



TEXAS
Health and Human
Services

Legislative Appropriations Request for Fiscal Years 2020-2021

Submitted to the Governor's Office and the Legislative Budget Board
by the
Health and Human Services Commission
August 31, 2018

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Administrator's Statement

8/30/2018 1:55:04PM

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

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The Texas Health and Human Services Commission (HHSC) is responsible for the overall delivery of health and human services across the state. This mission is achieved by administering more than 200 programs by nearly 40,000 full-time equivalent (FTE) staff. HHSC's biennial operating budget exceeds \$71 billion.

HHSC administers a broad scope of programs in executing its responsibilities, including Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Early Childhood Intervention (ECI), Family Violence Program, Disaster Assistance, Healthy Texas Women, state hospitals, and state supported living centers (SSLCs).

As directed by Senate Bill 200, 84th Legislature, Regular Session, 2015, the Health and Human Services (HHS) system recently underwent a holistic transformation. Following Phases One and Two of Transformation, all client service programs, as well as the management and operation of state hospitals and SSLCs, are now aligned under the Chief Program & Services Officer; administrative support is consolidated under the Chief Operating Officer; the Chief Policy Officer coordinates critical programmatic and organizational changes, oversees policy and system improvement projects, and provides regulatory oversight of facility and occupational providers; the Department of Aging and Disability Services (DADS) and Department of Assistive and Rehabilitative Services (DARS) were abolished; and the Department of Family and Protective Services (DFPS) was made a standalone agency that now only receives some administrative support from HHSC (House Bill 5, 85th Legislature, Regular Session, 2017). Additionally, the Department of State Health Services' (DSHS') streamlined structure now solely focuses on its core public health functions.

Senate Bill 200 was an essential blueprint for organizational restructuring. We embrace transformation because it allows us to tear down operational silos within the HHS system, create a culture that fosters innovation, make data-driven decisions, and reward fiscal accountability. The Legislature envisions, and taxpayers expect, a system that is collaborative with stakeholders and partners, coordinated in its delivery of care and services, innovative in resolving challenges, and fiscally responsible with its management of state funds and resources. While tremendous progress has been made in transforming what we do and how we do it, difficult challenges remain.

HHSC's 2020-21 funding request is the culmination of months of evaluation on how we can do more with less. We viewed each request through the prism of two questions: Is this good for Texas? Is this good for our clients? These tough decisions led us to request funding for a range of programs and to group these requests thematically.

We also solicited and considered stakeholder feedback when determining which exceptional funding requests to include in our 2020-21 Legislative Appropriation Request. This feedback is summarized and included in the HHS System's Consolidated Budget, to be published in October 2018. The sections of this administrator statement that follow highlight some of the agency's greatest needs for the upcoming 2020-21 biennium.

Reduce Community Program Interest Lists

Funding additional Medicaid waiver slots and reducing interest lists are the agency's top priority for the 86th Legislative Session. HHSC operates six long-term services and supports waiver programs for individuals with IDD. These waiver programs allow individuals to reside in the community rather than in an institutional setting, such as a nursing facility, intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID), or SSLCs.

Because the demand for community-based services and supports outweighs available resources, HHSC maintains interest lists for the waiver programs until a slot becomes available. As of June 2018, there were more than 263,000 individuals on interest lists. HHSC also uses targeted slots, separate from the interest list slots, to allow individuals to transition or divert from an institution.

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Provide Support for Individuals with an Intellectual or Developmental Disability

For individuals with IDD, HHSC worked with the Centers for Medicare & Medicaid Services (CMS) to receive approval of a state plan amendment to expand Preadmission Screening and Resident Review (PASRR) habilitative services, such as behavioral support, employment assistance, supported employment, day habilitation, and independent living skills training provided through the local authorities to adult Medicaid recipients residing in nursing facilities by using federal matching funds in lieu of general revenue. To achieve system efficiencies and comply with federal requirements, HHSC is requesting funding for modernizing the agency's long-term care web portal. Modifications to the portal would allow Local Intellectual & Developmental Disability Authorities (LIDDAs) to digitally record the verification of specialized services provided by contracted providers, and add functionality to ensure specialized services are appropriately assessed, recommended, authorized, verified, and delivered.

The agency is requesting funding for additional long-term services and supports for six Medicaid waiver programs that will support community transitions, reduce interest lists, and provide comprehensive services to individuals with IDD. Additionally, we are requesting funding to support to individuals with IDD and co-occurring behavioral health diagnoses by replacing expiring Money Follows the Person Demonstration funding.

Increase Inpatient Mental Health Capacity and Maintain Services at SSLCs

Ensuring the safety of individuals served at state hospitals and SSLCs is one of HHSC's most important responsibilities. Recognizing this, the 85th Legislature made a significant investment in Texas' state hospitals system, appropriating \$300 million for new construction or significant repair of state-funded inpatient mental health care facilities. The Legislature's vision included a three-phased approach to address state hospital infrastructure needs. HHSC submitted a comprehensive plan for the three phases of construction. Of the projects currently underway, renovations to add a total of 110 beds are expected to be completed sometime in the 2020-21 biennium.

However, as of May 2018, 817 people were waiting for additional state hospital capacity. Without additional funds, state hospital capacity cannot be increased. Operations funding for expanded state hospital beds in newly completed construction projects is necessary to reduce the time individuals wait for inpatient psychiatric services and to open up more beds. To implement the second phase of the state hospital comprehensive plan, funding for FTEs currently working on implementation, funded with one-time funds, and additional FTEs to coordinate and manage construction and renovation projects will also be required.

Cost growth, the need for newer client transportation vehicles and laundry equipment, and inflation for food, medical, and other operational costs mean current censuses are not sustainable with current budgets. State hospitals and SSLCs must receive additional funding, decrease the number of individuals served, or risk not providing the same level of quality care – which could ultimately jeopardize the state's agreement with the Department of Justice or impact hospital certification. Additionally, 2018-19 state hospital appropriations assume revenue generation that is no longer possible, leaving state hospitals with an annual budget shortfall of approximately \$18 million.

Similar to state hospitals, the need for community inpatient psychiatric beds consistently exceeds bed availability. Population growth and an increasing percentage of forensic patients in state hospitals has reduced the availability of beds for civilly committed persons. As a result, large numbers of persons with mental illness are waiting in local jails and emergency departments, while waiting for a community bed to become available. Providing stabilization services close to home facilitates rapid transition back to the community, improves continuity of care, and reduces recidivism. HHSC is seeking additional funds to expand the state's network of inpatient psychiatric beds to provide short-term acute stabilization services for individuals with mental illness. Funding for this item would be used to contract with local mental health authorities (LMHAs) for the purchase of 75 additional inpatient psychiatric beds.

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The Legislature's efforts in recent years to increase awareness of and access to behavioral health services have increased the demand for community-based outpatient mental health services, and LMHAs have been challenged to meet this growing demand. At the beginning of fiscal year 2012, over 7,000 adults and children were waiting for services. In each of the following three biennia, the Legislature made significant investments to expand outpatient capacity. This funding supported a steady expansion of services, and in the past four years, tens of thousands of individuals have been brought into service. However, demand continues to outpace the supply of services, driven in part by the state's rapid 1.6 percent annual population growth. As a result, HHSC is seeking additional funding to expand outpatient treatment capacity for LMHAs.

Maintain Funding for Community Behavioral Health Services

This past biennium, HHSC's Office of Mental Health Coordination worked with 23 state agencies to continue the long-term implementation of the Texas Statewide Behavioral Health Strategic Plan, as well as continued to expand existing Mental Health First Aid training to higher education instructors and staff as directed by Senate Bill 1533, 85th Legislature, Regular Session, 2017. The agency also made further progress in eliminating waitlists and expanding capacity for community inpatient and outpatient psychiatric services. New funding provided by the 85th Legislature also allowed 14 LMHAs to purchase additional psychiatric hospital beds and reduce community mental health waitlists.

In an effort to continue to increase access to mental health services, we established new collaborative grant programs and continued existing ones. Utilizing funding appropriated by the 85th Legislature, these programs provide services and treatment to Texans with mental illness, justice-involved Texans, and veterans and their family members.

For the 2020-21 biennium, we hope to maintain fiscal year 2019 funding levels for the House Bill 13 and Senate Bill 292, 85th Legislature, Regular Session, 2017, mental health grant programs. This will enable HHSC to provide services that will significantly impact mental health gaps throughout Texas by supporting community mental health programs for individuals experiencing mental illness and reduce recidivism rates, arrests, incarceration, and wait times for forensic commitments.

Building mental health capacity includes expanding the number of purchased community inpatient beds for short-term acute stabilization services, which also complements the aforementioned request for funding to support new state hospital beds and ongoing implementation of the State Hospital Comprehensive Plan and Statewide Behavioral Health Strategic Plan. Additionally, to address the increasing demand that is outpacing supply of community mental health and substance abuse services, we hope to expand substance abuse and mental health treatment capacity.

Promote Health, Developmental and Independence Services

HDIS will continue to focus on improving the delivery of services for the upcoming 2020-21 biennium, including collaborating with the Better Birth Outcomes workgroup to focus on maternal and child health issues, promoting brain safety for children, and building on human trafficking prevention efforts. Increasing access to women's health and family planning services for eligible Texas women is a priority for HHSC. HHSC submitted the Healthy Texas Women waiver application to CMS in June 2017, and the agency continues to have discussions with its federal partners regarding the waiver.

To ensure quality client services are provided, we are requesting exceptional item funding for ECI, Blind Children's Vocational Discovery and Development program, and Guardianship Services program. This funding will be used to further the agency's mission of providing necessary services in the most cost effective manner possible

Administrator's Statement

8/30/2018 1:55:04PM

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

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Enhance Procurement Processes

Through the course of several audits conducted in 2018, HHSC recognizes the need for swift, meaningful action to reform procurement operations. Canceled procurements and broken lines of communication jeopardized HHSC's ability to deliver services to Texans who need them. Creating a transition team, HHSC began an extensive internal review, while working with the HHSC Office of Internal Audit, State Auditor's Office (SAO), Office of the Governor, Comptroller of Public Accounts (CPA), Department of Information Resources (DIR), and HHSC Office of the Inspector General.

These reviews looked at all stages of the procurement process, from the determination of need and solicitation, to the evaluation of bids and recommendation for contract award. Each reviewing entity identified problems with HHSC's compliance with the law and provisions of the General Appropriations Act, scoring issues, and alignment with and use of best practices. HHSC also engaged a third-party vendor to perform a comprehensive assessment of the agency's procurement and contracting processes, and to develop a measurable improvement plan to re-design those processes. After HHSC implements recommendations to improve the procurement and contracting system, the vendor will perform an evaluation of our progress in addressing the root causes of procurement and contracting issues.

While HHSC has begun to address the foundational needs required to operate a compliant, transparent, accountable, and effective procurement system, the agency's next steps are to solidify that foundation and align it with the expectation that HHSC should be a best-in-class operation when measured against public and private organizations. HHSC is also requesting funding and additional procurement and legal staff to support its contracting operations.

Improve Managed Care Oversight

With 92 percent of the Medicaid population served through managed care, HHSC serves primarily in a contract oversight role. To that end, the agency employs a number of oversight tools to verify managed care organization (MCO) compliance with state and federal law, as well as their contract terms. HHSC regularly reviews financial and clinical activities to ensure compliance with policies, procedures, and contract requirements.

In addition to ongoing monitoring through contract deliverables, complaint tracking, and utilization review, in September 2017, HHSC established an on-site operational review process for MCOs. These operational reviews allow HHSC to conduct an in-depth review of MCO operational compliance and performance across a number of areas to ensure policies and practices align with performance standards. A multi-disciplinary team of more than 20 subject matter experts review key functions and requirements as stipulated in MCOs' contract through modules developed based on contractual standards, in addition to MCO staff interviews. MCO contracts also limit allowable expenses and profits, which HHSC monitors through review of quarterly financial data and independent annual financial audits.

We continue to review our managed care oversight processes and will take any additional steps necessary to ensure MCOs meet their obligations to the people we serve. While we do not have a specific funding request at this time, the agency will work with the Legislature to identify future needs to improve its oversight of managed care.

Ensure Security of Client Data

Each day, HHSC repels about 200 million potential cyber-attacks that, if successful, could place the personal data of millions of clients at risk. As the volume and severity of these threats continues to expand, HHSC is seeking additional resources to develop a robust system of risk assessments, security plans, and enhanced monitoring solutions to prevent data breaches and ensure access to sensitive data is adequately controlled.

Administrator's Statement

8/30/2018 1:55:04PM

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Continue Transformation Through Streamlined Program Support

Structural changes to the HHS system in recent years have led to the consolidation of programs, but many of the IT systems and applications that support these programs remain siloed. As a result, HHS now utilizes over 400 IT applications to support the agency's essential functions, perpetuating the fractured nature of services and operations the Legislature sought to address in Senate Bill 200.

These applications encompass with hundreds of infrastructure systems and duplicative features and interfaces. HHSC is requesting funding for a system-wide business platform that would support a more integrated, client-centric approach to health and human services delivery and management through a common data repository, shared service elements and resources, and mission specific applications capable of supporting multiple programs and missions. Moving to a shared health and human services platform will consolidate and simplify the current complex system landscape. It will also provide multiple benefits for clients and taxpayers, including significant improvements in the efficiency and effectiveness in program operations, increased agility to respond to sudden changes in usage without disruption to service, reduction in security risks, reduction in time to implement system changes, the ability to make continuous system enhancements, and reduced cost for system maintenance.

Fiscal Year 2020-21 Baseline Amounts

The 2020-21 base request for HHSC total \$77.3 billion for the upcoming biennium. Of this total, \$70.3 billion is for Grants, Client Services, and Food for Wards of the State (90.9 percent of the total baseline request). This baseline request includes adjustments for caseload growth for both Medicaid and CHIP and represent the agency's best estimates at entitlement needs for next biennium at this point in time. HHSC has one exempt position, the Executive Commissioner, and no changes are requested.

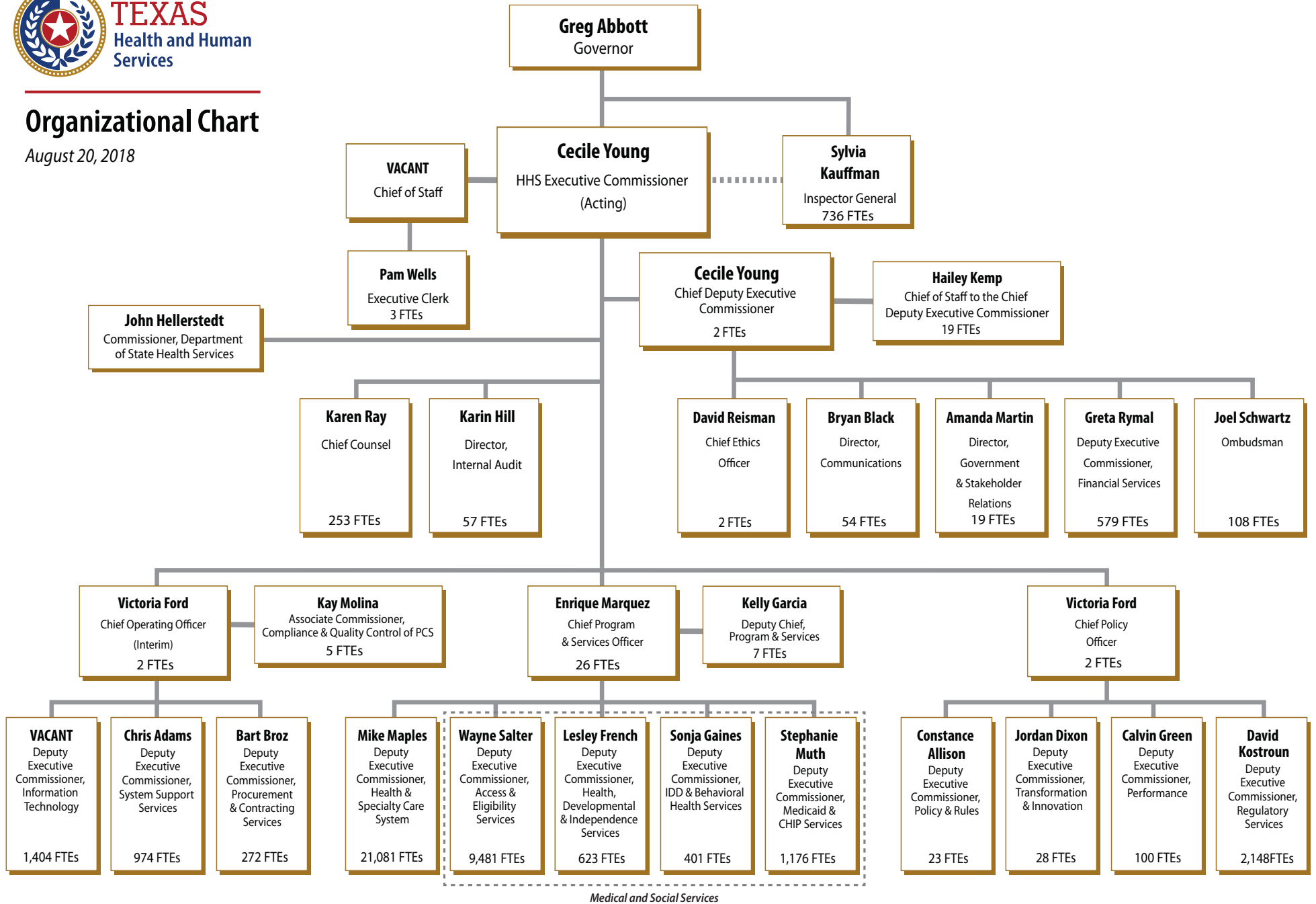
We look forward to working with the Legislature, executive branch, clients, and advocates to continue to improve how we serve the needs of Texas.

Cecile Young
Acting Executive Commissioner
Health and Human Services Commission



Organizational Chart

August 20, 2018



Medical and Social Services



CERTIFICATE

Agency Name Health & Human Services Commission

This is to certify that the information contained in the agency Legislative Appropriations Request filed with the Legislative Budget Board (LBB) and the Governor's Office Budget Division (Governor's Office) is accurate to the best of my knowledge and that the electronic submission to the LBB via the Automated Budget and Evaluation System of Texas (ABEST) and the PDF file submitted via the LBB Document Submission application are identical.

Additionally, should it become likely at any time that unexpended balances will accrue for any account, the LBB and the Governor's Office will be notified in writing in accordance with Article IX, Section 7.01 (2018-19 GAA).

Chief Executive Officer or Presiding Judge

Cecile Erwin Young
Signature

Cecile Erwin Young
Printed Name

Executive Commissioner
Title

August 31, 2018
Date

Board or Commission Chair

Signature

Printed Name

Title

Date

Chief Financial Officer

Trey Wood
Signature

Trey Wood
Printed Name

Chief Financial Officer
Title

August 31, 2018
Date

Budget Overview - Biennial Amounts
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529 Health and Human Services Commission

Appropriation Years: 2020-21

	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2020-21
	Goal: 1. Medicaid										
1.1.1. Aged And Medicare-Related	4,295,588,543	4,073,979,482			5,955,709,062	6,166,222,371			10,251,297,605	10,240,201,853	933,259,405
1.1.2. Disability-Related	5,348,408,924	5,308,347,314			7,326,216,718	7,952,260,923			12,674,625,642	13,260,608,237	1,342,095,335
1.1.3. Pregnant Women	905,479,504	877,819,906			1,259,505,513	1,336,400,785			2,164,985,017	2,214,220,691	63,612,377
1.1.4. Other Adults	501,019,192	491,213,634			757,120,767	811,330,613	2,631,634	3,763,644	1,260,771,593	1,306,307,891	116,532,689
1.1.5. Children	4,804,847,388	4,503,548,826			7,631,640,680	7,606,920,712	393,199,006	389,999,741	12,829,687,074	12,500,469,279	787,052,427
1.1.6. Medicaid Prescription Drugs	3,217,819,116	3,145,317,867			4,591,115,701	4,800,176,597			7,808,934,817	7,945,494,464	627,703,520
1.1.7. Health Steps (Epsdt) Dental	1,165,244,882	961,937,401			1,611,325,785	1,538,980,577			2,776,570,667	2,500,917,978	131,487,222
1.1.8. Medical Transportation	140,639,055	128,952,715			194,643,797	186,266,137	4,140,290	402,750	339,423,142	315,621,602	23,409,702
1.2.1. Community Attendant Services	632,370,880	651,951,116	5,400,000	5,400,000	862,201,913	1,011,338,316			1,499,972,793	1,668,689,432	71,190,502
1.2.2. Primary Home Care	9,700,860	10,098,980			13,111,718	14,085,129			22,812,578	24,184,109	1,024,506
1.2.3. Day Activity & Health Services	7,230,217	7,403,198			9,773,057	11,113,659			17,003,274	18,516,857	155,186
1.2.4. Nursing Facility Payments	240,660,909	277,956,604			324,245,471	355,996,086			564,906,380	633,952,690	17,496,540
1.2.5. Medicare Skilled Nursing Facility	39,082,345	44,283,784			53,021,263	63,278,947			92,103,608	107,562,731	(3,855,486)
1.2.6. Hospice	211,841,518	228,164,685			286,618,060	329,446,570			498,459,578	557,611,255	
1.2.7. Intermediate Care Facilities - Iid	70,021,678	61,738,306	161,000,000	151,520,582	311,385,800	307,039,823			542,407,478	520,298,711	1,066,946
1.3.1. Home And Community-Based Services	930,038,313	908,858,616			1,278,512,471	1,371,588,551			2,208,550,784	2,280,447,167	578,850,057
1.3.2. Community Living Assistance (Class)	208,819,909	203,172,736			337,819,538	361,007,459			546,639,447	564,180,195	78,335,621
1.3.3. Deaf-Blind Multiple Disabilities	10,420,879	10,663,959			16,098,059	18,049,374			26,518,938	28,713,333	1,261,738
1.3.4. Texas Home Living Waiver	88,307,969	88,104,300			137,489,929	150,955,888			225,797,898	239,060,188	76,640,576
1.3.5. All-Inclusive Care - Elderly (Pace)	37,599,945	37,565,360			50,784,636	52,117,219			88,384,581	89,682,579	39,159,328
1.4.1. Non-Full Benefit Payments	402,790,984	373,675,480			1,168,139,923	1,196,841,840	27,694,955	27,102,802	1,598,625,862	1,597,620,122	95,334,428
1.4.2. Medicare Payments	2,076,323,517	2,121,139,697			1,721,983,637	1,848,346,013			3,798,307,154	3,969,485,710	192,001,496
1.4.3. Transformation Payments					154,041,231	135,050,390	113,868,789	90,854,925	267,910,020	225,905,315	
Total, Goal	25,344,256,527	24,515,893,966	166,400,000	156,920,582	36,052,504,729	37,624,813,979	541,534,674	512,123,862	62,104,695,930	62,809,752,389	5,173,814,115
Goal: 2. Medicaid and CHIP Contracts and Administration											
2.1.1. Medicaid Contracts & Administration	392,038,288	394,719,450			726,768,945	776,922,936	1,320,138	1,435,634	1,120,127,371	1,173,078,020	140,528,148
2.1.2. Chip Contracts & Administration	2,135,599	7,225,309			32,066,407	26,404,241			34,202,006	33,629,550	
Total, Goal	394,173,887	401,944,759			758,835,352	803,327,177	1,320,138	1,435,634	1,154,329,377	1,206,707,570	140,528,148

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	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2020-21
Goal: 3. Children's Health Insurance											
Program Services											
3.1.1. Chip	77,492,617	254,005,418			1,069,969,862	920,064,320			1,147,462,479	1,174,069,738	66,473,703
3.1.2. Chip Perinatal Services	23,773,802	70,794,580			326,967,196	257,250,335			350,740,998	328,044,915	10,294,224
3.1.3. Chip Prescription Drugs	24,813,890	81,533,142			336,182,531	295,841,535			360,996,421	377,374,677	21,546,737
3.1.4. Chip Dental Services	17,925,150	54,321,277			247,115,738	196,917,006			265,040,888	251,238,283	15,400,245
Total, Goal	144,005,459	460,654,417			1,980,235,327	1,670,073,196			2,124,240,786	2,130,727,613	113,714,909
Goal: 4. Provide Additional Health-related Services											
4.1.1. Women'S Health Programs	203,014,944	203,014,944			78,565,012	22,050,508			281,579,956	225,065,452	2
4.1.2. Alternatives To Abortion	32,383,097	32,432,956			6,000,000	6,000,000			38,383,097	38,432,956	
4.1.3. Eci Services	60,108,599	60,108,599			192,741,061	211,034,692	32,996,204	32,996,204	285,845,864	304,139,495	70,745,428
4.1.4. Eci Respite & Quality Assurance	1,900,000	1,900,000			4,953,326	5,161,932			6,853,326	7,061,932	
4.1.5. Children'S Blindness Services	10,201,344	10,314,298			1,180,450	2,844,180	15,610	1,524	11,397,404	13,160,002	3,290,603
4.1.6. Autism Program	14,238,407	14,292,870					84,000	84,000	14,322,407	14,376,870	
4.1.7. Children With Special Needs	49,001,633	49,001,633			12,000,000	12,000,000			61,001,633	61,001,633	
4.1.8. Title V Children'S Dntl & Hlth Svcs					13,722,048	14,304,916			13,722,048	14,304,916	
4.1.9. Kidney Health Care	37,903,529	37,903,529					442,878	442,878	38,346,407	38,346,407	
4.1.10. Additional Specialty Care	6,811,695	6,811,608			333,041	333,128	22,686	22,686	7,167,422	7,167,422	5,757,255
4.1.11. Community Primary Care Services	24,347,680	24,347,680							24,347,680	24,347,680	
4.1.12. Abstinence Education	1,014,680	1,014,680			15,789,152	15,789,152			16,803,832	16,803,832	
4.2.1. Community Mental Health Svcs-Adults	609,031,362	609,031,364			94,172,301	93,971,948	4,132,738	274,724	707,336,401	703,278,036	67,152,861
4.2.2. Community Mental Hlth Svcs-Children	124,122,178	124,082,640			39,637,552	39,622,328	2,613,846		166,373,576	163,704,968	13,923,049
4.2.3. Community Mental Health Crisis Svcs	316,838,474	316,838,474			3,925,272	3,925,272			320,763,746	320,763,746	22,725,000
4.2.4. Substance Abuse Services	93,438,787	93,438,176			342,140,129	342,140,740		415,314	435,578,916	435,994,230	45,313,824
4.2.5. Behavioral Hlth Waiver & Amendment	47,171,759	47,122,624			56,179,476	57,476,764			103,351,235	104,599,388	
4.3.1. Indigent Health Care Reimbursement			878,886	878,886					878,886	878,886	
4.3.2. County Indigent Health Care Svcs	1,062,787	1,062,787			95,464	95,464	600,000	600,000	1,758,251	1,758,251	
Total, Goal	1,632,590,955	1,632,718,862	878,886	878,886	861,434,284	826,751,024	40,907,962	34,837,330	2,535,812,087	2,495,186,102	228,908,022

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	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2020-21
Goal: 5. Encourage Self-Sufficiency											
5.1.1. Tanf (Cash Assistance) Grants	100,561,558	95,795,347			4,420,775	7,642,513			104,982,333	103,437,860	
5.1.2. Provide Wic Services					1,127,634,489	1,126,141,958	497,918,022	497,918,022	1,625,552,511	1,624,059,980	
5.1.4. Disaster Assistance	110,000,000				330,000,000				440,000,000		
Total, Goal	210,561,558	95,795,347			1,462,055,264	1,133,784,471	497,918,022	497,918,022	2,170,534,844	1,727,497,840	
Goal: 6. Community & Independent Living Services & Coordination											
6.1.1. Guardianship	3,196,646	3,196,646			14,447,904	14,447,904			17,644,550	17,644,550	2,464,711
6.1.2. Non-Medicaid Services	51,441,664	51,441,666			262,885,092	262,885,090			314,326,756	314,326,756	12,197,698
6.1.3. Non-Medicaid Idd Community Svcs	92,797,841	92,797,841					6,000	6,000	92,803,841	92,803,841	32,452,256
6.2.1. Independent Living Services	8,894,322	8,894,322			2,035,358	2,035,358	17,183,724	17,178,892	28,113,404	28,108,572	
6.2.2. Best Program	847,526	860,000							847,526	860,000	
6.2.3. Comprehensive Rehabilitation (Crs)	47,764,830	47,879,308					236,960	236,960	48,001,790	48,116,268	
6.2.4. Deaf And Hard Of Hearing Services	5,638,133	5,717,340					3,814,174	2,727,976	9,452,307	8,445,316	
6.3.1. Family Violence Services	22,279,812	22,282,388			35,445,944	35,443,368			57,725,756	57,725,756	3,000,000
6.3.2. Child Advocacy Programs	33,139,320	33,139,320	20,459,686	20,459,688			38,500	27,000	53,637,506	53,626,008	8,000,000
6.3.3. Additional Advocacy Programs	1,637,506	1,250,864			1,108,560	811,526	1,309,347		4,055,413	2,062,390	
Total, Goal	267,637,600	267,459,695	20,459,686	20,459,688	315,922,858	315,623,246	22,588,705	20,176,828	626,608,849	623,719,457	58,114,665
Goal: 7. Mental Health State Hospitals, SSLCs and Other Facilities											
7.1.1. State Supported Living Centers	589,849,598	515,503,696			742,876,563	825,406,032	50,098,130	47,163,130	1,382,824,291	1,388,072,858	105,250,276
7.2.1. Mental Health State Hospitals	666,662,981	666,662,983			10,078,329	10,073,920	127,392,578	126,627,464	804,133,888	803,364,367	140,942,967
7.2.2. Mental Health Community Hospitals	223,589,076	224,838,466					20,241,400	18,992,010	243,830,476	243,830,476	39,410,480
7.3.1. Other Facilities	8,955,417	9,010,263			2,384,770	2,129,331	800,926	797,708	12,141,113	11,937,302	
7.4.1. Facility Program Support	12,358,473	15,444,372			3,885,566	4,404,620	762,561	606,706	17,006,600	20,455,698	29,993,461
7.4.2. Facility Capital Repairs & Renov	9,492,088	6,704,315	579,604	579,604			464,760,998		474,832,690	7,283,919	271,683,660
Total, Goal	1,510,907,633	1,438,164,095	579,604	579,604	759,225,228	842,013,903	664,056,593	194,187,018	2,934,769,058	2,474,944,620	587,280,844

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	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2020-21
Goal: 8. Regulatory, Licensing and Consumer Protection Services											
8.1.1. Facility/Community-Based Regulation	55,120,290	71,279,216	28,252,821	14,105,460	118,276,679	123,463,729			201,649,790	208,848,405	15,182,744
8.1.2. Ltc Quality Outreach	3,744,670	4,420,082			6,162,556	6,642,786	8,478,219	340,009	18,385,445	11,402,877	3,286,666
8.2.1. Child Care Regulation	39,490,116	40,500,878			36,302,642	34,256,916	360,774	7,715,676	76,153,532	82,473,470	12,802,027
8.3.1. Health Care Professionals & Other	6,184,384	6,757,524			902,302	669,536	1,064,390	1,297,154	8,151,076	8,724,214	605,478
Total, Goal	104,539,460	122,957,700	28,252,821	14,105,460	161,644,179	165,032,967	9,903,383	9,352,839	304,339,843	311,448,966	31,876,915
Goal: 9. Program Eligibility Determination & Enrollment											
9.1.1. Integrated Eligibility & Enrollment	502,548,098	489,951,201			812,971,833	874,627,660	13,422,266	13,421,780	1,328,942,197	1,378,000,641	
9.2.1. Long-Term Care Intake & Access	257,034,893	258,253,178			294,984,835	274,058,094	1,200,000	1,200,000	553,219,728	533,511,272	36,435,073
9.3.1. Tiers & Eligibility Support Tech	91,402,318	82,006,519			188,113,804	143,181,836	923,755	948,136	280,439,877	226,136,491	
9.3.2. Tiers Capital Projects	30,972,467	40,371,344			64,910,977	67,754,693			95,883,444	108,126,037	
Total, Goal	881,957,776	870,582,242			1,360,981,449	1,359,622,283	15,546,021	15,569,916	2,258,485,246	2,245,774,441	36,435,073
Goal: 10. Provide Disability Determination Services within SSA Guidelines											
10.1.1. Disability Determination Svcs (Dds)					230,435,192	211,379,464			230,435,192	211,379,464	
Total, Goal					230,435,192	211,379,464			230,435,192	211,379,464	
Goal: 11. Office of Inspector General											
11.1.1. Office Of Inspector General	45,075,392	48,559,562			50,031,398	54,748,569	12,352,995	12,727,769	107,459,785	116,035,900	14,603,608
Total, Goal	45,075,392	48,559,562			50,031,398	54,748,569	12,352,995	12,727,769	107,459,785	116,035,900	14,603,608
Goal: 12. HHS Enterprise Oversight and Policy											
12.1.1. Hhs System Supports	85,704,782	95,951,961			58,388,046	62,994,121	58,313,224	68,352,712	202,406,052	227,298,794	11,616,763
12.1.2. It Oversight & Program Support	180,183,131	192,850,817			171,439,496	165,073,435	74,440,791	75,198,324	426,063,418	433,122,576	99,933,303
12.2.1. Central Program Support	44,038,370	45,082,493			36,570,888	35,999,625	12,983,504	13,505,828	93,592,762	94,587,946	1,160,593
12.2.2. Regional Program Support	8,662,032	9,538,983			11,937,495	10,927,715	181,137,216	181,946,009	201,736,743	202,412,707	
Total, Goal	318,588,315	343,424,254			278,335,925	274,994,896	326,874,735	339,002,873	923,798,975	957,422,023	112,710,659

Budget Overview - Biennial Amounts
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Automated Budget and Evaluation System of Texas (ABEST)

529 Health and Human Services Commission
Appropriation Years: 2020-21

	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2020-21
	Goal: 13. Texas Civil Commitment Office										
13.1.1. Texas Civil Commitment Office	32,962,545	32,962,545					293,562	124,000	33,256,107	33,086,545	4,948,238
Total, Goal	32,962,545	32,962,545					293,562	124,000	33,256,107	33,086,545	4,948,238
Total, Agency	30,887,257,107	30,231,117,444	216,570,997	192,944,220	44,271,641,185	45,282,165,175	2,133,296,790	1,637,456,091	77,508,766,079	77,343,682,930	6,502,935,196
Total FTEs									39,809.4	39,586.2	907.5

