



**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: 6 Nursing Facility and Hospice Payments  
 STRATEGY: 1 Nursing Facility and Hospice Payments

Statewide Goal/Benchmark: 3 2  
 Service Categories:  
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
2003	CONSUMABLE SUPPLIES	\$995	\$1,101	\$1,000	\$1,000	\$1,000
2004	UTILITIES	\$230	\$208	\$0	\$0	\$0
2005	TRAVEL	\$34,755	\$45,029	\$52,201	\$52,201	\$52,201
2006	RENT - BUILDING	\$537	\$486	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$50	\$45	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$10,142,901	\$9,274,156	\$9,349,799	\$9,349,799	\$9,349,799
3001	CLIENT SERVICES	\$1,854,237,565	\$1,932,968,642	\$1,712,961,616	\$2,016,567,961	\$1,729,180,975
5000	CAPITAL EXPENDITURES	\$0	\$0	\$356,250	\$356,250	\$356,250
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$1,867,783,171</b>	<b>\$1,945,711,390</b>	<b>\$1,725,682,581</b>	<b>\$2,029,288,926</b>	<b>\$1,741,901,940</b>

**Method of Financing:**

1	GENERAL REVENUE FUND	\$5,000,040	\$2,500,020	\$2,500,020	\$2,500,020	\$2,500,020
758	GR MATCH FOR MEDICAID	\$712,146,747	\$725,450,269	\$665,654,498	\$803,444,845	\$689,462,112
<b>SUBTOTAL, MOF (GENERAL REVENUE FUNDS)</b>		<b>\$717,146,787</b>	<b>\$727,950,289</b>	<b>\$668,154,518</b>	<b>\$805,944,865</b>	<b>\$691,962,132</b>

**Method of Financing:**

555 FEDERAL FUNDS						
93.778.000	Medical Assistance Program	\$1,410,029	\$200,671	\$70,300	\$70,300	\$70,300
93.778.003	XIX 50%	\$5,990,378	\$6,353,052	\$6,283,687	\$6,282,692	\$6,282,106
93.778.004	XIX ADM @ 75%	\$612,929	\$622,127	\$635,851	\$635,851	\$635,851
93.778.005	XIX FMAP	\$1,139,420,209	\$1,209,255,143	\$1,049,208,117	\$1,215,025,110	\$1,041,621,443
CFDA Subtotal, Fund	555	\$1,147,433,545	\$1,216,430,993	\$1,056,197,955	\$1,222,013,953	\$1,048,609,700
<b>SUBTOTAL, MOF (FEDERAL FUNDS)</b>		<b>\$1,147,433,545</b>	<b>\$1,216,430,993</b>	<b>\$1,056,197,955</b>	<b>\$1,222,013,953</b>	<b>\$1,048,609,700</b>

**Method of Financing:**

666	APPROPRIATED RECEIPTS	\$3,202,839	\$0	\$0	\$0	\$0
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**0000116**



**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	2
OBJECTIVE:	6	Nursing Facility and Hospice Payments	Service Categories:		
STRATEGY:	1	Nursing Facility and Hospice Payments	Service: 26	Income: A.1	Age: B.3

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Exp 2003</b>	<b>Est 2004</b>	<b>Bud 2005</b>	<b>BL 2006</b>	<b>BL 2007</b>
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There has been increased concern by the Texas Legislature as well as the public about the quality of care provided in nursing facilities. As with Community Care Services, providers report high turnover of direct care staff.

Demographic data shows that there will be increased need for long term care services well into the century. Although many people prefer community-based services, the need for nursing facility care will continue to be a foundation service in the long-term care continuum.

FY 2003 Nursing Facility Payments include payments for September 1, 2002, through about two-thirds of August, 2003 payments. FY 2004 Nursing Facility Payments include about one-third of August, 2003 payments through August 31, 2004 payments. FY 2005 Nursing Facility Payments are for the period September 1, 2004 through July 31, 2005, while FY 2006 Nursing Facility Payments are for the period September 1, 2005 through August 31, 2006. FY 2007 Nursing Facility Payments are for the period September 1, 2006 through July 31, 2007.

