

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

GOAL: 1 Long-term Care Continuum Statewide Goal/Benchmark: 3 3
OBJECTIVE: 5 Program of All-inclusive Care for the Elderly (PACE) Service Categories:
STRATEGY: 1 Program of All-inclusive Care for the Elderly (PACE) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Output Measures:						
1	Avg # of Recipients Per Month: Program for All Inclusive Care (PACE)	625.00	707.00	877.00	792.00	792.00
Efficiency Measures:						
1	Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	2,385.72	2,374.01	2,334.05	2,334.05	2,334.05
Objects of Expense:						
3001	CLIENT SERVICES	\$17,904,829	\$20,141,101	\$24,563,542	\$24,563,542	\$24,563,542
TOTAL, OBJECT OF EXPENSE		\$17,904,829	\$20,141,101	\$24,563,542	\$24,563,542	\$24,563,542
Method of Financing:						
758	GR MATCH FOR MEDICAID	\$6,882,616	\$7,518,673	\$9,623,996	\$9,739,444	\$9,739,444
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,882,616	\$7,518,673	\$9,623,996	\$9,739,444	\$9,739,444
Method of Financing:						
555	FEDERAL FUNDS					
93.778.005	XIX FMAP	\$11,022,213	\$12,622,428	\$14,939,546	\$14,824,098	\$14,824,098
CFDA Subtotal, Fund	555	\$11,022,213	\$12,622,428	\$14,939,546	\$14,824,098	\$14,824,098
SUBTOTAL, MOF (FEDERAL FUNDS)		\$11,022,213	\$12,622,428	\$14,939,546	\$14,824,098	\$14,824,098
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$24,563,542	\$24,563,542
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$17,904,829	\$20,141,101	\$24,563,542	\$24,563,542	\$24,563,542

FULL TIME EQUIVALENT POSITIONS:

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

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GOAL:	1	Long-term Care Continuum	Statewide Goal/Benchmark:	3	3
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STRATEGY:	1	Program of All-inclusive Care for the Elderly (PACE)	Service:	26	Income: A.1 Age: B.3

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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Program of All-inclusive Care for the Elderly (PACE) provides community-based services to frail and elderly people who qualify for nursing facility placement. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee that is below the cost of comparable institutional care. PACE reimbursement comes from Medicare Title XIX, State Funds, and private pay.

Any and all health-related services needed by the client, including in-patient and outpatient medical care, specialty services (dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance) are provided under the capitated rate. Presently this rate is equivalent to 95% of the comparable Medicaid nursing facility, acute care, and vendor drug costs for the applicant. If the client is Medicare-eligible, the acute care portion of the rate is based on Medicare's "Adjusted Average per Capita Cost" (AAPCC).

To be eligible, applicants must be over age 55, qualify for a nursing facility level of care, qualify for Medicaid nursing facility care, and choose to receive PACE services. Financial eligibility requirements allow an individual to receive up to \$1,692 in gross monthly income and have no more than \$5,000 in countable resources. A couple may receive up to \$3,384, and have resources that do not exceed \$6,000.

Statutory Authority: Social Security Act, §§1905(a)(26), 1902(a)(10)(A)(1)(I)-(VII), and 1934.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

SB 908, 77th Legislature required the department to "use its best efforts" to increase the number of PACE sites in Texas. As part of this effort, the department will evaluate the PACE model to determine its cost effectiveness compared to the Community Based Alternatives (CBA) Waiver or nursing facility care.

Two PACE sites, El Paso and Amarillo, are operating. DADS continues to accept inquiries and meet with individuals interested in opening PACE sites.

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.

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