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
1 Medicaid					
1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients					
1 AGED AND MEDICARE-RELATED	4,865,595,200	4,987,264,623	5,264,032,982	5,098,159,477	5,142,042,376
2 DISABILITY-RELATED	6,032,627,887	6,150,396,242	6,524,229,400	6,546,427,567	6,714,180,670
3 PREGNANT WOMEN	1,157,027,420	1,057,694,663	1,107,290,354	1,092,052,917	1,122,167,774
4 OTHER ADULTS	522,829,683	605,698,903	655,072,690	642,622,337	663,685,554
5 CHILDREN	6,572,050,580	6,364,215,047	6,465,472,027	6,166,740,820	6,333,728,459
6 MEDICAID PRESCRIPTION DRUGS	3,823,307,708	3,798,042,142	4,010,892,675	3,907,525,221	4,037,969,243
7 HEALTH STEPS (EPSDT) DENTAL	1,338,559,370	1,400,969,516	1,375,601,151	1,223,993,110	1,276,924,868
8 MEDICAL TRANSPORTATION	172,565,804	166,747,424	172,675,718	158,914,744	156,706,858
2 Community Services and Supports - Entitlement					
1 COMMUNITY ATTENDANT SERVICES	705,219,498	712,879,799	787,092,994	817,786,811	850,902,621
2 PRIMARY HOME CARE	13,644,829	10,938,764	11,873,814	12,090,152	12,093,957

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
3 DAY ACTIVITY & HEALTH SERVICES	9,083,658	8,130,528	8,872,746	9,123,267	9,393,590
4 NURSING FACILITY PAYMENTS	281,393,474	242,118,593	322,787,787	317,279,079	316,673,611
5 MEDICARE SKILLED NURSING FACILITY	55,258,698	37,500,935	54,602,673	53,542,560	54,020,171
6 HOSPICE	248,441,636	229,147,835	269,311,743	276,958,763	280,652,492
7 INTERMEDIATE CARE FACILITIES - IID	256,016,951	282,128,616	260,278,862	259,984,727	260,313,984
<u>3</u> Long-term Care - Non-entitlement					
1 HOME AND COMMUNITY-BASED SERVICES	1,102,175,534	1,070,740,677	1,137,810,107	1,140,285,551	1,140,161,616
2 COMMUNITY LIVING ASSISTANCE (CLASS)	265,860,600	264,651,917	281,987,530	282,216,735	281,963,460
3 DEAF-BLIND MULTIPLE DISABILITIES	13,362,419	12,137,020	14,381,918	14,355,801	14,357,532
4 TEXAS HOME LIVING WAIVER	121,720,554	106,942,647	118,855,251	119,608,072	119,452,116
5 ALL-INCLUSIVE CARE - ELDERLY (PACE)	41,085,792	43,581,641	44,802,940	44,841,243	44,841,336
6 MEDICALLY DEPENDENT CHILDREN PGM	41,343,421	0	0	0	0
<u>4</u> Other Medicaid Services					

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
1 NON-FULL BENEFIT PAYMENTS	829,990,155	778,338,318	820,287,544	797,656,839	799,963,283
2 MEDICARE PAYMENTS	1,804,759,158	1,872,826,953	1,925,480,201	1,960,432,466	2,009,053,244
3 TRANSFORMATION PAYMENTS	54,458,344	122,846,815	145,063,205	111,318,160	114,587,155
TOTAL, GOAL 1	\$30,328,378,373	\$30,325,939,618	\$31,778,756,312	\$31,053,916,419	\$31,755,835,970
2 Medicaid and CHIP Contracts and Administration					
1 Medicaid & CHIP Contracts and Administration					
1 MEDICAID CONTRACTS & ADMINISTRATION	552,086,759	554,997,661	565,129,710	566,991,046	606,086,974
2 CHIP CONTRACTS & ADMINISTRATION	9,817,163	17,387,231	16,814,775	16,814,775	16,814,775
TOTAL, GOAL 2	\$561,903,922	\$572,384,892	\$581,944,485	\$583,805,821	\$622,901,749
3 Children's Health Insurance Program Services					
1 CHIP Services					
1 CHIP	505,221,466	532,040,238	615,422,241	571,640,173	602,429,565

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2 CHIP PERINATAL SERVICES	174,099,780	172,614,818	178,126,180	161,269,346	166,775,569
3 CHIP PRESCRIPTION DRUGS	184,098,206	172,419,392	188,577,029	184,706,681	192,667,996
4 CHIP DENTAL SERVICES	122,040,518	125,868,217	139,172,671	122,615,354	128,622,929
TOTAL, GOAL 3	\$985,459,970	\$1,002,942,665	\$1,121,298,121	\$1,040,231,554	\$1,090,496,059

4 Provide Additional Health-related Services

1 Provide Primary Health and Specialty Care

1 WOMEN'S HEALTH PROGRAMS	123,365,846	140,596,478	140,983,478	112,532,726	112,532,726
2 ALTERNATIVES TO ABORTION	9,150,000	15,821,369	22,561,728	19,216,478	19,216,478
3 ECI SERVICES	134,420,656	141,045,246	144,800,618	157,110,722	147,028,773
4 ECI RESPITE & QUALITY ASSURANCE	2,994,362	3,322,361	3,530,965	3,530,966	3,530,966
5 CHILDREN'S BLINDNESS SERVICES	5,797,431	5,644,947	5,752,457	6,580,001	6,580,001
6 AUTISM PROGRAM	4,059,227	7,136,274	7,186,133	7,188,435	7,188,435
7 CHILDREN WITH SPECIAL NEEDS	31,566,947	30,500,818	30,500,815	30,500,815	30,500,818

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
8 TITLE V CHILDREN'S DNTL & HLTH SVCS	6,102,713	6,861,024	6,861,024	7,152,458	7,152,458
9 KIDNEY HEALTH CARE	19,221,315	19,173,204	19,173,203	19,173,204	19,173,203
10 ADDITIONAL SPECIALTY CARE	3,016,125	3,583,711	3,583,711	3,583,711	3,583,711
11 COMMUNITY PRIMARY CARE SERVICES	12,336,335	12,173,840	12,173,840	12,173,840	12,173,840
12 ABSTINENCE EDUCATION	5,132,913	8,401,916	8,401,916	8,401,916	8,401,916
<u>2</u> <i>Provide Community Behavioral Health Services</i>					
1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	328,381,109	353,747,613	353,588,788	351,639,018	351,639,018
2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	91,212,165	84,188,775	82,184,801	81,852,484	81,852,484
3 COMMUNITY MENTAL HEALTH CRISIS SVCS	128,906,778	149,131,873	171,631,873	160,381,873	160,381,873
4 SUBSTANCE ABUSE SERVICES	163,875,398	217,708,060	217,870,856	217,997,115	217,997,115
5 BEHAVIORAL HLTH WAIVER & AMENDMENT	40,661,894	51,675,618	51,675,617	52,299,694	52,299,694
<u>3</u> <i>Build Community Capacity</i>					
1 INDIGENT HEALTH CARE REIMBURSEMENT	4,904,882	439,444	439,442	439,443	439,443

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
2 COUNTY INDIGENT HEALTH CARE SVCS	449,452	879,127	879,124	879,126	879,125
TOTAL, GOAL 4	\$1,115,555,548	\$1,252,031,698	\$1,283,780,389	\$1,252,634,025	\$1,242,552,077
5 Encourage Self-Sufficiency					
1 Financial and Other Assistance					
1 TANF (CASH ASSISTANCE) GRANTS	58,270,962	54,434,413	50,547,920	50,932,914	52,504,946
2 PROVIDE WIC SERVICES	0	812,741,936	812,810,575	812,029,990	812,029,990
3 REFUGEE ASSISTANCE	25,754,042	0	0	0	0
4 DISASTER ASSISTANCE	2,952,307	440,000,000	0	0	0
TOTAL, GOAL 5	\$86,977,311	\$1,307,176,349	\$863,358,495	\$862,962,904	\$864,534,936
6 Community & Independent Living Services & Coordination					
1 Long-term Care Services & Coordination					
1 GUARDIANSHIP	7,621,270	8,822,275	8,822,275	8,822,275	8,822,275

2.A. Summary of Base Request by Strategy

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2 NON-MEDICAID SERVICES	154,347,443	157,163,378	157,163,378	157,163,378	157,163,378
3 NON-MEDICAID IDD COMMUNITY SVCS	43,842,434	46,401,920	46,401,921	46,401,920	46,401,921
<u>2</u> Provide Rehabilitation Services to Persons with General Disabilities					
1 INDEPENDENT LIVING SERVICES	12,311,734	14,056,702	14,056,702	14,054,286	14,054,286
2 BEST PROGRAM	447,525	453,763	393,763	430,000	430,000
3 COMPREHENSIVE REHABILITATION (CRS)	14,216,732	23,943,656	24,058,134	24,058,134	24,058,134
4 DEAF AND HARD OF HEARING SERVICES	4,871,489	4,686,550	4,765,757	4,222,658	4,222,658
<u>3</u> Other Community Support Services					
1 FAMILY VIOLENCE SERVICES	29,092,060	28,864,166	28,861,590	28,862,878	28,862,878
2 CHILD ADVOCACY PROGRAMS	26,390,922	26,814,003	26,823,503	26,813,004	26,813,004
3 ADDITIONAL ADVOCACY PROGRAMS	2,954,526	3,082,414	972,999	1,031,195	1,031,195
TOTAL, GOAL 6	\$296,096,135	\$314,288,827	\$312,320,022	\$311,859,728	\$311,859,729

7 Mental Health State Hospitals, SSLCs and Other Facilities

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>1</u> State Supported Living Centers					
1 STATE SUPPORTED LIVING CENTERS	0	694,036,425	688,787,866	694,036,429	694,036,429
<u>2</u> Mental Health State Hospital Facilities and Services					
1 MENTAL HEALTH STATE HOSPITALS	0	415,678,389	388,455,499	401,682,183	401,682,184
2 MENTAL HEALTH COMMUNITY HOSPITALS	109,971,620	121,915,237	121,915,239	121,915,238	121,915,238
<u>3</u> Other Facilities					
1 OTHER FACILITIES	1,520,320	6,074,739	6,066,374	5,968,651	5,968,651
<u>4</u> Facility Program Support					
1 FACILITY PROGRAM SUPPORT	2,101,010	8,254,611	8,751,989	10,227,849	10,227,849
2 FACILITY CAPITAL REPAIRS & RENOV	0	239,811,678	235,021,012	3,656,208	3,627,711
TOTAL, GOAL 7	\$113,592,950	\$1,485,771,079	\$1,448,997,979	\$1,237,486,558	\$1,237,458,062

8 Regulatory, Licensing and Consumer Protection Services

1 Long-Term Care and Acute Care Regulation

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
1 FACILITY/COMMUNITY-BASED REGULATION	0	97,239,391	104,410,399	104,424,203	104,424,202
2 LTC QUALITY OUTREACH	3,724,882	10,732,649	7,652,796	5,701,434	5,701,443
<u>2</u> <i>Child Care Regulation</i>					
1 CHILD CARE REGULATION	0	37,577,729	38,575,803	41,236,735	41,236,735
<u>3</u> <i>Professional and Occupational Regulation</i>					
1 HEALTH CARE PROFESSIONALS & OTHER	0	3,788,969	4,362,107	4,362,107	4,362,107
TOTAL, GOAL 8	\$3,724,882	\$149,338,738	\$155,001,105	\$155,724,479	\$155,724,487

9 Program Eligibility Determination & Enrollment

1 *Eligibility Operations*

1 INTEGRATED ELIGIBILITY & ENROLLMENT	576,579,340	635,406,811	693,535,386	688,992,416	689,008,225
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2 *Community Access and Supports*

1 LONG-TERM CARE INTAKE & ACCESS	230,859,871	277,753,834	275,465,894	266,627,515	266,883,757
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3 *Texas Integrated Eligibility Redesign System*

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
1 TIERS & ELIGIBILITY SUPPORT TECH	103,671,783	140,427,555	140,012,322	113,239,774	112,896,717
2 TIERS CAPITAL PROJECTS	63,601,570	43,979,476	51,903,968	54,030,194	54,095,843
TOTAL, GOAL 9	\$974,712,564	\$1,097,567,676	\$1,160,917,570	\$1,122,889,899	\$1,122,884,542

10 Provide Disability Determination Services within SSA Guidelines

1 *Increase Decisional Accuracy and Timeliness of Determinations*

1 DISABILITY DETERMINATION SVCS (DDS)	96,279,627	115,217,596	115,217,596	105,689,732	105,689,732
TOTAL, GOAL 10	\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732

11 Office of Inspector General

1 *Client and Provider Accountability*

1 OFFICE OF INSPECTOR GENERAL	55,014,739	54,032,480	53,427,305	58,017,950	58,017,950
TOTAL, GOAL 11	\$55,014,739	\$54,032,480	\$53,427,305	\$58,017,950	\$58,017,950

12 HHS Enterprise Oversight and Policy

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<u>1</u> Enterprise Oversight and Policy					
1 HHS SYSTEM SUPPORTS	165,546,405	107,184,394	95,221,658	123,649,396	103,649,398
2 IT OVERSIGHT & PROGRAM SUPPORT	186,442,372	202,341,514	223,721,904	216,921,687	216,200,889
<u>2</u> Program Support					
1 CENTRAL PROGRAM SUPPORT	55,585,131	45,850,054	47,742,708	47,435,593	47,152,353
2 REGIONAL PROGRAM SUPPORT	141,219,676	102,546,620	99,190,123	102,190,302	100,222,405
TOTAL, GOAL 12	\$548,793,584	\$457,922,582	\$465,876,393	\$490,196,978	\$467,225,045
<u>13</u> Texas Civil Commitment Office					
<u>1</u> Administer Texas Civil Commitment Program					
1 TEXAS CIVIL COMMITMENT OFFICE	13,968,883	16,945,299	16,310,808	16,543,273	16,543,272
TOTAL, GOAL 13	\$13,968,883	\$16,945,299	\$16,310,808	\$16,543,273	\$16,543,272
<u>14</u> Health & Human Services Sunset Legislation-Related Historical Funding					
<u>1</u> Dept of Aging and Disability Services Program Historical Funding					

2.A. Summary of Base Request by Strategy

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1 STATE SUPPORTED LIVING CENTERS	690,132,554	0	0	0	0
2 FACILITY CAPITAL REP & RENOV	13,432,727	0	0	0	0
3 FACILITY/COMMUNITY-BASED REGULATION	66,776,367	0	0	0	0
4 HEALTH CARE PROFESSIONALS & OTHER	1,369,495	0	0	0	0
5 LTC QUALITY OUTREACH	2,457,943	0	0	0	0
TOTAL, GOAL 14	\$774,169,086	\$0	\$0	\$0	\$0
TOTAL, AGENCY STRATEGY REQUEST	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST*				\$0	\$0
GRAND TOTAL, AGENCY REQUEST	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>METHOD OF FINANCING:</u>					
General Revenue Funds:					
1 General Revenue Fund	760,290,351	1,313,754,244	1,189,914,246	1,248,660,871	1,229,189,626
705 Medicaid Program Income	29,977,944	43,698,160	9,641,600	9,278,200	9,248,300
706 Vendor Drug Rebates-Medicaid	833,352,920	825,499,016	814,430,092	870,937,814	878,898,130
758 GR Match For Medicaid	10,296,953,694	11,326,075,918	8,744,173,472	10,752,504,489	11,048,216,706
759 GR MOE for TANF	48,257,311	48,257,311	48,257,311	45,213,867	46,641,476
3643 Premium Co-payments	390,339	350,000	437,904	1,007,958	1,821,844
8001 GR For MH Block Grant	293,968,203	301,789,880	301,789,882	301,140,263	301,139,882
8002 GR For Subst Abuse Prev	46,580,950	46,719,394	46,719,393	46,719,088	46,719,088
8003 GR For Mat & Child Health	20,806,646	20,735,652	20,735,651	20,806,646	20,806,646
8004 GR For Fed Funds (Older Am Act)	4,355,966	4,256,020	4,256,020	4,256,020	4,256,020
8010 GR Match For Title XXI	3,780,412	4,256,058	4,339,922	6,024,122	7,939,591
8014 GR Match for Food Stamp Admin	143,843,549	156,391,045	162,901,725	171,970,193	171,891,253
8024 Tobacco Receipts Match For Medicaid	448,663,952	430,000,000	430,000,000	430,000,000	430,000,000
8025 Tobacco Receipts Match For Chip	59,715,402	64,716,756	64,381,791	141,703,826	256,406,629
8032 GR Certified As Match For Medicaid	302,650,164	303,094,912	302,345,066	265,688,830	265,245,745
8046 Vendor Drug Rebates-Pub Health	8,423,090	7,886,357	7,886,357	7,886,357	7,886,357
8054 Experience Rebates-CHIP	666,472	635,360	127,000	315,600	315,600
8070 Vendor Drug Rebates-CHIP	14,022,676	6,811,316	6,545,332	21,121,155	37,961,805
8075 Cost Sharing - Medicaid Clients	0	200,000	200,000	200,000	200,000
8081 Vendor Drug Rebates-Sup Rebates	71,405,319	78,422,509	78,412,322	73,044,598	73,451,699
8086 GR For ECI	0	6,959,991	2,471,665	3,574,836	2,177,732
8092 Medicare Giveback Provision	459,459,924	486,110,914	480,424,299	482,003,298	486,645,284

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8137 GR Match: Medicaid Entitlement Demand	793,586,397	0	2,690,245,244	0	0
SUBTOTAL	\$14,641,151,681	\$15,476,620,813	\$15,410,636,294	\$14,904,058,031	\$15,327,059,413
General Revenue Dedicated Funds:					
107 Comprehensive Rehab Acct	1,588,263	0	0	0	0
129 Hospital Licensing Acct	0	1,597,455	1,597,366	1,963,756	1,963,756
469 Crime Victims Comp Acct	10,229,843	10,229,843	10,229,843	10,229,844	10,229,844
543 Texas Capital Trust Acct	289,803	289,802	289,802	289,802	289,802
5018 Home Health Services Acct	16,600,608	15,181,294	9,876,706	5,088,974	5,088,974
5049 Teaching Hospital Account	4,904,882	439,444	439,442	439,443	439,443
5080 Quality Assurance	70,000,000	80,500,000	80,500,000	80,500,000	71,020,582
5109 Medicaid Estate Recovery Account	9,000,000	2,700,000	2,700,000	2,700,000	2,700,000
SUBTOTAL	\$112,613,399	\$110,937,838	\$105,633,159	\$101,211,819	\$91,732,401
Federal Funds:					
369 Fed Recovery & Reinvestment Fund	42,930,184	51,384,376	51,411,087	51,410,674	51,410,674
555 Federal Funds	19,541,453,333	21,446,269,617	19,115,827,859	22,416,955,701	22,762,388,126
8059 Supplemental: Federal Funds	1,020,740,071	0	3,606,748,246	0	0
SUBTOTAL	\$20,605,123,588	\$21,497,653,993	\$22,773,987,192	\$22,468,366,375	\$22,813,798,800
Other Funds:					
444 Interagency Contracts - CJG	0	169,562	0	0	0
493 Blind Endowment Fund	4,375	10,508	10,508	0	0
599 Economic Stabilization Fund	0	228,600,000	230,000,000	0	0
666 Appropriated Receipts	6,885,502	37,862,878	34,440,858	31,977,730	31,977,739

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
707 Chest Hospital Fees	0	325,610	325,610	325,610	325,610
709 Pub Hlth Medica Reimb	10,120,700	60,364,586	60,364,586	59,739,891	59,739,891
777 Interagency Contracts	414,236,841	339,211,265	346,359,354	337,923,450	338,413,435
780 Bond Proceed-Gen Obligat	5,268,956	6,160,998	0	0	0
802 Lic Plate Trust Fund No. 0802, est	33,154	27,500	37,000	26,500	26,500
8015 Int Contracts-Transfer	11,510,575	16,498,102	15,787,645	16,498,102	16,498,102
8031 MH Collect-Pat Supp & Maint	0	1,935,722	1,935,722	1,553,165	1,553,165
8033 MH Appropriated Receipts	1,840,986	13,169,335	13,169,335	10,906,440	10,906,440
8044 Medicaid Subrogation Receipts	101,523,691	90,000,000	90,000,000	90,000,000	90,000,000
8051 Universal Services Fund	1,227,054	966,890	966,890	988,248	988,248
8052 Subrogation Receipts	481,140	118,480	118,480	118,480	118,480
8062 Approp Receipts-Match For Medicaid	22,063,712	20,187,061	21,968,322	18,812,278	19,128,908
8095 ID Collect-Pat Supp & Maint	14,826,631	25,172,639	25,189,167	23,886,304	23,889,439
8096 ID Appropriated Receipts	647,048	525,929	526,446	527,342	527,484
8098 ID Revolving Fund Receipts	81,014	80,779	80,544	80,544	80,544
8133 Found Sch Funds: Match for Medicaid	4,987,527	0	710,457	0	0
8148 WIC Rebates	0	224,959,011	224,959,011	224,959,011	224,959,011
SUBTOTAL	\$595,738,906	\$1,066,346,855	\$1,066,949,935	\$818,323,095	\$819,132,996
TOTAL, METHOD OF FINANCING	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610

*Rider appropriations for the historical years are included in the strategy amounts.

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
<u>1</u> General Revenue Fund						
<i>REGULAR APPROPRIATIONS</i>						
Reclass Between GR and GR CHIP						
		\$400,444	\$0	\$0	\$0	\$0
Reclass Between GR and GR SAPT						
		\$447,589	\$(1,624,991)	\$(1,624,992)	\$0	\$0
Reclass Between GR and GR Certified Match for Medicaid						
		\$20,339,698	\$31,553,121	\$32,135,898	\$0	\$0
Reclass Between GR and GR Match for Food Stamp Admin						
		\$17,789,143	\$(7,053,088)	\$(19,836,476)	\$0	\$0
Reclass Between GR and GR Match for Medicaid						
		\$8,855,599	\$74,380,235	\$68,558,597	\$0	\$0
Reclass Between GR and GR Match for Title XXI (CHIP)						
		\$1,363,142	\$62,007	\$(323,660)	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Reclass Between GR and GR for Federal Funds (OAA)	\$0	\$86,875	\$86,875	\$0	\$0
Reclass Between GR and GR for MCHBG	\$332,033	\$87,801	\$87,801	\$0	\$0
Reclass Between GR and GR for MHBG	\$0	\$234,543	\$234,543	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)	\$205,821,235	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2018-19 GAA)	\$0	\$1,190,783,631	\$1,100,391,143	\$0	\$0
Reclass Between GR and GR for ECI	\$0	\$(35,120)	\$(35,120)	\$0	\$0
Regular Appropriations from MOF Table					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>	\$0	\$0	\$0	\$1,248,660,871	\$1,229,189,626
<i>RIDER APPROPRIATION</i>					
Art II Rider 168, Appropriations of Donations: BEST UB (2018-19 GAA)	\$(60,000)	\$60,000	\$0	\$0	\$0
Art II Rider 11, Appropriation Transfer between Fiscal Years (2016-17 GAA)	\$31,652	\$0	\$0	\$0	\$0
Art IX Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$1,044,440	\$0	\$0	\$0	\$0
Article II, DARS Rider 17, Appn of Donations: BEST, add'l collected in 2017 (2016-17 GAA)	\$18,022	\$0	\$0	\$0	\$0
Article II, DARS Rider 26, UB within biennium, ECI Respite Svcs, from 2016 to 2017 (2016-17 GA	\$22,479	\$0	\$0	\$0	\$0
Article II, DARS Rider 28, Autism Program Provisions	\$57,000	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Article II, DSHS Rider 70, Jail-Based Competency Restoration Pilot Program, UB from 2016	\$1,743,000	\$0	\$0	\$0	\$0
Article II, HHSC Rider 32, UB Eligibility from 2016 to 2017, ltr 6/16/2017 (HHSC-2017-A-461, N-4	\$43,431,270	\$0	\$0	\$0	\$0
Article II, HHSC Rider 68, UB Veterans from 2016 to 2017, ltr 6/15/2016 (HHSC-2016-A-406) (201	\$10,000,000	\$0	\$0	\$0	\$0
Article II, HHSC Rider 76, UB WHP, ltr 2/29/2016 (HHSC-2016-A-391)(2016-17 GAA)	\$26,000,000	\$0	\$0	\$0	\$0
Article IX, Sec 14.05, UB authority between FY within biennium, ltr 10/12/2016 (HHSC-2016-A-43	\$107,616	\$0	\$0	\$0	\$0
Article IX, Sec. 13.11[i], EFF Amts Contingent on Collections, reduction to 13101 (2016-17 GAA)	\$(296,439)	\$0	\$0	\$0	\$0
Article IX, Sec. 14.03(d)(5)(A), Capital Budget Carryback from 2017 (Notification ltr 6/3/2016)(HH					

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
	\$(93,459)	\$0	\$0	\$0	\$0
HB 1, 84th Leg, RS, Fiscal Size-Up, modified to reflect technical correction to allocate funding betw					
	\$(6,677,877)	\$0	\$0	\$0	\$0
Art IX Sec 14.03(h), Appropriation Transfer - Capital Budget (2016-17 GAA)					
	\$7,224,496	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 107, Transfer to Alternatives to Abortion (2018-19 GAA)					
	\$0	\$6,654,750	\$13,345,250	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DFPS, Child-Care Investigation (H					
	\$0	\$(2,993,059)	\$(2,993,059)	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496) (ltr PI					
	\$0	\$3,821,642	\$3,821,642	\$0	\$0
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)					
	\$147,346,500	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC)	\$32,672,120	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)	\$330,785,581	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, relating to the continuation and functions of the HHS Agencies (DSHS)(Bord	\$(118,189)	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$30,990,216	\$0	\$0	\$0	\$0
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$(268,968)	\$(1,075,872)	\$0	\$0
Article II, HHSC Rider 187(b), Mental Health Appropriation Transfer between Fiscal Years (ltr PEN	\$0	\$15,000,000	\$(15,000,000)	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-51					

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Article II, SP, Sec. 10, Trsf for critical needs, ltr 11/22/2016 (DFPS) (HHSC-2016-A-443) (2016-17	\$(972,600)	\$0	\$0	\$0	\$0
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$432,797	\$0	\$0	\$0	\$0
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
HB 2, Section 18, 85th Leg, RS, Supplemental (ECI)	\$4,500,000	\$0	\$0	\$0	\$0
HB 2, Section 19, 85th Leg, RS, Supplemental (CRS)	\$2,400,000	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Appropriations	\$(121,933,072)	\$(113,931)	\$(333,507)	\$0	\$0
Lapsed Appropriation (Capital Projects)	\$(25,524)	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance
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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Lapsed Authority for Collections Not Received at Appropriated Level	\$ (7,760,946)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	General Revenue Fund	\$760,290,351	\$1,313,754,244	\$1,189,914,246	\$1,248,660,871	\$1,229,189,626
<u>705</u>	Medicaid Program Income					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$ 0	\$ 50,000,000	\$ 50,000,000	\$ 0	\$ 0
	Regular Appropriations from MOF Table (2016-17 GAA)	\$ 75,000,000	\$ 0	\$ 0	\$ 0	\$ 0
	Regular Appropriations from MOF Table	\$ 0	\$ 0	\$ 0	\$ 9,278,200	\$ 9,248,300
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$ 0	\$ (6,301,840)	\$ (40,358,400)	\$ 0	\$ 0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Lapsed Appropriations for Collections Not Received at Appropriated Level	\$(45,022,056)	\$0	\$0	\$0	\$0
TOTAL,	Medicaid Program Income	\$29,977,944	\$43,698,160	\$9,641,600	\$9,278,200	\$9,248,300
706	Vendor Drug Rebates--Medicaid					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$904,008,613	\$940,938,469	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$697,416,071	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$870,937,814	\$878,898,130
	<i>RIDER APPROPRIATION</i>					
	Article II, HHSC Rider 159, Vendor Drug Rebates and Report (2018-19 GAA)	\$0	\$(78,509,597)	\$(126,508,377)	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
Article II, HHSC Rider 5(d), Add'l Medicaid Vdrug Rebates (2016-17 GAA)		\$135,936,849	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates--Medicaid	\$833,352,920	\$825,499,016	\$814,430,092	\$870,937,814	\$878,898,130
758	GR Match for Medicaid Account No. 758					
<i>REGULAR APPROPRIATIONS</i>						
	Reclass Between GRECI and GR Match for Medicaid	\$1,288,406	\$(2,885,294)	\$(1,605,978)	\$0	\$0
	Reclass Between GR Med and GR CHIP	\$(1,795)	\$0	\$0	\$0	\$0
	Reclass Between GR Med and GR Certified Med	\$63,009	\$1,114,951	\$1,911,702	\$0	\$0
	Reclass Between GR Med and GR Medicare Giveback	\$(10,487,072)	\$(2,519,056)	\$3,167,559	\$0	\$0
	Reclass Between GR Match for Medicaid and GR Match for Food Stamp Admin					

2.B. Summary of Base Request by Method of Finance

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
	\$(4,044,054)	\$0	\$0	\$0	\$0
Reclass Between GR and GR Match for Medicaid					
	\$(8,855,599)	\$(74,380,235)	\$(68,558,597)	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)					
	\$9,165,334,057	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2018-19 GAA)					
	\$0	\$10,427,241,515	\$10,427,913,928	\$0	\$0
Regular Appropriations from MOF Table					
	\$0	\$0	\$0	\$10,752,504,489	\$11,048,216,706
<i>RIDER APPROPRIATION</i>					
Article II, HHSC Rider 181(a)(1), Transfers within Medicaid Client Services (Carryback from FY 15					
	\$0	\$989,026,720	\$(989,026,720)	\$0	\$0
Article II, HHSC Rider 95(a) Vdrug Rebates - Medicaid (add'l)					
	\$0	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Article IX Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$8,629,562	\$0	\$0	\$0	\$0
Article IX, Sec 14.03(d)(5)(A), Capital Budget Carryback from 2017 (Notification ltr 6/3/2016)(HH:	\$(2,335,174)	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 107, Transfer to Alternatives to Abortion (2018-19 GAA)	\$0	\$(6,654,750)	\$(13,345,250)	\$0	\$0
Article II, HHSC Rider 139(d), Transfer to State Supported Living Centers (2018-19 GAA)	\$0	\$0	\$(21,200,000)	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496) (ltr PI	\$0	\$(4,579,662)	\$(4,687,060)	\$0	\$0
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)	\$1,335,207,535	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC)	\$18,754,366	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)	\$31,549,771	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, relating to the continuation and functions of the HHS Agencies (DSHS)(Bord	\$(250,710)	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$15,616,371	\$0	\$0	\$0	\$0
Article II, DADS Rider 10, Appn Tsfrs between Fiscal Years (ltr 7/1/2016)(DADS-2016-A-411) (201	\$(6,065,047)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$(1,271,707)	\$(5,086,830)	\$0	\$0
Article II, HHSC Rider 195, Transfers Medicaid & Chip Contracts & Administration (Contract Over	\$0	\$891,993	\$3,567,973	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Article II, HHSC Rider 7, Appn Tsfrs between Fiscal Years, (ltr 7/8/2016)(HHSC-2016-A-416) (2016-17 GA)	\$(218,022,027)	\$0	\$0	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-51)	\$0	\$91,443	\$365,773	\$0	\$0
Article II, SP, Sec. 10, Trsf for ICF/IID, ltr 10/30/2015 (DADS) (HHSC-2015-A-371) (2016-17 GA)	\$(86,000)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 10, Trsf for critical client svc needs, ltr 8/15/2017 (Salary Saving Freeze to Medic	\$(67,025)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 10, Trsf for critical needs, ltr 11/22/2016 (DFPS) (HHSC-2016-A-443) (2016-17 GA)	\$(15,599,490)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 44[c], Program of All-inclusive Care for the Elderly (PACE), ltr 9/22/2015 (DAD	\$(2,798,737)	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<p>Agency code: 529 Agency name: Health and Human Services Commission</p>					
<u>GENERAL REVENUE</u>					
Article IX, Sec 14.04(b)and(g), Tsfr from HHSC to DSHS for Disaster AY2017, ltr 9/5/2017 (HHSC	\$ (9,248,970)	\$0	\$0	\$0	\$0
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$1,820,810	\$0	\$0	\$0	\$0
85th Legislature, HB 30, First Called Session, Trf of appn to TEA and TRS for public school finance	\$0	\$0	\$(563,000,000)	\$0	\$0
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
HB 2, Section 11, 85th Leg, RS, Supplemental (trsf from DFPS to Medicaid)	\$29,247,213	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Appropriations	\$0	\$0	\$(26,243,028)	\$0	\$0
Lapsed Appropriation (Capital Projects)	\$(2,557,963)	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Lapsed Unexpended Appropriation	\$ (30,137,743)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	GR Match for Medicaid Account No. 758	\$10,296,953,694	\$11,326,075,918	\$8,744,173,472	\$10,752,504,489	\$11,048,216,706
<u>759</u>	GR MOE for Temporary Assistance for Needy Families					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$ 0	\$48,257,311	\$48,257,311	\$ 0	\$ 0
	Regular Appropriations from MOF Table (2016-17 GAA)	\$48,257,311	\$ 0	\$ 0	\$ 0	\$ 0
	Regular Appropriations from MOF Table	\$ 0	\$ 0	\$ 0	\$45,213,867	\$46,641,476
TOTAL,	GR MOE for Temporary Assistance for Needy Families	\$48,257,311	\$48,257,311	\$48,257,311	\$45,213,867	\$46,641,476
<u>3643</u>	Premium Co-Payments, Low Income Children					
	<i>REGULAR APPROPRIATIONS</i>					

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$5,654,878	\$5,841,004	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)		\$4,872,537	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$1,007,958	\$1,821,844
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$0	\$(5,304,878)	\$(5,403,100)	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level		\$(4,482,198)	\$0	\$0	\$0	\$0
TOTAL,	Premium Co-Payments, Low Income Children	\$390,339	\$350,000	\$437,904	\$1,007,958	\$1,821,844

