

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: Rate Increase for Direct Care Staff		
	Item Priority: 8		
	Includes Funding for the Following Strategy or Strategies:		
	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		
	01-06-01 Nursing Facility and Hospice Payments		
	01-07-01 Intermediate Care Facilities - Mental Retardation		
	01-08-01 MR State Schools Services		
OBJECTS OF EXPENSE:			
1002	OTHER PERSONNEL COSTS	3,219,000	3,219,000
3001	CLIENT SERVICES	284,214,176	296,127,451
	TOTAL, OBJECT OF EXPENSE	\$287,433,176	\$299,346,451
METHOD OF FINANCING:			
1	GENERAL REVENUE FUND	5,752,322	5,752,322
555	FEDERAL FUNDS		
93.778.005	XIX FMAP	170,010,506	177,184,058
758	GR MATCH FOR MEDICAID	110,395,302	115,133,738
8032	GR CERTIFIED AS MATCH FOR MEDICAID	1,275,046	1,276,333
	TOTAL, METHOD OF FINANCING	\$287,433,176	\$299,346,451

DESCRIPTION / JUSTIFICATION:

In many parts of the state, providers are unable to attract and retain adequate numbers of attendants and aids with appropriate skills to provide the standard and continuity of care

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

DATE: 10/8/2004
TIME: 4:12:30PM

Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

CODE DESCRIPTION

Excp 2006

Excp 2007

required by state and federal guidelines. The percent turnover for community care attendents and direct care aides is 50%-100%. The community care attendant wage is just above the minimum salary wage rate, and the average wage rate for direct care aides is approximately \$7.00 per hour.

State Schools have experienced an annualized turnover rate of approximately 35% in the Licenced Vocational Nurses (LVN) job classification and 24% in the Registered Nurse (RN) job classification and are reporting increasing difficulty in filling existing positions. Salary compensation studies conducted at state schools indicate that RNs and LVNs average salaries are lower than those at comparable facilities in the community. State Schools are not able to offer the same flexibility in scheduling, the same frequency of pay raises and the same level of holiday, shift and weekend differentials as the private sector hospitals, putting them at a further recruiting and retention disadvantage. High turnover rates and declining fill rates clearly have an adverse impact on provision of necessary client care and compliance with accreditation standards. To address this vacancy problem, many facilities are utilizing temporary employees which is expensive and affects continuity of care.

This item would provide a \$1 per hour wage increase for direct care aides and attendants, licensed vocational nurses ,and registered nurses as a means of addressing critical recruitment and retention issues experienced by providers. In addition, this request funds an approximate pay increase of 10% for 294 RNs and 640 LVNs in State Schools.

EXTERNAL/INTERNAL FACTORS:

Department staff heard testimony from providers, consumers and families, and advocates about the high turnover among community direct care workers. Commenters stress the negative impact of such turnover on client care.

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.

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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
Item Name:		
Rate Increase for Direct Care Staff		
Allocation to Strategy:		
1-2-1 Primary Home Care		
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client Served: Primary Home Care	77.96	79.86
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	65,809,195	74,812,768
TOTAL, OBJECT OF EXPENSE	\$65,809,195	\$74,812,768
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	39,715,849	45,149,505
758 GR MATCH FOR MEDICAID	26,093,346	29,663,263
TOTAL, METHOD OF FINANCING	\$65,809,195	\$74,812,768

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
Item Name:		
	Rate Increase for Direct Care Staff	
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	75.91	78.02
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	45,437,440	51,862,201
TOTAL, OBJECT OF EXPENSE	\$45,437,440	\$51,862,201
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	27,421,495	31,298,838
758 GR MATCH FOR MEDICAID	18,015,945	20,563,363
TOTAL, METHOD OF FINANCING	\$45,437,440	\$51,862,201

