

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: 3 Community Care - Waivers Service Categories:
 STRATEGY: 1 Community-based Alternatives (CBA) 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 Served Per Month: Medicaid CBA Waiver	30,279.00	27,664.00	26,100.00	26,100.00	26,100.00
Efficiency Measures:						
1	Average Monthly Cost Per Client: Medicaid CBA Waiver	1,256.65	1,284.19	1,271.35	1,257.80	1,257.80
Explanatory/Input Measures:						
1	Average Number on Interest List Per Month: CBA Waiver	50,931.00	62,987.00	73,679.00	86,705.00	99,730.00
Objects of Expense:						
3001	CLIENT SERVICES	\$457,983,402	\$427,604,206	\$399,535,176	\$395,257,224	\$395,257,224
TOTAL, OBJECT OF EXPENSE		\$457,983,402	\$427,604,206	\$399,535,176	\$395,257,224	\$395,257,224
Method of Financing:						
758	GR MATCH FOR MEDICAID	\$161,208,595	\$122,244,629	\$148,639,708	\$156,110,625	\$156,110,625
888	EARNED FEDERAL FUNDS	\$0	\$36,800,000	\$7,100,000	\$0	\$0
8024	TOBACCO RECEIPTS MATCH FOR MEDICAID	\$15,000,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$176,208,595	\$159,044,629	\$155,739,708	\$156,110,625	\$156,110,625
Method of Financing:						
555	FEDERAL FUNDS					
93.778.003	XIX 50%	\$691,069	\$650,963	\$674,178	\$657,538	\$657,538
93.778.005	XIX FMAP	\$281,083,738	\$267,163,640	\$242,376,317	\$237,744,087	\$237,744,087
CFDA Subtotal, Fund 555		\$281,774,807	\$267,814,603	\$243,050,495	\$238,401,625	\$238,401,625
SUBTOTAL, MOF (FEDERAL FUNDS)		\$281,774,807	\$267,814,603	\$243,050,495	\$238,401,625	\$238,401,625
Method of Financing:						
777	INTERAGENCY CONTRACTS	\$0	\$744,974	\$744,973	\$744,974	\$744,974

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GOAL: 1 Long-term Care Continuum
 OBJECTIVE: 3 Community Care - Waivers
 STRATEGY: 1 Community-based Alternatives (CBA)

Statewide Goal/Benchmark: 3 3
 Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$744,974	\$744,973	\$744,974	\$744,974
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$395,257,224	\$395,257,224
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$457,983,402	\$427,604,206	\$399,535,176	\$395,257,224	\$395,257,224

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Community Based Alternatives (CBA) program is a Title XIX 1915(c) Medicaid (ME) Home and Community-Based services waiver, using state matching funds and provides home and community based services to aged and disabled adults as a cost-effective alternative to institutionalization. Services include adaptive aids; medical supplies; Adult Foster Care; Assisted Living/Residential Care; Emergency Response; nursing; minor home modifications; occupational therapy; personal assistance (including consumer directed personal assistance services); home delivered meals; physical therapy; respite care (including consumer directed respite care); speech pathology; and unlimited prescription drugs (paid via Vendor Drug program). Clients must be 21 or older and ME eligible in the community under SSI, have protected Medical Assistance Only status, or meet income and resource requirements for ME benefits in nursing facilities (NF). Some may be required to contribute toward the cost of care. Spousal Impoverishment and Qualified Income Trust provisions are allowed. For initial entry into the waiver, individual plan of care costs cannot exceed 100% of the TILE level that would be paid to a NF. Clients must choose CBA services instead of NF care based on an informed choice, meet medical necessity for nursing facility care, be determined at risk for nursing facility placement using the Resident Assessment Instrument for Home Care, and have a DADS-approved individual service plan. Statutory Authority: Social Security Act, §1915(c)(7)(B).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

In the base request, Community Based Alternatives (CBA) provider rates have been reduced 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.

Demand for this program is projected to increase during the FY 2006-2007 biennium, increasing the number of individuals waiting for services.

Exceptional items related to addressing this program's interest lists are included in the Health and Human Services Commission's Legislative Appropriations Request.