8001 GR for Mental Health Block Grant

REGULAR APPROPRIATIONS

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$302,024,423	\$302,024,425	\$0	\$0
Reclass Between GR and GR for MHBG		\$0	\$(234,543)	\$(234,543)	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$301,140,263	\$301,139,882
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)		\$293,968,203	\$0	\$0	\$0	\$0
TOTAL,	GR for Mental Health Block Grant	\$293,968,203	\$301,789,880	\$301,789,882	\$301,140,263	\$301,139,882
<u>8002</u>	GR for Substance Abuse Prevention and Treatment Block Grant					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$45,094,403	\$45,094,401	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Reclass Between GR and GR SAPT	\$ (447,589)	\$ 1,624,991	\$ 1,624,992	\$ 0	\$ 0
	Regular Appropriations from MOF Table	\$ 0	\$ 0	\$ 0	\$ 46,719,088	\$ 46,719,088
<i>TRANSFERS</i>						
	84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)	\$ 47,028,539	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	GR for Substance Abuse Prevention and Treatment Block Grant	\$ 46,580,950	\$ 46,719,394	\$ 46,719,393	\$ 46,719,088	\$ 46,719,088
<u>8003</u>	GR for Maternal and Child Health Block Grant Account No. 8003					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$ 0	\$ 20,823,453	\$ 20,823,452	\$ 0	\$ 0
	Reclass Between GR and GR for MCHBG	\$ (332,033)	\$ (87,801)	\$ (87,801)	\$ 0	\$ 0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$20,806,646	\$20,806,646
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)	\$21,138,679	\$0	\$0	\$0	\$0
TOTAL,	GR for Maternal and Child Health Block Grant Account No. 8003	\$20,806,646	\$20,735,652	\$20,735,651	\$20,806,646	\$20,806,646
<u>8004</u>	GR Match for Federal Funds (Older Americans Act)					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$4,342,895	\$4,342,895	\$0	\$0
	Reclass Between GR and GR for Federal Funds (OAA)	\$0	\$(86,875)	\$(86,875)	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$4,256,020	\$4,256,020
	<i>TRANSFERS</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)	\$4,256,020	\$0	\$0	\$0	\$0
	84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$99,946	\$0	\$0	\$0	\$0
TOTAL,	GR Match for Federal Funds (Older Americans Act)	\$4,355,966	\$4,256,020	\$4,256,020	\$4,256,020	\$4,256,020
<u>8010</u>	GR Match for Title XXI (CHIP)					
	<i>REGULAR APPROPRIATIONS</i>					
	Reclass Between GR CHIP and GR Food Stamps	\$(3,020)	\$0	\$0	\$0	\$0
	Reclass Between GR Med and GR CHIP	\$1,795	\$0	\$0	\$0	\$0
	Reclass Between GR and GR Match for Title XXI (CHIP)	\$(1,363,142)	\$(62,007)	\$323,660	\$0	\$0
	Reclass Between GR CHIP and Tobacco Settle Rec Match for CHIP					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>	\$(24,579)	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)	\$5,251,865	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2018-19 GAA)	\$0	\$4,356,346	\$4,169,385	\$0	\$0
Reclass Between GR and GR CHIP	\$(400,444)	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$6,024,122	\$7,939,591
<i>RIDER APPROPRIATION</i>					
Art IX Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$272,947	\$0	\$0	\$0	\$0
Article II, HHSC Rider 15(b), CHIP UB within Biennia from AY2016 to AY2017, ltr 8/15/2017 (HH	\$354,270	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Article IX, Sec. 14.03(d)(5)(A), Capital Budget Carryback from 2017 (Notification ltr 6/3/2016)(HH	\$(20,865)	\$0	\$0	\$0	\$0
HB 1, 84th Leg, RS, Fiscal Size-Up, modified to reflect technical correction to allocate funding bet	\$(11,858)	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$(38,281)	\$(153,123)	\$0	\$0
Article II, SP, Sec. 10, Trsf for critical needs, ltr 11/22/2016 (DFPS) (HHSC-2016-A-443) (2018-19	\$(278,267)	\$0	\$0	\$0	\$0
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$25,269	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Appropriation (Capital Projects)	\$(23,559)	\$0	\$0	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
TOTAL,	GR Match for Title XXI (CHIP)	\$3,780,412	\$4,256,058	\$4,339,922	\$6,024,122	\$7,939,591
<u>8014</u>	GR Match for Food Stamp Administration					
	<i>REGULAR APPROPRIATIONS</i>					
	Reclass Between GR CHIP and GR Food Stamps	\$3,020	\$0	\$0	\$0	\$0
	Reclass Between GR and GR Match for Food Stamp Admin	\$(17,789,143)	\$7,053,088	\$19,836,476	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$178,643,498	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2018-19 GAA)	\$0	\$151,861,233	\$153,158,353	\$0	\$0
	Reclass Between GR Certified Match for Medicaid and GR Match for Food Stamp Admin	\$(11,172,377)	\$0	\$0	\$0	\$0

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Reclass Between GR Match for Medicaid and GR Match for Food Stamp Admin	\$4,044,054	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$171,970,193	\$171,891,253
<i>RIDER APPROPRIATION</i>					
Art IX Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$3,609,656	\$0	\$0	\$0	\$0
Article IX, Sec. 14.03(d)(5)(A), Capital Budget Carryback from 2017 (Notification ltr 6/3/2016)(HH	\$(1,897,438)	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$(2,523,276)	\$(10,093,104)	\$0	\$0
Article II, SP, Sec. 10, Trsf for critical needs, ltr 11/22/2016 (DFPS) (HHSC-2016-A-443) (2016-17	\$(12,396,856)	\$0	\$0	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.						
		\$1,020,388	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriation (Capital Projects)						
		\$(221,253)	\$0	\$0	\$0	\$0
TOTAL,	GR Match for Food Stamp Administration	\$143,843,549	\$156,391,045	\$162,901,725	\$171,970,193	\$171,891,253
<u>8024</u>	Tobacco Settlement Receipts Match for Medicaid					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)						
		\$0	\$430,000,000	\$430,000,000	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)						
		\$444,701,215	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table						
		\$0	\$0	\$0	\$430,000,000	\$430,000,000
<i>TRANSFERS</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
	Article II, SP, Sec. 10, Trsf for critical client svc needs, ltr 8/15/2017 (CHIP and Cons Spt to Medica	\$3,962,737	\$0	\$0	\$0	\$0
TOTAL,	Tobacco Settlement Receipts Match for Medicaid	\$448,663,952	\$430,000,000	\$430,000,000	\$430,000,000	\$430,000,000
<u>8025</u>	Tobacco Settlement Receipts Match for CHIP					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$64,716,756	\$64,381,791	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$62,925,605	\$0	\$0	\$0	\$0
	Reclass Between GR CHIP and Tobacco Settle Rec Match for CHIP	\$24,579	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$141,703,826	\$256,406,629
	<i>RIDER APPROPRIATION</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
Article II, HHSC Rider 15(b), CHIP UB within Biennia from AY2016 to AY2017, ltr 8/15/2017 (HH		\$3,962,737	\$0	\$0	\$0	\$0
Article II, HHSC Rider 15(b), CHIP UB within Biennia from AY2016 to AY2017, ltr 6/16/2017 (HH		\$6,594,570	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>						
Article II, SP, Sec. 10, Trsf for critical client svc needs, ltr 8/15/2017 (CHIP and Cons Spt to Medica		\$(4,317,007)	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(9,475,082)	\$0	\$0	\$0	\$0
TOTAL,	Tobacco Settlement Receipts Match for CHIP	\$59,715,402	\$64,716,756	\$64,381,791	\$141,703,826	\$256,406,629
<u>8032</u>	GR Certified as Match for Medicaid					
<i>REGULAR APPROPRIATIONS</i>						
Reclass Between GR and GR Certified Match for Medicaid		\$(20,339,698)	\$(1,114,951)	\$(1,911,702)	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>					
Regular Appropriation from MOF Table (2018-19 GAA)	\$0	\$335,762,984	\$315,192,666	\$0	\$0
Reclass Between GR Med and GR Certified Med	\$(63,009)	\$(31,553,121)	\$(32,135,898)	\$0	\$0
Reclass Between GR and GR Match for Food Stamp Admin	\$11,172,377	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$265,688,830	\$265,245,745
<i>TRANSFERS</i>					
Article II, HHSC Rider 139(d), Transfer to State Supported Living Centers	\$0	\$0	\$21,200,000	\$0	\$0
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)	\$1,492,336	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC)					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
		\$5,204,705	\$0	\$0	\$0	\$0
	84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$306,053,733	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$(870,280)	\$0	\$0	\$0	\$0
TOTAL,	GR Certified as Match for Medicaid	\$302,650,164	\$303,094,912	\$302,345,066	\$265,688,830	\$265,245,745
<u>8046</u>	Vendor Drug Rebates--Public Health					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$7,886,357	\$7,886,357	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$7,886,357	\$7,886,357
<i>RIDER APPROPRIATION</i>						
	Article II, DSHS Rider 24, State Hlth Drug Manufacturer Rebates, add'l collected					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
		\$1,524,999	\$0	\$0	\$0	\$0
	Article IX, Sec 8.02 Reimbursement and Payments (2016-17 GAA)	\$1,408,429	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>						
	84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)	\$7,886,357	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Authority for Collections Not Received at Appropriated Level	\$(988,266)	\$0	\$0	\$0	\$0
	Lapsed Unexpended Appropriation	\$(1,408,429)	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates--Public Health	\$8,423,090	\$7,886,357	\$7,886,357	\$7,886,357	\$7,886,357
<u>8054</u>	Experience Rebates-CHIP					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>		\$0	\$508,740	\$506,770	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$666,472	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$315,600	\$315,600
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$0	\$126,620	\$(379,770)	\$0	\$0
TOTAL,	Experience Rebates-CHIP	\$666,472	\$635,360	\$127,000	\$315,600	\$315,600
<u>8070</u>	Vendor Drug Rebates--CHIP					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$5,736,519	\$5,802,717	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)					

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METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>		\$1,621,399	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$21,121,155	\$37,961,805
<i>RIDER APPROPRIATION</i>						
Art II SP Sec 27, Medicaid and Medicare Collections (2018-19 GAA)		\$0	\$1,074,797	\$742,615	\$0	\$0
Article II, HHSC Rider 5(d), Add'l CHIP Vdrug Rebates		\$14,707,488	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriation		\$(2,306,211)	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates--CHIP	\$14,022,676	\$6,811,316	\$6,545,332	\$21,121,155	\$37,961,805
<u>8075</u>	Cost Sharing - Medicaid Clients, estimated					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>		\$0	\$200,000	\$200,000	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$2,500,000	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$200,000	\$200,000
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Authority for Collections Not Received at Appropriated Level	\$(2,500,000)	\$0	\$0	\$0	\$0
TOTAL,	Cost Sharing - Medicaid Clients, estimated	\$0	\$200,000	\$200,000	\$200,000	\$200,000
<u>8081</u>	Vendor Drug Rebates-Supplemental Rebates					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$78,937,285	\$82,205,281	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>		\$81,465,009	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$73,044,598	\$73,451,699
<i>RIDER APPROPRIATION</i>						
	Article II, HHSC Rider 159, Vendor Drug Rebates and Report	\$0	\$(514,776)	\$(3,792,959)	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Authority for Collections Not Received at Appropriated Level	\$(10,059,690)	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates-Supplemental Rebates	\$71,405,319	\$78,422,509	\$78,412,322	\$73,044,598	\$73,451,699
<u>8086</u>	General Revenue for ECI					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$4,039,577	\$830,567	\$0	\$0
	Reclass Between GR and GR for ECI					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>						
		\$0	\$35,120	\$35,120	\$0	\$0
	GR ECI Reclassified as GR Match for Medicaid					
		\$(1,288,406)	\$2,885,294	\$1,605,978	\$0	\$0
	Regular Appropriations from MOF Table					
		\$0	\$0	\$0	\$3,574,836	\$2,177,732
<i>TRANSFERS</i>						
	84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC)					
		\$1,288,406	\$0	\$0	\$0	\$0
TOTAL,	General Revenue for ECI					
		\$0	\$6,959,991	\$2,471,665	\$3,574,836	\$2,177,732
<u>8092</u>	Medicare Giveback Provision					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					
		\$0	\$483,591,858	\$483,591,858	\$0	\$0
	Reclass Between GR Med and GR Medicare Giveback					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE</u>		\$10,487,072	\$2,519,056	\$(3,167,559)	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$448,972,852	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$482,003,298	\$486,645,284
TOTAL,	Medicare Giveback Provision	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
<u>8137</u>	GR Match for Medicaid - Entitlement Demand					
	<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
	GR Match: Medicaid Entitlement Demand	\$0	\$0	\$2,690,245,244	\$0	\$0
	HB 2, Section 7, 85th Leg, RS, Supplemental (HHSC Medicaid)	\$793,586,397	\$0	\$0	\$0	\$0
TOTAL,	GR Match for Medicaid - Entitlement Demand	\$793,586,397	\$0	\$2,690,245,244	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
TOTAL, ALL	GENERAL REVENUE	\$14,641,151,681	\$15,476,620,813	\$15,410,636,294	\$14,904,058,031	\$15,327,059,413
<u>GENERAL REVENUE FUND - DEDICATED</u>						
107	GR Dedicated - Comprehensive Rehabilitation Account No. 107					
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC)(2016-17 GAA)	\$17,548,000	\$0	\$0	\$0	\$0
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(15,959,737)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Comprehensive Rehabilitation Account No. 107	\$1,588,263	\$0	\$0	\$0	\$0
129	GR Dedicated - Hospital Licensing Account No. 129					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$1,685,147	\$1,685,147	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$1,963,756	\$1,963,756

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE FUND - DEDICATED</u>						
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$0	\$(87,692)	\$(87,781)	\$0	\$0
TOTAL,	GR Dedicated - Hospital Licensing Account No. 129	\$0	\$1,597,455	\$1,597,366	\$1,963,756	\$1,963,756
<u>469</u>	GR Dedicated - Compensation to Victims of Crime Account No. 469					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$10,229,843	\$10,229,843	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$10,229,843	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$10,229,844	\$10,229,844
TOTAL,	GR Dedicated - Compensation to Victims of Crime Account No. 469	\$10,229,843	\$10,229,843	\$10,229,843	\$10,229,844	\$10,229,844
<u>543</u>	GR Dedicated - Texas Capital Trust Fund Account No. 543					
<i>REGULAR APPROPRIATIONS</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE FUND - DEDICATED</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$289,802	\$289,802	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$289,802	\$289,802
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure		\$289,803	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Texas Capital Trust Fund Account No. 543	\$289,803	\$289,802	\$289,802	\$289,802	\$289,802
5018	GR Dedicated - Home Health Services Account No. 5018					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$15,181,294	\$9,876,706	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$5,088,974	\$5,088,974
<i>TRANSFERS</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE FUND - DEDICATED</u>						
	84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$17,904,899	\$0	\$0	\$0	\$0
	Comments: DADS Regulatory Services					
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(1,304,291)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Home Health Services Account No. 5018	\$16,600,608	\$15,181,294	\$9,876,706	\$5,088,974	\$5,088,974
<u>5049</u>	GR Dedicated - State Owned Multicategorical Teaching Hospital Account No. 5049					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$439,444	\$439,442	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$439,443	\$439,443
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC)(2016-17 GAA)					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE FUND - DEDICATED</u>						
		\$4,904,882	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - State Owned Multicategorical Teaching Hospital Account No. 5049	\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
<u>5080</u>	GR Dedicated - Quality Assurance Account No. 5080					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$80,500,000	\$80,500,000	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$80,500,000	\$71,020,582
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)(2016-17 GAA)	\$70,000,000	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Quality Assurance Account No. 5080	\$70,000,000	\$80,500,000	\$80,500,000	\$80,500,000	\$71,020,582
<u>5109</u>	GR Dedicated - Medicaid Estate Recovery Account No. 5109					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					

2.B. Summary of Base Request by Method of Finance

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>GENERAL REVENUE FUND - DEDICATED</u>						
		\$0	\$2,700,000	\$2,700,000	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$2,700,000	\$2,700,000
<i>TRANSFERS</i>						
	84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC)(2016-17 GAA)	\$9,000,000	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Medicaid Estate Recovery Account No. 5109	\$9,000,000	\$2,700,000	\$2,700,000	\$2,700,000	\$2,700,000
TOTAL, ALL	GENERAL REVENUE FUND - DEDICATED	\$112,613,399	\$110,937,838	\$105,633,159	\$101,211,819	\$91,732,401
TOTAL,	GR & GR-DEDICATED FUNDS	\$14,753,765,080	\$15,587,558,651	\$15,516,269,453	\$15,005,269,850	\$15,418,791,814
<u>FEDERAL FUNDS</u>						
369	Federal American Recovery and Reinvestment Fund					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$92,682,939	\$92,682,939	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021	
<u>FEDERAL FUNDS</u>						
Regular Appropriation from MOF Table (2016-17 GAA)	\$103,288,204	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$51,410,674	\$51,410,674	
<i>RIDER APPROPRIATION</i>						
Article IX, Sec 13.01, Federal Funds/Block Grants (2018-19 GAA)	\$0	\$(41,298,563)	\$(41,271,852)	\$0	\$0	
Article II, HHSC Rider 9, Authorization to Receive, Admin, and Disburse Federal Funds (2016-17 G	\$(60,362,423)	\$0	\$0	\$0	\$0	
<i>TRANSFERS</i>						
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$4,403	\$0	\$0	\$0	\$0	
TOTAL, Federal American Recovery and Reinvestment Fund	\$42,930,184	\$51,384,376	\$51,411,087	\$51,410,674	\$51,410,674	

555 Federal Funds

REGULAR APPROPRIATIONS

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$20,266,703,134	\$20,447,126,331	\$0	\$0
Regular Appropriation from MOF Table (2016-17 GAA)	\$16,416,949,759	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$22,416,955,701	\$22,762,388,126
<i>RIDER APPROPRIATION</i>					
Article II, HHSC Rider 159, Vendor Drug Rebates and Report (2018-19 GAA)	\$0	\$(90,175,556)	\$(169,579,894)	\$0	\$0
Article II, HHSC Rider 17, Receipt of Transfer for Healthcare Transformation	\$0	\$55,915,263	\$70,365,310	\$0	\$0
Article II, HHSC Rider 180, Transfers: Authority and Limitations a.(1) Client Services (Carryback fr	\$0	\$1,120,783,669	\$(1,120,783,669)	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
Article IX, Sec 13.01, Federal Funds/Block Grants (2018-19 GAA)	\$0	\$(14,184,959)	\$153,194,408	\$0	\$0
Art IX, Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$20,464,056	\$0	\$0	\$0	\$0
Article II, HHSC Rider 15(b), CHIP UB within Biennia from AY2016 to AY2017, ltr 6/16/2017(HH:	\$80,062,066	\$0	\$0	\$0	\$0
Article II, HHSC Rider 38, Graduate Medical Education (2016-17 GAA)	\$373,297	\$0	\$0	\$0	\$0
Art IX, Sec 13.01, Federal Funds/Block Grants (2016-17 GAA)	\$(120,479,750)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 5(d), Add'l CHIP Vdrug Rebates (2016-17 GAA)	\$178,557,795	\$0	\$0	\$0	\$0
Article II, HHSC Rider 5(d), Add'l Medicaid Vdrug Rebates (2016-17 GAA)	\$174,846,985	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
Article II, HHSC Rider 6, Medicaid Subrogation Receipts (2016-17 GAA)	\$27,684,565	\$0	\$0	\$0	\$0
Article II, HHSC Rider 9, Authorization to Receive, Admin, and Disburse Federal Funds (2016-17 G	\$(207,060,314)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 32, Contingency for HB7 and Use of Trauma Fund Receipts (2016-17 GAA)	\$95,027,256	\$0	\$0	\$0	\$0
Article II, SP, Sec. 58, Payments to Rural Hospital Providers (2016-17 GAA)	\$13,100,023	\$0	\$0	\$0	\$0
Article II, SP, Sec. 59, Contingency for HB7 and Safety-Net Hospitals (2016-17 GAA)	\$84,294,717	\$0	\$0	\$0	\$0
HB 1, 84th Leg, RS, Fiscal Size-Up, modified to reflect technical correction to allocate funding betw	\$(1,315,823)	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
Article II, HHSC Rider 8, Authority to Collect Above Appropriated Level (MTP) Experience Rebate	\$0	\$0	\$4,065,600	\$0	\$0
Article II, HHSC Rider 8, Authority to Collect Above Appropriated Level(MTP)Liquidated Damage:	\$0	\$0	\$145,200	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$(6,978,758)	\$(27,908,219)	\$0	\$0
Article II, SP, Sec 21b(2), Limitation: Expenditure and Transfer of Public Health Medicaid Reimburs	\$0	\$(51,903,687)	\$(54,784,363)	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DFPS, Child-Care Investigation (H	\$0	\$(3,946,864)	\$(3,946,864)	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496) (ltr PI	\$0	\$(7,397,039)	\$(7,397,039)	\$0	\$0
Article IX, Sec 14.04(b)and(g), Transfer from Eligibility to Disaster, ltr 10/24/2017 (HHSC-2017-N-					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
	\$0	\$42,102,825	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Transfer from Eligibility to Disaster, ltr 9/1/2017 (HHSC-2017-N-47	\$0	\$87,910,699	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Eligibility to Disaster, ltr 4/24/2018 (HHSC-2017-N-516)	\$0	\$13,136,082	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Eligibility to Disaster, ltr 9/22/2017 (HHSC-2017-N-479)	\$0	\$42,102,825	\$0	\$0	\$0
Article II, HHSC Rider 195, Transfers Medicaid & Chip Contracts & Administration (Contract Over	\$0	\$891,993	\$3,567,973	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-51	\$0	\$91,443	\$365,773	\$0	\$0
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC) (2016-17 GAA)	\$2,081,688,204	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<p>Agency code: 529 Agency name: Health and Human Services Commission</p>					
<u>FEDERAL FUNDS</u>					
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$238,574,632	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC) (2016-17 GAA)	\$301,271,391	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$477,190,195	\$0	\$0	\$0	\$0
84th Leg., RS, SB 200, Sunset (HHSC transfer to DSHS)(Border Affairs) (2016-17 GAA)	\$(250,710)	\$0	\$0	\$0	\$0
Article II, DADS Rider 10, Appn Tsfrs between Fiscal Years (ltr 7/1/2016)(DADS-2016-A-411) (201	\$(14,859,204)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 7, Appn Tsfrs between Fiscal Years, (ltr 7/8/2016)(HHSC-2016-A-416) (201	\$(276,762,416)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 10, Trsf for Nurse Family Partnership, ltr 12/1/2015 (DFPS) (HHSC-2015-A-379)	\$(24,656,439)	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>					
Article II, SP, Sec. 10, Trsf for critical needs, ltr 11/22/2016 (DFPS) (HHSC-2016-A-443) (2016-17	\$(33,312,608)	\$0	\$0	\$0	\$0
Article II, SP, Sec. 37a, Tsfr for STAR Kids, ltr 8/15/2017 (HHSC-2017-A-469) (2016-17 GAA)	\$(549,673)	\$0	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Eligibility to Disaster AY2017, ltr 8/30/2017 (HHSC-2017	\$25,250,569	\$0	\$0	\$0	\$0
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$5,214,760	\$0	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Eligibility to Disaster(HHSC-2017-N-451) (2016-17 GAA	\$150,000	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Art II Sp Sec 20, Lapsed Authority for Collections Not Received at Appropriated Level - Health Insu	\$0	\$0	\$(36,359,615)	\$0	\$0

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METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>						
Lapsed Authority for Collections Not Received at Appropriated Level - CHIP Exp Rebates (8054)		\$0	\$0	\$(5,600,860)	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level - GME (8062)		\$0	\$(488,944)	\$(1,040,715)	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level - Premium Co-Pay (3643)		\$0	\$0	\$(79,685,089)	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level - Program Income (0705)		\$0	\$(8,292,509)	\$(55,916,409)	\$0	\$0
TOTAL,	Federal Funds	\$19,541,453,333	\$21,446,269,617	\$19,115,827,859	\$22,416,955,701	\$22,762,388,126
<u>8059</u>	Supplemental: Federal Funds					
	<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
	GR Match: Medicaid Entitlement Demand	\$0	\$0	\$3,606,748,246	\$0	\$0
	HB 2, Section 7, 85th Leg, RS, Supplemental (HHSC Medicaid)					

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METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>FEDERAL FUNDS</u>						
		\$1,020,740,071	\$0	\$0	\$0	\$0
TOTAL,	Supplemental: Federal Funds					
		\$1,020,740,071	\$0	\$3,606,748,246	\$0	\$0
TOTAL, ALL	FEDERAL FUNDS					
		\$20,605,123,588	\$21,497,653,993	\$22,773,987,192	\$22,468,366,375	\$22,813,798,800
<u>OTHER FUNDS</u>						
<u>444</u> Interagency Contracts - Criminal Justice Grants						
<i>RIDER APPROPRIATION</i>						
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)						
		\$0	\$169,562	\$0	\$0	\$0
TOTAL,	Interagency Contracts - Criminal Justice Grants					
		\$0	\$169,562	\$0	\$0	\$0
<u>493</u> Blind Endowment Fund No. 493						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)						
		\$0	\$10,508	\$10,508	\$0	\$0
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)						

2.B. Summary of Base Request by Method of Finance
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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>		\$10,508	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$(6,133)	\$0	\$0	\$0	\$0
TOTAL,	Blind Endowment Fund No. 493	\$4,375	\$10,508	\$10,508	\$0	\$0
<u>599</u>	Economic Stabilization Fund					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$228,600,000	\$230,000,000	\$0	\$0
TOTAL,	Economic Stabilization Fund	\$0	\$228,600,000	\$230,000,000	\$0	\$0
<u>666</u>	Appropriated Receipts					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$31,940,610	\$31,940,108	\$0	\$0
	Regular Appropriations from MOF Table (2016-17 GAA)					

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<u>OTHER FUNDS</u>						
	\$9,603,098	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$31,977,730	\$31,977,739	
<i>RIDER APPROPRIATION</i>						
Art II SP Sec 14, Appn of Repts: Civil Monetary Damages and Penalties(2018-19 GAA)	\$0	\$5,950,401	\$2,527,818	\$0	\$0	
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$0	\$(28,133)	\$(27,068)	\$0	\$0	
Art IX, Sec 8.02, Reimbursements and Payments (2016-17 GAA)	\$(441,410)	\$0	\$0	\$0	\$0	
Art IX, Sec 8.01, Acceptance of Gifts of Money (2016-17 GAA)	\$658,365	\$0	\$0	\$0	\$0	
Comments: UB from AY16 to AY17 (TOPDD)						
Art IX, Sec 8.07, Seminars and Conference (2016-17 GAA)						

2.B. Summary of Base Request by Method of Finance

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METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>					
	\$29,940	\$0	\$0	\$0	\$0
Comments: UB from AY16 to AY17					
<i>TRANSFERS</i>					
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC) (2016-17 GAA)	\$624,798	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$60,210	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC) (2016-17 GAA)	\$697,753	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$925,595	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Appropriations	\$(5,148,117)	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance
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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
Lapsed Authority for Collections Not Received at Appropriated Level (SB 200 transfer)		\$(124,730)	\$0	\$0	\$0	\$0
TOTAL,	Appropriated Receipts	\$6,885,502	\$37,862,878	\$34,440,858	\$31,977,730	\$31,977,739
<u>707</u>	State Chest Hospital Fees and Receipts					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$698,016	\$698,016	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$325,610	\$325,610
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$0	\$(372,406)	\$(372,406)	\$0	\$0
TOTAL,	State Chest Hospital Fees and Receipts	\$0	\$325,610	\$325,610	\$325,610	\$325,610
<u>709</u>	Public Health Medicaid Reimbursements Account No. 709					
<i>REGULAR APPROPRIATIONS</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$99,808,465	\$99,905,917	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$59,739,891	\$59,739,891
<i>TRANSFERS</i>						
Article II, SP, Sec 21b(2), Limitation: Expenditure and Transfer of Public Health Medicaid Reimburs		\$0	\$(39,443,879)	\$(39,541,331)	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC) (2016-17 GAA)		\$10,120,700	\$0	\$0	\$0	\$0
TOTAL,	Public Health Medicaid Reimbursements Account No. 709	\$10,120,700	\$60,364,586	\$60,364,586	\$59,739,891	\$59,739,891
<u>777</u>	Interagency Contracts					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$318,776,132	\$315,894,055	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>					
Regular Appropriations from MOF Table (2016-17 GAA)	\$478,184,368	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$337,923,450	\$338,413,435
<i>RIDER APPROPRIATION</i>					
Article II, HHSC Rider 17, Receipt of Transfer for Healthcare Transformation (2018-19 GAA)	\$0	\$42,528,723	\$50,295,066	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$0	\$(16,160,149)	\$(14,274,375)	\$0	\$0
Article V, Rider 39, TDCJ TCOOMMI Post Release (2018-19 GAA)	\$0	\$125,000	\$500,000	\$0	\$0
Art IX Sec 14.03(i), UB Authority - Capital Budget (2016-17 GAA)	\$16,937,564	\$0	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2016-17 GAA)					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>					
	\$(40,643,496)	\$0	\$0	\$0	\$0
HB 1, 84th Leg, RS, Fiscal Size-Up, modified to reflect technical correction to allocate funding betw	\$8,005,558	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Tra	\$0	\$9,825	\$32,298	\$0	\$0
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC) (2016-17 GAA)	\$1,862,713	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$11,701,311	\$0	\$0	\$0	\$0
84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC) (2016-17 GAA)	\$12,753,283	\$0	\$0	\$0	\$0
Article IX, Sec. 18.02, Appropriation for a Salary Increase for General State Employees (2016-17 G.	\$1,428,668	\$0	\$0	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure						
		\$2,198,710	\$0	\$0	\$0	\$0
84th Leg., RS, SB 200, Sunset (HHSC transfer to DSHS)(Border Affairs)(2016-17 GAA)						
		\$(275,848)	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations						
		\$0	\$(4,307,456)	\$(4,326,880)	\$0	\$0
Lapsed Appropriations						
		\$(77,915,990)	\$(1,760,810)	\$(1,760,810)	\$0	\$0
TOTAL,	Interagency Contracts	\$414,236,841	\$339,211,265	\$346,359,354	\$337,923,450	\$338,413,435
<u>780</u>	Bond Proceeds - General Obligation Bonds					
<i>RIDER APPROPRIATION</i>						
Article II, HHSC Rider 186, Unexpended Construction Balances						
		\$0	\$6,160,998	\$0	\$0	\$0
<i>TRANSFERS</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
	84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$5,268,956	\$0	\$0	\$0	\$0
TOTAL,	Bond Proceeds - General Obligation Bonds	\$5,268,956	\$6,160,998	\$0	\$0	\$0
802	License Plate Trust Fund Account No. 0802					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$37,000	\$37,000	\$0	\$0
	Regular Appropriation from MOF Table (2016-17 GAA)	\$24,000	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$26,500	\$26,500
	<i>RIDER APPROPRIATION</i>					
	Article II, HHSC Rider 71, UB collected license plates (CASA) from 2016 to 2017 (2016-17 GAA)	\$8,980	\$0	\$0	\$0	\$0
	<i>TRANSFERS</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021	
<u>OTHER FUNDS</u>						
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC) (2016-17 GAA)	\$3,000	\$0	\$0	\$0	\$0	
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$10,000	\$0	\$0	\$0	\$0	
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations	\$0	\$(9,500)	\$0	\$0	\$0	
Lapsed Authority for Collections Not Received at Appropriated Level (SB 200 transfer)	\$(12,826)	\$0	\$0	\$0	\$0	
TOTAL, License Plate Trust Fund Account No. 0802	\$33,154	\$27,500	\$37,000	\$26,500	\$26,500	
<u>8015</u> Interagency Contracts - Transfer from Foundation School Fund No. 193						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$16,498,102	\$15,787,645	\$0	\$0	

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$16,498,102	\$16,498,102
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$11,510,575	\$0	\$0	\$0	\$0
TOTAL,	Interagency Contracts - Transfer from Foundation School Fund No. 193	\$11,510,575	\$16,498,102	\$15,787,645	\$16,498,102	\$16,498,102
<u>8031</u>	MH Collections for Patient Support and Maintenance					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$1,553,165	\$1,553,165	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$1,553,165	\$1,553,165
	<i>RIDER APPROPRIATION</i>					
	Art II, HHSC Rider 169, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient	\$0	\$382,557	\$382,557	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
TOTAL,	MH Collections for Patient Support and Maintenance	\$0	\$1,935,722	\$1,935,722	\$1,553,165	\$1,553,165
<u>8033</u>	MH Appropriated Receipts					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$13,169,335	\$13,169,335	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$10,906,440	\$10,906,440
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DSHS transfers to HHSC) (2016-17 GAA)	\$1,840,986	\$0	\$0	\$0	\$0
TOTAL,	MH Appropriated Receipts	\$1,840,986	\$13,169,335	\$13,169,335	\$10,906,440	\$10,906,440
<u>8044</u>	Medicaid Subrogation Receipts (State Share), estimated					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$90,000,000	\$90,000,000	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021	
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table (2016-17 GAA)	\$80,000,000	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$90,000,000	\$90,000,000	
<i>RIDER APPROPRIATION</i>						
Article II, HHSC Rider 6, add'l Medicaid Subrogation Receipts (2016-2017 GAA)	\$21,523,691	\$0	\$0	\$0	\$0	
TOTAL, Medicaid Subrogation Receipts (State Share), estimated	\$101,523,691	\$90,000,000	\$90,000,000	\$90,000,000	\$90,000,000	
<u>8051</u> Universal Services Fund Reimbursements						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$989,710	\$989,710	\$0	\$0	
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$988,248	\$988,248	
<i>RIDER APPROPRIATION</i>						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021	
<u>OTHER FUNDS</u>						
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$0	\$(22,820)	\$(22,820)	\$0	\$0	
Art IX, Sec 14.03(i), Capital Budget UB (2016-17 GAA)	\$100,000	\$0	\$0	\$0	\$0	
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$1,189,710	\$0	\$0	\$0	\$0	
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations	\$(62,656)	\$0	\$0	\$0	\$0	
TOTAL, Universal Services Fund Reimbursements	\$1,227,054	\$966,890	\$966,890	\$988,248	\$988,248	
<u>8052</u> Subrogation Receipts						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$118,480	\$118,480	\$0	\$0	