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
Item Name:		
	Rate Increase for Direct Care Staff	
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	19.28	19.53
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	4,116,844	4,317,315
TOTAL, OBJECT OF EXPENSE	\$4,116,844	\$4,317,315
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	2,484,515	2,605,500
758 GR MATCH FOR MEDICAID	1,632,329	1,711,815
TOTAL, METHOD OF FINANCING	\$4,116,844	\$4,317,315

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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
Item Name:		
Rate Increase for Direct Care Staff		
Allocation to Strategy:	1-3-1	Community-based Alternatives (CBA)
EFFICIENCY MEASURES:		
1 Average Monthly Cost Per Client: Medicaid CBA Waiver	113.43	117.33
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	35,526,274	36,749,320
TOTAL, OBJECT OF EXPENSE	\$35,526,274	\$36,749,320
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	21,440,106	22,178,215
758 GR MATCH FOR MEDICAID	14,086,168	14,571,105
TOTAL, METHOD OF FINANCING	\$35,526,274	\$36,749,320

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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
Item Name:	Rate Increase for Direct Care Staff	
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	232.62	232.62
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	14,789,332	14,789,332
TOTAL, OBJECT OF EXPENSE	\$14,789,332	\$14,789,332
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	8,931,278	8,925,362
758 GR MATCH FOR MEDICAID	5,858,054	5,863,970
TOTAL, METHOD OF FINANCING	\$14,789,332	\$14,789,332

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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
Item Name:		
Rate Increase for Direct Care Staff		
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	184.29	184.29
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	4,058,161	4,058,161
TOTAL, OBJECT OF EXPENSE	\$4,058,161	\$4,058,161
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	2,449,100	2,449,100
758 GR MATCH FOR MEDICAID	1,609,061	1,609,061
TOTAL, METHOD OF FINANCING	\$4,058,161	\$4,058,161

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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:	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-3-4 Deaf-Blind Multiple Disabilities (DBMD)	
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client: Deaf-Blind Waiver	63.77	63.77
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	109,424	109,424
TOTAL, OBJECT OF EXPENSE	\$109,424	\$109,424
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	66,037	66,037
758 GR MATCH FOR MEDICAID	43,387	43,387
TOTAL, METHOD OF FINANCING	\$109,424	\$109,424

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4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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 TIME: 1:28:51PM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-3-5 Medically Dependent Children Program (MDCP)	
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per Client: MDCP Waiver	95.85	95.85
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,130,694	1,130,694
TOTAL, OBJECT OF EXPENSE	\$1,130,694	\$1,130,694
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	682,374	682,374
758 GR MATCH FOR MEDICAID	448,320	448,320
TOTAL, METHOD OF FINANCING	\$1,130,694	\$1,130,694

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:	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-3-6 Consolidated Waiver Program	
EFFICIENCY MEASURES:		
1 Average Monthly Cost Per Client: Consolidated Waiver (CWP)	109.97	109.97
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	253,365	253,365
TOTAL, OBJECT OF EXPENSE	\$253,365	\$253,365
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	152,906	152,906
758 GR MATCH FOR MEDICAID	100,459	100,459
TOTAL, METHOD OF FINANCING	\$253,365	\$253,365

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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
Item Name:		
Rate Increase for Direct Care Staff		
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	54.64	54.64
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	1,869,219	1,869,219
TOTAL, OBJECT OF EXPENSE	\$1,869,219	\$1,869,219
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,128,821	1,128,074
758 GR MATCH FOR MEDICAID	740,398	741,145
TOTAL, METHOD OF FINANCING	\$1,869,219	\$1,869,219

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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
Item Name:	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-4-1 Non-Medicaid Services - Title XX	
EFFICIENCY MEASURES:		
1 Avg Monthly Cost Per Client Served: Non-Medicaid Community Care (XX)	38.45	38.45
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	5,752,322	5,752,322
TOTAL, OBJECT OF EXPENSE	\$5,752,322	\$5,752,322
METHOD OF FINANCING:		
1 GENERAL REVENUE FUND	5,752,322	5,752,322
TOTAL, METHOD OF FINANCING	\$5,752,322	\$5,752,322

