCH FOR MEDICAID		1,571,254	2,194,505
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$3,962,809</b>	<b>\$5,534,691</b>

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version 1  
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Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-3-1	Community-based Alternatives (CBA)
<b>EFFICIENCY MEASURES:</b>		
1 Average Monthly Cost Per Client Medicaid CBA Waiver	95.92	133.22
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	30,230,640	41,947,333
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$30,230,640</b>	<b>\$41,947,333</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.003 XIX 50%	94,248	111,414
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	18,130,434	25,180,738
758 GR MATCH FOR MEDICAID	12,005,958	16,655,181
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$30,230,640</b>	<b>\$41,947,333</b>

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-3-2      Home and Community-based Services (HCS)	
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Avg Monthly Cost Per Client Served: Home & Community Based Services	231.98	231.98
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	24,970,003	24,970,003
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$24,970,003</b>	<b>\$24,970,003</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	15,079,385	15,069,397
758 GR MATCH FOR MEDICAID	9,890,618	9,900,606
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$24,970,003</b>	<b>\$24,970,003</b>

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Rate Increase</b>		
<b>Allocation to Strategy:</b>	1-3-3	Community Living Assistance and Support Services(CLASS)
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Average Monthly Cost Per Client: CLASS Waiver	79.42	79.42
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	1,731,673	1,731,673
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$1,731,673</b>	<b>\$1,731,673</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,045,065	1,045,065
758 GR MATCH FOR MEDICAID	686,608	686,608
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$1,731,673</b>	<b>\$1,731,673</b>

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE

79th Regular Session, Agency Submission, Version 1

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Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-3-4	Deaf-Blind Multiple Disabilities (DBMD)
<b>EFFICIENCY MEASURES:</b>		
1 Average Monthly Cost Per Client Deaf-Blind Waiver	114.06	114.06
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	195,727	195,727
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$195,727</b>	<b>\$195,727</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	118,121	118,121
758 GR MATCH FOR MEDICAID	77,606	77,606
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$195,727</b>	<b>\$195,727</b>

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>		
1-3-5      Medically Dependent Children Program (MDCP)		
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Average Monthly Cost Per Client: MDCP Waiver	115.73	115.73
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	1,365,151	1,365,151
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$1,365,151</b>	<b>\$1,365,151</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	823,869	823,869
758 GR MATCH FOR MEDICAID	541,282	541,282
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$1,365,151</b>	<b>\$1,365,151</b>

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-3-6      Consolidated Waiver Program	
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Average Monthly Cost Per Client: Consolidated Waiver (CWP)	74.24	74.24
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	171,049	171,049
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$171,049</b>	<b>\$171,049</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	103,228	103,228
758 GR MATCH FOR MEDICAID	67,821	67,821
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$171,049</b>	<b>\$171,049</b>

**0000324**

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version I  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/6/2004  
 TIME: 1:28:51PM

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-3-7      Texas Home Living Waiver	
<b>EFFICIENCY MEASURES:</b>		
1   Average Monthly Cost Per Client Served: Texas Home Living Waiver	134.89	134.89
<b>OBJECTS OF EXPENSE:</b>		
3001   CLIENT SERVICES	4,614,793	4,614,793
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$4,614,793</b>	<b>\$4,614,793</b>
<b>METHOD OF FINANCING:</b>		
555   FEDERAL FUNDS		
93.778.005      XIX FMAP	2,786,873	2,785,028
758   GR MATCH FOR MEDICAID	1,827,920	1,829,765
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$4,614,793</b>	<b>\$4,614,793</b>

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**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
 79th Regular Session, Agency Submission, Version 1  
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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
<b>Item Name:</b>	<b>Rate Increase</b>		
<b>Allocation to Strategy:</b>	1-4-1      Non-Medicaid Services - Title XX		
<b>EFFICIENCY MEASURES:</b>			
<u>1</u> Avg Monthly Cost Per Client Served: Non-Medicaid Community Care (XX)		15.56	15.56
<u>2</u> Average Cost Per Home-delivered Meal		0.14	0.14
<b>OBJECTS OF EXPENSE:</b>			
3001 CLIENT SERVICES		2,327,855	2,327,855
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$2,327,855</b>	<b>\$2,327,855</b>
<b>METHOD OF FINANCING:</b>			
1 GENERAL REVENUE FUND		2,327,855	2,327,855
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$2,327,855</b>	<b>\$2,327,855</b>

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**  
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DATE: 10/6/2004  
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Agency code: **539**                      Agency name: **AGING AND DISABILITY SERVICES**