In the base request, Nursing Facility 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.

The base funding request also artificially maintains FY 2006-2007 caseloads at the FY 2005 average level. Exceptional Item Number 1 requests funding for caseload growth, at the above reduced rates.

**0000118**

## 3.D. Sub-Strategy Request

Strategy Code: 01-06-01-01

Agency Code:	539	Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	06	Nursing Facility & Hospice Payments
Strategy:	01	Nursing Facility & Hospice Payments
Substrategy:	01	Nursing Facilities

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Output Measures:</b>						
1. Average number of clients receiving Medicaid-funded NF services per month		60,064	59,684	59,321	59,169	59,079
5. Average number of Promoting Independence clients served per month		0	1,186	2,545	2,544	2,545
<b>Efficiency Measures:</b>						
1. Average daily nursing home rate		\$96.18	\$94.97	\$95.65	\$95.00	\$95.00
2. Average amount of client income applied to the cost of care per day		\$18.10	\$18.99	\$19.84	\$20.42	\$21.04
3. Net nursing facility cost per Medicaid resident per month		\$2,375.09	\$2,317.29	\$2,305.89	\$2,268.44	\$2,249.50
7. Average monthly cost per client served: Promoting Independence		\$0.00	\$1,284.19	\$1,271.35	\$1,257.80	\$1,257.80
Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Objects of Expense:</b>						
3001	Direct Client Services	1,674,404,345	1,723,599,263	1,489,353,155	1,789,384,363	1,497,444,417
<b>Total, Objects of Expense</b>		<b>1,674,404,345</b>	<b>1,723,599,263</b>	<b>1,489,353,155</b>	<b>1,789,384,363</b>	<b>1,497,444,417</b>
<b>Method of Finance:</b>						
0758	GR Match for Medicaid	638,904,373	642,022,424	572,933,528	708,160,792	592,372,932
<b>Subtotal, General Revenue Funds</b>		<b>638,904,373</b>	<b>642,022,424</b>	<b>572,933,528</b>	<b>708,160,792</b>	<b>592,372,932</b>
555	Federal Funds					
93.778.005	Medical Assistance Program - Title XIX - FMAP	1,032,297,133	1,080,246,731	915,089,519	1,079,893,463	903,741,377
<b>Subtotal, Federal Funds</b>		<b>1,032,297,133</b>	<b>1,080,246,731</b>	<b>915,089,519</b>	<b>1,079,893,463</b>	<b>903,741,377</b>
0666	Appropriated Receipts	3,202,839	0	0	0	0
0777	Interagency Contracts	0	1,330,108	1,330,108	1,330,108	1,330,108
<b>Subtotal, Other Funds</b>		<b>3,202,839</b>	<b>1,330,108</b>	<b>1,330,108</b>	<b>1,330,108</b>	<b>1,330,108</b>
<b>Total, Method of Financing</b>		<b>1,674,404,345</b>	<b>1,723,599,263</b>	<b>1,489,353,155</b>	<b>1,789,384,363</b>	<b>1,497,444,417</b>

**Sub-strategy Description and Justification:**

The nursing facility program offers institutional nursing and rehabilitation care to Medicaid-eligible recipients who demonstrate a medical condition requiring the skills of a licensed nurse on a regular basis. Nursing facilities are required to provide for the total medical, nursing, and psychosocial needs of each recipient. These include nursing care; social services; regular, special, and supplemental diets; non-legend drugs (excluding insulin); medical accessories and equipment; medical supplies; personal needs items; and room and board. Statutory Authority: Social Security Act, Title XIX, 42 USC §1396, et. seq.

Financial eligibility requirements allow an individual to receive up to \$1,635 in gross monthly income (in Calendar Year 2002) and have no more than \$2,000 in countable resources. A couple may receive up to \$3,270, and have resources that do not exceed \$3,000. Some individuals may be required to contribute toward the cost of their care. Spousal Impoverishment and Income Diversion Trust provisions are allowed. Clients must meet medical necessity determination for nursing facility care.