4.B. EXCEPTIONAL ITEMS STRATEGY ALLOCATION SCHEDULE
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 TIME: 1:28:51PM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

	Excp 2006	Excp 2007
Item Name:		
Rate Increase for Direct Care Staff		
Allocation to Strategy:	1-6-1	Nursing Facility and Hospice Payments
EFFICIENCY MEASURES:		
<u>1</u> Average Daily Nursing Home Rate	3.48	3.48
<u>3</u> Net Nursing Facility Cost Per Medicaid Resident Per Month	105.84	105.84
<u>6</u> Average Net Payment Per Client Per Month for Hospice	73.84	73.84
<u>7</u> Average Monthly Cost Per Client Served: Promoting Independence	113.43	117.33
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	84,961,856	80,023,280
TOTAL, OBJECT OF EXPENSE	\$84,961,856	\$80,023,280
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	51,274,481	48,294,050
758 GR MATCH FOR MEDICAID	33,687,375	31,729,230
TOTAL, METHOD OF FINANCING	\$84,961,856	\$80,023,280

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
Item Name:	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-7-1 Intermediate Care Facilities - Mental Retardation	
EFFICIENCY MEASURES:		
<u>1</u> Monthly Cost Per ICF/MR Medicaid Eligible Consumer	232.62	232.62
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES	20,400,050	20,400,050
TOTAL, OBJECT OF EXPENSE	\$20,400,050	\$20,400,050
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	12,319,590	12,311,430
758 GR MATCH FOR MEDICAID	8,080,460	8,088,620
TOTAL, METHOD OF FINANCING	\$20,400,050	\$20,400,050

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:		
	Rate Increase for Direct Care Staff	
Allocation to Strategy:	1-8-1	MR State Schools Services
EFFICIENCY MEASURES:		
<u>1</u> Average Monthly Cost Per MR Campus Resident	53.57	53.53
OBJECTS OF EXPENSE:		
1002 OTHER PERSONNEL COSTS	3,219,000	3,219,000
TOTAL, OBJECT OF EXPENSE	\$3,219,000	\$3,219,000
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.005 XIX FMAP	1,943,954	1,942,667
8032 GR CERTIFIED AS MATCH FOR MEDICAID	1,275,046	1,276,333
TOTAL, METHOD OF FINANCING	\$3,219,000	\$3,219,000

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FEDERAL FUNDS SUPPORTING SCHEDULE - Exceptional Items

Agency Code: 539		Agency Name: Department of Aging and Disability Services	
Item #8	Rate Increase for Direct Care Staff		
CFDA No. & Strategy No.	CFDA Description & Strategy Description	Requested	
		2006	2007
93.778.005	Medical Assistance Program - Title XIX - FMAP		
01-02-01	Primary Home Care	39,715,849	45,149,505
01-02-02	Community Attendant Services	27,421,495	31,298,838
01-02-03	Day Activity & Health Services	2,484,515	2,605,500
01-03-01	Community Based Alternatives	21,440,106	22,178,215
01-03-02	Home & Community Based Services	8,931,278	8,925,362
01-03-03	Community Living Assistance & Support Services	2,449,100	2,449,100
01-03-04	Deaf-Blind Multiple Disabilities	66,037	66,037
01-03-05	Medically Dependent Children Program	682,374	682,374
01-03-06	Consolidated Waiver Program	152,906	152,906
01-03-07	Texas Home Living Waiver	1,128,821	1,128,074
01-06-01	Nursing Facility & Hospice Payments	51,274,481	48,294,050
01-07-01	Intermediate Care Facilities - Mental Retardation	12,319,590	12,311,430
01-08-01	MR State Schools Services	1,943,954	1,942,667
	Total, All Strategies	170,010,506	177,184,058
	Additional Federal Funds for Employee Benefits	0	0
	TOTAL, Federal Funds	170,010,506	177,184,058
	Additional General Revenue for Employee Benefits	0	0