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$118,480	\$118,480
	<i>RIDER APPROPRIATION</i>					
	Article II, DARS Rider 19, add'l collection of Subrogation Receipts (2016-17 GAA)	\$362,660	\$0	\$0	\$0	\$0
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$118,480	\$0	\$0	\$0	\$0
TOTAL,	Subrogation Receipts	\$481,140	\$118,480	\$118,480	\$118,480	\$118,480
<u>8062</u>	Appropriated Receipts - Match for Medicaid					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$19,167,128	\$19,505,547	\$0	\$0
	Regular Appropriations from MOF Table (2016-17 GAA)	\$16,311,714	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>					
Regular Appropriations from MOF Table	\$0	\$0	\$0	\$18,812,278	\$19,128,908
<i>RIDER APPROPRIATION</i>					
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$0	\$1,391,503	\$174,725	\$0	\$0
Article II, HHSC Rider 38, Graduate Medical Education (2016-17 GAA)	\$290,224	\$0	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2016-17 GAA)	\$5,461,774	\$0	\$0	\$0	\$0
Art. II, HHSC Rider 8 Authority to Collect Above Appropriated Level (MTP) Experience Rebate (8C	\$0	\$0	\$2,934,400	\$0	\$0
Art. II, HHSC Rider 8 Authority to Collect Above Appropriated Level (MTP) Liquidated Damages (\$0	\$0	\$104,800	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
	Lapsed Appropriations	\$0	\$(371,570)	\$(751,150)	\$0	\$0
TOTAL,	Appropriated Receipts - Match for Medicaid	\$22,063,712	\$20,187,061	\$21,968,322	\$18,812,278	\$19,128,908
8095	ID Collections for Patient Support and Maintenance					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$25,376,501	\$25,376,050	\$0	\$0
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$23,886,304	\$23,889,439
	<i>RIDER APPROPRIATION</i>					
	Art II, HHSC Rider 169, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient	\$0	\$(203,862)	\$(186,883)	\$0	\$0
	Article IX, Sec 8.02 Reimbursement and Payments (2016-17 GAA)	\$226	\$0	\$0	\$0	\$0

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METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
Art II SP Sec 21, Medicaid and Medicare Collections (2016-17 GAA)						
		\$ (2,403,409)	\$ 0	\$ 0	\$ 0	\$ 0
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, Sunset (DADS transfers to HHSC) (2016-17 GAA)						
		\$ 88,608	\$ 0	\$ 0	\$ 0	\$ 0
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure						
		\$ 17,175,080	\$ 0	\$ 0	\$ 0	\$ 0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations						
		\$ (33,874)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	ID Collections for Patient Support and Maintenance	\$ 14,826,631	\$ 25,172,639	\$ 25,189,167	\$ 23,886,304	\$ 23,889,439
<u>8096</u>	ID Appropriated Receipts					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)						
		\$ 0	\$ 813,540	\$ 811,433	\$ 0	\$ 0

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METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$527,342	\$527,484
<i>RIDER APPROPRIATION</i>						
Art II Rider 170, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts (2018-1		\$0	\$(287,611)	\$(284,987)	\$0	\$0
Art II SP Sec 17, Intellectual Disability (ID) Appropriated Receipts (2016-17 GAA)		\$(118,454)	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>						
84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure		\$765,502	\$0	\$0	\$0	\$0
TOTAL,	ID Appropriated Receipts	\$647,048	\$525,929	\$526,446	\$527,342	\$527,484
<u>8098</u>	ID Revolving Fund Receipts					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$80,779	\$80,544	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
	Regular Appropriations from MOF Table	\$0	\$0	\$0	\$80,544	\$80,544
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, transfer of FY 2017 historical expenditures to HHSC transformation structure	\$81,014	\$0	\$0	\$0	\$0
TOTAL,	ID Revolving Fund Receipts	\$81,014	\$80,779	\$80,544	\$80,544	\$80,544
<u>8133</u>	Foundation School Funds as Match for Medicaid					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$0	\$0	\$710,457	\$0	\$0
	<i>TRANSFERS</i>					
	84th Leg, RS, SB 200, Sunset (DARS transfers to HHSC) (2016-17 GAA)	\$4,987,527	\$0	\$0	\$0	\$0
TOTAL,	Foundation School Funds as Match for Medicaid	\$4,987,527	\$0	\$710,457	\$0	\$0
<u>8148</u>	WIC Rebates					
	<i>REGULAR APPROPRIATIONS</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$0	\$224,959,011	\$224,959,011	\$0	\$0
Regular Appropriations from MOF Table		\$0	\$0	\$0	\$224,959,011	\$224,959,011
TOTAL,	WIC Rebates	\$0	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
TOTAL, ALL	OTHER FUNDS	\$595,738,906	\$1,066,346,855	\$1,066,949,935	\$818,323,095	\$819,132,996
GRAND TOTAL		\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
FULL-TIME-EQUIVALENT POSITIONS					
REGULAR APPROPRIATIONS					
Regular Appropriations from MOF Table (2016-17 GAA)	12,831.2	0.0	0.0	0.0	0.0
Regular Appropriations from MOF Table (2018-19 GAA)	0.0	39,709.3	39,683.4	39,586.2	39,586.2
RIDER APPROPRIATION					
Article II, HHSC Rider 39, FTE Authority during Federally-Declared Disasters (2016-17 GAA) Comments: ltr 12/4/2015 (N-380); ltr 4/5/2016 (N-396); ltr 5/9/2016 (N-400); ltr 6/17/2016 (N-407); ltr 8/30/2017 (N-473)	212.0	196.0	155.0	0.0	0.0
Article II, HHSC Rider 127, FTE Authority during Federally-Declared Disasters (2018-19 GAA) Comments: ltr 9/1/2017 (N-476); ltr 9/22/2017 (N-479)	0.0	68.0	68.0	0.0	0.0
Article II, HHSC Rider 37, Establish Help Desk Provider, DFPS, ltr 1/17/2017 (N-449) (2016-17 GAA)	22.0	22.0	22.0	0.0	0.0
TRANSFERS					
Article II, SP, Sec 10, Tsfr for ICF-IID, DADS, ltr 10/30/2015, HHSC-2015-A-371 (2016-17 GAA)	(3.0)	0.0	0.0	0.0	0.0

2.B. Summary of Base Request by Method of Finance

8/31/2018 3:57:56PM

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission					
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021	
Article II, SP, Sec 10, Tsfr for Procurement, DARS, ltr 9/18/2015, (HHSC-2015-A-364) (2016-17 GAA)	(7.0)	0.0	0.0	0.0	0.0	0.0
Article II, SP, Sec 10, Tsfr for Nure Family Partnershi p, DFPS, ltr 12/1/2015, (HHSC-2015-A-379) (2016-17 GAA)	(27.0)	0.0	0.0	0.0	0.0	0.0
Article II, SP, Sec 10, Tsfr for Consolidate Admin Spt, DSHS, ltr 10/30/2015, HHSC-2015-A-371 (2016-17 GAA)	20.7	0.0	0.0	0.0	0.0	0.0
Article II, SP, Sec 10, Tsfr for Consolidate Admin Spt, DADS, ltr 10/30/2015, (HHSC-2015-A-371) (2016-17 GAA)	16.5	0.0	0.0	0.0	0.0	0.0
Article II, SP, Sec 10, Tsfr for Consolidate Admin Spt, D FPS, ltr 10/30/2015 (A-371) (2016-17 GAA) 10/30/2015, HHSC-2015-A-371	8.0	0.0	0.0	0.0	0.0	0.0
84th Leg, RS,SB200,relating to the continuation and functions of the HHS Agencies (DARS)	1,188.4	0.0	0.0	0.0	0.0	0.0
84th Leg, RS,SB200,relating to the continuation and functions of the HHS Agencies (DSHS)	539.0	0.0	0.0	0.0	0.0	0.0
84th Leg, RS,SB200,relating to the continuation and functions of the HHS Agencies (DADS)	2,136.0	0.0	0.0	0.0	0.0	0.0

2.B. Summary of Base Request by Method of Finance

8/31/2018 3:57:56PM

86th Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2017	Est 2018	Bud 2019	Req 2020	Req 2021
84thLeg, RS,SB200,relating to the continuation and functions of the HHS Agencies (DSHS)	(8.0)	0.0	0.0	0.0	0.0
Agencies (DSHS)					
Article II, SP, Sec 6, Tsfr for ChildCare Regulations, DFPS, Itr 11/21/2017 (A-371) (2018-2019 GAA)	0.0	(119.0)	(119.0)	0.0	0.0
LAPSED APPROPRIATIONS					
Savings Due to Hiring Freeze	(4,637.0)	0.0	0.0	0.0	0.0
UNAUTHORIZED NUMBER OVER (BELOW) CAP					
84th Leg,RS,SB 200, relating to the continuation and functions of the HHS Agencies	16,364.7	0.0	0.0	0.0	0.0
TOTAL, ADJUSTED FTES	28,656.5	39,876.3	39,809.4	39,586.2	39,586.2
NUMBER OF 100% FEDERALLY FUNDED FTEs	866.0	1,428.2	1,428.2	0.0	0.0

2.C. Summary of Base Request by Object of Expense

8/31/2018 3:58:28PM

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Automated Budget and Evaluation System of Texas (ABEST)

529 Health and Human Services Commission

OBJECT OF EXPENSE	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1001 SALARIES AND WAGES	\$1,191,160,839	\$1,583,836,658	\$1,625,406,688	\$1,630,121,000	\$1,630,530,552
1002 OTHER PERSONNEL COSTS	\$50,909,985	\$65,235,258	\$77,372,810	\$77,313,627	\$77,317,087
2001 PROFESSIONAL FEES AND SERVICES	\$1,023,791,126	\$1,127,364,463	\$1,107,380,562	\$1,086,612,685	\$1,125,356,076
2002 FUELS AND LUBRICANTS	\$1,305,502	\$6,228,990	\$6,330,488	\$4,990,615	\$4,990,615
2003 CONSUMABLE SUPPLIES	\$16,006,142	\$22,094,743	\$23,671,616	\$21,139,843	\$21,139,850
2004 UTILITIES	\$51,226,103	\$54,940,436	\$55,016,903	\$53,693,278	\$53,693,751
2005 TRAVEL	\$28,294,541	\$35,937,491	\$37,721,071	\$35,771,074	\$35,771,738
2006 RENT - BUILDING	\$80,054,075	\$107,838,590	\$106,689,350	\$105,186,206	\$105,186,206
2007 RENT - MACHINE AND OTHER	\$29,900,872	\$42,777,235	\$43,415,934	\$43,380,058	\$43,236,358
2009 OTHER OPERATING EXPENSE	\$390,909,811	\$503,411,483	\$442,060,564	\$420,238,397	\$419,141,930
3001 CLIENT SERVICES	\$31,866,678,717	\$32,755,484,222	\$34,041,562,924	\$33,188,304,315	\$33,944,793,684
3002 FOOD FOR PERSONS - WARDS OF STATE	\$15,109,878	\$21,446,784	\$21,446,784	\$21,446,783	\$21,446,783
4000 GRANTS	\$1,179,025,132	\$1,602,123,475	\$1,556,471,449	\$1,578,492,514	\$1,545,507,681
5000 CAPITAL EXPENDITURES	\$30,254,851	\$222,839,671	\$212,659,437	\$25,268,925	\$23,611,299
OOE Total (Excluding Riders)	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610
OOE Total (Riders)					
Grand Total	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610

2.D. Summary of Base Request Objective Outcomes
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1 Medicaid					
1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients					
KEY 1 Average Medicaid and CHIP Children Recipient Months Per Month					
	3,396,950.00	3,430,489.00	3,430,489.00	3,430,489.00	3,430,489.00
KEY 2 Average Full Benefit Medicaid Recipient Months Per Month					
	4,115,803.00	4,134,451.00	4,134,451.00	4,134,451.00	4,134,451.00
3 Average Medicaid Child under 21 Recipient Months Per Month					
	3,177,366.00	3,161,014.00	3,179,553.00	3,153,142.00	3,189,082.00
KEY 4 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)					
	464.91	466.45	454.71	482.22	488.08
KEY 5 Medicaid Rec Months: Proportion in Managed Care					
	91.50%	93.35%	93.42%	93.42%	93.42%
6 Percent of THSTEPS (EPSDT) Enrolled Pop. Screened Medicaid - Medical					
	54.23%	59.32%	59.58%	59.84%	59.83%
KEY 7 Avg # of Members Receiving Waiver Services through Managed Care					
	57,320.00	59,197.00	59,217.00	59,869.00	60,472.00
8 Percent of Full Benefit Medicaid Eligible Population Enrolled					
	82.30%	80.65%	79.93%	78.33%	78.08%
KEY 9 Avg # Members Receiving Nursing Facility Care through Managed Care					
	53,779.00	54,162.00	54,735.00	54,543.00	54,870.00
3 Children's Health Insurance Program Services					
1 CHIP Services					
1 Percent of CHIP-eligible Children Enrolled					
	72.85%	78.27%	82.09%	76.70%	79.59%
KEY 2 Average CHIP Programs Recipient Months Per Month					
	425,082.00	457,495.00	482,378.00	456,469.00	477,523.00
KEY 3 Average CHIP Programs Benefit Cost with Prescription Benefit					
	189.13	182.67	186.46	187.22	186.40

2.D. Summary of Base Request Objective Outcomes
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 Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4 Provide Additional Health-related Services					
1 Provide Primary Health and Specialty Care					
KEY 1 Percent of Population under Age Three Served by ECI Program	3.30%	3.50%	2.01%	2.01%	2.01%
2 Percent of Children Successfully Completing Services	74.80%	72.00%	72.00%	72.00%	72.00%
KEY 3 Percent of ECI Clients Enrolled in Medicaid	0.00%	0.00%	0.00%	0.00%	0.00%
KEY 4 Percent of ECI Program Funded by Medicaid	42.24%	40.26%	40.26%	40.26%	40.26%
2 Provide Community Behavioral Health Services					
KEY 1 % Adults Receiving Community MH Svcs Whose Functional Level Improved	20.00%	20.00%	24.00%	24.00%	24.00%
KEY 2 % Children Rcvng Community MH Svcs Whose Functional Level Improved	52.00%	52.00%	58.00%	58.00%	58.00%
3 % Children & Adolescents Rcvng Comm MH Svcs Avoiding Rearrest	67.00%	67.00%	68.00%	68.00%	68.00%
KEY 4 % Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days	97.00%	97.00%	93.00%	93.00%	93.00%
5 % of Persons Rcvng Crisis Services That is Followed by a Jail Booking	2.00%	2.00%	2.00%	2.00%	2.00%
KEY 6 % Adults Who Complete Trtmt Pgm and Report No Past Month Substance Use	85.00%	85.00%	85.00%	85.00%	85.00%
KEY 7 % of Youth Successfully Completing a Substance Abuse Prevention Pgm	95.00%	95.00%	90.00%	90.00%	90.00%
KEY 8 % Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use	91.00%	91.00%	90.00%	90.00%	90.00%

2.D. Summary of Base Request Objective Outcomes
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
9 Percent of Youth Completing Treatment Who Are Attending School					
	84.00%	84.00%	83.00%	83.00%	83.00%
5 Encourage Self-Sufficiency					
1 Financial and Other Assistance					
1 Percent of Total Children in Poverty Receiving Cash Assistance					
	2.70%	2.69%	2.69%	2.69%	2.69%
2 Number of Adults Exhausting Cash Assistance Benefits					
	750.00	675.00	675.00	675.00	675.00
3 % TANF Caretakers Leaving Due to Increased Employment Earnings					
	1.40%	1.60%	1.60%	1.60%	1.60%
KEY					
4 Percentage of Eligible WIC Population Served					
	55.00%	55.00%	55.00%	55.00%	55.00%
6 Community & Independent Living Services & Coordination					
3 Other Community Support Services					
1 % of Adult Victims of Family Violence Denied Shelter					
	28.00%	28.00%	28.00%	28.00%	28.00%

2.D. Summary of Base Request Objective Outcomes
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
7 Mental Health State Hospitals, SSLCs and Other Facilities					
<i>1 State Supported Living Centers</i>					
1 Avg # Days SSLC Residents Wait for Community Placement					
	0.00	234.00	234.00	234.00	234.00
2 Number of Individuals with IDD Who Moved from Campus to Community					
	0.00	251.00	251.00	251.00	251.00
3 % Consumers Expressed Satisfaction w/Ombudsman's Resolution of Issue					
	0.00%	95.00%	95.00%	95.00%	95.00%
<i>2 Mental Health State Hospital Facilities and Services</i>					
1 Patient Satisfaction with State Mental Health Facility Treatment					
	0.00	4.10	4.10	4.10	4.10
2 HHSC-Operated or Purchased Inpatient Bed Re-admission Rate					
	0.00	0.00	0.00	0.00	0.00

2.D. Summary of Base Request Objective Outcomes
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

<i>Goal/ Objective / Outcome</i>	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8 Regulatory, Licensing and Consumer Protection Services					
1 Long-Term Care and Acute Care Regulation					
1 Percentage of Licenses Issued within Regulatory Timeframe	90.00%	90.00%	90.00%	90.00%	90.00%
KEY 2 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid	36.42%	48.16%	33.26%	33.26%	33.26%
3 % Facilities Correcting Adverse Findings by 1st Follow-up Visit	92.10%	95.18%	88.51%	88.51%	88.51%
4 % NF with More Than Six On-site Monitoring Visits Per Year	62.50%	27.82%	48.71%	48.71%	48.71%
5 Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons	0.00	5.00	5.00	5.00	5.00
6 Adult Protective Services Caseworker Turnover Rate	0.00	20.50	20.50	20.50	20.50
7 Percent of APS Caseworkers Retained for Six Months Following BSD	0.00%	80.00%	80.00%	80.00%	80.00%
2 Child Care Regulation					
KEY 1 Percent of Investigations with a High Risk Finding	0.00%	0.00%	0.00%	0.00%	0.00%
2 Percent of Licensed Facilities with No Recent Violations	0.00%	0.00%	0.00%	0.00%	0.00%
3 Percent of Facilities with a Remedial Action	0.00%	0.00%	0.00%	0.00%	0.00%
3 Professional and Occupational Regulation					
1 Percent of Licensed/Certified Professionals with No Recent Violations	0.00%	0.00%	0.00%	0.00%	0.00%

2.D. Summary of Base Request Objective Outcomes
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

8/24/2018 1:54:23PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
9 Program Eligibility Determination & Enrollment 2 Community Access and Supports 1 Percent LTC Ombudsman Complaints Resolved or Partially Resolved	91.14%	85.85%	85.85%	85.85%	85.85%
10 Provide Disability Determination Services within SSA Guidelines 1 Increase Decisional Accuracy and Timeliness of Determinations KEY 1 Percent of Case Decisions That Are Accurate	95.00%	93.00%	93.00%	93.00%	93.00%
11 Office of Inspector General 1 Client and Provider Accountability 1 Net State Dollars Recovered Per Dollar Expended from All Funds	1.69	1.69	1.69	1.69	1.69

2.E. Summary of Exceptional Items Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 10:44:48AM

Agency code: 529

Agency name: **Health and Human Services Commission**

Priority	Item	2020			2021			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
1	Medicaid Entitlement Growth	\$482,678,075	\$1,228,631,227		\$1,026,086,709	\$2,585,491,700		\$1,508,764,784	\$3,814,122,927
2	CHIP Non-Entitlement Growth	\$5,724,020	\$36,273,891		\$21,056,213	\$77,441,018		\$26,780,233	\$113,714,909
3	Medicaid Non-Entitlement Growth	\$9,183,093	\$24,255,325		\$18,923,162	\$50,156,493		\$28,106,255	\$74,411,818
4	Reduce Interest Lists	\$43,678,525	\$112,006,667		\$104,025,592	\$266,247,376		\$147,704,117	\$378,254,043
5	Prevent Loss of Service	\$55,613,861	\$68,825,785		\$57,314,076	\$71,699,112		\$112,927,937	\$140,524,897
6	Maintain ECI Service	\$26,454,476	\$26,454,476		\$44,290,952	\$44,290,952		\$70,745,428	\$70,745,428
7	Expanded Capacity at SH	\$8,568,224	\$8,568,224	116.5	\$19,052,350	\$19,052,350	378.3	\$27,620,574	\$27,620,574
8	SH Planning and Construction	\$3	\$3	0.0	\$3	\$3	0.0	\$6	\$6
9	Women's Health Funding	\$1	\$1		\$1	\$1		\$2	\$2
10	Enhance Procurement & Contract Mgt	\$6,487,968	\$9,206,840	99.4	\$6,142,299	\$8,515,512	99.4	\$12,630,267	\$17,722,352
11	Enhance Mental Health Capacity	\$27,443,216	\$29,527,885		\$27,443,216	\$29,527,885		\$54,886,432	\$59,055,770
12	Maintain Funding to Replace MFPD	\$1,754,406	\$1,754,406	1.0	\$1,777,381	\$1,777,381	1.0	\$3,531,787	\$3,531,787
13	HHS Information Technology Security	\$13,991,725	\$20,805,389	25.8	\$7,578,206	\$10,952,774	26.8	\$21,569,931	\$31,758,163
14	Sys-Wide Bus Enablement Platform	\$2,836,875	\$4,158,363	16.2	\$2,593,952	\$3,802,277	16.2	\$5,430,827	\$7,960,640
15	Maintain Baseline for Claims Admin	\$14,031,281	\$28,062,562		\$15,960,323	\$31,920,646		\$29,991,604	\$59,983,208
16	Recruitment and Retention	\$19,955,589	\$27,611,390		\$19,989,495	\$27,654,524		\$39,945,084	\$55,265,914
17	IDD System Redesign	\$3,578,419	\$7,156,838	8.1	\$3,550,216	\$7,100,433	8.1	\$7,128,635	\$14,257,271
18	Sustain Services for Blind Children	\$1,258,142	\$1,708,899	15.4	\$1,177,044	\$1,581,704	15.4	\$2,435,186	\$3,290,603
19	SBHCC: Services for Early Psychosis	\$7,951,635	\$7,982,396	5.1	\$7,929,494	\$7,960,255	5.1	\$15,881,129	\$15,942,651
20	SBHCC: Ensure RTC Beds for Children	\$1,057,364	\$1,059,460	1.0	\$1,050,339	\$1,052,435	1.0	\$2,107,703	\$2,111,895
21	Substance Use Disorder Treatment	\$3,388,209	\$3,540,469	17.8	\$41,753,930	\$41,773,355	17.8	\$45,142,139	\$45,313,824
22	SBHCC: IDD Crisis Continuum of Care	\$23,223,983	\$23,223,983		\$23,223,983	\$23,223,983		\$46,447,966	\$46,447,966
23	Electronic Visit Verification System	\$8,862,719	\$26,488,963	5.1	\$8,757,271	\$26,278,067	5.1	\$17,619,990	\$52,767,030

2.E. Summary of Exceptional Items Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 10:44:48AM

Agency code: 529

Agency name: **Health and Human Services Commission**

Priority	Item	2020			2021			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
24	Improve Sys to Comply w/ PASRR Reqs	\$2,162,635	\$8,539,984	3.1	\$2,155,001	\$8,518,841	3.1	\$4,317,636	\$17,058,825
25	Maintain Guardianship Services	\$1,250,739	\$1,250,739	5.1	\$1,213,972	\$1,213,972	5.1	\$2,464,711	\$2,464,711
26	Enhancing SH and SSLC technology	\$17,121,754	\$24,144,652	1.0	\$4,540,135	\$7,058,337	1.0	\$21,661,889	\$31,202,989
27	Improve Capacity Comm Psych Serves	\$19,719,359	\$19,719,359	4.1	\$19,691,121	\$19,691,121	4.1	\$39,410,480	\$39,410,480
28	Comply w/ Fed Req -Comm Integration	\$29,722,058	\$72,882,587	32.6	\$85,227,204	\$211,311,555	32.6	\$114,949,262	\$284,194,142
29	Building, Fleet, and Equipment	\$22,300,814	\$293,984,470	8.1	\$999,380	\$999,380	8.1	\$23,300,194	\$294,983,850
30	Data Center Service	\$14,374,138	\$21,206,361	52.8	\$8,763,420	\$13,051,553	52.8	\$23,137,558	\$34,257,914
31	Child Care Licensing	\$2,575,606	\$2,575,606	11.7	\$1,144,946	\$1,144,946	5.6	\$3,720,552	\$3,720,552
32	Increase Child Advocacy Services	\$4,000,000	\$4,000,000		\$4,000,000	\$4,000,000		\$8,000,000	\$8,000,000
33	Sustain Home Delivered Meal Program	\$3,894,973	\$3,894,973		\$3,894,973	\$3,894,973		\$7,789,946	\$7,789,946
34	Family Violence Program	\$1,500,000	\$1,500,000		\$1,500,000	\$1,500,000		\$3,000,000	\$3,000,000
35	Attendant Wage Increases	\$75,277,242	\$189,818,942		\$78,816,531	\$199,573,747		\$154,093,773	\$389,392,689
36	Specialty Services for Ind w/ IDD	\$3,364,157	\$3,364,157	35.0	\$6,693,267	\$6,693,267	69.7	\$10,057,424	\$10,057,424
37	Maintain Mental Health Grant Pgrms	\$11,362,500	\$11,362,500		\$11,362,500	\$11,362,500		\$22,725,000	\$22,725,000
38	Med Complex Ind w/ IDD Comm Setting	\$2,545,376	\$7,844,874	1.0	\$2,112,897	\$6,145,279	1.0	\$4,658,273	\$13,990,153
39	Addtl FTEs for Protec of Vul Texans	\$3,528,171	\$3,568,470	56.1	\$3,093,377	\$3,130,463	56.1	\$6,621,548	\$6,698,933
40	Enhance Background Checks	\$1,860,777	\$1,860,777	20.2	\$770,134	\$770,134	13.1	\$2,630,911	\$2,630,911
41	Ensure Qlty in Long-Term Services	\$683,016	\$1,702,635	15.2	\$634,869	\$1,584,031	15.2	\$1,317,885	\$3,286,666
42	Oversight of Community Programs-IDD	\$1,383,945	\$5,095,601	5.1	\$327,460	\$904,920	5.1	\$1,711,405	\$6,000,521
43	SBHCC Behavioral Health Data Share	\$412,718	\$435,265	3.0	\$0	\$0	0.0	\$412,718	\$435,265
44	Behavioral Intervent Children ASD	\$13,131,035	\$32,550,904		\$64,370,095	\$160,084,793		\$77,501,130	\$192,635,697
45	Mortality Reviews in IDD Community	\$1,058,409	\$2,116,818		\$1,058,409	\$2,116,818		\$2,116,818	\$4,233,636
46	CAPPS HCM & Financials Upgrades	\$3,465,300	\$3,846,094	14.3	\$4,110,786	\$4,689,357	20.3	\$7,576,086	\$8,535,451

2.E. Summary of Exceptional Items Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 10:44:48AM

Agency code: 529

Agency name: **Health and Human Services Commission**

Priority	Item	2020			2021			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
47	HHS Telecom Technology Upgrade	\$3,981,007	\$4,511,159		\$1,606,497	\$1,820,434		\$5,587,504	\$6,331,593
48	HHSC Seat Management	\$3,366,925	\$5,177,655		\$2,977,461	\$4,578,737		\$6,344,386	\$9,756,392
49	Ped Telemed Rural TX	\$1,339,167	\$2,892,746	4.0	\$1,326,096	\$2,864,509	4.0	\$2,665,263	\$5,757,255
50	Ensure PACE Sustainability	\$7,949,907	\$19,653,787	1.0	\$7,919,576	\$19,646,762	1.0	\$15,869,483	\$39,300,549
51	Protect ALF Residents	\$364,064	\$364,064		\$364,064	\$364,064		\$728,128	\$728,128
52	Improper Payment Recoveries	\$395,041	\$800,749	0.0	\$356,556	\$722,739	0.0	\$751,597	\$1,523,488
53	Automated System for the OIG	\$1,420,812	\$2,390,622	15.2	\$398,488	\$689,497	15.2	\$1,819,300	\$3,080,119
54	Medicaid Fraud & Abuse Detection	\$3,025,109	\$4,434,276	0.0	\$3,796,992	\$5,565,725	20.2	\$6,822,101	\$10,000,001
55	TCCO Caseload Growth	\$604,366	\$604,366		\$1,795,827	\$1,795,827		\$2,400,193	\$2,400,193
56	TCCO Increased Facility Capacity	\$684,638	\$684,638		\$1,266,973	\$1,266,973		\$1,951,611	\$1,951,611
57	TCCO Offsite Healthcare	\$267,737	\$267,737		\$267,737	\$267,737		\$535,474	\$535,474
58	TCCO Case Mngr Career	\$19,812	\$19,812		\$41,148	\$41,148		\$60,960	\$60,960
Total, Exceptional Items Request		\$1,027,835,116	\$2,456,370,821	600.0	\$1,788,274,099	\$4,046,564,375	907.5	\$2,816,109,215	\$6,502,935,196

Method of Financing

General Revenue	\$1,027,835,116	\$1,027,835,116		\$1,788,274,099	\$1,788,274,099		\$2,816,109,215	\$2,816,109,215
General Revenue - Dedicated								
Federal Funds		1,156,851,346			2,258,289,707			3,415,141,053
Other Funds		271,684,359			569			271,684,928
	\$1,027,835,116	\$2,456,370,821		\$1,788,274,099	\$4,046,564,375		\$2,816,109,215	\$6,502,935,196

Full Time Equivalent Positions

600.0

907.5

2.E. Summary of Exceptional Items Request
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
 TIME : 10:44:48AM

Agency code: 529

Agency name: **Health and Human Services Commission**

Priority	Item	2020			2021			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
	Number of 100% Federally Funded FTEs			0.0			0.0		

2.F. Summary of Total Request by Strategy
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 8/31/2018

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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
1 Medicaid						
<i>1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients</i>						
1 AGED AND MEDICARE-RELATED	\$5,098,159,477	\$5,142,042,376	\$331,217,644	\$602,041,761	\$5,429,377,121	\$5,744,084,137
2 DISABILITY-RELATED	6,546,427,567	6,714,180,670	433,680,899	908,414,436	6,980,108,466	7,622,595,106
3 PREGNANT WOMEN	1,092,052,917	1,122,167,774	20,852,907	42,759,470	1,112,905,824	1,164,927,244
4 OTHER ADULTS	642,622,337	663,685,554	37,284,591	79,248,098	679,906,928	742,933,652
5 CHILDREN	6,166,740,820	6,333,728,459	248,030,930	539,021,497	6,414,771,750	6,872,749,956
6 MEDICAID PRESCRIPTION DRUGS	3,907,525,221	4,037,969,243	203,036,652	424,666,868	4,110,561,873	4,462,636,111
7 HEALTH STEPS (EPSDT) DENTAL	1,223,993,110	1,276,924,868	47,904,891	83,582,331	1,271,898,001	1,360,507,199
8 MEDICAL TRANSPORTATION	158,914,744	156,706,858	7,726,334	15,683,368	166,641,078	172,390,226
<i>2 Community Services and Supports - Entitlement</i>						
1 COMMUNITY ATTENDANT SERVICES	817,786,811	850,902,621	34,891,323	36,299,179	852,678,134	887,201,800
2 PRIMARY HOME CARE	12,090,152	12,093,957	512,253	512,253	12,602,405	12,606,210
3 DAY ACTIVITY & HEALTH SERVICES	9,123,267	9,393,590	76,700	78,486	9,199,967	9,472,076
4 NURSING FACILITY PAYMENTS	317,279,079	316,673,611	5,252,639	12,243,901	322,531,718	328,917,512
5 MEDICARE SKILLED NURSING FACILITY	53,542,560	54,020,171	(1,114,393)	(2,741,093)	52,428,167	51,279,078
6 HOSPICE	276,958,763	280,652,492	0	0	276,958,763	280,652,492
7 INTERMEDIATE CARE FACILITIES - IID	259,984,727	260,313,984	348,432	718,514	260,333,159	261,032,498
<i>3 Long-term Care - Non-entitlement</i>						
1 HOME AND COMMUNITY-BASED SERVICES	1,140,285,551	1,140,161,616	160,271,030	418,579,027	1,300,556,581	1,558,740,643
2 COMMUNITY LIVING ASSISTANCE (CLASS)	282,216,735	281,963,460	25,508,530	52,827,091	307,725,265	334,790,551
3 DEAF-BLIND MULTIPLE DISABILITIES	14,355,801	14,357,532	281,639	980,099	14,637,440	15,337,631
4 TEXAS HOME LIVING WAIVER	119,608,072	119,452,116	23,095,756	53,544,820	142,703,828	172,996,936
5 ALL-INCLUSIVE CARE - ELDERLY (PACE)	44,841,243	44,841,336	19,579,664	19,579,664	64,420,907	64,421,000

2.F. Summary of Total Request by Strategy
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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
6 MEDICALLY DEPENDENT CHILDREN PGM	\$0	\$0	\$0	\$0	\$0	\$0
4 <i>Other Medicaid Services</i>						
1 NON-FULL BENEFIT PAYMENTS	797,656,839	799,963,283	31,146,903	64,187,525	828,803,742	864,150,808
2 MEDICARE PAYMENTS	1,960,432,466	2,009,053,244	50,610,272	141,391,224	2,011,042,738	2,150,444,468
3 TRANSFORMATION PAYMENTS	111,318,160	114,587,155	0	0	111,318,160	114,587,155
TOTAL, GOAL 1	\$31,053,916,419	\$31,755,835,970	\$1,680,195,596	\$3,493,618,519	\$32,734,112,015	\$35,249,454,489
2 Medicaid and CHIP Contracts and Administration						
1 <i>Medicaid & CHIP Contracts and Administration</i>						
1 MEDICAID CONTRACTS & ADMINISTRATION	566,991,046	606,086,974	71,447,826	69,080,322	638,438,872	675,167,296
2 CHIP CONTRACTS & ADMINISTRATION	16,814,775	16,814,775	0	0	16,814,775	16,814,775
TOTAL, GOAL 2	\$583,805,821	\$622,901,749	\$71,447,826	\$69,080,322	\$655,253,647	\$691,982,071
3 Children's Health Insurance Program Services						
1 <i>CHIP Services</i>						
1 CHIP	571,640,173	602,429,565	21,110,004	45,363,699	592,750,177	647,793,264
2 CHIP PERINATAL SERVICES	161,269,346	166,775,569	3,378,872	6,915,352	164,648,218	173,690,921
3 CHIP PRESCRIPTION DRUGS	184,706,681	192,667,996	6,880,401	14,666,336	191,587,082	207,334,332
4 CHIP DENTAL SERVICES	122,615,354	128,622,929	4,904,614	10,495,631	127,519,968	139,118,560
TOTAL, GOAL 3	\$1,040,231,554	\$1,090,496,059	\$36,273,891	\$77,441,018	\$1,076,505,445	\$1,167,937,077