Providers are reimbursed on a per-patient-per-day basis under a statewide prospective case-mix reimbursement methodology known as the Texas Index of Level of Effort (TILE). There are eleven different TILE rates, which reflect differences in the level of staffing care needed to provide patient care for a particular patient classification.

0000119

3.D. Sub-Strategy Request      Strategy Code: 01-06-01-02

<b>Agency Code:</b>	539	Department of Aging and Disability Services
<b>Goal:</b>	01	Long-Term Care
<b>Objective:</b>	06	Nursing Facility & Hospice Payments
<b>Strategy:</b>	01	Nursing Facility & Hospice Payments
<b>Substrategy:</b>	02	Medicaid Funded Co-payment for Medicare Skilled

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Output Measures:</b>						
2.	Average number of clients receiving Copaid Medicaid / Medicare NF services per month	4,634	5,439	5,666	5,666	5,666
<b>Efficiency Measures:</b>						
5.	Net payment per client for copaid Medicaid / Medicare NF services per month	\$1,460.22	\$1,495.48	\$1,561.85	\$1,612.77	\$1,679.75
Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Objects of Expense:</b>						
3001	Direct Client Services	81,199,748	97,607,288	106,193,040	109,655,199	114,209,867
<b>Total, Objects of Expense</b>		<b>81,199,748</b>	<b>97,607,288</b>	<b>106,193,040</b>	<b>109,655,199</b>	<b>114,209,867</b>
<b>Method of Finance:</b>						
0758	GR Match for Medicaid	31,213,183	36,436,801	41,553,337	43,478,287	45,284,212
<b>Subtotal, General Revenue Funds</b>		<b>31,213,183</b>	<b>36,436,801</b>	<b>41,553,337</b>	<b>43,478,287</b>	<b>45,284,212</b>
555	Federal Funds					
93.778.005	Medical Assistance Program - Title XIX - FMAP	49,986,565	61,170,487	64,639,703	66,176,912	68,925,655
<b>Subtotal, Federal Funds</b>		<b>49,986,565</b>	<b>61,170,487</b>	<b>64,639,703</b>	<b>66,176,912</b>	<b>68,925,655</b>
<b>Total, Method of Financing</b>		<b>81,199,748</b>	<b>97,607,288</b>	<b>106,193,040</b>	<b>109,655,199</b>	<b>114,209,867</b>

**Sub-strategy Description and Justification:**

For Medicaid recipients in Medicare (XVIII) facilities, Medicaid pays the Medicare Skilled Nursing Facility (SNF) co-insurance. This is also true for a Medicaid/Qualified Medicare Beneficiary (QMB) recipient, and for "Pure" (i.e., Medicare-only) QMB recipients. For recipients in dually certified facilities (certified for both Medicaid and Medicare), Medicaid pays the coinsurance less the applied income amount for both Medicaid only and Medicaid/QMB recipients. For the pure QMB recipients, the entire coinsurance amount is paid. Statutory Authority: Social Security Act, Title XIX, 42 USC §1396, et. seq.;

The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.

0000120

3.D. Sub-Strategy Request      Strategy Code: 01-06-01-03

Agency Code:	539	Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	06	Nursing Facility & Hospice Payments
Strategy:	01	Nursing Facility & Hospice Payments
Substrategy:	03	Hospice

