3.A. STRATEGY REQUEST

79th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: TIME:

10/7/2004

10:25:35AM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

GOAL: 1 Long-term Care Continuum

OBJECTIVE:

2 Community Care - Entitlement

Statewide Goal/Benchmark:

3 3

Service Categories:

Service: 26 Income: A 1

Age: R3

STRATEGY: 3 Day Activity and Health Services (DAHS)			Service: 26 Income: A.1 Age: B.3		
CODE DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Output Measures: 1 Average Number of Clients Per Month: Day Activity/Health Services	15,963.00	17,013.00	17,119.00	17,119.00	17,119.00
Efficiency Measures:	460.27	461.40	467.49	465.06	465.06
1 Avg Monthly Cost Per Client Served: Day Activity and Health Services	460.37	461.40	407.49	403.00	403.00
Objects of Expense:					
3001 CLIENT SERVICES	\$88,186,618	\$94,198,421	\$96,037,623	\$95,538,430	\$95,537,535
TOTAL, OBJECT OF EXPENSE	\$88,186,618	\$94,198,421	\$96,037,623	\$95,538,430	\$95,537,535
Method of Financing:					
758 GR MATCH FOR MEDICAID	\$33,898,936	\$31,017,217	\$33,432,467	\$33,733,932	\$33,733,578
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$33,898,936	\$31,017,217	\$33,432,467	\$33,733,932	\$33,733,578
Method of Financing:					
555 FEDERAL FUNDS 93.778.005 XIX FMAP	\$54,287,682	\$59,034,150	\$58,458,101	\$57,657,443	\$57,656,902
CFDA Subtotal, Fund 555	\$54,287,682	\$59,034,150	\$58,458,101	\$57,657,443	\$57,656,902
SUBTOTAL, MOF (FEDERAL FUNDS)	\$54,287,682	\$59,034,150	\$58,458,101	\$57,657,443	\$57,656,902
Method of Financing:	ф.	CA 147 054	¢4 147 055	¢4 147 055	\$4,147,055
777 INTERAGENCY CONTRACTS	\$0	\$4,147,054	\$4,147,055	\$4,147,055	
SUBTOTAL, MOF (OTHER FUNDS)	\$0	\$4,147,054	\$4,147,055	\$4,147,055	\$4,147,055

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GOAL: 1 Long-term Care Continuum

Statewide Goal/Benchmark:

3 3

OBJECTIVE: STRATEGY: 2 Community Care - Entitlement

Day Activity and Health Services (DAHS)

Service Categories:

Service: 26

In

Income: A.1

Age: B.3

BL 2006 BL 2007 Bud 2005 Est 2004 CODE DESCRIPTION Exp 2003 \$95,537,535 \$95,538,430 TOTAL, METHOD OF FINANCE (INCLUDING RIDERS) \$95,537,535 \$96,037,623 \$95,538,430 \$88,186,618 \$94,198,421 TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy covers Title XIX Day Activity & Health Services (DAHS), where State matching funds are required. Under this program, licensed adult day-care facilities provide daytime services five days a week (Mon-Fri) to clients residing in the community in order to provide an alternative to placement in nursing facilities or other institutions. Services are designed to address the physical, mental, medical, and social needs of clients. Eligibility requires a medical diagnosis, physician's orders, a functional disability related to the medical diagnosis, and a need for assistance with one or more personal care tasks. Care must be provided or supervised by a licensed nurse.

Services include nursing and personal care; physical rehabilitation; noontime meal and snacks; transportation; and social, educational, and recreational activities. Recipients receive services based on half-day (3-6 hours) unit of service; a client may receive up to a maximum of 10 units of service a week, depending on physician's orders and related requirements.

Financial eligibility for Title XIX (Medicaid) DAHS requires an individual to be Medicaid eligible. An individual may not have more than \$2000 in countable resources, while a couple may not have more than \$3000 in resources. DAHS clients are eligible for up to three prescriptions per month, which are 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)(13).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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Day Activity and Health Services (DAHS)

GOAL: 1 Long-term Care Continuum Statewide Goal/Benchmark:

3 3

Community Care - Entitlement **OBJECTIVE:**

Service Categories:

Service: 26

Income: A.1

Age: B.3

CODE **DESCRIPTION**

STRATEGY:

Exp 2003

Est 2004

Bud 2005

BL 2006

BL 2007

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 noted below.

In addition, provider rates for Day Activity and Health Services 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.

Also of note, there will be implementation of a functional assessment score in January 2005, which will reduce the number of persons served in this program. The estimated number of clients served in FY 2005--as well as the estimated caseload growth requested in Exceptional item 1-- has been adjusted downward to reflect this policy change.