

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: 4 Community Care - State Service Categories:
 STRATEGY: 4 Mental Retardation Community Services Residential Service: 26 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Output Measures:						
1	Avg Mthly # Non-Medicaid Consumers/MR Receiving Community Residential	129.00	94.00	95.00	95.00	95.00
Efficiency Measures:						
1	Avg Mthly Cst Non-Medicaid Customer/MR Receiving Community Residential	3,168.71	3,514.44	3,431.00	3,431.00	3,431.00
Explanatory/Input Measures:						
1	# Non-Medicaid Consumers MR Receiving Commun Residential Svcs Per Year	167.00	109.00	109.00	109.00	109.00
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$402,000	\$402,000	\$402,000	\$402,000	\$402,000
4000	GRANTS	\$9,711,499	\$4,476,335	\$3,910,864	\$4,507,473	\$3,814,016
TOTAL, OBJECT OF EXPENSE		\$10,113,499	\$4,878,335	\$4,312,864	\$4,909,473	\$4,216,016
Method of Financing:						
1	GENERAL REVENUE FUND	\$10,113,499	\$4,878,335	\$4,312,864	\$4,909,473	\$4,216,016
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,113,499	\$4,878,335	\$4,312,864	\$4,909,473	\$4,216,016
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,909,473	\$4,216,016
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$10,113,499	\$4,878,335	\$4,312,864	\$4,909,473	\$4,216,016

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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GOAL: 1 Long-term Care Continuum

Statewide Goal/Benchmark: 3 3

OBJECTIVE: 4 Community Care - State

Service Categories:

STRATEGY: 4 Mental Retardation Community Services Residential

Service: 26 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
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Residential Services not funded with Medicaid revenues include an array of 24-hour residential arrangements for persons who do not live either independently or with their families. These services must be provided in compliance with applicable standards. Residential Services are usually distinguished from Supported Home Living by the presence of staff members during sleep periods at the residential location. Services are provided by employees or contractors of the local authority in one of the following arrangements: (1) family living serves one to three individuals in a home that is also the residence of the provider(s), regardless of ownership. Foster family homes are included in this category; (2) residential living services offers shift staffing of residential providers whenever consumers are present, regardless of the duration of the shift or the number of consumers. This service also includes all group homes for four or more participants; (3) contracted specialized residences are for specialized services that do not meet the above definitions. Examples include a general hospital for ventilator therapy, private substance abuse programs, an AIDS hospice, etc.

Statutory Authority: Health and Safety Code, Chapter 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The department's MHMR Rider 14, Residential Services Funded by General Revenue, directs the refinance of GR funded residential services to the Medicaid funding stream. Therefore, funds have been shifted from this strategy to the HCS and TxHmL waiver or ICF/MR strategies to account for this transition.

Given the refinancing activity that has already occurred, a substantial portion of the remaining GR funded placements involve persons who are ineligible for Medicaid or for whom refinancing would not be possible in their current residential setting.

As allowed per MHMR Rider 67, the department is deferring \$0.2 million in payments to community centers for services in FY 2005 until September 2005. These payments are requested in the FY 2006-2007 base.

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