

3.A. STRATEGY REQUEST
 79th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/7/2004
 TIME: 10:25:35AM

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

GOAL:	1	Long-term Care Continuum	Statewide Goal/Benchmark:	3	3
OBJECTIVE:	2	Community Care - Entitlement	Service Categories:		
STRATEGY:	1	Primary Home Care	Service:	26	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
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Output Measures:

1	Average Number of Clients Served Per Month: Primary Home Care	51,801.00	56,871.00	63,326.00	63,326.00	63,326.00
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Efficiency Measures:

1	Average Monthly Cost Per Client Served: Primary Home Care	602.98	608.00	619.67	629.36	629.36
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Objects of Expense:

3001	CLIENT SERVICES	\$374,819,403	\$414,932,713	\$470,893,901	\$478,251,406	\$478,262,792
TOTAL, OBJECT OF EXPENSE		\$374,819,403	\$414,932,713	\$470,893,901	\$478,251,406	\$478,262,792

Method of Financing:

758	GR MATCH FOR MEDICAID	\$110,230,579	\$154,894,382	\$184,260,783	\$189,626,683	\$189,631,195
8024	TOBACCO RECEIPTS MATCH FOR MEDICAID	\$33,850,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$144,080,579	\$154,894,382	\$184,260,783	\$189,626,683	\$189,631,195

Method of Financing:

555	FEDERAL FUNDS					
93.778.005	XIX FMAP	\$230,738,824	\$260,038,331	\$286,633,118	\$288,624,723	\$288,631,597
CFDA Subtotal, Fund	555	\$230,738,824	\$260,038,331	\$286,633,118	\$288,624,723	\$288,631,597
SUBTOTAL, MOF (FEDERAL FUNDS)		\$230,738,824	\$260,038,331	\$286,633,118	\$288,624,723	\$288,631,597

TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$478,251,406	\$478,262,792
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TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$374,819,403	\$414,932,713	\$470,893,901	\$478,251,406	\$478,262,792
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FULL TIME EQUIVALENT POSITIONS:

0000063

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STRATEGY DESCRIPTION AND JUSTIFICATION:

Primary Home Care (PHC) is a Medicaid-reimbursed, non-technical, medically related personal care service. Clients whose health problems cause them to be functionally limited in performing activities of daily living are eligible for PHC. A practitioner's statement that the client has a current medical need for assistance is required. Services are provided by an attendant, do not need the supervision of a registered nurse, & can be Consumer Directed or based on the agency model. Covered services are personal care (assistance with activities related to physical health, including bathing, dressing, preparing meals, feeding, exercising, grooming, routine hair & skin care, helping with self-administered medication, toileting & transferring/ambulating); home management (assistance with housekeeping activities supporting health & safety, such as changing bed linens, laundering, shopping, storing purchased items & dishwashing); and escort (accompanying client on trips to obtain medical diagnosis or treatment or both; does not include direct transportation of the client by the attendant). To receive PHC, the client must be a TANF or SSI Medicaid recipient, or be determined eligible for Medical Assistance Only under §1929(b) provisions of the Social Security Act (community attendant services or frail elderly). PHC clients who are Medicaid eligible under SSI or TANF are eligible for up to three prescriptions per month, paid through the Health and Human Service Commission's Vendor Drug program. Statutory Authority: Social Security Act, §§1902(a)(10)(A)(i)(I)-(VII) and 1905(a)(24).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The base funding request artificially maintains FY 2006-2007 caseloads at the FY 2005 average level. Exceptional Item Number 1 requests funding for caseload growth, at the reduced provider rates and service hours noted below.

In addition, Primary Home Care provider rates have been reduced in the base request by 1.06% due to funding restraints associated with 5% reductions and the biennial decrease in the FMAP.

Exceptional Items Number 2 and 3 seek to restore these reductions.