

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
 OBJECTIVE: 3 Community Care - Waivers
 STRATEGY: 2 Home and Community-based Services (HCS)

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
Method of Financing:						
555 FEDERAL FUNDS						
	93.778.000 Medical Assistance Program	\$54,445	\$53,838	\$53,838	\$53,838	\$53,838
	93.778.003 XIX 50%	\$302,107	\$5,000	\$28,850	\$28,850	\$28,850
	93.778.004 XIX ADM @ 75%	\$16,267	\$23,925	\$23,055	\$23,055	\$23,055
	93.778.005 XIX FMAP	\$181,555,069	\$197,585,717	\$207,479,856	\$202,939,241	\$202,800,230
CFDA Subtotal, Fund	555	\$181,927,888	\$197,668,480	\$207,585,599	\$203,044,984	\$202,905,973
SUBTOTAL, MOF (FEDERAL FUNDS)		\$181,927,888	\$197,668,480	\$207,585,599	\$203,044,984	\$202,905,973
Method of Financing:						
	777 INTERAGENCY CONTRACTS	\$0	\$1,971,816	\$2,997,726	\$2,987,600	\$2,987,600
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$1,971,816	\$2,997,726	\$2,987,600	\$2,987,600
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$336,807,428	\$336,799,819
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$296,935,921	\$316,155,212	\$342,793,493	\$336,807,428	\$336,799,819
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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OBJECTIVE:	3	Community Care - Waivers	Service Categories:		
STRATEGY:	2	Home and Community-based Services (HCS)	Service:	26	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
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HCS funds purchase services that enable persons with mental retardation to remain in their community. New enrollments typically come from persons seeking placement from a state facility, persons residing in ICF/MR facilities who prefer to transition to HCS services, persons in general revenue funded community services, persons wishing an alternative to multiple disability units at state mental health facilities and persons on interest lists who are not currently receiving services under HCS. Services currently include in-home and residential assistance, case management, supported employment, day habilitation, respite care, dental treatment, adaptive aids, minor home modifications and specialized therapies such as social work, psychology, OT/PT, audiology, speech/language pathology, dietitian and licensed nursing services. HCS services are provided in a person's own home or family home, foster/companion care home or in living arrangements serving no more than four individuals.

The HCS-O waiver program was combined with the HCS waiver program on September 1, 2003.

Statutory Authority: Social Security Act, §1915c.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The factors affecting this strategy are the growing waiver interest list, newly refinanced consumers previously funded with GR, and the Promoting Independence Plan. Refinancing activity and placements from large community ICF/MR facilities, per the Promoting Independence Plan have accounted for significant waiver caseload growth during FY 2003 and 2004.

Effective September 1, 2003, the MRLA and HCS-O waivers were eliminated and all affected consumers transitioned to HCS, per HB 2292.

In the base request, HCS 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 on interest lists 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.