2.F. Summary of Total Request by Strategy
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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
4 Provide Additional Health-related Services						
<i>1 Provide Primary Health and Specialty Care</i>						
1 WOMEN'S HEALTH PROGRAMS	\$112,532,726	\$112,532,726	\$1	\$1	\$112,532,727	\$112,532,727
2 ALTERNATIVES TO ABORTION	19,216,478	19,216,478	0	0	19,216,478	19,216,478
3 ECI SERVICES	157,110,722	147,028,773	26,454,476	44,290,952	183,565,198	191,319,725
4 ECI RESPITE & QUALITY ASSURANCE	3,530,966	3,530,966	0	0	3,530,966	3,530,966
5 CHILDREN'S BLINDNESS SERVICES	6,580,001	6,580,001	1,708,899	1,581,704	8,288,900	8,161,705
6 AUTISM PROGRAM	7,188,435	7,188,435	0	0	7,188,435	7,188,435
7 CHILDREN WITH SPECIAL NEEDS	30,500,815	30,500,818	0	0	30,500,815	30,500,818
8 TITLE V CHILDREN'S DNLT & HLTH SVCS	7,152,458	7,152,458	0	0	7,152,458	7,152,458
9 KIDNEY HEALTH CARE	19,173,204	19,173,203	0	0	19,173,204	19,173,203
10 ADDITIONAL SPECIALTY CARE	3,583,711	3,583,711	2,892,746	2,864,509	6,476,457	6,448,220
11 COMMUNITY PRIMARY CARE SERVICES	12,173,840	12,173,840	0	0	12,173,840	12,173,840
12 ABSTINENCE EDUCATION	8,401,916	8,401,916	0	0	8,401,916	8,401,916
<i>2 Provide Community Behavioral Health Services</i>						
1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	351,639,018	351,639,018	33,661,572	33,491,289	385,300,590	385,130,307
2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	81,852,484	81,852,484	6,965,037	6,958,012	88,817,521	88,810,496
3 COMMUNITY MENTAL HEALTH CRISIS SVCS	160,381,873	160,381,873	11,362,500	11,362,500	171,744,373	171,744,373
4 SUBSTANCE ABUSE SERVICES	217,997,115	217,997,115	3,540,469	41,773,355	221,537,584	259,770,470
5 BEHAVIORAL HLTH WAIVER & AMENDMENT	52,299,694	52,299,694	0	0	52,299,694	52,299,694
<i>3 Build Community Capacity</i>						
1 INDIGENT HEALTH CARE REIMBURSEMENT	439,443	439,443	0	0	439,443	439,443
2 COUNTY INDIGENT HEALTH CARE SVCS	879,126	879,125	0	0	879,126	879,125

2.F. Summary of Total Request by Strategy
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Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
TOTAL, GOAL 4	\$1,252,634,025	\$1,242,552,077	\$86,585,700	\$142,322,322	\$1,339,219,725	\$1,384,874,399
5 Encourage Self-Sufficiency						
1 Financial and Other Assistance						
1 TANF (CASH ASSISTANCE) GRANTS	\$50,932,914	\$52,504,946	\$0	\$0	\$50,932,914	\$52,504,946
2 PROVIDE WIC SERVICES	812,029,990	812,029,990	0	0	812,029,990	812,029,990
3 REFUGEE ASSISTANCE	0	0	0	0	0	0
4 DISASTER ASSISTANCE	0	0	0	0	0	0
TOTAL, GOAL 5	\$862,962,904	\$864,534,936	\$0	\$0	\$862,962,904	\$864,534,936
6 Community & Independent Living Services & Coordination						
1 Long-term Care Services & Coordination						
1 GUARDIANSHIP	8,822,275	8,822,275	1,250,739	1,213,972	10,073,014	10,036,247
2 NON-MEDICAID SERVICES	157,163,378	157,163,378	6,098,849	6,098,849	163,262,227	163,262,227
3 NON-MEDICAID IDD COMMUNITY SVCS	46,401,920	46,401,921	16,226,128	16,226,128	62,628,048	62,628,049
2 Provide Rehabilitation Services to Persons with General Disabilitie						
1 INDEPENDENT LIVING SERVICES	14,054,286	14,054,286	0	0	14,054,286	14,054,286
2 BEST PROGRAM	430,000	430,000	0	0	430,000	430,000
3 COMPREHENSIVE REHABILITATION (CRS)	24,058,134	24,058,134	0	0	24,058,134	24,058,134
4 DEAF AND HARD OF HEARING SERVICES	4,222,658	4,222,658	0	0	4,222,658	4,222,658
3 Other Community Support Services						
1 FAMILY VIOLENCE SERVICES	28,862,878	28,862,878	1,500,000	1,500,000	30,362,878	30,362,878
2 CHILD ADVOCACY PROGRAMS	26,813,004	26,813,004	4,000,000	4,000,000	30,813,004	30,813,004
3 ADDITIONAL ADVOCACY PROGRAMS	1,031,195	1,031,195	0	0	1,031,195	1,031,195
TOTAL, GOAL 6	\$311,859,728	\$311,859,729	\$29,075,716	\$29,038,949	\$340,935,444	\$340,898,678

2.F. Summary of Total Request by Strategy
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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
7 Mental Health State Hospitals, SSLCs and Other Facilities						
<i>1 State Supported Living Centers</i>						
1 STATE SUPPORTED LIVING CENTERS	\$694,036,429	\$694,036,429	\$54,018,484	\$51,231,792	\$748,054,913	\$745,268,221
<i>2 Mental Health State Hospital Facilities and Services</i>						
1 MENTAL HEALTH STATE HOSPITALS	401,682,183	401,682,184	68,999,501	71,943,466	470,681,684	473,625,650
2 MENTAL HEALTH COMMUNITY HOSPITALS	121,915,238	121,915,238	19,719,359	19,691,121	141,634,597	141,606,359
<i>3 Other Facilities</i>						
1 OTHER FACILITIES	5,968,651	5,968,651	0	0	5,968,651	5,968,651
<i>4 Facility Program Support</i>						
1 FACILITY PROGRAM SUPPORT	10,227,849	10,227,849	25,930,452	4,063,009	36,158,301	14,290,858
2 FACILITY CAPITAL REPAIRS & RENOV	3,656,208	3,627,711	271,683,658	2	275,339,866	3,627,713
TOTAL, GOAL 7	\$1,237,486,558	\$1,237,458,062	\$440,351,454	\$146,929,390	\$1,677,838,012	\$1,384,387,452
8 Regulatory, Licensing and Consumer Protection Services						
<i>1 Long-Term Care and Acute Care Regulation</i>						
1 FACILITY/COMMUNITY-BASED REGULATION	104,424,203	104,424,202	7,979,381	7,203,363	112,403,584	111,627,565
2 LTC QUALITY OUTREACH	5,701,434	5,701,443	1,702,635	1,584,031	7,404,069	7,285,474
<i>2 Child Care Regulation</i>						
1 CHILD CARE REGULATION	41,236,735	41,236,735	6,584,720	6,217,307	47,821,455	47,454,042
<i>3 Professional and Occupational Regulation</i>						
1 HEALTH CARE PROFESSIONALS & OTHER	4,362,107	4,362,107	313,311	292,167	4,675,418	4,654,274
TOTAL, GOAL 8	\$155,724,479	\$155,724,487	\$16,580,047	\$15,296,868	\$172,304,526	\$171,021,355

2.F. Summary of Total Request by Strategy
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Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
9 Program Eligibility Determination & Enrollment						
<i>1 Eligibility Operations</i>						
1 INTEGRATED ELIGIBILITY & ENROLLMENT	\$688,992,416	\$689,008,225	\$0	\$0	\$688,992,416	\$689,008,225
<i>2 Community Access and Supports</i>						
1 LONG-TERM CARE INTAKE & ACCESS	266,627,515	266,883,757	18,255,395	18,179,678	284,882,910	285,063,435
<i>3 Texas Integrated Eligibility Redesign System</i>						
1 TIERS & ELIGIBILITY SUPPORT TECH	113,239,774	112,896,717	0	0	113,239,774	112,896,717
2 TIERS CAPITAL PROJECTS	54,030,194	54,095,843	0	0	54,030,194	54,095,843
TOTAL, GOAL 9	\$1,122,889,899	\$1,122,884,542	\$18,255,395	\$18,179,678	\$1,141,145,294	\$1,141,064,220
10 Provide Disability Determination Services within SSA Guidelines						
<i>1 Increase Decisional Accuracy and Timeliness of Determinations</i>						
1 DISABILITY DETERMINATION SVCS (DDS)	105,689,732	105,689,732	0	0	105,689,732	105,689,732
TOTAL, GOAL 10	\$105,689,732	\$105,689,732	\$0	\$0	\$105,689,732	\$105,689,732
11 Office of Inspector General						
<i>1 Client and Provider Accountability</i>						
1 OFFICE OF INSPECTOR GENERAL	58,017,950	58,017,950	7,625,647	6,977,961	65,643,597	64,995,911
TOTAL, GOAL 11	\$58,017,950	\$58,017,950	\$7,625,647	\$6,977,961	\$65,643,597	\$64,995,911

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Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
12 HHS Enterprise Oversight and Policy						
1 Enterprise Oversight and Policy						
1 HHS SYSTEM SUPPORTS	\$123,649,396	\$103,649,398	\$6,037,653	\$5,579,110	\$129,687,049	\$109,228,508
2 IT OVERSIGHT & PROGRAM SUPPORT	216,921,687	216,200,889	61,777,987	38,155,316	278,699,674	254,356,205
2 Program Support						
1 CENTRAL PROGRAM SUPPORT	47,435,593	47,152,353	587,356	573,237	48,022,949	47,725,590
2 REGIONAL PROGRAM SUPPORT	102,190,302	100,222,405	0	0	102,190,302	100,222,405
TOTAL, GOAL 12	\$490,196,978	\$467,225,045	\$68,402,996	\$44,307,663	\$558,599,974	\$511,532,708
13 Texas Civil Commitment Office						
1 Administer Texas Civil Commitment Program						
1 TEXAS CIVIL COMMITMENT OFFICE	16,543,273	16,543,272	1,576,553	3,371,685	18,119,826	19,914,957
TOTAL, GOAL 13	\$16,543,273	\$16,543,272	\$1,576,553	\$3,371,685	\$18,119,826	\$19,914,957

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Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
14 Health & Human Services Sunset Legislation-Related Historical Fund						
<i>1 Dept of Aging and Disability Services Program Historical Funding</i>						
1 STATE SUPPORTED LIVING CENTERS	\$0	\$0	\$0	\$0	\$0	\$0
2 FACILITY CAPITAL REP & RENOV	0	0	0	0	0	0
3 FACILITY/COMMUNITY-BASED REGULATION	0	0	0	0	0	0
4 HEALTH CARE PROFESSIONALS & OTHER	0	0	0	0	0	0
5 LTC QUALITY OUTREACH	0	0	0	0	0	0
TOTAL, GOAL 14	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, AGENCY STRATEGY REQUEST	\$38,291,959,320	\$39,051,723,610	\$2,456,370,821	\$4,046,564,375	\$40,748,330,141	\$43,098,287,985
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST						
GRAND TOTAL, AGENCY REQUEST	\$38,291,959,320	\$39,051,723,610	\$2,456,370,821	\$4,046,564,375	\$40,748,330,141	\$43,098,287,985

2.F. Summary of Total Request by Strategy
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Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
General Revenue Funds:						
1 General Revenue Fund	\$1,248,660,871	\$1,229,189,626	\$281,590,291	\$271,220,750	\$1,530,251,162	\$1,500,410,376
705 Medicaid Program Income	9,278,200	9,248,300	0	0	9,278,200	9,248,300
706 Vendor Drug Rebates-Medicaid	870,937,814	878,898,130	45,026,579	93,226,517	915,964,393	972,124,647
758 GR Match For Medicaid	10,752,504,489	11,048,216,706	654,875,368	1,297,819,509	11,407,379,857	12,346,036,215
759 GR MOE for TANF	45,213,867	46,641,476	0	0	45,213,867	46,641,476
3643 Premium Co-payments	1,007,958	1,821,844	0	0	1,007,958	1,821,844
8001 GR For MH Block Grant	301,140,263	301,139,882	0	0	301,140,263	301,139,882
8002 GR For Subst Abuse Prev	46,719,088	46,719,088	0	40,920,737	46,719,088	87,639,825
8003 GR For Mat & Child Health	20,806,646	20,806,646	0	0	20,806,646	20,806,646
8004 GR For Fed Funds (Older Am Act)	4,256,020	4,256,020	0	0	4,256,020	4,256,020
8010 GR Match For Title XXI	6,024,122	7,939,591	138,000	101,768	6,162,122	8,041,359
8014 GR Match for Food Stamp Admin	171,970,193	171,891,253	5,266,515	3,733,823	177,236,708	175,625,076
8024 Tobacco Receipts Match For Medicaid	430,000,000	430,000,000	0	0	430,000,000	430,000,000
8025 Tobacco Receipts Match For Chip	141,703,826	256,406,629	5,724,020	21,056,213	147,427,846	277,462,842
8032 GR Certified As Match For Medicaid	265,688,830	265,245,745	20,925,177	18,406,487	286,614,007	283,652,232
8046 Vendor Drug Rebates-Pub Health	7,886,357	7,886,357	0	0	7,886,357	7,886,357
8054 Experience Rebates-CHIP	315,600	315,600	0	0	315,600	315,600
8070 Vendor Drug Rebates-CHIP	21,121,155	37,961,805	0	0	21,121,155	37,961,805
8075 Cost Sharing - Medicaid Clients	200,000	200,000	0	0	200,000	200,000
8081 Vendor Drug Rebates-Sup Rebates	73,044,598	73,451,699	4,210,020	8,716,930	77,254,618	82,168,629

2.F. Summary of Total Request by Strategy
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 8/31/2018
 TIME : 3:59:00PM

Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
General Revenue Funds:						
8086 GR For ECI	\$3,574,836	\$2,177,732	\$0	\$0	\$3,574,836	\$2,177,732
8092 Medicare Giveback Provision	482,003,298	486,645,284	10,079,146	33,071,365	492,082,444	519,716,649
8137 GR Match: Medicaid Entitlement Demand	0	0	0	0	0	0
	\$14,904,058,031	\$15,327,059,413	\$1,027,835,116	\$1,788,274,099	\$15,931,893,147	\$17,115,333,512
General Revenue Dedicated Funds:						
107 Comprehensive Rehab Acct	0	0	0	0	0	0
129 Hospital Licensing Acct	1,963,756	1,963,756	0	0	1,963,756	1,963,756
469 Crime Victims Comp Acct	10,229,844	10,229,844	0	0	10,229,844	10,229,844
543 Texas Capital Trust Acct	289,802	289,802	0	0	289,802	289,802
5018 Home Health Services Acct	5,088,974	5,088,974	0	0	5,088,974	5,088,974
5049 Teaching Hospital Account	439,443	439,443	0	0	439,443	439,443
5080 Quality Assurance	80,500,000	71,020,582	0	0	80,500,000	71,020,582
5109 Medicaid Estate Recovery Account	2,700,000	2,700,000	0	0	2,700,000	2,700,000
	\$101,211,819	\$91,732,401	\$0	\$0	\$101,211,819	\$91,732,401
Federal Funds:						
369 Fed Recovery & Reinvestment Fund	51,410,674	51,410,674	0	0	51,410,674	51,410,674
555 Federal Funds	22,416,955,701	22,762,388,126	1,156,851,346	2,258,289,707	23,573,807,047	25,020,677,833
8059 Supplemental: Federal Funds	0	0	0	0	0	0
	\$22,468,366,375	\$22,813,798,800	\$1,156,851,346	\$2,258,289,707	\$23,625,217,721	\$25,072,088,507
Other Funds:						
444 Interagency Contracts - CJG	0	0	0	0	0	0
493 Blind Endowment Fund	0	0	0	0	0	0

2.F. Summary of Total Request by Strategy
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 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 8/31/2018
 TIME : 3:59:00PM

Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
Other Funds:						
599 Economic Stabilization Fund	\$0	\$0	\$0	\$0	\$0	\$0
666 Appropriated Receipts	31,977,730	31,977,739	0	0	31,977,730	31,977,739
707 Chest Hospital Fees	325,610	325,610	0	0	325,610	325,610
709 Pub Hlth Mediced Reimb	59,739,891	59,739,891	0	0	59,739,891	59,739,891
777 Interagency Contracts	337,923,450	338,413,435	703	569	337,924,153	338,414,004
780 Bond Proceed-Gen Obligat	0	0	271,683,656	0	271,683,656	0
802 Lic Plate Trust Fund No. 0802, est	26,500	26,500	0	0	26,500	26,500
8015 Int Contracts-Transfer	16,498,102	16,498,102	0	0	16,498,102	16,498,102
8031 MH Collect-Pat Supp & Maint	1,553,165	1,553,165	0	0	1,553,165	1,553,165
8033 MH Appropriated Receipts	10,906,440	10,906,440	0	0	10,906,440	10,906,440
8044 Medicaid Subrogation Receipts	90,000,000	90,000,000	0	0	90,000,000	90,000,000
8051 Universal Services Fund	988,248	988,248	0	0	988,248	988,248
8052 Subrogation Receipts	118,480	118,480	0	0	118,480	118,480
8062 Approp Receipts-Match For Medicaid	18,812,278	19,128,908	0	0	18,812,278	19,128,908
8095 ID Collect-Pat Supp & Maint	23,886,304	23,889,439	0	0	23,886,304	23,889,439
8096 ID Appropriated Receipts	527,342	527,484	0	0	527,342	527,484
8098 ID Revolving Fund Receipts	80,544	80,544	0	0	80,544	80,544
8133 Found Sch Funds: Match for Medicaid	0	0	0	0	0	0
8148 WIC Rebates	224,959,011	224,959,011	0	0	224,959,011	224,959,011
	\$818,323,095	\$819,132,996	\$271,684,359	\$569	\$1,090,007,454	\$819,133,565

2.F. Summary of Total Request by Strategy
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 8/31/2018
 TIME : 3:59:00PM

Agency code: 529 Agency name: **Health and Human Services Commission**

Goal/Objective/STRATEGY	Base 2020	Base 2021	Exceptional 2020	Exceptional 2021	Total Request 2020	Total Request 2021
TOTAL, METHOD OF FINANCING	\$38,291,959,320	\$39,051,723,610	\$2,456,370,821	\$4,046,564,375	\$40,748,330,141	\$43,098,287,985
FULL TIME EQUIVALENT POSITIONS	39,586.2	39,586.2	600.0	907.5	40,186.2	40,493.7

2.G. Summary of Total Request Objective Outcomes
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

Date : 8/31/2018
 Time: 10:53:47AM

Agency code: 529 Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

	BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
1 Medicaid						
1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients						
KEY 1 Average Medicaid and CHIP Children Recipient Months Per Month						
	3,389,140.00	3,443,843.00			3,389,140.00	3,443,843.00
KEY 2 Average Full Benefit Medicaid Recipient Months Per Month						
	4,044,063.00	4,090,455.00			4,044,063.00	4,090,455.00
3 Average Medicaid Child under 21 Recipient Months Per Month						
	3,153,142.00	3,189,082.00			3,153,142.00	3,189,082.00
KEY 4 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)						
	482.22	488.08	507.97	537.75	507.97	537.75
KEY 5 Medicaid Rec Months: Proportion in Managed Care						
	92.97%	94.02%			92.97%	94.02%
6 Percent of THSTEPS (EPSDT) Enrolled Pop. Screened Medicaid - Medical						
	59.84%	59.83%			59.84%	59.83%
KEY 7 Avg # of Members Receiving Waiver Services through Managed Care						
	59,869.00	60,472.00			59,869.00	60,472.00
8 Percent of Full Benefit Medicaid Eligible Population Enrolled						
	78.33%	78.08%			78.33%	78.08%

2.G. Summary of Total Request Objective Outcomes
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Date : 8/31/2018
 Time: 10:53:47AM

Agency code: 529 Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

		BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
KEY	9 Avg # Members Receiving Nursing Facility Care through Managed Care	54,543.00	54,870.00			54,543.00	54,870.00
3	Children's Health Insurance Program Services						
1	CHIP Services						
	1 Percent of CHIP-eligible Children Enrolled	76.70%	79.59%			76.70%	79.59%
KEY	2 Average CHIP Programs Recipient Months Per Month	456,469.00	477,523.00			456,469.00	477,523.00
KEY	3 Average CHIP Programs Benefit Cost with Prescription Benefit	187.22	186.40	193.84	199.88	193.84	199.88
4	Provide Additional Health-related Services						
1	Provide Primary Health and Specialty Care						
KEY	1 Percent of Population under Age Three Served by ECI Program	2.01%	2.01%			2.01%	2.01%
	2 Percent of Children Successfully Completing Services	72.00%	72.00%			72.00%	72.00%
KEY	3 Percent of ECI Clients Enrolled in Medicaid	0.00%	0.00%			0.00%	0.00%

2.G. Summary of Total Request Objective Outcomes
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Agency code: 529

Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

	BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
KEY	4 Percent of ECI Program Funded by Medicaid					
	40.26%	40.26%			40.26%	40.26%
	2 Provide Community Behavioral Health Services					
KEY	1 % Adults Receiving Community MH Svcs Whose Functional Level Improved					
	24.00%	24.00%			24.00%	24.00%
KEY	2 % Children Rcvng Community MH Svcs Whose Functional Level Improved					
	58.00%	58.00%			58.00%	58.00%
	3 % Children & Adolescents Rcvng Comm MH Svcs Avoiding Rearrest					
	68.00%	68.00%			68.00%	68.00%
KEY	4 % Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days					
	93.00%	93.00%			93.00%	93.00%
	5 % of Persons Rcvng Crisis Services That is Followed by a Jail Booking					
	2.00%	2.00%			2.00%	2.00%
KEY	6 % Adults Who Complete Trtmt Pgm and Report No Past Month Substance Use					
	85.00%	85.00%			85.00%	85.00%
KEY	7 % of Youth Successfully Completing a Substance Abuse Prevention Pgm					
	90.00%	90.00%			90.00%	90.00%

2.G. Summary of Total Request Objective Outcomes
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Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

		BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
KEY	8 % Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use	90.00%	90.00%			90.00%	90.00%
	9 Percent of Youth Completing Treatment Who Are Attending School	83.00%	83.00%			83.00%	83.00%
5	Encourage Self-Sufficiency						
1	<i>Financial and Other Assistance</i>						
	1 Percent of Total Children in Poverty Receiving Cash Assistance	2.69%	2.69%			2.69%	2.69%
	2 Number of Adults Exhausting Cash Assistance Benefits	675.00	675.00			675.00	675.00
	3 % TANF Caretakers Leaving Due to Increased Employment Earnings	1.60%	1.60%			1.60%	1.60%
KEY	4 Percentage of Eligible WIC Population Served	55.00%	55.00%			55.00%	55.00%
6	Community & Independent Living Services & Coordination						
3	<i>Other Community Support Services</i>						
	1 % of Adult Victims of Family Violence Denied Shelter	28.00%	28.00%			28.00%	28.00%
7	Mental Health State Hospitals, SSLCs and Other Facilities						
1	<i>State Supported Living Centers</i>						

2.G. Summary of Total Request Objective Outcomes
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 Automated Budget and Evaluation system of Texas (ABEST)

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Agency code: 529

Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

	BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
1 Avg # Days SSLC Residents Wait for Community Placement	234.00	234.00			234.00	234.00
2 Number of Individuals with IDD Who Moved from Campus to Community	251.00	251.00			251.00	251.00
3 % Consumers Expressed Satisfaction w/Ombudsman's Resolution of Issue	95.00%	95.00%			95.00%	95.00%
2 <i>Mental Health State Hospital Facilities and Services</i>						
1 Patient Satisfaction with State Mental Health Facility Treatment	4.10	4.10			4.10	4.10
2 HHSC-Operated or Purchased Inpatient Bed Re-admission Rate	0.00	0.00			0.00	0.00
8 Regulatory, Licensing and Consumer Protection Services						
1 <i>Long-Term Care and Acute Care Regulation</i>						
1 Percentage of Licenses Issued within Regulatory Timeframe	90.00%	90.00%			90.00%	90.00%
KEY 2 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid	33.26%	33.26%			33.26%	33.26%
3 % Facilities Correcting Adverse Findings by 1st Follow-up Visit	88.51%	88.51%			88.51%	88.51%

2.G. Summary of Total Request Objective Outcomes
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Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

	BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
4 % NF with More Than Six On-site Monitoring Visits Per Year	48.71%	48.71%			48.71%	48.71%
5 Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons	5.00	5.00			5.00	5.00
6 Adult Protective Services Caseworker Turnover Rate	20.50	20.50			20.50	20.50
7 Percent of APS Caseworkers Retained for Six Months Following BSD	80.00%	80.00%			80.00%	80.00%
2 <i>Child Care Regulation</i>						
KEY 1 Percent of Investigations with a High Risk Finding	0.00%	0.00%			0.00%	0.00%
2 Percent of Licensed Facilities with No Recent Violations	0.00%	0.00%			0.00%	0.00%
3 Percent of Facilities with a Remedial Action	0.00%	0.00%			0.00%	0.00%
3 <i>Professional and Occupational Regulation</i>						
1 Percent of Licensed/Certified Professionals with No Recent Violations	0.00%	0.00%			0.00%	0.00%
9 Program Eligibility Determination & Enrollment						

2.G. Summary of Total Request Objective Outcomes
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Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

	BL 2020	BL 2021	Excp 2020	Excp 2021	Total Request 2020	Total Request 2021
2	<i>Community Access and Supports</i>					
	1 Percent LTC Ombudsman Complaints Resolved or Partially Resolved					
	85.85%	85.85%			85.85%	85.85%
10	Provide Disability Determination Services within SSA Guidelines					
1	<i>Increase Decisional Accuracy and Timeliness of Determinations</i>					
KEY	1 Percent of Case Decisions That Are Accurate					
	93.00%	93.00%			93.00%	93.00%
11	Office of Inspector General					
1	<i>Client and Provider Accountability</i>					
	1 Net State Dollars Recovered Per Dollar Expended from All Funds					
	1.69	1.69			1.69	1.69

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Aged and Medicare-Related Recipient Months Per Month: Total	373,516.00	373,008.00	373,377.00	373,139.00	376,732.00
Efficiency Measures:						
KEY 1	Average Aged and Medicare-Related Cost Per Recipient Month	1,061.44	1,114.94	1,175.61	1,138.03	1,136.44
Objects of Expense:						
3001	CLIENT SERVICES	\$4,865,595,200	\$4,987,264,623	\$5,264,032,982	\$5,098,159,477	\$5,142,042,376
TOTAL, OBJECT OF EXPENSE		\$4,865,595,200	\$4,987,264,623	\$5,264,032,982	\$5,098,159,477	\$5,142,042,376
Method of Financing:						
758	GR Match For Medicaid	\$1,700,998,508	\$2,122,008,737	\$1,828,724,240	\$2,030,654,983	\$2,043,324,499
8137	GR Match: Medicaid Entitlemt Demand	\$187,617,054	\$0	\$344,855,566	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,888,615,562	\$2,122,008,737	\$2,173,579,806	\$2,030,654,983	\$2,043,324,499
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$2,735,588,188	\$2,863,217,958	\$2,533,032,130	\$3,056,167,848	\$3,098,708,535
	93.778.005 XIX FMAP @ 90%	\$68,274	\$9,639	\$10,476	\$9,256	\$9,342

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.778.007 XIX ADM @ 100	\$3,207	\$0	\$0	\$0	\$0
	93.791.000 Money Follows Person Reblncng Demo	\$0	\$2,028,289	\$4,154,619	\$11,327,390	\$0
CFDA Subtotal, Fund	555	\$2,735,659,669	\$2,865,255,886	\$2,537,197,225	\$3,067,504,494	\$3,098,717,877
8059 Supplemental: Federal Funds						
	93.778.000 XIX FMAP	\$241,319,969	\$0	\$553,255,951	\$0	\$0
CFDA Subtotal, Fund	8059	\$241,319,969	\$0	\$553,255,951	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,976,979,638	\$2,865,255,886	\$3,090,453,176	\$3,067,504,494	\$3,098,717,877
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,098,159,477	\$5,142,042,376
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,865,595,200	\$4,987,264,623	\$5,264,032,982	\$5,098,159,477	\$5,142,042,376

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Aged and Medicare Related strategy includes the hospital, physician and other medical services provided to eligible Aged and Medicare recipients. This strategy also includes long term services and supports that are paid through the STAR+PLUS program and through the Dual Eligible Integrated Care Demonstration. Under Title XIX, Medicaid medical services and some long-term services and supports are legally mandated entitlement services. Medicaid services are provided to this risk group through either fee-for-service (FFS) or an at-risk, capitated health plan model.

Strategy funding for FY 2020-21 assumes the current projected Medicaid caseloads at FY 2019 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item. Certain home and community-based services and supports (i.e., attendant, habilitation, emergency response and support consultation services), referred to as Community First Choice, provided to Medicaid recipients who are aged or have disabilities qualify for a 6 percent increase in the FMAP rate.

Legal Base: Title XIX of the Social Security Act; Section 531.061, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waiver along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Additional areas of concern are provider and MCO cost impacts of the Home and Community Based Services requirements with which the state must be in compliance by March 2022.

2

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$10,251,297,605	\$10,240,201,853	\$(11,095,752)	\$(11,095,752)	CASELOAD FORECAST UPDATE: GR (\$221,609,061), FED \$210,513,309
			\$(11,095,752)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 2 Disability-Related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Disability-Related Recipient Months Per Month: Total	421,260.00	417,962.00	415,333.00	416,910.00	421,568.00
2	Average Disability-Related Recipient Months Per Month: STAR+PLUS	134,435.00	159,478.00	157,604.00	159,011.00	161,539.00
Efficiency Measures:						
KEY 1	Average Disability-Related Cost Per Recipient Month	1,185.24	1,225.28	1,311.07	1,308.36	1,326.48
Explanatory/Input Measures:						
1	Percent Of Disability-related Recipients Who Are 21 and Under	40.20 %	39.80 %	39.40 %	39.30 %	39.50 %
Objects of Expense:						
3001	CLIENT SERVICES	\$6,032,627,887	\$6,150,396,242	\$6,524,229,400	\$6,546,427,567	\$6,714,180,670
TOTAL, OBJECT OF EXPENSE		\$6,032,627,887	\$6,150,396,242	\$6,524,229,400	\$6,546,427,567	\$6,714,180,670
Method of Financing:						
758	GR Match For Medicaid	\$2,070,048,392	\$2,634,963,894	\$2,343,692,379	\$2,624,175,530	\$2,683,771,784
8024	Tobacco Receipts Match For Medicaid	\$3,962,737	\$0	\$0	\$0	\$0
8075	Cost Sharing - Medicaid Clients	\$0	\$200,000	\$200,000	\$200,000	\$200,000

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 2 Disability-Related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8137	GR Match: Medicaid Entitlemt Demand	\$271,353,069	\$0	\$369,352,651	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,345,364,198	\$2,635,163,894	\$2,713,245,030	\$2,624,375,530	\$2,683,971,784
Method of Financing:						
555	Federal Funds					
93.778.000	XIX FMAP	\$3,337,138,088	\$3,514,539,309	\$3,134,252,699	\$3,918,476,355	\$4,030,147,217
93.778.005	XIX FMAP @ 90%	\$203,496	\$63,632	\$69,157	\$61,104	\$61,669
93.778.007	XIX ADM @ 100	\$893,947	\$0	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo	\$3,840	\$629,407	\$1,288,907	\$3,514,578	\$0
CFDA Subtotal, Fund	555	\$3,338,239,371	\$3,515,232,348	\$3,135,610,763	\$3,922,052,037	\$4,030,208,886
8059	Supplemental: Federal Funds					
93.778.000	XIX FMAP	\$349,024,318	\$0	\$675,373,607	\$0	\$0
CFDA Subtotal, Fund	8059	\$349,024,318	\$0	\$675,373,607	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,687,263,689	\$3,515,232,348	\$3,810,984,370	\$3,922,052,037	\$4,030,208,886

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 2 Disability-Related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$6,546,427,567	\$6,714,180,670
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,032,627,887	\$6,150,396,242	\$6,524,229,400	\$6,546,427,567	\$6,714,180,670

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Disability-Related strategy includes the hospital, physician, and other medical svcs provided to eligible disability-related recipients who are under age 65 who receive SSI for a disabling condition as determined by the Social Security Administration. Persons eligible for SSI due to condition and income are also eligible for Medicaid. This strategy also includes LTSS that are paid through the STAR+PLUS, STAR Health and STAR Kids programs. Medicaid, medical svcs and some LTSS are legally mandated entitlement svcs. Medicaid svcs are provided to this risk group through either fee-for-service (FFS) or an at-risk, capitated health plan model. Funding also includes the Medicaid Buy-In program for children, which allows families of children with disabilities up to age 19 who meet SSI disability criteria with family incomes up to 300% of the FPL to purchase Medicaid coverage. Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item. HBCS CFC qualifies for a 6% FMAP rate increase. FY 2018-19 costs include the impact of managed care expansions, such as populations or svcs added to Medicaid managed care programs, that bring svcs previously at DADS to HHSC. These include nursing facility costs, moved in March of 2015, and STAR+PLUS LTSS costs for the MRSA, moved in September of 2014, for the full 24 months. Additionally, LTSS costs for Disability-Related children are moved in September 2016 (STAR Kids and STAR Health).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 2 Disability-Related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Areas of particular concern are the impact on provider costs of the ACA Employer Mandate and a new Department of Labor rule that requires the application of the FLSA to home care svcs, which are currently in effect. In addition, implementation of required regulations/compliance and rides have the potential to impact costs.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$12,674,625,642	\$13,260,608,237	\$585,982,595	\$585,982,595	CASELOAD FORECAST UPDATE: GR (\$40,061,610), FED \$626,044,205
			\$585,982,595	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 3 Pregnant Women Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Pregnant Women Recipient Months Per Month	140,004.00	140,255.00	141,796.00	141,139.00	142,627.00
Efficiency Measures:						
KEY 1	Average Pregnant Women Cost Per Recipient Month	680.59	630.10	651.24	645.35	656.21
Objects of Expense:						
3001	CLIENT SERVICES	\$1,157,027,420	\$1,057,694,663	\$1,107,290,354	\$1,092,052,917	\$1,122,167,774
TOTAL, OBJECT OF EXPENSE		\$1,157,027,420	\$1,057,694,663	\$1,107,290,354	\$1,092,052,917	\$1,122,167,774
Method of Financing:						
758	GR Match For Medicaid	\$482,187,616	\$449,065,711	\$456,413,793	\$433,567,316	\$444,252,590
8137	GR Match: Medicaid Entitlemt Demand	\$31,401,280	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$513,588,896	\$449,065,711	\$456,413,793	\$433,567,316	\$444,252,590
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$1,804,675	\$1,202,602	\$1,254,094	\$1,134,899	\$1,004,664
93.778.000	XIX FMAP	\$571,505,265	\$587,948,766	\$629,079,247	\$637,666,170	\$656,677,899
93.778.005	XIX FMAP @ 90%	\$29,739,100	\$19,477,584	\$20,543,220	\$19,684,532	\$20,232,621

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 3 Pregnant Women Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$603,049,040	\$608,628,952	\$650,876,561	\$658,485,601	\$677,915,184
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$40,389,484	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$40,389,484	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$643,438,524	\$608,628,952	\$650,876,561	\$658,485,601	\$677,915,184
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,092,052,917	\$1,122,167,774
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,157,027,420	\$1,057,694,663	\$1,107,290,354	\$1,092,052,917	\$1,122,167,774

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 3 Pregnant Women Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Pregnant Women Risk Group strategy includes the hospital, physician, and other medical svcs provided to eligible pregnant women with incomes up to 185 percent of the federal poverty level. Under Title XIX, Medicaid medical svcs are legally mandated entitlement svcs. Medicaid svcs are provided to this risk group through either fee-for-service (FFS) or an at-risk, capitated health plan model.

Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 3 Pregnant Women Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$2,164,985,017	\$2,214,220,691	\$49,235,674	\$49,235,674	CASELOAD FORECAST UPDATE: GR (\$27,659,598), FED \$76,895,272
			\$49,235,674	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 4 Other Adults Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Other Adult Recipient Months Per Month	150,289.00	148,741.00	149,273.00	148,144.00	150,883.00
Efficiency Measures:						
KEY 1	Average Other Adult Cost Per Recipient Month	341.79	340.39	366.89	361.52	366.58
Objects of Expense:						
3001	CLIENT SERVICES	\$522,829,683	\$605,698,903	\$655,072,690	\$642,622,337	\$663,685,554
TOTAL, OBJECT OF EXPENSE		\$522,829,683	\$605,698,903	\$655,072,690	\$642,622,337	\$663,685,554
Method of Financing:						
758	GR Match For Medicaid	\$275,188,932	\$244,368,779	\$249,211,494	\$241,887,856	\$249,325,778
8137	GR Match: Medicaid Entitlemt Demand	\$24,964,980	\$0	\$7,438,919	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$300,153,912	\$244,368,779	\$256,650,413	\$241,887,856	\$249,325,778
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$109,728	\$73,061,868	\$82,993,111	\$77,451,320	\$79,903,007
93.778.000	XIX FMAP	\$181,488,251	\$280,527,057	\$278,567,246	\$314,300,304	\$325,234,325
93.778.005	XIX FMAP @ 90%	\$8,966,789	\$6,612,882	\$7,114,524	\$7,101,035	\$7,340,622
93.778.007	XIX ADM @ 100	\$126	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 4 Other Adults Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$190,564,894	\$360,201,807	\$368,674,881	\$398,852,659	\$412,477,954
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$32,110,877	\$0	\$28,244,079	\$0	\$0
CFDA Subtotal, Fund	8059	\$32,110,877	\$0	\$28,244,079	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$222,675,771	\$360,201,807	\$396,918,960	\$398,852,659	\$412,477,954
Method of Financing:						
777	Interagency Contracts	\$0	\$1,128,317	\$1,503,317	\$1,881,822	\$1,881,822
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$1,128,317	\$1,503,317	\$1,881,822	\$1,881,822
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$642,622,337	\$663,685,554
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$522,829,683	\$605,698,903	\$655,072,690	\$642,622,337	\$663,685,554
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 4 Other Adults Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Other Adults strategy includes hospital, physician, and other medical svcs (legally mandated entitlement svcs under Title XIX) provided to eligible TANF-level adults, medically needy adults receiving svcs through the Medicaid for Breast, and adult recipients who qualify under the Affordable Care Act (if applicable). Medicaid svcs are provided to this risk group through either fee-for-service (FFS) or an at-risk, capitated health plan model.

The Medicaid for Breast and Cervical Cancer program provides full Medicaid coverage for eligible uninsured women ages 18-64 who have been diagnosed with a qualifying breast or cervical cancer.

Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Breast and Cervical Cancer Program svcs are matched at the Enhanced FMAP rate (the same as CHIP) but do not qualify for the 23 point increase effective October 1, 2015. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 4 Other Adults Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,260,771,593	\$1,306,307,891	\$45,536,298	\$45,536,298	CASELOAD FORECAST UPDATE: GR (\$9,805,558), FED \$54,209,846, OTHER \$1,132,012
			\$45,536,298	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 5 Children Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Income-Eligible Children Recipient Months Per Month	2,950,221.00	2,934,360.00	2,954,945.00	2,929,235.00	2,962,630.00
KEY 2	Average STAR Health Foster Care Children Recipient Months Per Month	32,091.00	33,689.00	34,436.00	35,496.00	36,015.00
Efficiency Measures:						
KEY 1	Average Income-Eligible Children Cost Per Recipient Month	164.73	162.95	171.13	164.75	167.17
KEY 2	Average STAR Health Foster Care Children Cost Per Recipient Month	780.66	791.04	856.56	766.92	790.28
Objects of Expense:						
3001	CLIENT SERVICES	\$6,572,050,580	\$6,364,215,047	\$6,465,472,027	\$6,166,740,820	\$6,333,728,459
TOTAL, OBJECT OF EXPENSE		\$6,572,050,580	\$6,364,215,047	\$6,465,472,027	\$6,166,740,820	\$6,333,728,459
Method of Financing:						
705	Medicaid Program Income	\$29,977,944	\$43,698,160	\$9,641,600	\$9,278,200	\$9,248,300
758	GR Match For Medicaid	\$1,756,717,482	\$1,951,528,369	\$1,021,034,697	\$1,763,465,434	\$1,861,556,892
8024	Tobacco Receipts Match For Medicaid	\$444,701,215	\$430,000,000	\$430,000,000	\$430,000,000	\$430,000,000

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 5 Children Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8137	GR Match: Medicaid Entitlemt Demand	\$87,490,503	\$0	\$918,944,562	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,318,887,144	\$2,425,226,529	\$2,379,620,859	\$2,202,743,634	\$2,300,805,192
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$310,472,127	\$323,196,336	\$344,488,557	\$297,648,007	\$267,187,613
93.778.000	XIX FMAP	\$3,197,743,779	\$3,410,898,266	\$2,118,603,197	\$3,462,315,653	\$3,561,398,365
93.778.005	XIX FMAP @ 90%	\$9,770,863	\$8,294,413	\$8,887,794	\$9,033,655	\$9,337,419
93.778.007	XIX ADM @ 100	\$363,349,957	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$3,881,336,726	\$3,742,389,015	\$2,471,979,548	\$3,768,997,315	\$3,837,923,397
8059	Supplemental: Federal Funds					
93.778.000	XIX FMAP	\$112,533,509	\$0	\$1,417,272,117	\$0	\$0
CFDA Subtotal, Fund	8059	\$112,533,509	\$0	\$1,417,272,117	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,993,870,235	\$3,742,389,015	\$3,889,251,665	\$3,768,997,315	\$3,837,923,397
Method of Financing:						
777	Interagency Contracts	\$153,202,422	\$102,099,503	\$102,099,503	\$100,499,871	\$100,499,870
8044	Medicaid Subrogation Receipts	\$101,523,691	\$90,000,000	\$90,000,000	\$90,000,000	\$90,000,000
8062	Approp Receipts-Match For Medicaid	\$4,567,088	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 5 Children Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (OTHER FUNDS)		\$259,293,201	\$196,599,503	\$196,599,503	\$194,999,871	\$194,999,870
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$6,166,740,820	\$6,333,728,459
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,572,050,580	\$6,364,215,047	\$6,465,472,027	\$6,166,740,820	\$6,333,728,459

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 5 Children Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Children Strategy includes hospitals, physician and other medical svcs provided to eligible child recipients who are neither disability-related nor Medicare eligible. This includes Newborns, children ages 1-5 at or below 133% FPL and children ages 6-18 at or below 133% (formerly 100%) FPL. In January 2014, the Medicaid program income eligibility increased to 133% of FPL for children 6-18 pursuant to the Affordable Care Act which moved certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program. It also includes TANF-level children and children in Foster Care, some Foster Care adults continuing their education, and adoption subsidy clients.

Medicaid svcs are provided to this risk group through either fee-for-service (FFS) or an at-risk, capitated health plan model. It also includes a managed care model, STAR Health, which serves foster care children statewide through one health plan.

Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 5 Children Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.

Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$12,829,687,074	\$12,500,469,279	\$(329,217,795)	\$(329,217,795)	CASELOAD FORECAST UPDATE: GR (\$301,298,562), FED (\$24,719,968), OTHER (\$3,199,265)
			\$(329,217,795)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 6 Medicaid Prescription Drugs Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
KEY 1	Average Cost/Medicaid Recipient Month: Prescription Drugs	79.65	78.15	82.15	80.51	82.27
Objects of Expense:						
3001	CLIENT SERVICES	\$3,823,307,708	\$3,798,042,142	\$4,010,892,675	\$3,907,525,221	\$4,037,969,243
TOTAL, OBJECT OF EXPENSE		\$3,823,307,708	\$3,798,042,142	\$4,010,892,675	\$3,907,525,221	\$4,037,969,243
Method of Financing:						
706	Vendor Drug Rebates-Medicaid	\$833,352,920	\$825,499,016	\$814,430,092	\$870,937,814	\$878,898,130
758	GR Match For Medicaid	\$1,073,577,631	\$685,700,860	\$8,348,636	\$598,150,221	\$650,835,405
8081	Vendor Drug Rebates-Sup Rebates	\$71,405,319	\$78,422,509	\$78,412,322	\$73,044,598	\$73,451,699
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$727,005,681	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,978,335,870	\$1,589,622,385	\$1,628,196,731	\$1,542,132,633	\$1,603,185,234
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$123,179,163	\$122,953,941	\$132,551,149	\$105,905,457	\$95,597,357
93.778.000	XIX FMAP	\$1,711,041,012	\$2,078,095,229	\$1,899,190,049	\$2,249,759,805	\$2,329,095,310
93.778.005	XIX FMAP @ 90%	\$10,751,663	\$7,370,587	\$11,875,582	\$9,727,326	\$10,091,342

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 6 Medicaid Prescription Drugs Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$1,844,971,838	\$2,208,419,757	\$2,043,616,780	\$2,365,392,588	\$2,434,784,009
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$339,079,164	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$339,079,164	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,844,971,838	\$2,208,419,757	\$2,382,695,944	\$2,365,392,588	\$2,434,784,009
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,907,525,221	\$4,037,969,243
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$3,823,307,708	\$3,798,042,142	\$4,010,892,675	\$3,907,525,221	\$4,037,969,243

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 6 Medicaid Prescription Drugs Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Prescription Drugs strategy includes the cost of outpatient prescription medications to Medicaid clients. Medications are provided by contracted retail, specialty, mail order, and nursing home pharmacies that are reimbursed by HHSC or by contracted managed care organizations (MCOs). HHSC coordinates with the clients, pharmacies, clinicians, drug manufacturers, the federal government, other state agencies, and contracted vendors. HHSC collects Medicaid rebate revenue from drug manufacturers through a federal program that began in 1991 and through a state supplemental rebate program that began in 2004. The State returns to the federal government its share of collected rebates at the FMAP rate. Prescription drug benefits are delivered through fee-for-service (FFS) and MCOs. A portion of the total monthly capitated rate paid to MCOs is allocated for prescription drugs, including associated administrative costs. The expenditures represent the drug benefits for both service delivery models. Medicaid clients receive unlimited prescription drugs. One exception is adult clients in FFS; they are limited to 3 prescriptions each month Federal law mandates no monthly Medicaid drug limitation for children under age 21, and nursing facility residents. , unless they are in a nursing home or aged, blind, and disabled adults receiving svcs through a home and community-based LTSS waiver. Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2017 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 6 Medicaid Prescription Drugs Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

S.B. 7 (83rd Legislature) sunsets the single state formulary and the preferred drug list (PDL) at the conclusion of the 2018 fiscal year, with management of the formulary and PDL converting to individual MCOs -- limiting agency ability to accurately estimate expenditures and rebate revenue for SFY 2019.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' 3-year average of per capita income to the National 3-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

The introduction of high cost drugs could affect a large number of Medicaid clients which would impact the overall cost of prescription drug expenditures .

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$7,808,934,817	\$7,945,494,464	\$136,559,647	\$136,559,647	CASELOAD FORECAST UPDATE: GR (\$72,501,249), FED \$209,060,896
			\$136,559,647	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 7 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average THSteps (EPSDT) Dental Recipient Months Per Month	3,146,229.00	3,127,325.00	3,145,118.00	3,117,645.00	3,153,067.00
Efficiency Measures:						
KEY 1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	35.80	33.79	36.45	32.72	33.75
Objects of Expense:						
3001	CLIENT SERVICES	\$1,338,559,370	\$1,400,969,516	\$1,375,601,151	\$1,223,993,110	\$1,276,924,868
TOTAL, OBJECT OF EXPENSE		\$1,338,559,370	\$1,400,969,516	\$1,375,601,151	\$1,223,993,110	\$1,276,924,868
Method of Financing:						
758	GR Match For Medicaid	\$551,148,854	\$636,191,837	\$426,931,989	\$464,711,311	\$497,226,090
8137	GR Match: Medicaid Entitlemt Demand	\$12,776,530	\$0	\$102,121,056	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$563,925,384	\$636,191,837	\$529,053,045	\$464,711,311	\$497,226,090
Method of Financing:						
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$318,141,935	\$114,929,239	\$125,320,280	\$99,608,359	\$90,735,127
	93.778.000 XIX FMAP	\$440,056,187	\$649,848,440	\$680,980,588	\$659,673,440	\$688,963,651

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 7 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.778.007 XIX ADM @ 100	\$2,220	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$758,200,342	\$764,777,679	\$806,300,868	\$759,281,799	\$779,698,778
8059 Supplemental: Federal Funds						
	93.778.000 XIX FMAP	\$16,433,644	\$0	\$40,247,238	\$0	\$0
CFDA Subtotal, Fund	8059	\$16,433,644	\$0	\$40,247,238	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$774,633,986	\$764,777,679	\$846,548,106	\$759,281,799	\$779,698,778
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,223,993,110	\$1,276,924,868
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,338,559,370	\$1,400,969,516	\$1,375,601,151	\$1,223,993,110	\$1,276,924,868

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 7 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Texas Health Steps Dental strategy includes funds for federally-mandated entitlement svcs providing periodic dental examinations, diagnosis, prevention, and treatment of dental disease to individuals with Medicaid who are less than 21 years of age. Both dental and orthodontic svcs are provided. These dental svcs are outside of the payments related to risk groups. Texas Health Steps is the name Texas uses for the federal Early and Periodic Screening, Diagnosis and Treatment program, also known as EPSDT.

The goal of Texas Health Steps Dental svcs is early intervention to address dental problems before they become chronic, and irreversible damage occurs. Poor oral health is often the most serious health threat to otherwise healthy children. Included in this strategy are client service payments to providers.

Medicaid Dental svcs are primarily provided through a capitated managed care program. There remain a few clients receiving dental svcs through fee-for-service.

Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 7 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is necessary for compliance with the Frew Consent Decree.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate (referred to as FMAP) is calculated as a ratio of Texas' three-year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$2,776,570,667	\$2,500,917,978	\$(275,652,689)	\$(275,652,689)	CASELOAD FORECAST UPDATE: GR (\$203,307,481), FED (\$72,345,208)
			\$(275,652,689)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 8 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
KEY 1	Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	3.63	3.57	3.71	3.44	3.38
Objects of Expense:						
3001	CLIENT SERVICES	\$172,565,804	\$166,747,424	\$172,675,718	\$158,914,744	\$156,706,858
TOTAL, OBJECT OF EXPENSE		\$172,565,804	\$166,747,424	\$172,675,718	\$158,914,744	\$156,706,858
Method of Financing:						
1	General Revenue Fund	\$2,628	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$91,492,233	\$70,999,867	\$69,639,188	\$64,818,504	\$64,134,211
8137	GR Match: Medicaid Entitlemt Demand	\$5,775,270	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$97,270,131	\$70,999,867	\$69,639,188	\$64,818,504	\$64,134,211
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$0	\$3,595,877	\$3,838,197	\$3,031,043	\$2,675,207
93.778.000	XIX FMAP	\$63,969,145	\$91,050,590	\$96,159,133	\$90,863,497	\$89,696,390
93.778.003	XIX 50%	\$176,754	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$64,145,899	\$94,646,467	\$99,997,330	\$93,894,540	\$92,371,597

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 8 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8059	Supplemental: Federal Funds 93.778.000 XIX FMAP	\$7,428,365	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$7,428,365	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$71,574,264	\$94,646,467	\$99,997,330	\$93,894,540	\$92,371,597
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$3,721,409	\$1,101,090	\$3,039,200	\$201,700	\$201,050
SUBTOTAL, MOF (OTHER FUNDS)		\$3,721,409	\$1,101,090	\$3,039,200	\$201,700	\$201,050
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$158,914,744	\$156,706,858
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$172,565,804	\$166,747,424	\$172,675,718	\$158,914,744	\$156,706,858

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 8 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Medical Transportation Program (MTP) strategy includes funding for cost-effective non-emergency medical transportation (NEMT) for Medicaid clients who have no other means of transportation available to access Medicaid-covered-svcs. States are federally required to provide NEMT for clients to and from their Medicaid health-care visits provided by a Medicaid enrolled qualified service provider. This includes people with Medicaid, children who get svcs through the Children with Special Health Care Needs program, and people in the Transportation of Indigent Cancer Patients program.

MTP svcs include: bus passes [including passes for Special Transit svcs]; demand-response transportation svcs when fixed route public transportation svcs are not available or may not meet a client’s needs; and mileage reimbursement for a family member or friend to drive the client.

NEMT svcs on a regional basis are coordinated through two types of managed transportation capitated models: Full Risk Brokers and Managed Transportation Organization (MTO).

svcs in the Dallas/Fort Worth and Houston/Beaumont areas are delivered through a full-risk broker model. Svcs for the rest of the state are delivered through a Managed Transportation Organization. MTP svcs under the capitated model are eligible for federal reimbursement at the FMAP rate.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2017 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients Service Categories:
 STRATEGY: 8 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Fuel costs may impact the cost of providing MTP svcs to eligible clients. Any increase in utilization of Texas Health Steps (EPSDT) svcs as a result of outreach and informing efforts mandated by Frew Orders could result in an increase in client utilization of MTP svcs.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$339,423,142	\$315,621,602	\$(23,801,540)	\$(23,801,540)	CASELOAD FORECAST UPDATE: GR (\$11,686,340), FED (\$8,377,660), OTHER (\$3,737,540)
			\$(23,801,540)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 1 Community Attendant Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average # of Individuals Served Per Mnth: Community Attendant Services	57,970.00	60,840.00	62,900.00	64,413.00	66,335.00
Efficiency Measures:						
KEY 1	Average Mthly Cost Per Individual Served: Community Attendant Services	1,019.15	1,029.16	1,036.54	1,045.26	1,071.26
Objects of Expense:						
3001	CLIENT SERVICES	\$705,219,498	\$712,879,799	\$787,092,994	\$817,786,811	\$850,902,621
TOTAL, OBJECT OF EXPENSE		\$705,219,498	\$712,879,799	\$787,092,994	\$817,786,811	\$850,902,621
Method of Financing:						
758	GR Match For Medicaid	\$300,241,800	\$305,121,497	\$301,801,640	\$325,965,869	\$325,985,247
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$25,447,743	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$300,241,800	\$305,121,497	\$327,249,383	\$325,965,869	\$325,985,247
Method of Financing:						
5109	Medicaid Estate Recovery Account	\$9,000,000	\$2,700,000	\$2,700,000	\$2,700,000	\$2,700,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$9,000,000	\$2,700,000	\$2,700,000	\$2,700,000	\$2,700,000

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 1 Community Attendant Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$395,977,698	\$405,058,302	\$400,249,874	\$489,120,942	\$522,217,374
CFDA Subtotal, Fund	555	\$395,977,698	\$405,058,302	\$400,249,874	\$489,120,942	\$522,217,374
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$56,893,737	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$56,893,737	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$395,977,698	\$405,058,302	\$457,143,611	\$489,120,942	\$522,217,374
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$817,786,811	\$850,902,621
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$705,219,498	\$712,879,799	\$787,092,994	\$817,786,811	\$850,902,621
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 1 Community Attendant Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Community Attendant Services (CAS) strategy provides non-skilled personal care services for individuals whose chronic health problems impair their ability to perform activities of daily living (ADLs) and whose income makes them ineligible for Primary Home Care (PHC). Personal attendants provide services to assist individuals in performing ADLs, such as arranging or accompanying the individual on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping, and shopping. On average, individuals are authorized to receive approximately 16.4 hours of assistance per week. (Note: The term Frail Elderly is still used in federal language to refer to the law where the Federal legal authority can be located as part of the Social Security Act.)

To be eligible to receive CAS, an individual may be of any age, and must have a monthly income that is within 300% of the monthly income limit for SSI (currently \$2,094/month, updated annually); have countable resources of no more than \$2,000; have a functional assessment score of 24 or greater; and have a medical practitioner’s statement that the individual’s medical condition causes a functional limitation for at least one personal care task.

Statutory Authority. Social Security Act, §§1905(a)(24) and 1929(b); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy has experienced a 1.2% annual increase in the average monthly hours of service per individual served. This equates to an increased cost per individual served of \$25.66 in FY 2018 and \$37.47 in FY 2019. Funding for this utilization/acuity related cost increase has been included in Exceptional Item 1: Maintain Medicaid Entitlement Program Cost Growth. In addition, this strategy will be impacted by Exceptional Item 38: Attendant Wage Increase \$8.00 to \$8.50.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 1 Community Attendant Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,499,972,793	\$1,668,689,432	\$168,716,639	\$168,716,639	CASELOAD FORECAST UPDATE: GR \$34,272,263, FED \$134,444,375
			\$168,716,639	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement
 STRATEGY: 2 Primary Home Care

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: Primary Home Care	1,152.00	980.00	979.00	977.00	977.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual Served: Primary Home Care	1,017.67	1,015.09	1,010.26	1,031.10	1,031.10
Objects of Expense:						
3001	CLIENT SERVICES	\$13,644,829	\$10,938,764	\$11,873,814	\$12,090,152	\$12,093,957
TOTAL, OBJECT OF EXPENSE		\$13,644,829	\$10,938,764	\$11,873,814	\$12,090,152	\$12,093,957
Method of Financing:						
758	GR Match For Medicaid	\$5,998,426	\$4,723,358	\$4,977,502	\$5,048,720	\$5,050,260
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,998,426	\$4,723,358	\$4,977,502	\$5,048,720	\$5,050,260
Method of Financing:						
555	Federal Funds 93.778.000 XIX FMAP	\$7,646,403	\$6,215,406	\$6,896,312	\$7,041,432	\$7,043,697
CFDA Subtotal, Fund	555	\$7,646,403	\$6,215,406	\$6,896,312	\$7,041,432	\$7,043,697

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 2 Primary Home Care Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (FEDERAL FUNDS)		\$7,646,403	\$6,215,406	\$6,896,312	\$7,041,432	\$7,043,697
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$12,090,152	\$12,093,957
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,644,829	\$10,938,764	\$11,873,814	\$12,090,152	\$12,093,957

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 2 Primary Home Care Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Primary Home Care (PHC) strategy provides non-skilled, personal care services for individuals whose chronic health problems impair their ability to perform activities of daily living (ADLs). Personal attendants assist individuals in performing ADLs, such as arranging or accompanying individuals on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping, and shopping. On average, individuals are authorized to receive approximately 16.6 hours of assistance per week.

To be eligible to receive Medicaid funded PHC, an individual must be at least 21 years of age (as of September 2007, individuals under age 21 are served by the Health and Human Services Commission’s Personal Care Services program), have a monthly income that is equal to or less than 100% of the monthly income limit for Supplemental Security Income (SSI), which is currently \$733/month (SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index); have countable resources of no more than \$2,000; have a functional assessment score of 24 or greater; and have a medical practitioner’s statement that the individual’s medical condition causes a functional limitation for at least one personal care task.

Statutory Authority. Social Security Act, §§1902(a)(10)(A)(i)(I)-(VII), §1905(a)(24), §1915(b), and §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy has experienced a 1.8% annual increase in the average monthly hours of service per individual served. This equates to an increased cost per individual served of \$31.35 in FY 2018 and \$50.63 in FY 2019. Funding for this utilization/acuity related cost increase has been included in Exceptional Item 1: Maintain Medicaid Entitlement Program Cost Growth. In addition, this strategy will be impacted by Exceptional Item 38: Attendant Wage Increase \$8.00 to \$8.50)

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 2 Primary Home Care Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$22,812,578	\$24,184,109	\$1,371,531	\$1,371,531	CASELOAD FORECAST UPDATE: GR \$39,287, FED \$1,332,244
			\$1,371,531	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 3 Day Activity and Health Services (DAHS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Per Month: Day Activity/Health Services	1,346.00	1,301.00	1,331.00	1,360.00	1,391.00
Efficiency Measures:						
KEY 1	Avg Mthly Cost Per Individual Served: Day Activity and Health Services	559.53	552.21	556.32	560.22	563.57
Objects of Expense:						
3001	CLIENT SERVICES	\$9,083,658	\$8,130,528	\$8,872,746	\$9,123,267	\$9,393,590
TOTAL, OBJECT OF EXPENSE		\$9,083,658	\$8,130,528	\$8,872,746	\$9,123,267	\$9,393,590
Method of Financing:						
758	GR Match For Medicaid	\$3,973,192	\$3,510,762	\$3,719,455	\$3,701,292	\$3,701,906
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,973,192	\$3,510,762	\$3,719,455	\$3,701,292	\$3,701,906
Method of Financing:						
555	Federal Funds 93.778.000 XIX FMAP	\$5,110,466	\$4,619,766	\$4,948,599	\$5,421,975	\$5,691,684
CFDA Subtotal, Fund 555		\$5,110,466	\$4,619,766	\$4,948,599	\$5,421,975	\$5,691,684
8059	Supplemental: Federal Funds					

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 3 Day Activity and Health Services (DAHS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.778.000 XIX FMAP	\$0	\$0	\$204,692	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$204,692	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$5,110,466	\$4,619,766	\$5,153,291	\$5,421,975	\$5,691,684
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$9,123,267	\$9,393,590
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$9,083,658	\$8,130,528	\$8,872,746	\$9,123,267	\$9,393,590
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 3 Day Activity and Health Services (DAHS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Day Activity & Health Services (DAHS), Title XIX, strategy provides licensed adult day care facility daytime services five days a week (Monday-Friday). Services are designed to address the physical, mental, medical, and social needs of individuals, and must be provided or supervised by a licensed nurse. Services include nursing and personal care, noontime meal, snacks, transportation, and social, educational, and recreational activities. Individuals receive services based on half-day (three to six hours) units of service; an individual may receive a maximum of 10 units of service a week, depending on the physician's orders and related requirements.

To be eligible for DAHS, an individual may be of any age (individuals under 18 are not ineligible, however, those under age 18 are not able to attend adult day-care facilities due to licensure issues), and have a physician's order requiring care or supervision by a licensed nurse because the individual has a need for skilled or restorative nursing that can be met at the facility. (For Title XX funded DAHS, the income limit is 300% of SSI and the resources limit is \$5,000 or less for an individual if not SSI eligible or \$6,000 or less for a couple if not SSI eligible.)

Statutory Authority. Social Security Act, §§1902(a)(10)(A)(i) (I)-(VII), §1905(a)(13), §1915(b), and §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy will be impacted by Exceptional Item 38: Attendant Wage Increase \$8.00 to \$8.50.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 3 Day Activity and Health Services (DAHS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$17,003,274	\$18,516,857	\$1,513,583	\$1,513,583	CASELOAD FORECAST UPDATE: GR \$227,272, FED \$1,286,311
			\$1,513,583	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 4 Nursing Facility Payments Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg. Number Receiving Medicaid-funded FFS Nursing Facility Services/Mo	6,436.00	6,625.00	6,634.00	6,305.00	6,305.00
KEY 2	Average Number Receiving Personal Needs Allowance Per Month	9,252.09	10,000.00	10,000.00	10,000.00	10,000.00
Efficiency Measures:						
KEY 1	Net Nursing Facility Cost Per Medicaid Resident Per Month	3,842.29	3,991.14	4,059.12	4,134.48	4,121.55
Objects of Expense:						
3001	CLIENT SERVICES	\$278,976,006	\$241,665,094	\$321,787,787	\$312,742,327	\$312,136,859
4000	GRANTS	\$2,417,468	\$453,499	\$1,000,000	\$4,536,752	\$4,536,752
TOTAL, OBJECT OF EXPENSE		\$281,393,474	\$242,118,593	\$322,787,787	\$317,279,079	\$316,673,611
Method of Financing:						
1	General Revenue Fund	\$5,327,280	\$3,935,880	\$3,935,881	\$7,472,632	\$7,472,632
758	GR Match For Medicaid	\$127,877,133	\$100,849,823	\$109,516,726	\$131,426,048	\$131,585,292
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$22,422,599	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$133,204,413	\$104,785,703	\$135,875,206	\$138,898,680	\$139,057,924

Method of Financing:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 4 Nursing Facility Payments Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
555	Federal Funds					
	93.778.000 XIX FMAP	\$148,189,061	\$137,289,390	\$144,092,008	\$178,336,899	\$177,572,187
	93.778.003 XIX 50%	\$0	\$43,500	\$43,500	\$43,500	\$43,500
CFDA Subtotal, Fund	555	\$148,189,061	\$137,332,890	\$144,135,508	\$178,380,399	\$177,615,687
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$42,777,073	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$42,777,073	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$148,189,061	\$137,332,890	\$186,912,581	\$178,380,399	\$177,615,687
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$317,279,079	\$316,673,611
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$281,393,474	\$242,118,593	\$322,787,787	\$317,279,079	\$316,673,611

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 4 Nursing Facility Payments Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Nursing Facility Payments strategy provides payments to promote quality of care for individuals with medical problems that require nursing facility or hospice care. The types of payments include Nursing Facility Care, Medicaid Swing Bed Program, Augmented Communication Device Systems, Customized Power Wheelchairs, Emergency Dental Services, and Specialized and Rehabilitative Services.

The Nursing Facility Payments provides institutional nursing care for individuals whose medical condition requires the skills of a licensed nurse on a regular basis. The nursing facility must provide for the medical, nursing, and psychosocial needs of each individual, to include room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items, and rehabilitative therapies.

To be eligible for Medicaid coverage in a nursing facility, the individual must reside in a Medicaid-certified facility for 30 consecutive days; be eligible for Supplemental Security Income (SSI) from the Social Security Administration or be determined by the Texas Health and Human Services Commission to be financially eligible for Medicaid; and meet medical necessity requirements.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; Government Code, Chapter 531, and Texas Administrative Code §193130, 19.1401, and 19.2613-2614.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 4 Nursing Facility Payments Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy has experienced a .45% annual increase in the average daily rate as the result of an increase in patient acuity. This equates to an increase cost per individual served of \$51.40 per month in FY 2018 and \$72.39 per month in FY 2019. Funding for this utilization/acuity related cost increase for the remaining fee-for-service population has been included in Exceptional Item 1: Maintain Medicaid Entitlement Program Cost Growth.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$564,906,380	\$633,952,690	\$69,046,310	\$69,046,310	CASELOAD FORECAST UPDATE: GR \$27,330,053, FED \$41,716,258
			\$69,046,310	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 5 Medicare Skilled Nursing Facility Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number Receiving Nursing Facility Copayments/Mo	1,717.00	1,778.00	1,777.00	1,732.00	1,732.00
Efficiency Measures:						
KEY 1	Net Medicaid/Medicare Copay Per Individual-FFS Nursing Facility Svcs	2,420.13	2,504.22	2,584.54	2,587.41	2,603.78
Objects of Expense:						
3001	CLIENT SERVICES	\$55,258,698	\$37,500,935	\$54,602,673	\$53,542,560	\$54,020,171
TOTAL, OBJECT OF EXPENSE		\$55,258,698	\$37,500,935	\$54,602,673	\$53,542,560	\$54,020,171
Method of Financing:						
758	GR Match For Medicaid	\$25,025,904	\$16,192,904	\$17,822,885	\$22,114,126	\$22,169,658
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$5,066,556	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$25,025,904	\$16,192,904	\$22,889,441	\$22,114,126	\$22,169,658
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$30,232,794	\$21,308,031	\$23,458,086	\$31,428,434	\$31,850,513

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 5 Medicare Skilled Nursing Facility Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$30,232,794	\$21,308,031	\$23,458,086	\$31,428,434	\$31,850,513
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$8,255,146	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$8,255,146	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$30,232,794	\$21,308,031	\$31,713,232	\$31,428,434	\$31,850,513
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$53,542,560	\$54,020,171
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$55,258,698	\$37,500,935	\$54,602,673	\$53,542,560	\$54,020,171

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 5 Medicare Skilled Nursing Facility Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Medicaid Funded Co-payment for Medicare Skilled NF strategy covers the payment of Medicare Skilled Nursing Facility (SNF) co-insurance for Medicaid recipients in Medicare (XVIII) facilities. Medicaid also pays the co-payment for Medicaid Qualified Medicare Beneficiary (QMB) recipients, 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 "Pure" QMB recipients, the entire coinsurance amount is paid. The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.

