

**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: 9 Mental Retardation In-Home Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Output Measures:</b>						
1	# of Consumers with MR Receiving In-Home and Family Support Per Year	4,175.00	2,674.00	2,674.00	2,674.00	2,674.00
<b>Efficiency Measures:</b>						
1	Avg Annual Grant Per Consumer with MR Receiving In-home FS Per Year	2,449.37	1,690.19	1,690.19	1,690.19	1,690.19
<b>Explanatory/Input Measures:</b>						
1	Avg # Consumers MR on Interest List Per Mth: In-home & Family Support	795.00	1,340.00	2,341.00	3,977.00	6,757.00
<b>Objects of Expense:</b>						
4000	GRANTS	\$11,020,446	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$11,020,446</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>
<b>Method of Financing:</b>						
1	GENERAL REVENUE FUND	\$11,020,446	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>SUBTOTAL, MOF (GENERAL REVENUE FUNDS)</b>		<b>\$11,020,446</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>
<b>TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)</b>					<b>\$5,000,000</b>	<b>\$5,000,000</b>
<b>TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)</b>		<b>\$11,020,446</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>
<b>FULL TIME EQUIVALENT POSITIONS:</b>						
<b>STRATEGY DESCRIPTION AND JUSTIFICATION:</b>						

**0000111**

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GOAL:	1	Long-term Care Continuum	Statewide Goal/Benchmark:	3	3
OBJECTIVE:	4	Community Care - State	Service Categories:		
STRATEGY:	9	Mental Retardation In-Home Services	Service:	28	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
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This strategy funds the mental retardation portion of the In-Home and Family Support (IHFS) program. IHFS is a grant program that provides financial assistance to adults or children with a mental disability or to their families for the purpose of purchasing items that are above and beyond the scope of usual needs, that are necessitated by the person's mental disability and that directly support that person to live in his/her natural home, rather than living in a more restrictive setting at a higher cost. There is a limit of \$2,500 per year, with the amount granted depending on the individual's needs, income and application of a sliding fee scale. An individual does not have to be a member of the priority population to receive this service. This is a resource of last resort meaning that all other available resources must be accessed before using these funds. Uses of these funds include purchase of services such as respite care, specialized therapies and support counseling, adaptive equipment and home modifications, and training and non-traditional supports, such as in-home parent training. One-time grants for architectural modifications or specialized equipment are also available. Authority for this strategy is found in Chapter 535 of the Health and Safety Code. Statutory Authority: Health & Safety Code, §§533.035(a) and 534.054; HB 2292, §§119(a)(2) and 1.20(a)(3), 78th Legislature, Regular Session, 2003.

**EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:**

Research shows that among the most important factors in predicting success of services are the involvement of the consumer in selection of the service provider and the scope and duration of the services and supports needed. The IHFS program is a model consistent with the trend in health and social services toward voucher-type alternatives. Data suggest that services and supports made available through this strategy have prevented the need for more expensive interventions.

The program was designed to promptly address the short-term disability related needs of a rotating group of consumers. Although some consumers may require ongoing support, IHFS does not necessarily serve the same people year after year.

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.

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