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Output Measures:</b>						
3.	Average number of clients receiving Hospice services per month	3,582	4,170	4,400	4,400	4,400
<b>Efficiency Measures:</b>						
6.	Average payment per client per month for Hospice	\$2,134.12	\$2,138.35	\$2,141.79	\$2,144.16	\$2,144.18
<b>Objects of Expense:</b>						
3001	Direct Client Services	91,733,217	107,003,258	113,086,330	113,211,705	113,212,760
<b>Total, Objects of Expense</b>		<b>91,733,217</b>	<b>107,003,258</b>	<b>113,086,330</b>	<b>113,211,705</b>	<b>113,212,760</b>
<b>Method of Finance:</b>						
0758	GR Match for Medicaid	35,262,249	39,944,316	44,250,681	44,888,441	44,888,859
<b>Subtotal, General Revenue Funds</b>		<b>35,262,249</b>	<b>39,944,316</b>	<b>44,250,681</b>	<b>44,888,441</b>	<b>44,888,859</b>
555	Federal Funds					
93.778.005	Medical Assistance Program - Title XIX - FMAP	56,470,968	67,058,942	68,835,649	68,323,264	68,323,901
<b>Subtotal, Federal Funds</b>		<b>56,470,968</b>	<b>67,058,942</b>	<b>68,835,649</b>	<b>68,323,264</b>	<b>68,323,901</b>
<b>Total, Method of Financing</b>		<b>91,733,217</b>	<b>107,003,258</b>	<b>113,086,330</b>	<b>113,211,705</b>	<b>113,212,760</b>

**Sub-strategy Description and Justification:**

Hospice Services offer palliative care for terminally ill Medicaid clients for whom curative treatment is no longer desired and who have a physician's prognosis of six months or less to live. Available services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker, and household services; physical, occupational, and/or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short term); and respite care. Statutory Authority: Social Security Act, Title XIX, 42 USC §1396, et. seq.

Service settings can be in home or community settings, long term care facilities, or in hospital settings for short term.

Medicaid rates for community-based Hospice are set by the Center for Medicare and Medicaid Services. For those individuals residing in a nursing facility, the nursing facility also receives a payment set at 95% of the established TILE rate.

3.D. Sub-Strategy Request

Strategy Code: 01-06-01-04

Agency Code:	539	Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	06	Nursing Facility & Hospice Payments
Strategy:	01	Nursing Facility & Hospice Payments
Substrategy:	04	Nursing Facilities Other Services

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Output Measures:</b>						
4.	Average number of clients receiving state supplementation of PNA per month	13,889	13,889	13,889	13,889	13,889
<b>Efficiency Measures:</b>						
4.	Average monthly cost per client receiving state supplementation for PNA	\$30.00	\$15.00	\$15.00	\$15.00	\$15.00
Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Objects of Expense:</b>						
1001	Salaries	2,902,207	2,998,825	2,568,282	2,568,282	2,568,282
1002	Other Personnel Cost	125,093	126,593	301,910	301,910	301,910
2001	Professional Fees and Services	17,183	17,707	15,000	15,000	15,000
2003	Consumable Supplies	995	1,101	1,000	1,000	1,000
2004	Utilities	230	208	0	0	0
2005	Travel	27,031	40,587	46,670	46,670	46,670
2006	Rent - Building	537	486	0	0	0
2007	Rent - Machine and Other	50	45	0	0	0
2009	Other Operating Expense	8,367,199	9,268,185	9,301,486	9,301,486	9,301,486
3001	Direct Client Services	6,900,255	4,758,833	4,329,091	4,316,694	4,313,931
5000	Capital Expenditures	0	0	356,250	356,250	356,250
<b>Total, Objects of Expense</b>		<b>18,340,780</b>	<b>17,212,570</b>	<b>16,919,689</b>	<b>16,907,292</b>	<b>16,904,529</b>
<b>Method of Finance:</b>						
0001	General Revenue	5,000,040	2,500,020	2,500,020	2,500,020	2,500,020
0758	GR Match for Medicaid	6,341,081	6,991,410	6,883,013	6,883,386	6,882,170
<b>Subtotal, General Revenue Funds</b>		<b>11,341,121</b>	<b>9,491,430</b>	<b>9,383,033</b>	<b>9,383,406</b>	<b>9,382,190</b>
555	Federal Funds					
93.778.003	Medical Assistance Program - Title XIX @ 50%	5,721,187	6,320,030	6,257,559	6,256,564	6,255,978
93.778.004	Medical Assistance Program - Title XIX @ 75%	612,929	622,127	635,851	635,851	635,851
93.778.005	Medical Assistance Program - Title XIX - FMAP	665,543	778,983	643,246	631,471	630,510
<b>Subtotal, Federal Funds</b>		<b>6,999,659</b>	<b>7,721,140</b>	<b>7,536,656</b>	<b>7,523,886</b>	<b>7,522,339</b>
<b>Total, Method of Financing</b>		<b>18,340,780</b>	<b>17,212,570</b>	<b>16,919,689</b>	<b>16,907,292</b>	<b>16,904,529</b>
<b>Full-Time Equivalent Positions:</b>						
	State/Federal	78.3	73.0	70.3	70.3	70.3
<b>Total, Full-Time Equivalent Positions</b>		<b>78.3</b>	<b>73.0</b>	<b>70.3</b>	<b>70.3</b>	<b>70.3</b>