To be eligible for Medicaid coverage in a nursing facility, an individual must reside in a Medicaid-certified facility for 30 consecutive days; be eligible for Supplemental Security Income (SSI) from the Social Security Administration or be determined by the Texas Health and Human Services Commission to be financially eligible for Medicaid; and meet medical necessity requirements.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

The daily co-insurance rate for this program is set by Medicare, and is adjusted each calendar year based upon the annual increase in the Medicare hospital deductible. Therefore, in the base request, the department assumed that the daily co-insurance rate would increase from \$161.00 in CY 2016 to \$166.00 for CY 2017, \$170.50 for FY 18, and \$175.00 for CY 2019.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 5 Medicare Skilled Nursing Facility Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$92,103,608	\$107,562,731	\$15,459,123	\$15,459,123	CASELOAD FORECAST UPDATE: GR \$4,238,234, FED \$11,220,888
			\$15,459,123	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 6 Hospice Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Receiving Hospice Services Per Month	7,165.00	7,388.00	7,519.00	7,704.00	7,822.00
Efficiency Measures:						
KEY 1	Average Net Payment Per Individual Per Month for Hospice	2,982.97	2,990.23	2,992.16	3,003.22	2,995.08
Objects of Expense:						
3001	CLIENT SERVICES	\$248,441,636	\$229,147,835	\$269,311,743	\$276,958,763	\$280,652,492
TOTAL, OBJECT OF EXPENSE		\$248,441,636	\$229,147,835	\$269,311,743	\$276,958,763	\$280,652,492
Method of Financing:						
758	GR Match For Medicaid	\$108,834,536	\$98,946,035	\$98,757,541	\$114,042,183	\$114,122,502
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$14,137,942	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$108,834,536	\$98,946,035	\$112,895,483	\$114,042,183	\$114,122,502
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$139,607,100	\$130,201,800	\$129,967,972	\$162,916,580	\$166,529,990
CFDA Subtotal, Fund	555	\$139,607,100	\$130,201,800	\$129,967,972	\$162,916,580	\$166,529,990

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 6 Hospice Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$26,448,288	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$26,448,288	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$139,607,100	\$130,201,800	\$156,416,260	\$162,916,580	\$166,529,990
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$276,958,763	\$280,652,492
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$248,441,636	\$229,147,835	\$269,311,743	\$276,958,763	\$280,652,492
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 6 Hospice Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Hospice strategy provides services to Medicaid recipients who no longer desire curative treatment 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, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care. Service settings can be in the home, in community settings, or in long-term-care facilities. Medicaid rates for community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For individuals residing in a nursing facility or an ICF/IID and receiving hospice services, the facility also receives a payment of 95% of the established nursing facility rate for that individual.

Hospice eligibility is available for all age groups, including children, during their final stages of life.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 6 Hospice Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$498,459,578	\$557,611,255	\$59,151,677	\$59,151,677	CASELOAD FORECAST UPDATE: GR \$12,734,05, FED \$46,417,662
			\$59,151,677	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Persons in ICF/IID Medicaid Beds Per Month	4,934.00	4,886.00	4,887.00	4,860.00	4,880.00
2	Average Number of ICF/IID Medicaid Beds Per Month	5,375.75	5,352.83	5,352.83	5,352.83	5,352.83
Efficiency Measures:						
KEY 1	Monthly Cost Per ICF/IID Medicaid Eligible Individual	4,420.99	4,411.26	4,440.22	4,458.93	4,445.85
Objects of Expense:						
3001	CLIENT SERVICES	\$256,016,951	\$282,128,616	\$260,278,862	\$259,984,727	\$260,313,984
TOTAL, OBJECT OF EXPENSE		\$256,016,951	\$282,128,616	\$260,278,862	\$259,984,727	\$260,313,984
Method of Financing:						
758	GR Match For Medicaid	\$41,947,391	\$41,412,780	\$15,926,219	\$28,086,635	\$33,651,671
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$12,682,679	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$41,947,391	\$41,412,780	\$28,608,898	\$28,086,635	\$33,651,671
Method of Financing:						
5080	Quality Assurance	\$70,000,000	\$80,500,000	\$80,500,000	\$80,500,000	\$71,020,582
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$70,000,000	\$80,500,000	\$80,500,000	\$80,500,000	\$71,020,582

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$144,014,826	\$160,215,836	\$122,456,770	\$151,398,092	\$155,641,731
CFDA Subtotal, Fund	555	\$144,014,826	\$160,215,836	\$122,456,770	\$151,398,092	\$155,641,731
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$28,713,194	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$28,713,194	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$144,014,826	\$160,215,836	\$151,169,964	\$151,398,092	\$155,641,731
Method of Financing:						
8095	ID Collect-Pat Supp & Maint	\$54,734	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$54,734	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$259,984,727	\$260,313,984
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$256,016,951	\$282,128,616	\$260,278,862	\$259,984,727	\$260,313,984
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Intermediate Care Facilities for individuals with an Intellectual Disability (ICFs/IID) strategy funds residential facilities serving four or more individuals with intellectual and developmental disabilities. ICF/IDD is considered an optional Medicaid program. Each private or public facility must comply with federal and state standards, laws, and regulations. These facilities provide active treatment, including diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at their greatest ability.

To be eligible, an individual must have a full scale intelligence quotient (IQ) score of 69 or below, and have an adaptive behavior level with mild to extreme deficits in adaptive behavior; or have a full scale IQ score of 75 or below and a primary diagnosis by a licensed physician of a related condition, and have an adaptive behavior level with mild to extreme deficits in adaptive behavior; or have a primary diagnosis of a related condition diagnosed by a licensed physician regardless of IQ and have an adaptive behavior level with moderate to extreme deficits in adaptive behavior; and in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF/IID; and be eligible for Supplemental Security Income (SSI) or be eligible for Medicaid.

Statutory Authority. Social Security Act, Title XIX; Health & Safety Code, §252.201-208; and Human Resources Code, Chapter 161.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy will be impacted by the following exceptional item: item 40: Increased wage enhancement for IDD programs.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement Service Categories:
 STRATEGY: 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$542,407,478	\$520,298,711	\$(22,108,767)	\$(22,108,767)	CASELOAD FORECAST UPDATE: GR (\$11,992,169), FED (\$637,180), GR-D (\$9,479,418)
			\$(22,108,767)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 1 Home and Community-based Services (HCS)

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg # Individuals Served Per Mth: Home & Community Based Services (HCS)	26,853.00	26,072.00	25,953.00	25,898.00	25,898.00
Efficiency Measures:						
KEY 1	Avg Mthly Cost Per Individual Served: Home & Community Based Services	3,588.00	3,604.52	3,656.24	3,668.76	3,668.76
KEY 2	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	5,245.00	5,273.35	5,345.00	5,363.45	5,363.45
KEY 3	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	2,786.00	2,786.42	2,827.93	2,837.61	2,837.61
Explanatory/Input Measures:						
KEY 1	# Individuals Receiving Services at the End of the Fiscal Year: HCS	25,980.00	26,018.00	25,898.00	25,898.00	25,898.00
KEY 2	Avg # Individ on Interest List Per Month: Home & Community Based Svcs	83,864.00	93,940.00	107,779.00	107,779.00	107,779.00
KEY 3	Avg # on HCS Interest List Receiving Other Svcs Per Mth	22,998.00	22,023.00	22,467.00	22,467.00	22,467.00
KEY 4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY HCS Waiver	42.31 %	37.52 %	37.52 %	37.52 %	37.52 %
KEY 5	Percent of HCS Recipients Receiving Residential Services	32.88 %	33.00 %	32.91 %	32.91 %	32.91 %

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 1 Home and Community-based Services (HCS)

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
3001	CLIENT SERVICES	\$1,102,175,534	\$1,070,740,677	\$1,137,810,107	\$1,140,285,551	\$1,140,161,616
TOTAL, OBJECT OF EXPENSE		\$1,102,175,534	\$1,070,740,677	\$1,137,810,107	\$1,140,285,551	\$1,140,161,616
Method of Financing:						
758	GR Match For Medicaid	\$471,739,491	\$457,847,940	\$472,190,373	\$455,195,150	\$453,663,466
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$471,739,491	\$457,847,940	\$472,190,373	\$455,195,150	\$453,663,466
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$620,546,391	\$603,078,607	\$647,915,938	\$685,090,401	\$686,498,150
	93.791.000 Money Follows Person Reblncng Demo	\$8,950,803	\$9,814,130	\$9,814,130	\$0	\$0
CFDA Subtotal, Fund	555	\$629,497,194	\$612,892,737	\$657,730,068	\$685,090,401	\$686,498,150
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$7,889,666	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$7,889,666	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$629,497,194	\$612,892,737	\$665,619,734	\$685,090,401	\$686,498,150

Method of Financing:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 1 Home and Community-based Services (HCS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
777	Interagency Contracts	\$938,849	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$938,849	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,140,285,551	\$1,140,161,616
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,102,175,534	\$1,070,740,677	\$1,137,810,107	\$1,140,285,551	\$1,140,161,616

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Home and Community Based Services (HCS) strategy provides services and supports for individuals with intellectual or developmental disabilities as an alternative to an ICF/IID. Individuals may live in their own or family home, in a foster/companion care setting, or in a residence with no more than four individuals who receive similar services. Services include case management, and, as appropriate, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications, and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services, and licensed nursing services.

To be eligible for HCS, an individual may be of any age, and must have a determination of intellectual disability made in accordance with state law or have been diagnosed by a physician as having a related condition; meet the ICF/IID Level of Care I criteria; have a monthly income that is within 300% of the SSI monthly income limit (currently \$2,094/month, adjusted annually); and have an Individual Plan of Care (IPC) that does not exceed 200 percent of the reimbursement rate that would have been paid for that same person to receive services in an ICF/IID, or 200 percent of the estimated annualized per capita cost for ICF/IID services, whichever is greater.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 1 Home and Community-based Services (HCS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy will be impacted by the following exceptional items: item 4: Maintain Medicaid Waiver Programs at FY 2017 levels; item 13: Provide Transition to Community Services; item 14: Reducing Community Program Interest List; item 38: Attendant Wage Increase \$8.00 to \$8.50; item 40: Increased wage enhancement for IDD programs; item 41: Community Day Habilitation Programs-HCBS requirements.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$2,208,550,784	\$2,280,447,167	\$71,896,383	\$71,896,383	CASELOAD FORECAST UPDATE: GR (\$21,179,697), FED \$93,076,079
			\$71,896,383	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 2 Community Living Assistance and Support Services (CLASS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: CLASS Waiver	5,663.00	5,655.00	5,490.00	5,408.00	5,408.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual: CLASS Waiver	4,006.00	4,150.15	4,281.90	4,344.85	4,344.85
Explanatory/Input Measures:						
KEY 1	Average Number on Interest List: Community Living Assistance & Support	59,757.00	67,473.00	79,811.00	79,811.00	79,811.00
KEY 2	# of Persons Receiving Svcs at the End of the Fiscal Year: CLASS	5,567.00	5,587.00	5,408.00	5,408.00	5,408.00
KEY 3	Avg # on CLASS Interest List Receiving Other Svcs Per Mth	15,887.67	12,825.10	11,718.00	11,718.00	11,718.00
KEY 4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY CLASS Waiver	48.51 %	65.39 %	65.39 %	65.39 %	65.39 %
Objects of Expense:						
3001	CLIENT SERVICES	\$265,860,600	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
TOTAL, OBJECT OF EXPENSE		\$265,860,600	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460

Method of Financing:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 2 Community Living Assistance and Support Services (CLASS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
758	GR Match For Medicaid	\$106,597,414	\$102,818,977	\$106,000,932	\$101,815,331	\$101,357,405
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$106,597,414	\$102,818,977	\$106,000,932	\$101,815,331	\$101,357,405
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$159,263,186	\$161,832,940	\$169,847,235	\$180,401,404	\$180,606,055
CFDA Subtotal, Fund	555	\$159,263,186	\$161,832,940	\$169,847,235	\$180,401,404	\$180,606,055
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$6,139,363	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$6,139,363	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$159,263,186	\$161,832,940	\$175,986,598	\$180,401,404	\$180,606,055
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$282,216,735	\$281,963,460
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$265,860,600	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 2 Community Living Assistance and Support Services (CLASS) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Community Living Assistance & Support Services (CLASS) strategy provides services and supports for individuals with related conditions as an alternative to residing in an ICF/IID. Individuals may live in their own or family home. Services include adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational and physical therapy, behavioral support services, respite, specialized therapies, speech pathology, pre-vocational services, supported employment, support family services, and transition assistance services.

To be eligible for CLASS, an individual may be of any age, and must have a monthly income that is within 300% of the monthly income limit for SSI (currently \$2,094/month, adjusted annually); have countable resources of no more than \$2,000; and have an Individual Service Plan (ISP) that does not exceed 200% of the estimated annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy has experienced a 2.9% annual increase in the average monthly cost per individual served. This equates to an increased cost per individual served of \$289.09 in FY 2018 and \$409.47 in FY 2019. Funding for this utilization/acuity related cost increase has been included in Exceptional Item 3: Maintain Medicaid Non-Entitlement Program Cost Growth. This strategy will also be impacted by the following exceptional items: item 4: Maintain Medicaid Waiver Programs at FY 2017 levels; item 14: Reducing Community Program Interest List.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 2 Community Living Assistance and Support Services (CLASS)

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$546,639,447	\$564,180,195	\$17,540,748	\$17,540,748	CASELOAD FORECAST UPDATE: GR (\$5,647,173), FED \$23,187,921
			\$17,540,748	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 3 Deaf-Blind Multiple Disabilities (DBMD)

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: Deaf-Blind Waiver	339.00	331.00	345.00	345.00	345.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual: Deaf-Blind Waiver	3,471.23	3,478.78	3,496.22	3,468.00	3,468.00
Explanatory/Input Measures:						
KEY 1	Average Number on Interest List: Deaf-Blind Mult Disabilities Waiver	240.00	261.00	144.00	144.00	144.00
KEY 2	# of Persons Receiving Services at the End of the Fiscal Year: DBMD	319.00	345.00	345.00	345.00	345.00
KEY 3	Avg # DBMD Interest List Receiving Other Svcs Per Mth	88.92	72.20	80.00	80.00	80.00
KEY 4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY DBMD Waiver	24.00 %	76.64 %	76.64 %	76.64 %	76.64 %
Objects of Expense:						
3001	CLIENT SERVICES	\$13,362,419	\$12,137,020	\$14,381,918	\$14,355,801	\$14,357,532
TOTAL, OBJECT OF EXPENSE		\$13,362,419	\$12,137,020	\$14,381,918	\$14,355,801	\$14,357,532
Method of Financing:						
1	General Revenue Fund	\$157,693	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 3 Deaf-Blind Multiple Disabilities (DBMD)

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
758	GR Match For Medicaid	\$5,564,899	\$4,852,298	\$5,568,581	\$5,340,990	\$5,322,969
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,722,592	\$4,852,298	\$5,568,581	\$5,340,990	\$5,322,969
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$7,639,827	\$7,284,722	\$8,554,580	\$9,014,811	\$9,034,563
CFDA Subtotal, Fund	555	\$7,639,827	\$7,284,722	\$8,554,580	\$9,014,811	\$9,034,563
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$258,757	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$258,757	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$7,639,827	\$7,284,722	\$8,813,337	\$9,014,811	\$9,034,563
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$14,355,801	\$14,357,532
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,362,419	\$12,137,020	\$14,381,918	\$14,355,801	\$14,357,532
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 3 Deaf-Blind Multiple Disabilities (DBMD) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Deaf, Blind and Multiple Disabilities (DBMD) strategy provides services and supports for individuals with deaf blindness and one or more other disabilities as an alternative to residing in an ICF/IID. Individuals may reside in their own or family home or in small group homes. Services include adaptive aids and medical supplies, dental services, assisted living, behavioral support services, case management, chore services, minor home modifications, residential habilitation, day habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech, hearing and language therapy, supported employment, employment assistance, dietary services, financial management services for the consumer directed services option, and transition assistance services.

To be eligible for DBMD, an individual must be 18 years of age or older; have deaf blindness with one or more other disabilities that impairs independent functioning; have a monthly income that is within 300% of the monthly income limit for SSI (currently \$2,094/month, adjusted annually); have countable resources of no more than \$2,000; and have an ISP that does not exceed 200% of the estimated annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy will be impacted by the following exceptional items: item 4: Maintain Medicaid Waiver Programs at FY 2017 levels; item 14: Reducing Community Program Interest List; item 38: Attendant Wage Increase \$8.00 to \$8.50;

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 3 Deaf-Blind Multiple Disabilities (DBMD) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$26,518,938	\$28,713,333	\$2,194,395	\$2,194,395	CASELOAD FORECAST UPDATE: GR \$243,080, FED \$1,951,315
			\$2,194,395	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 4 Texas Home Living Waiver Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg Number of Individuals Served Per Month: Texas Home Living Waiver	5,467.00	5,418.00	5,218.00	5,124.00	5,124.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	1,798.17	1,773.14	1,902.76	1,942.69	1,942.69
Explanatory/Input Measures:						
KEY 1	# of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML	5,701.92	5,330.00	5,124.00	5,124.00	5,124.00
KEY 2	Average Number Individuals on Interest List Per Month: TXHMLV Waiver	63,311.00	70,750.00	70,750.00	70,750.00	70,750.00
KEY 3	Avg # on TXHL Waiver Interest List Receiving Other Services Per Month	12,407.00	12,088.00	12,088.00	12,088.00	12,088.00
KEY 4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY TXHL Waiver	41.03 %	58.99 %	58.99 %	58.99 %	58.99 %
Objects of Expense:						
3001	CLIENT SERVICES	\$121,720,554	\$106,942,647	\$118,855,251	\$119,608,072	\$119,452,116
TOTAL, OBJECT OF EXPENSE		\$121,720,554	\$106,942,647	\$118,855,251	\$119,608,072	\$119,452,116

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 4 Texas Home Living Waiver Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
758	GR Match For Medicaid	\$48,975,482	\$42,533,800	\$42,910,260	\$44,158,583	\$43,945,717
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$2,863,909	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$48,975,482	\$42,533,800	\$45,774,169	\$44,158,583	\$43,945,717
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$72,745,072	\$64,408,847	\$51,955,811	\$75,449,489	\$75,506,399
CFDA Subtotal, Fund	555	\$72,745,072	\$64,408,847	\$51,955,811	\$75,449,489	\$75,506,399
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$21,125,271	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$21,125,271	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$72,745,072	\$64,408,847	\$73,081,082	\$75,449,489	\$75,506,399
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$119,608,072	\$119,452,116
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$121,720,554	\$106,942,647	\$118,855,251	\$119,608,072	\$119,452,116
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL:	1	Medicaid		
OBJECTIVE:	3	Long-term Care - Non-entitlement	Service Categories:	
STRATEGY:	4	Texas Home Living Waiver	Service: 26	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Texas Home Living (TxHmL) strategy provides essential services and supports for individuals with intellectual or developmental disabilities as an alternative to residing in an ICF/IID. Individuals must live in their own or family homes. Service components are comprised of the Community Living Service category and the Technical and Professional Supports Services category. The Community Living Service category includes community support, day habilitation, employment assistance, supported employment, and respite services. The Technical and Professional Supports Services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment, and specialized therapies. Coordination of services is provided by the local mental retardation authority service coordinator.

To be eligible for TxHmL, an individual may be of any age, and must have a determination intellectual or developmental disability made in accordance with state law; live in his/her own home or in his/her family's home; be Medicaid eligible; meet the requirements for ICF/MR Level of Care I; have an Individual Service Plan (ISP) that does not exceed \$18,135m, and not be assigned a Pervasive Plus Level of Need 9.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis. As a result, the base request for FY 2018 for this program is lower than it would be otherwise.

This strategy will be impacted by the following exceptional items: item 4: Maintain Medicaid Waiver Programs at FY 2017 levels; item 14: Reducing Community Program Interest List; item 40: Increased wage enhancement for IDD programs.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 4 Texas Home Living Waiver

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$225,797,898	\$239,060,188	\$13,262,290	\$13,262,290	CASELOAD FORECAST UPDATE: GR (\$203,669), FED \$13,465,959
			\$13,262,290	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 5 Program of All-inclusive Care for the Elderly (PACE)

Service Categories:
 Service: 26 Income: A.1 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg # of Recipients Per Month: Program for All Inclusive Care (PACE)	1,225.00	1,239.00	1,270.00	1,271.00	1,271.00
Efficiency Measures:						
KEY 1	Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	2,797.80	2,939.36	2,940.03	2,940.03	2,940.03
Explanatory/Input Measures:						
KEY 1	Number of Persons Receiving Svcs End of Fiscal Year: PACE	1,341.00	1,259.00	1,271.00	1,271.00	1,271.00
Objects of Expense:						
3001	CLIENT SERVICES	\$41,085,792	\$43,581,641	\$44,802,940	\$44,841,243	\$44,841,336
TOTAL, OBJECT OF EXPENSE		\$41,085,792	\$43,581,641	\$44,802,940	\$44,841,243	\$44,841,336
Method of Financing:						
758	GR Match For Medicaid	\$19,564,877	\$18,818,552	\$18,781,393	\$18,782,661	\$18,782,699
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$19,564,877	\$18,818,552	\$18,781,393	\$18,782,661	\$18,782,699
Method of Financing:						
555	Federal Funds					

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 5 Program of All-inclusive Care for the Elderly (PACE) Service: 26 Income: A.1 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.778.000 XIX FMAP	\$21,520,915	\$24,763,089	\$25,702,633	\$26,058,582	\$26,058,637
CFDA Subtotal, Fund	555	\$21,520,915	\$24,763,089	\$25,702,633	\$26,058,582	\$26,058,637
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$318,914	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$318,914	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$21,520,915	\$24,763,089	\$26,021,547	\$26,058,582	\$26,058,637
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$44,841,243	\$44,841,336
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$41,085,792	\$43,581,641	\$44,802,940	\$44,841,243	\$44,841,336

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 5 Program of All-inclusive Care for the Elderly (PACE) Service: 26 Income: A.1 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Program for All-inclusive Care for the Elderly (PACE) strategy is an integrated managed care system for aged and disabled individuals. PACE provides community-based services in El Paso and Amarillo for individuals age 55 or older who qualify for nursing facility admission. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee. PACE provides all health-related services for an individual, including in-patient and out-patient medical care, and specialty services, including dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance.

To be eligible to receive PACE, an individual must be 55 years of age or older, meet the medical necessity for nursing facility admission, live in a PACE service area (Amarillo or El Paso), be determined by the PACE Interdisciplinary Team as able to be safely served in the community, have a monthly income that is within 300% of the Supplemental Security Income (SSI) monthly income limit (currently \$2,094, adjusted annually), have a monthly income of no more than \$3,618 if a couple, and have countable resources of no more than \$2,000.

Statutory Authority. Social Security Act, §1934; Human Resources Code, Chapter 32, §32.053, and Chapter 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

This strategy will be impacted by the following exceptional items: item 4: Maintain Medicaid Waiver Programs at FY 2017 levels; item 30: PACE full –funding adjustment.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 5 Program of All-inclusive Care for the Elderly (PACE)

Service Categories:
 Service: 26 Income: A.1 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$88,384,581	\$89,682,579	\$1,297,998	\$1,297,998	CASELOAD FORECAST UPDATE: GR (\$1,480,287), FED \$2,778,285
			\$1,297,998	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 6 Medically Dependent Children Program (MDCP)

Service Categories:
 Service: 26 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: MDCP Waiver	824.17	0.00	0.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual: MDCP Waiver	1,403.33	0.00	0.00	0.00	0.00
Explanatory/Input Measures:						
KEY 1	Average Number on Interest List Per Month: MDCP Waiver	20,076.00	0.00	0.00	0.00	0.00
KEY 2	# Persons Receiving Svcs at the End of the Fiscal Year: MDCP	1,287.00	0.00	0.00	0.00	0.00
KEY 3	% Declined Svcs or Found to Be Ineligible Svcs at the EOY MDCP Waiver	84.82 %	0.00 %	0.00 %	0.00 %	0.00 %
Objects of Expense:						
3001	CLIENT SERVICES	\$41,343,421	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$41,343,421	\$0	\$0	\$0	\$0
Method of Financing:						
758	GR Match For Medicaid	\$19,686,618	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$19,686,618	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 6 Medically Dependent Children Program (MDCP) Service: 26 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$21,656,803	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$21,656,803	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$21,656,803	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$41,343,421	\$0	\$0	\$0	\$0

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement Service Categories:
 STRATEGY: 6 Medically Dependent Children Program (MDCP) Service: 26 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Medically Dependent Children Program (MDCP) strategy provides a variety of services and supports for families caring for children who are medically dependent as an alternative to residing in a nursing facility. Specific services include adaptive aids, adjunct support services, minor home modifications, respite, financial management services, and transition assistance services.

To be eligible for MDCP, an individual must be under 21 years of age; meet the medical necessity requirements for nursing facility admission; have a monthly income that is within 300% of the monthly income limit for SSI (currently \$2,094/month, adjusted annually); have countable resources of no more than \$2,000; and have an Individual Plan of Care (IPC) that does not exceed 50% of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

Statutory Authority. Social Security Act, §1915(c); Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

This program is scheduled to be rolled into STARKids managed care in November 2016. Therefore, no funding for this program has been requested in the base.

However, funding for additional MDCP slots and related items have been included in the following exceptional items: item 14: Reducing Community Program Interest List; item 38: Attendant Wage Increase \$8.00 to \$8.50.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 3 Long-term Care - Non-entitlement
 STRATEGY: 6 Medically Dependent Children Program (MDCP)

Service Categories:
 Service: 26 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 1 Non-Full Benefit Payments Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Non-citizens Receiving Emergency Services	9,230.00	9,182.00	9,213.00	8,835.00	8,870.00
Efficiency Measures:						
KEY 1	Average Emergency Services for Non-citizens Cost Per Recipient Month	3,347.79	3,365.98	3,433.68	3,433.75	3,433.75
Objects of Expense:						
3001	CLIENT SERVICES	\$829,990,155	\$778,338,318	\$820,287,544	\$797,656,839	\$799,963,283
TOTAL, OBJECT OF EXPENSE		\$829,990,155	\$778,338,318	\$820,287,544	\$797,656,839	\$799,963,283
Method of Financing:						
758	GR Match For Medicaid	\$232,021,285	\$201,947,765	\$153,912,638	\$186,855,330	\$186,820,150
8137	GR Match: Medicaid Entitlemt Demand	\$23,458,770	\$0	\$46,930,581	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$255,480,055	\$201,947,765	\$200,843,219	\$186,855,330	\$186,820,150
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$13	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 1 Non-Full Benefit Payments Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	369	\$13	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$8,697,611	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$343,120,345	\$283,989,232	\$133,678,055	\$296,152,729	\$298,177,073
	93.778.005 XIX FMAP @ 90%	\$37,883	\$0	\$0	\$0	\$0
	93.778.009 SHARS	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
CFDA Subtotal, Fund	555	\$531,156,111	\$562,522,495	\$441,870,858	\$597,408,748	\$599,433,092
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$30,173,535	\$0	\$163,746,570	\$0	\$0
CFDA Subtotal, Fund	8059	\$30,173,535	\$0	\$163,746,570	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$561,329,659	\$562,522,495	\$605,617,428	\$597,408,748	\$599,433,092
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$13,180,441	\$13,868,058	\$13,826,897	\$13,392,761	\$13,710,041
SUBTOTAL, MOF (OTHER FUNDS)		\$13,180,441	\$13,868,058	\$13,826,897	\$13,392,761	\$13,710,041

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 1 Non-Full Benefit Payments Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$797,656,839	\$799,963,283
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$829,990,155	\$778,338,318	\$820,287,544	\$797,656,839	\$799,963,283

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Non-Full Benefits Payments strategy includes medical svcs that are not risk group specific. These svcs include the School Health and Related svcs (SHARS), emergency svcs for undocumented persons, Graduate Medical Education (GME), as well as a number of smaller costs, such as cost settlements for Indian Health svcs and Rural Health Clinics.

SHARS svcs include Medicaid reimbursement to school districts and cooperatives for the federal share of medically necessary svcs they provide to children enrolled in Medicaid. This strategy also includes associated Medicaid administrative expenses incurred by the Medicaid fiscal agent contractor related to SHARS claims.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2015 levels.

Strategy funding for FY 2018-19 assumes the current projected Medicaid caseloads at FY 2017 cost levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 1 Non-Full Benefit Payments Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The ongoing federal audit of SHARS could impact total Medicaid expenditures.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,598,625,862	\$1,597,620,122	\$(1,005,740)	\$(1,005,740)	CASELOAD FORECAST UPDATE: GR (\$29,115,504), FED \$28,701,917, OTHER (\$592,153)
			\$(1,005,740)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 2 For Clients Dually Eligible for Medicare and Medicaid Service: 22 Income: A.2 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Part B Recipient Months Per Month	649,387.00	659,865.00	666,416.00	669,839.00	686,117.00
2	Average Part A Recipient Months Per Month	52,120.00	50,477.00	51,220.00	51,762.00	54,125.00
3	Average QMBs Recipient Months Per Month	155,024.00	161,076.00	164,659.00	163,967.00	173,091.00
Efficiency Measures:						
KEY 1	Average Part B Premium Per Month	129.95	134.00	138.47	140.70	140.70
2	Average Part A Premium Per Month	391.61	397.18	405.13	408.13	408.22
3	Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	46.56	45.53	45.51	48.12	48.14
Objects of Expense:						
3001	CLIENT SERVICES	\$1,804,759,158	\$1,872,826,953	\$1,925,480,201	\$1,960,432,466	\$2,009,053,244
TOTAL, OBJECT OF EXPENSE		\$1,804,759,158	\$1,872,826,953	\$1,925,480,201	\$1,960,432,466	\$2,009,053,244
Method of Financing:						
758	GR Match For Medicaid	\$325,921,922	\$552,407,100	\$466,406,404	\$568,655,895	\$583,835,220
8092	Medicare Giveback Provision	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
8137	GR Match: Medicaid Entitlement Demand	\$148,748,941	\$0	\$90,974,800	\$0	\$0

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 2 For Clients Dually Eligible for Medicare and Medicaid Service: 22 Income: A.2 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$934,130,787	\$1,038,518,014	\$1,037,805,503	\$1,050,659,193	\$1,070,480,504
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$627,610,050	\$726,905,313	\$581,744,110	\$841,001,753	\$868,130,013
	93.778.007 XIX ADM @ 100	\$51,691,951	\$107,403,626	\$115,425,169	\$68,771,520	\$70,442,727
CFDA Subtotal, Fund	555	\$679,302,001	\$834,308,939	\$697,169,279	\$909,773,273	\$938,572,740
8059	Supplemental: Federal Funds					
	00.000.000 Temp Place Holder	\$191,326,370	\$0	\$190,505,419	\$0	\$0
CFDA Subtotal, Fund	8059	\$191,326,370	\$0	\$190,505,419	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$870,628,371	\$834,308,939	\$887,674,698	\$909,773,273	\$938,572,740
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,960,432,466	\$2,009,053,244
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,804,759,158	\$1,872,826,953	\$1,925,480,201	\$1,960,432,466	\$2,009,053,244
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 2 For Clients Dually Eligible for Medicare and Medicaid Service: 22 Income: A.2 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Medicare Payments strategy includes the hospital, physician, and other medical svcs provided to Medicaid-eligible aged and disabled clients who are also eligible for Title XVIII Medicare coverage. The Federal giveback payments required as part of the Medicare Part D drug program (also known as "clawback") are included in the Medicare strategy.

svcs are provided through the payment of premiums to the Social Security Administration and through the payment to Medicare providers of Medicare coinsurance and deductibles for dual eligible clients enrolled in the Medicare Part A and Part B programs. Medicare Part A covers hospital expenses and Part B covers physician, lab, and outpatient svcs. Dual eligible clients must utilize Medicare svcs before utilizing Medicaid svcs, making this a cost-effective program.

Eligibility for the various Medicare programs depends on an individual's work history. Qualified Medicaid Beneficiaries include individuals who are enrolled in Medicare Part A, have income that does not exceed 100 percent of the Federal Poverty Level, and whose resources do not exceed twice the resource limit of the Supplemental Security Income (SSI) Program.

Medicare Part D provides prescription drug benefits for eligible participants. Part D phase-down payments are 100% state funds, they are federally mandated and are included in the maintenance of effort requirements for the state Medicaid programs.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2017 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 2 For Clients Dually Eligible for Medicare and Medicaid Service: 22 Income: A.2 Age: B.2

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since svcs covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal government sets the rate for Medicare payments.

The federal Medicaid match rate determines the required state match which derives the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$3,798,307,154	\$3,969,485,710	\$171,178,556	\$171,178,556	CASELOAD FORECAST UPDATE: GR \$44,816,180, FED \$126,362,376
			\$171,178,556	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 3 Transformation Payments

Service Categories:
 Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$87,506	\$87,506	\$93,962	\$93,962
3001	CLIENT SERVICES	\$54,458,344	\$122,759,309	\$144,975,699	\$111,224,198	\$114,493,193
TOTAL, OBJECT OF EXPENSE		\$54,458,344	\$122,846,815	\$145,063,205	\$111,318,160	\$114,587,155
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$30,594,698	\$69,751,839	\$84,201,886	\$66,500,948	\$68,455,480
	93.778.003 XIX 50%	\$0	\$43,753	\$43,753	\$46,981	\$46,981
CFDA Subtotal, Fund	555	\$30,594,698	\$69,795,592	\$84,245,639	\$66,547,929	\$68,502,461
SUBTOTAL, MOF (FEDERAL FUNDS)		\$30,594,698	\$69,795,592	\$84,245,639	\$66,547,929	\$68,502,461
Method of Financing:						
777	Interagency Contracts	\$23,863,646	\$53,051,223	\$60,817,566	\$44,770,231	\$46,084,694
SUBTOTAL, MOF (OTHER FUNDS)		\$23,863,646	\$53,051,223	\$60,817,566	\$44,770,231	\$46,084,694

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 3 Transformation Payments Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$111,318,160	\$114,587,155
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$54,458,344	\$122,846,815	\$145,063,205	\$111,318,160	\$114,587,155

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Transformation Payments strategy represents expenditures with state and federal funding to support non-disproportionate share (non-DSH) Medicaid supplemental payments to hospitals. Expenditures reflected here exclude any payments where the state match is an intergovernmental transfer from public state and local hospitals.

