

2.G. SUMMARY OF TOTAL REQUEST OBJECTIVE OUTCOMES

Date : 10/6/2004

79th Regular Session, Agency Submission, Version 1

Time: 1:28:28PM

Automated Budget and Evaluation system of Texas(ABEST)

Agency code: 539

Agency name: **AGING AND DISABILITY SERVICES**

Goal/ Objective / Outcome	BL 2006	BL 2007	Excp 2006	Excp 2007	Total Request 2006	Total Request 2007
1 Long-term Care Continuum						
1 Intake, Access, and Eligibility						
KEY 1 % Nursing Homes with a Certified Ombudsman	100.00%	100.00%	100.00 %	100.00%	100.00%	100.00%
2 Average Number of Clients Served Per Month: Total Community Care	198,444.00	198,445.00	212,820.00	227,378.00	212,820.00	227,378.00
3 Average # of Persons on Interest Lists Per Month: Total Community Care	219,353.00	250,141.00	219,353.00	250,141.00	219,353.00	250,141.00
KEY 4 Percent of Long-term Care Clients Served in Community Settings	72.01%	72.03 %	73.34 %	74.60%	73.34%	74.60%
2 Community Care - Entitlement						
KEY 1 Avg # of Clients Served Per Month: Medicaid Non-waiver Community Care	125,332.00	125,332.00	138,024.00	151,880.00	138,024.00	151,880.00
KEY 2 Average Monthly Cost Per Client: Medicaid Non-waiver Community Care	601.85	601.86	710.25	728.40	710.25	728.40
3 Community Care - Waivers						
1 Avg # of Clients Served Per Month: Community Care Waivers (Total)	41,056.00	41,056.00	41,144.00	41,187.00	41,144.00	41,187.00
2 Average Cost Per Client Served: Community Care Waivers (Total)	1,733.21	1,733.20	2,015.15	2,015.15	2,015.15	2,015.15
4 Community Care - State						
KEY 1 Avg # of Clients Served Per Month: Total Non-Medicaid Community Care	28,635.00	28,635.00	28,635.00	28,635.00	28,635.00	28,635.00
KEY 2 Avg Monthly Cost Per Client Served: Total Non-Medicaid Community Care	518.89	518.87	544.25	544.23	544.25	544.23
3 Avg # of Persons on Interest List Per Month: Total Non-Medicaid CC	70,258.00	78,873.00	70,258.00	78,873.00	70,258.00	78,873.00
6 Nursing Facility and Hospice Payments						
1 Percent of At-risk Population Served in Nursing Facilities	9.93%	9.69%	9.96 %	9.75%	9.96%	9.75%

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Agency code: 539		Agency name: AGING AND DISABILITY SERVICES				Total Request	Total Request
Goal/ Objective / Outcome	BL 2006	BL 2007	Excp 2006	Excp 2007	2006	2007	
2 Medicaid Nursing Facility Bed Utilization Per 10,000 Aged and Disabled							
	114.88	112.09	115.29	112.72	115.29	112.72	
<i>8 MR State Schools Services</i>							
KEY	1 Avg # Days MR Residents Recom for Comunty Placement Wait for Placement					120.00	120.00
	120.00	120.00					
KEY	2 Number of Consumers with MR Who Moved from Campus to Community					84.00	84.00
	84.00	84.00					
<i>2 Licensing, Certification, and Outreach</i>							
<i>1 Long Term Care Facility Regulation and Support</i>							
KEY	1 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid					74.92%	74.92%
	74.92%	74.92%					
	2 % Facilities Correcting Adverse Findings by 1st Follow-up Visit					82.81%	82.81%
	82.81%	82.81%					
	3 % NF-ICF/MR with More Than Six On-site Monitoring Visits Per Year					27.00%	27.00%
	27.00%	27.00%					
	4 Rate (1000) Substantiated Complaint Allegations of Abuse/Neglect: NF					21.63	21.63
	21.63	21.63					
	5 Rate (1000) Substantiated Complaint Allegations Abuse/Neglect: ICF/MR					43.91	43.91
	43.91	43.91					
	10 % HCSSA Complying with Standards at Time of Inspection					90.00%	90.00%
	90.00%	90.00%					

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