0000122

**Sub-strategy Description and Justification:**

Covers rehabilitative services, specialized services, nurse aide training, and ventilator services (full & partial) to supplement, enhance, or support overall quality of care offered to clients or by providers of the service. The services are reimbursed via individual vouchers and are not included in the standard provider reimbursement rate. Statutory Authority: Social Security Act, Title XIX, 42 USC §1396, et. seq.

Rehabilitative Services: for able-to-participate eligible nursing facility (NF) residents with acute onset of illness or injury. Maintenance therapies are excluded, recipients must live in a NF, physician's orders for therapy are required, and prescribed therapy must be provided by a licensed therapist in the required discipline (e.g., physical therapy; occupational therapy; and speech therapy).

Specialized Services: for Medicaid-eligible NF residents that are PASARR identified and diagnosed with mental illness, mental retardation or related conditions in need of specialized rehabilitative services (e.g., physical, occupational, speech language pathology).

Nurse Aide Training: Assures nurse aide competency to perform required tasks. Services under this program are nurse aide training; competency evaluation; nurse aide registry; approval & review of training curriculum; complaints investigation; and hearings for nurse aides.

Ventilator Support: NF residents requiring continuous or intermittent ventilation without TILE reimbursement. Provider payments: additional \$77.40 per day for continuous ventilator support; \$30.96 for more than 6 hours but less than full-time ventilator support. No reimbursement for less than 6 hours per day.

3.D. Sub-Strategy Request

Strategy Code: 01-06-01-05

Agency Code:	539	Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	06	Nursing Facility & Hospice Payments
Strategy:	01	Nursing Facility & Hospice Payments
Substrategy:	05	HIPAA

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
<b>Objects of Expense:</b>						
1001	Salaries	321,655	278,598	71,889	71,889	71,889
1002	Other Personnel Cost	0	0	4,634	4,634	4,634
2005	Travel	7,724	4,442	5,531	5,531	5,531
2009	Other Operating Expense	1,775,702	5,971	48,313	48,313	48,313
<b>Total, Objects of Expense</b>		<b>2,105,081</b>	<b>289,011</b>	<b>130,367</b>	<b>130,367</b>	<b>130,367</b>
<b>Method of Finance:</b>						
0758	GR Match for Medicaid	425,861	55,318	33,939	33,939	33,939
<b>Subtotal, General Revenue Funds</b>		<b>425,861</b>	<b>55,318</b>	<b>33,939</b>	<b>33,939</b>	<b>33,939</b>
555	Federal Funds					
93.778.000	Medical Assistance Program	1,410,029	200,671	70,300	70,300	70,300
93.778.003	Medical Assistance Program - Title XIX @ 50%	269,191	33,022	26,128	26,128	26,128
<b>Subtotal, Federal Funds</b>		<b>1,679,220</b>	<b>233,693</b>	<b>96,428</b>	<b>96,428</b>	<b>96,428</b>
<b>Total, Method of Financing</b>		<b>2,105,081</b>	<b>289,011</b>	<b>130,367</b>	<b>130,367</b>	<b>130,367</b>
<b>Full-Time Equivalent Positions:</b>						
	State/Federal	6.8	7.0	2.0	2.0	2.0
<b>Total, Full-Time Equivalent Positions</b>		<b>6.8</b>	<b>7.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>