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>		
1-5-1      Program of All-inclusive Care for the Elderly (PACE)		
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	143.36	143.36
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	1,582,694	1,582,694
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$1,582,694</b>	<b>\$1,582,694</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	955,156	955,156
758 GR MATCH FOR MEDICAID	627,538	627,538
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$1,582,694</b>	<b>\$1,582,694</b>

**0000327**

**4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE**

79th Regular Session, Agency Submission, Version 1

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Agency code: **539**

Agency name: **AGING AND DISABILITY SERVICES**

		Excp 2006	Excp 2007
<b>Item Name:</b>	<b>Rate Increase</b>		
<b>Allocation to Strategy:</b>	1-6-1 Nursing Facility and Hospice Payments		
<b>EFFICIENCY MEASURES:</b>			
<u>1</u> Average Daily Nursing Home Rate		22.90	23.69
<u>3</u> Net Nursing Facility Cost Per Medicaid Resident Per Month		696.54	720.64
<u>6</u> Average Net Payment Per Client Per Month for Hospice		421.17	438.41
<u>7</u> Average Monthly Cost Per Client Served: Promoting Independence		95.92	133.22
<b>OBJECTS OF EXPENSE:</b>			
3001 CLIENT SERVICES		523,755,398	501,716,845
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$523,755,398</b>	<b>\$501,716,845</b>
<b>METHOD OF FINANCING:</b>			
555 FEDERAL FUNDS			
93.778.005 XIX FMAP		316,086,382	302,786,117
758 GR MATCH FOR MEDICAID		207,669,016	198,930,728
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$523,755,398</b>	<b>\$501,716,845</b>

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

	Excp 2006	Excp 2007
<b>Item Name:</b>		
<b>Allocation to Strategy:</b>	1-7-1      Intermediate Care Facilities - Mental Retardation	
<b>EFFICIENCY MEASURES:</b>		
<u>1</u> Monthly Cost Per ICF/MR Medicaid Eligible Consumer	240.91	240.91
<b>OBJECTS OF EXPENSE:</b>		
3001 CLIENT SERVICES	21,126,781	21,126,781
<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$21,126,781</b>	<b>\$21,126,781</b>
<b>METHOD OF FINANCING:</b>		
555 FEDERAL FUNDS		
93.778.005      XIX FMAP	12,758,463	12,750,012
758 GR MATCH FOR MEDICAID	8,368,318	8,376,769
<b>TOTAL, METHOD OF FINANCING</b>	<b>\$21,126,781</b>	<b>\$21,126,781</b>

**FEDERAL FUNDS SUPPORTING SCHEDULE - Exceptional Items**

<b>Agency Code: 539</b>		<b>Agency Name: Department of Aging and Disability Services</b>	
<b>Item #7</b>	<b>Rate Increase</b>		
<b>CFDA No. &amp; Strategy No.</b>	<b>CFDA Description &amp; Strategy Description</b>	<b>Requested</b>	
		<b>2006</b>	<b>2007</b>
<b>93.778.003</b>	<b>Medical Assistance Program - Title XIX @ 50%</b>		
01-03-01	Community Based Alternatives	94,248	111,414
	Total, All Strategies	94,248	111,414
<b>93.778.005</b>	<b>Medical Assistance Program - Title XIX - FMAP</b>		
01-01-01	Intake & Access	139,178	327,925
01-02-01	Primary Home Care	13,410,808	24,122,548
01-02-02	Community Attendant Services	9,653,793	18,036,343
01-02-03	Day Activity & Health Services	2,391,555	3,340,186
01-03-01	Community Based Alternatives	18,130,434	25,180,738
01-03-02	Home & Community Based Services	15,079,385	15,069,397
01-03-03	Community Living Assistance & Support Services	1,045,065	1,045,065
01-03-04	Deaf-Blind Multiple Disabilities	118,121	118,121
01-03-05	Medically Dependent Children Program	823,869	823,869
01-03-06	Consolidated Waiver Program	103,228	103,228
01-03-07	Texas Home Living Waiver	2,786,873	2,785,028
01-05-01	Program of All-Inclusive Care for the Elderly (PACE)	955,156	955,156
01-06-01	Nursing Facility & Hospice Payments	316,086,382	302,786,117
01-07-01	Intermediate Care Facilities - Mental Retardation	12,758,463	12,750,012
	Total, All Strategies	393,482,310	407,443,733
	Additional Federal Funds for Employee Benefits	0	0
	<b>TOTAL, Federal Funds</b>	<b>393,576,558</b>	<b>407,555,147</b>
	Additional General Revenue for Employee Benefits	0	0