**Sub-strategy Description and Justification:**

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996 to (1) combat waste, fraud, and abuse in health insurance and health care delivery and (2) simplify the administration of health insurance. The administrative simplification provisions of HIPAA requires certain health care providers, health plans (e.g., Medicaid), and health care clearinghouses (e.g., TMHP), referred to as "covered entities", to implement the following: specific measures to protect the privacy and security of individual health care information; use of standardized Electronic Data Interchange (EDI) to reduce health care costs; and, use of standardized, unique, identifier systems for employers, providers, and health plans. Statutory Authority: 45 CFR Parts 160,162, and 164

The purposes of this project are to (a) identify how HIPAA requirements impact DADS and (b) successfully implement business and technological changes to meet those requirements.

HIPAA Privacy provisions impact DADS staff, clients, providers, and business associates that utilize protected health information (PHI) and conduct business electronically. Privacy standards protect an individual's PHI from unauthorized use and disclosure. The legacy departments that migrated to DADS (i.e., DHS and TDMHMR) implemented HIPAA Privacy provisions by the April 14, 2003 compliance date. At the time of implementation, the Texas Department on Aging (TDoA) was not required to comply with HIPAA Administrative Simplification provisions.

HIPAA EDI provisions primarily impact DADS vendors and providers of long term care services. The standardized transaction formats and code sets used for billing and payment are creating a more efficient and effective system of claims management, improving client services through these behind-the-scenes improvements. The legacy departments that migrated to DADS, with the exception of the TDoA implemented HIPAA EDI provisions by the October 16, 2003 compliance date. At the time of implementation, the TDoA was not required to comply with HIPAA Administrative Simplification provisions.

**External/Internal Factors Impacting Sub-strategy:**

HIPAA Security provisions will impact DADS staff, clients, providers, and business associates. Security provisions will restrict access to PHI to individuals that need the information to accomplish the assigned tasks. DADS must implement these provisions by April 21, 2005.

HIPAA national provider identifier (NPI) provisions will primarily impact DADS vendors and providers of long term care services. Covered entities must use only the assigned NPI to identify providers in standard transactions. Legacy and health plan-assigned provider identifiers (e.g., contract numbers) will not be permitted in standard transaction formats. Covered entities may begin applying for NPIs on May 23, 2005. DADS must implement NPI provisions (i.e., accept and utilize NPIs for claim processing) by May 23, 2007.

By achieving compliance with the HIPAA administrative simplification provisions, the department will reduce the administrative burden. The Texas Medicaid Program will be able to retain and attract new providers, thereby allowing its clients to have improved access to health care.

Obtaining the funding needed to implement HIPAA provisions will enable the agency to avoid federal fiscal sanctions, as well as criminal and civil penalties, associated with HIPAA non-compliance.

**0000125**

### 3. E. Sub-strategy Summary

Agency Code: 539	Agency Name: Texas Department of Aging and Disability Services	Statewide Goal Code : 03-02	Strategy Code: 01-06-01			
<b>AGENCY GOAL</b>	Long Term Care					
<b>OBJECTIVE</b>	Nursing Facility & Hospice Payments					
<b>STRATEGY</b>	Nursing Facility & Hospice Payments					
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
01	Nursing Facilities	1,674,404,345	1,723,599,263	1,489,353,155	1,789,384,363	1,497,444,417
02	Medicaid Funded Co-payment for Medicare Skilled	81,199,748	97,607,288	106,193,040	109,655,199	114,209,867
03	Hospice	91,733,217	107,003,258	113,086,330	113,211,705	113,212,760
04	Nursing Facilities Other Services	18,340,780	17,212,570	16,919,689	16,907,292	16,904,529
05	HIPAA	2,105,081	289,011	130,367	130,367	130,367
<b>Total, Sub-strategies</b>		<b>1,867,783,171</b>	<b>1,945,711,390</b>	<b>1,725,682,581</b>	<b>2,029,288,926</b>	<b>1,741,901,940</b>