The federal approval of the Texas Healthcare Transformation and Quality Improvement Program Waiver during FY 2012, allowed the state to expend state funding as match for uncompensated care (UC) and Delivery System Reform Incentive Payment (DSRIP) payments to hospitals.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 4 Other Medicaid Services Service Categories:
 STRATEGY: 3 Transformation Payments Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

The identification and appropriation of State funding will impact the potential and amount of any Transformation Waiver payments to hospitals expenditure from this strategy during the 2016-17 biennium.

In addition, the waiver will be up for renewal in September 2016. This will involve extensive CMS and stakeholder involvement and could change the nature of the DSRIP and UC programs in ways that cannot yet be anticipated.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$267,910,020	\$225,905,315	\$(42,004,705)	\$(42,004,705)	CASELOAD FORECAST UPDATE: FED (\$18,990,841), OTHER (\$23,013,864)
			\$(42,004,705)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration
 STRATEGY: 1 Medicaid Contracts and Administration

Service Categories:
 Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$42,510,031	\$39,970,882	\$49,711,460	\$49,879,215	\$49,977,204
1002	OTHER PERSONNEL COSTS	\$1,655,197	\$1,114,927	\$1,701,484	\$1,723,775	\$1,725,861
2001	PROFESSIONAL FEES AND SERVICES	\$451,011,068	\$461,052,167	\$459,448,221	\$462,024,951	\$500,995,744
2002	FUELS AND LUBRICANTS	\$4,593	\$17,376	\$15,713	\$18,403	\$18,403
2003	CONSUMABLE SUPPLIES	\$200,411	\$178,158	\$163,853	\$191,411	\$191,415
2004	UTILITIES	\$640,821	\$574,050	\$718,417	\$670,405	\$670,877
2005	TRAVEL	\$461,972	\$786,503	\$757,153	\$751,469	\$752,133
2006	RENT - BUILDING	\$3,179,260	\$1,263,062	\$1,253,565	\$1,258,313	\$1,258,313
2007	RENT - MACHINE AND OTHER	\$433,993	\$151,527	\$138,139	\$215,661	\$215,661
2009	OTHER OPERATING EXPENSE	\$51,989,413	\$49,889,009	\$51,221,705	\$50,257,443	\$50,281,363
4000	GRANTS	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$552,086,759	\$554,997,661	\$565,129,710	\$566,991,046	\$606,086,974
Method of Financing:						
1	General Revenue Fund	\$13,176,174	\$42,205,799	\$42,182,447	\$39,137,337	\$35,135,246
758	GR Match For Medicaid	\$172,797,052	\$152,482,056	\$155,167,986	\$158,313,426	\$162,133,441

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration
 STRATEGY: 1 Medicaid Contracts and Administration

Service Categories:
 Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$185,973,226	\$194,687,855	\$197,350,433	\$197,450,763	\$197,268,687
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$42,930,171	\$51,384,376	\$51,411,087	\$51,410,674	\$51,410,674
CFDA Subtotal, Fund	369	\$42,930,171	\$51,384,376	\$51,411,087	\$51,410,674	\$51,410,674
555	Federal Funds					
	93.778.003 XIX 50%	\$96,300,593	\$108,179,668	\$109,326,685	\$110,713,247	\$110,290,817
	93.778.004 XIX ADM @ 75%	\$147,775,936	\$121,406,296	\$121,375,013	\$122,218,111	\$122,312,355
	93.778.005 XIX FMAP @ 90%	\$20,645,413	\$17,372,947	\$23,845,952	\$23,262,545	\$62,868,735
	93.778.007 XIX ADM @ 100	\$57,159,556	\$60,450,000	\$60,450,000	\$60,450,000	\$60,450,000
	93.791.000 Money Follows Person Reblncng Demo	\$132,636	\$73,034	\$0	\$0	\$0
	93.796.000 Survey & Certification TitleXIX 75%	\$574,454	\$725,572	\$768,315	\$767,889	\$767,889
CFDA Subtotal, Fund	555	\$322,588,588	\$308,207,517	\$315,765,965	\$317,411,792	\$356,689,796
SUBTOTAL, MOF (FEDERAL FUNDS)		\$365,518,759	\$359,591,893	\$367,177,052	\$368,822,466	\$408,100,470
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$594,774	\$717,913	\$602,225	\$717,817	\$717,817
SUBTOTAL, MOF (OTHER FUNDS)		\$594,774	\$717,913	\$602,225	\$717,817	\$717,817

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration Service Categories:
 STRATEGY: 1 Medicaid Contracts and Administration Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$566,991,046	\$606,086,974
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$552,086,759	\$554,997,661	\$565,129,710	\$566,991,046	\$606,086,974
FULL TIME EQUIVALENT POSITIONS:		695.1	904.1	904.1	904.1	904.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy represents the funding of directly administering the Texas Medicaid program. Federal regulations mandate that the Medicaid program must be administered by a single state agency that has final policy making authority for the program. Under Texas law, HHSC is the designated single state agency. HHSC directs the program, administers and supervises the Medicaid State Plan, and is the final approval on Medicaid rules. Policy changes in the Medicaid program often require state plan amendments or waiver of federal requirements which are subject to an extensive review and approval process by the Federal Centers for Medicaid and Medicare.

Expenditures include staffing costs as well as contracted costs for the claims administrator and fiscal agent, managed care quality monitoring support, prior authorization svcs, enrollment broker svcs, the assessment of client and provider satisfaction, and an informal dispute resolution process for long-term care facilities and administration of pharmacy rebates. The claims administrator maintains the State's Medicaid Management Information System; processes and adjudicates all claims for Medicaid Acute Care; long-term care, and CSHCN program svcs that are outside the scope of capitated arrangements; and collects encounter data from MCOs to use in the evaluation of quality and utilization of svcs and administers pharmacy rebate functions. For Medicaid Managed Care, the Enrollment Broker provides outreach, education, and enrollment of eligible individuals into health and dental plans.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration Service Categories:
 STRATEGY: 1 Medicaid Contracts and Administration Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Changes in federal laws and regulations which require Medicaid state plan amendments or waivers, would impact the workload on the Medicaid State Office. Implementing new state programs or policies could also increase the workload.

External and internal factors affecting enrollment svcs include: 1) managed care expansions/initiatives; 2) caseload/workload growth; 3) re-procurement of contracted svcs; 4) Federal program and policy changes such as Medicaid Information Technology Architecture (MITA) initiative, a national framework to support improved systems development and health care management for the Medicaid enterprise; 5) any increase in utilization of Texas Health Steps svcs as a result of outreach, informing and support svcs efforts mandated by the Frew Consent Decree and Corrective Action Orders; 6) the federal match rate which determines the required state match and derives the strategy method of finance; 7) implementation of program and policy changes from state legislation; 8) federal and state review and oversight.

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration
 STRATEGY: 1 Medicaid Contracts and Administration

Service Categories:
 Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,120,127,371	\$1,173,078,020	\$52,950,649	\$39,606,045	MMIS MODERNIZATION: Increased in federal participation rate associated to MMIS Modernization project. GR \$0, GR-D \$0, FED \$39,606,045, OT \$0
			\$7,866,794	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$0, GR-D \$0, FED \$7,866,794, OT \$0
			\$5,362,314	APPROVED LETTER: Complete biennial funding due to partial 2018 amount in 06/01/2018 LBB approved letter. GR \$2,681,157, GR-D \$0, FED \$2,681,157, OT \$0
			\$115,496	REVENUE PROJECTION: Increase in projected collections. GR \$0, GR-D \$0, FED \$0, OT \$115,496
			\$52,950,649	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration
 STRATEGY: 2 CHIP Contracts and Administration

Service Categories:
 Service: 30 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,122,549	\$3,020,070	\$3,212,625	\$3,212,625	\$3,212,625
1002	OTHER PERSONNEL COSTS	\$84,004	\$87,923	\$112,995	\$112,995	\$112,995
2001	PROFESSIONAL FEES AND SERVICES	\$7,176,643	\$12,565,815	\$11,719,698	\$11,719,698	\$11,719,698
2002	FUELS AND LUBRICANTS	\$104	\$3,473	\$3,519	\$3,519	\$3,519
2003	CONSUMABLE SUPPLIES	\$3,773	\$41,188	\$41,926	\$41,926	\$41,926
2004	UTILITIES	\$17,806	\$72,860	\$75,345	\$75,345	\$75,345
2005	TRAVEL	\$25,042	\$869	\$1,341	\$1,341	\$1,341
2006	RENT - BUILDING	\$67,832	\$891,757	\$922,397	\$922,397	\$922,397
2007	RENT - MACHINE AND OTHER	\$7,538	\$132,288	\$136,743	\$136,743	\$136,743
2009	OTHER OPERATING EXPENSE	\$311,872	\$570,988	\$588,186	\$588,186	\$588,186
TOTAL, OBJECT OF EXPENSE		\$9,817,163	\$17,387,231	\$16,814,775	\$16,814,775	\$16,814,775
Method of Financing:						
8010	GR Match For Title XXI	\$1,052,342	\$1,095,101	\$1,040,498	\$2,653,372	\$4,571,937
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,052,342	\$1,095,101	\$1,040,498	\$2,653,372	\$4,571,937
Method of Financing:						
555	Federal Funds					

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration
 STRATEGY: 2 CHIP Contracts and Administration

Service Categories:

Service: 30 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.767.000 CHIP	\$8,764,821	\$16,292,130	\$15,774,277	\$14,161,403	\$12,242,838
CFDA Subtotal, Fund	555	\$8,764,821	\$16,292,130	\$15,774,277	\$14,161,403	\$12,242,838
SUBTOTAL, MOF (FEDERAL FUNDS)		\$8,764,821	\$16,292,130	\$15,774,277	\$14,161,403	\$12,242,838
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$16,814,775	\$16,814,775
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$9,817,163	\$17,387,231	\$16,814,775	\$16,814,775	\$16,814,775
FULL TIME EQUIVALENT POSITIONS:		48.0	60.0	60.0	60.0	60.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Children’s Health Insurance Program (CHIP) Contracts and Administration includes agency staffing and contracted costs for quality monitoring that are allocated between the Medicaid and CHIP expenditures. Expenditures also include enrollment svcs for CHIP, which are provided by a contracted vendor. The Enrollment Broker serves as an intermediary between the CHIP Managed Care Organizations, the clients, and HHSC. Enrollment broker functions include maintaining updated enrollment files for CHIP recipients; issuing enrollment packets through its mail subcontractor in order to educate and enroll the recipients; and maintaining an operations center dedicated to completing the enrollments whether by mail or phone. Outreach efforts educate and assist recipients on a one-on-one basis with the completion of their enrollment. In addition to the contracted vendor costs, funding includes the related postage expense.

The enrollment broker costs related to Medicaid are represented in Strategy B.1.1 Medicaid Contracts and Administration.

Legal Base: Chapter 62, Health and Safety Code

529 Health and Human Services Commission

GOAL: 2 Medicaid and CHIP Contracts and Administration
 OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration Service Categories:
 STRATEGY: 2 CHIP Contracts and Administration Service: 30 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Changes in federal laws and regulations which require CHIP state plan amendments or waivers, would impact the workload on the Medicaid State Office. Implementing new state programs or policies could also increase the workload.

External and internal factors affecting enrollment svcs include: 1) managed care expansions/initiatives; 2) caseload/workload growth; 3) re-procurement of contracted svcs; 4) the federal match rate which determines the required state match and derives the strategy method of finance; 5) implementation of program and policy changes from state legislation; and 6) federal and state review and oversight.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$34,202,006	\$33,629,550	\$(572,456)	\$(572,456)	PROFESSIONAL FEES/SERVICES: Decrease to costs for professional fee/services from FY18 to FY19 and forward.
			\$(572,456)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 1 Children's Health Insurance Program (CHIP)

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average CHIP Children Recipient Months Per Month	390,625.00	424,377.00	450,013.00	424,304.00	445,093.00
Efficiency Measures:						
KEY 1	Average CHIP Children Benefit Cost Per Recipient Month	130.13	129.19	133.16	133.47	133.48
Objects of Expense:						
3001	CLIENT SERVICES	\$505,221,466	\$532,040,238	\$615,422,241	\$571,640,173	\$602,429,565
TOTAL, OBJECT OF EXPENSE		\$505,221,466	\$532,040,238	\$615,422,241	\$571,640,173	\$602,429,565
Method of Financing:						
3643	Premium Co-payments	\$390,339	\$350,000	\$437,904	\$1,007,958	\$1,821,844
8025	Tobacco Receipts Match For Chip	\$36,214,910	\$37,427,945	\$38,514,408	\$88,881,261	\$161,663,155
8054	Experience Rebates-CHIP	\$666,472	\$635,360	\$127,000	\$315,600	\$315,600
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$37,271,721	\$38,413,305	\$39,079,312	\$90,204,819	\$163,800,599
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$467,949,745	\$493,626,933	\$576,342,929	\$481,435,354	\$438,628,966
CFDA Subtotal, Fund	555	\$467,949,745	\$493,626,933	\$576,342,929	\$481,435,354	\$438,628,966

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 1 Children's Health Insurance Program (CHIP)

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (FEDERAL FUNDS)		\$467,949,745	\$493,626,933	\$576,342,929	\$481,435,354	\$438,628,966
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$571,640,173	\$602,429,565
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$505,221,466	\$532,040,238	\$615,422,241	\$571,640,173	\$602,429,565

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Children’s Health Insurance Program (CHIP) strategy includes funding for the basic CHIP program. CHIP is a non-entitlement health insurance benefit program for uninsured children (birth through age 18) in families with incomes at or below 200 percent of the federal poverty level who are not eligible for Medicaid. Texas CHIP provides comprehensive statewide health benefits, including inpatient and outpatient medical and dental benefits, through 17 CHIP managed care organizations and 2 CHIP dental maintenance organizations. Texas CHIP began providing health coverage in May 2000.

The Medicare Access and CHIP Reauthorization Act extended CHIP federal funding through federal fiscal year 2018. The Patient Protection & Affordable Care Act also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2017 levels.

Legal Base: Title XXI of the Social Security Act as revised from the Balanced Budget Act of 1997; Chapters 62 and 63, Health and Safety Code; CHIP Reauthorization Act of 2009, H.R.2 ; Patient Protection and Affordable Care Act of 2012, H.R.3590.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 1 Children's Health Insurance Program (CHIP) Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of down-turn, high unemployment or natural disasters could impact the numbers of Texas children enrolling in CHIP.
 The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate.
 The CHIP program is subject to reauthorization during FY2018 by the President and Congress. This reauthorization, changes in the CHIP State Plan, and the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,147,462,479	\$1,174,069,738	\$26,607,259	\$26,607,259	Difference is related to changes in caseload demand.
			\$26,607,259	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 2 CHIP Perinatal Services

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Perinatal Recipient Months Per Month	34,458.00	33,118.00	32,365.00	32,165.00	32,430.00
Efficiency Measures:						
KEY 1	Average Perinatal Benefit Cost Per Recipient Month	412.36	434.35	442.84	417.75	417.72
Objects of Expense:						
3001	CLIENT SERVICES	\$174,099,780	\$172,614,818	\$178,126,180	\$161,269,346	\$166,775,569
TOTAL, OBJECT OF EXPENSE		\$174,099,780	\$172,614,818	\$178,126,180	\$161,269,346	\$166,775,569
Method of Financing:						
8025	Tobacco Receipts Match For Chip	\$14,314,663	\$12,462,790	\$11,311,012	\$25,448,303	\$45,346,277
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$14,314,663	\$12,462,790	\$11,311,012	\$25,448,303	\$45,346,277
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$159,785,117	\$160,152,028	\$166,815,168	\$135,821,043	\$121,429,292
CFDA Subtotal, Fund	555	\$159,785,117	\$160,152,028	\$166,815,168	\$135,821,043	\$121,429,292
SUBTOTAL, MOF (FEDERAL FUNDS)		\$159,785,117	\$160,152,028	\$166,815,168	\$135,821,043	\$121,429,292

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 2 CHIP Perinatal Services

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$161,269,346	\$166,775,569
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$174,099,780	\$172,614,818	\$178,126,180	\$161,269,346	\$166,775,569

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The CHIP Perinatal svcs strategy includes funds to provide health benefit coverage under CHIP to unborn children in low-income families who are ineligible for Medicaid. The federal CHIP law allows States to provide health insurance coverage for uninsured children with a more favorable federal matching rate than Medicaid. CHIP Perinatal svcs is an approved program under the federal law.

The 79th Legislature authorized HHSC to establish the CHIP Perinatal svcs Program. The program includes an expedited enrollment process for more immediate access to prenatal care. Families are eligible for the perinatal program if the pregnant mother has a family income at or below 200 percent of poverty and is ineligible for Medicaid due to family income or immigration status. Generally, pregnant women who are U.S. citizens or legal residents, and have incomes that fall into the Medicaid range (e.g., below 185% FPL) would qualify for Medicaid for Pregnant Women, and who meet other Medicaid eligibility requirements would not qualify for CHIP Perinatal. The program was implemented in January 2007.

The Medicare Access and CHIP Reauthorization Act extended CHIP federal funding through federal fiscal year 2018. The Patient Protection & Affordable Care Act also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2015 levels.

Legal Base: 42 CFR 457.10

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 2 CHIP Perinatal Services Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texas children enrolling in CHIP. Changes in federal policies have could also impact the CHIP Perinate program.

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate.

The CHIP program is subject to reauthorization during FY2016 by the President and Congress. This reauthorization, changes in the CHIP State Plan, and the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$350,740,998	\$328,044,915	\$(22,696,083)	\$(22,696,083)	Difference is related to changes in caseload demand.
			\$(22,696,083)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 3 CHIP Prescription Drugs

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
KEY 1	Average Cost/CHIP Recipient Month: Pharmacy Benefit	36.12	31.39	32.52	33.72	33.62
Objects of Expense:						
3001	CLIENT SERVICES	\$184,098,206	\$172,419,392	\$188,577,029	\$184,706,681	\$192,667,996
TOTAL, OBJECT OF EXPENSE		\$184,098,206	\$172,419,392	\$188,577,029	\$184,706,681	\$192,667,996
Method of Financing:						
1	General Revenue Fund	\$329,691	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$0	\$5,738,336	\$5,718,906	\$8,025,559	\$14,424,623
8070	Vendor Drug Rebates-CHIP	\$14,022,676	\$6,811,316	\$6,545,332	\$21,121,155	\$37,961,805
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$14,352,367	\$12,549,652	\$12,264,238	\$29,146,714	\$52,386,428
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$169,745,839	\$159,869,740	\$176,312,791	\$155,559,967	\$140,281,568
CFDA Subtotal, Fund	555	\$169,745,839	\$159,869,740	\$176,312,791	\$155,559,967	\$140,281,568
SUBTOTAL, MOF (FEDERAL FUNDS)		\$169,745,839	\$159,869,740	\$176,312,791	\$155,559,967	\$140,281,568

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 3 CHIP Prescription Drugs Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$184,706,681	\$192,667,996
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$184,098,206	\$172,419,392	\$188,577,029	\$184,706,681	\$192,667,996

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The CHIP Prescription Drugs strategy includes the cost of outpatient prescription medications to CHIP clients. Medications are provided by contracted retail, specialty, mail order, and nursing home pharmacies that are reimbursed by contracted managed care organizations.

When the CHIP program was established in 2000, the CHIP program included client medications in the contract with various managed care providers. In 2002, CHIP began reimbursing client medications through the Medicaid Vendor Drug Program. In March 2012, prescription drug svcs became part of the capitated payments to CHIP managed care organizations.

The Medicare Access and CHIP Reauthorization Act extended CHIP federal funding through federal fiscal year 2018. The Patient Protection & Affordable Care Act also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019.

The prescription drug expenditures from FY 2017 through FY 2019 reflected here represent the forecasted share of the monthly premium payment that is attributable to prescription drugs. A portion of the total monthly capitated rate paid to MCOs is allocated for prescription drugs, including associated administrative costs.

HHSC collects a small amount of CHIP rebate revenue from drug manufacturers through a voluntary state rebate program. The State returns to the federal government its share of collected rebates at the CHIP match rate.

Legal Base: Title XXI of the Social Security Act as revised from the Balanced Budget Act of 1997; Chapters 62 and 63, Health and Safety Code.

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 3 CHIP Prescription Drugs Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texas children enrolling in CHIP.

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate.

The CHIP program is subject to reauthorization during FY2018 by the President and Congress. This reauthorization, changes in the CHIP State Plan, and the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$360,996,421	\$377,374,677	\$16,378,256	\$16,378,256	Difference is related to changes in caseload demand.
			\$16,378,256	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 4 CHIP Dental Services

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
KEY 1	Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	25.50	24.68	25.77	24.08	24.08
Objects of Expense:						
3001	CLIENT SERVICES	\$122,040,518	\$125,868,217	\$139,172,671	\$122,615,354	\$128,622,929
TOTAL, OBJECT OF EXPENSE		\$122,040,518	\$125,868,217	\$139,172,671	\$122,615,354	\$128,622,929
Method of Financing:						
8025	Tobacco Receipts Match For Chip	\$9,185,829	\$9,087,685	\$8,837,465	\$19,348,703	\$34,972,574
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$9,185,829	\$9,087,685	\$8,837,465	\$19,348,703	\$34,972,574
Method of Financing:						
555	Federal Funds 93.767.000 CHIP	\$112,854,689	\$116,780,532	\$130,335,206	\$103,266,651	\$93,650,355
CFDA Subtotal, Fund	555	\$112,854,689	\$116,780,532	\$130,335,206	\$103,266,651	\$93,650,355
SUBTOTAL, MOF (FEDERAL FUNDS)		\$112,854,689	\$116,780,532	\$130,335,206	\$103,266,651	\$93,650,355

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 4 CHIP Dental Services

Service Categories:

Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$122,615,354	\$128,622,929
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$122,040,518	\$125,868,217	\$139,172,671	\$122,615,354	\$128,622,929

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The CHIP Dental Strategy includes funding for the CHIP program to provide dental care for CHIP clients.

The CHIP Reauthorization Act of 2009 (CHIPRA), which was signed into law on February 4, 2009, authorizes CHIP federal funding through federal fiscal year 2013. The Medicare Access and CHIP Reauthorization Act extended CHIP federal funding through federal fiscal year 2018. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2018-19 holds costs at FY 2017 levels.

The CHIP dental expenditures from FY 2015 through FY 2019 reflected here represent the forecasted share of the monthly premium payment that is attributable to dental services for CHIP clients.

Legal Base: Title XXI of the Social Security Act as revised from the Balanced Budget Act of 1997; Chapters 62 and 63, Health and Safety Code; CHIP Reauthorization Act of 2009, H.R.2 ; Patient Protection and Affordable Care Act of 2012, H.R.3590.

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 4 CHIP Dental Services Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texas children enrolling in CHIP.

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate.

The CHIP program is subject to reauthorization during FY2016 by the President and Congress. This reauthorization, changes in the CHIP State Plan, and the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, svcs, and rates which could impact the cash flow of state funds.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$265,040,888	\$251,238,283	\$(13,802,605)	\$(13,802,605)	Difference is related to changes in caseload demand.
			\$(13,802,605)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 1 Women's Health Programs

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg Monthly # Women Enrolled in Services through Healthy Texas Women	167,178.00	244,630.00	252,858.00	246,448.00	246,448.00
KEY 2	Average Monthly Number of Family Planning Clients	11,761.00	77,082.00	0.00	0.00	0.00
KEY 3	Number of Women over 21 Provided Title V Services	2,816.00	3,600.00	3,100.00	3,200.00	3,200.00
KEY 4	Average Monthly Number of Women Receiving HTW Services	0.00	0.00	0.00	38,367.00	38,367.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Healthy Texas Women Client	29.19	27.62	28.54	0.00	14.41
KEY 2	Average Monthly Cost Per Family Planning Client	253.20	0.00	0.00	0.00	0.00
Explanatory/Input Measures:						
KEY 1	# of Certified Clinical Providers Enrolled in Healthy Texas Women Pgm	5,500.00	5,500.00	5,500.00	5,500.00	5,500.00
KEY 2	Number of Clinical Providers Enrolled in Family Planning	53.00	53.00	53.00	53.00	53.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,142,956	\$1,852,075	\$2,307,926	\$2,307,456	\$2,307,456
1002	OTHER PERSONNEL COSTS	\$42,923	\$52,365	\$53,637	\$53,640	\$53,640
2001	PROFESSIONAL FEES AND SERVICES	\$5,902,163	\$5,485,097	\$5,392,827	\$6,092,606	\$6,140,018

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 1 Women's Health Programs

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2002	FUELS AND LUBRICANTS	\$0	\$1,198	\$1,004	\$1,101	\$1,101
2003	CONSUMABLE SUPPLIES	\$2,082	\$7,006	\$7,040	\$7,023	\$7,023
2004	UTILITIES	\$17,570	\$27,136	\$31,592	\$29,364	\$29,364
2005	TRAVEL	\$5,791	\$53,604	\$46,281	\$49,942	\$49,942
2006	RENT - BUILDING	\$30	\$152,616	\$132,754	\$142,685	\$142,685
2007	RENT - MACHINE AND OTHER	\$0	\$16,663	\$20,106	\$18,384	\$18,384
2009	OTHER OPERATING EXPENSE	\$3,262,029	\$430,023	\$431,562	\$430,793	\$430,793
3001	CLIENT SERVICES	\$78,858,682	\$94,506,618	\$99,872,523	\$62,512,243	\$62,464,831
4000	GRANTS	\$33,131,620	\$38,012,077	\$32,686,226	\$40,887,489	\$40,887,489
TOTAL, OBJECT OF EXPENSE		\$123,365,846	\$140,596,478	\$140,983,478	\$112,532,726	\$112,532,726
Method of Financing:						
1	General Revenue Fund	\$112,442,628	\$128,294,211	\$54,860,492	\$99,926,002	\$99,926,002
758	GR Match For Medicaid	\$0	\$0	\$16,697,301	\$0	\$0
8003	GR For Mat & Child Health	\$1,549,755	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$113,992,383	\$129,875,681	\$73,139,263	\$101,507,472	\$101,507,472

Method of Financing:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 1 Women's Health Programs

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
555	Federal Funds					
	93.558.667 TANF to Title XX	\$3,656,610	\$3,481,050	\$3,481,050	\$3,481,050	\$3,481,050
	93.667.000 Social Svcs Block Grants	\$1,539,747	\$1,539,747	\$1,539,747	\$1,539,747	\$1,539,747
	93.752.001 Texas Cancer Prevention and Control	\$3,622,035	\$5,700,000	\$5,700,000	\$6,004,457	\$6,004,457
	93.778.000 XIX FMAP	\$0	\$0	\$12,822,376	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$2,835,275	\$0	\$0
	93.778.005 XIX FMAP @ 90%	\$0	\$0	\$41,465,767	\$0	\$0
	93.994.000 Maternal and Child Healt	\$455,071	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$9,273,463	\$10,720,797	\$67,844,215	\$11,025,254	\$11,025,254
SUBTOTAL, MOF (FEDERAL FUNDS)		\$9,273,463	\$10,720,797	\$67,844,215	\$11,025,254	\$11,025,254
Method of Financing:						
	666 Appropriated Receipts	\$100,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$100,000	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$112,532,726	\$112,532,726
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$123,365,846	\$140,596,478	\$140,983,478	\$112,532,726	\$112,532,726
FULL TIME EQUIVALENT POSITIONS:		52.0	55.0	55.0	55.0	55.0

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 1 Women's Health Programs Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The goals of the Women’s Health Programs are to improve health outcomes for low-income women and babies, and reduce state expenditures for Medicaid-paid birth-related costs. This strategy contributes to the agency’s objective to promote preconception care and better birth outcomes by providing women’s health and family planning services.

Included in the strategy is the Healthy Texas Women Program, the Family Planning Program, the Breast and Cervical Cancer Services Program and the Title V Maternal and Child Health Fee-for-Service Program (TV MCH FFS).

TV MCH FFS is funded via the Maternal and Child Health Services (MCH) Title V Block Grant which requires State and Federal partnerships designed to develop service systems to meet MCH challenges for all women and children. The program provides prenatal medical and dental services to eligible low-income, underserved pregnant women. TV MCH FFS providers are located across the State of Texas.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC has been able to locate a provider for every woman who contacted the agency to enroll in services and has addressed isolated coverage gaps, thus ensuring access to services. HHSC conducted, and will continue to conduct, outreach to providers and clients to enroll as many qualified providers as possible and to ensure clients are educated about available programs and how to access services.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 1 Women's Health Programs

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$281,579,956	\$225,065,452	\$(56,514,504)	\$(56,514,504)	PENDING WAIVER APPROVAL: GR \$0, GR-D \$0, FED \$(56,514,504), OT \$0
			<u>\$(56,514,504)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 2 Alternatives to Abortion. Nontransferable.

Service Categories:
 Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Persons Receiving Services as Alternative to Abortion	35,208.00	44,000.00	58,000.00	58,000.00	58,000.00
2	Number of Alternatives to Abortion Services Provided	138,472.00	138,472.00	240,000.00	240,000.00	240,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$15,665	\$62,759	\$62,759	\$62,759
1002	OTHER PERSONNEL COSTS	\$0	\$323	\$1,292	\$1,292	\$1,292
2001	PROFESSIONAL FEES AND SERVICES	\$9,150,000	\$3,250,000	\$300	\$300	\$300
2005	TRAVEL	\$0	\$0	\$500	\$500	\$500
2009	OTHER OPERATING EXPENSE	\$0	\$631	\$1,627	\$1,627	\$1,627
4000	GRANTS	\$0	\$12,554,750	\$22,495,250	\$19,150,000	\$19,150,000
TOTAL, OBJECT OF EXPENSE		\$9,150,000	\$15,821,369	\$22,561,728	\$19,216,478	\$19,216,478
Method of Financing:						
1	General Revenue Fund	\$6,150,000	\$12,821,369	\$19,561,728	\$16,216,478	\$16,216,478
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,150,000	\$12,821,369	\$19,561,728	\$16,216,478	\$16,216,478
Method of Financing:						
555	Federal Funds					

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 2 Alternatives to Abortion. Nontransferable.

Service Categories:
 Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.558.000 Temp AssistNeedy Families	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
CFDA Subtotal, Fund	555	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$19,216,478	\$19,216,478
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$9,150,000	\$15,821,369	\$22,561,728	\$19,216,478	\$19,216,478
FULL TIME EQUIVALENT POSITIONS:		0.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Alternatives to Abortion (A2A) is a statewide program that promotes childbirth and provides support services to pregnant women and adoptive parents. The program is funded with state and federal revenue. HHSC uses funds in this strategy to contract for coordinated services and support to expectant mothers who seek alternatives to abortion in a secure, healthy, and nurturing environment. In fiscal year 2017, services were provided to 35,208 pregnant women and adoptive parents.

A2A is designed to:

- Reduce abortions and improve pregnancy outcomes by helping women practice sound health-related behaviors and improve prenatal nutrition
- Improve child health and development by helping parents provide responsible and competent care for their children
- Improve families' economic self-sufficiency by helping parents continue their education and find a job

A2A was created by General Appropriations Act Senate Bill 1, 79th Legislature, Regular Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 2 Alternatives to Abortion. Nontransferable.

Service Categories:
 Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

For the 2018-2019 biennium, the A2A program was appropriated \$18,300,000 and was authorized to expend an additional \$20,000,000 if HHSC determined there were additional need based on gaps in the current program structure.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$38,383,097	\$38,432,956	\$49,859	\$49,859	APPROVED LETTER: Complete biennial funding due to partial 2018 amount in 06/01/2018 LBB approved letter. GR \$49,859, GR-D \$0, FED \$0, OT \$0
			\$49,859	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 3 Early Childhood Intervention Services

Service Categories:

Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Referrals to Local Programs	6,747.00	6,971.00	7,168.00	0.00	0.00
KEY 2	Avg Monthly Number of Children Determined Eligible for ECI Services	2,716.00	2,865.00	2,900.00	0.00	0.00
KEY 3	Average Monthly Number of Children Served in Comprehensive Services	28,675.00	29,306.00	29,959.00	31,431.00	28,880.00
KEY 4	Average Monthly Number of Eligibility Determinations Completed	0.00	0.00	0.00	0.00	0.00
KEY 5	Average Monthly Number of Children Newly Enrolled in ECI	0.00	0.00	0.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child: Comprehensive Services/State & Federal	390.28	401.07	407.34	416.55	424.25
2	Average Monthly Cost Per Child: Comprehensive Services/Local	365.00	323.00	321.00	321.00	321.00
Explanatory/Input Measures:						
KEY 1	Average Monthly Number of Hrs of Service Delivered Per Child Per Month	2.90	3.03	2.84	2.84	2.84
Objects of Expense:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 3 Early Childhood Intervention Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
3001	CLIENT SERVICES	\$47,937,675	\$47,810,889	\$50,522,059	\$53,572,380	\$56,475,264
4000	GRANTS	\$86,482,981	\$93,234,357	\$94,278,559	\$103,538,342	\$90,553,509
TOTAL, OBJECT OF EXPENSE		\$134,420,656	\$141,045,246	\$144,800,618	\$157,110,722	\$147,028,773

Method of Financing:

1	General Revenue Fund	\$4,500,000	\$15,068,563	\$0	\$0	\$0
758	GR Match For Medicaid	\$19,500,880	\$4,457,308	\$21,178,847	\$21,611,098	\$22,708,703
8032	GR Certified As Match For Medicaid	\$4,271,416	\$6,223,362	\$5,480,237	\$5,734,053	\$6,033,551
8086	GR For ECI	\$0	\$6,094,304	\$1,605,978	\$2,709,149	\$1,312,045
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$28,272,296	\$31,843,537	\$28,265,062	\$30,054,300	\$30,054,299

Method of Financing:

555	Federal Funds					
84.027.000	Special Education_Grants	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125
84.181.000	Special Education Grants	\$43,542,331	\$41,731,382	\$46,512,419	\$54,161,399	\$41,974,675
93.558.000	Temp AssistNeedy Families	\$10,000,000	\$13,570,461	\$13,570,461	\$13,570,461	\$13,570,461
93.778.003	XIX 50%	\$3,924,918	\$5,104,492	\$5,480,237	\$5,734,053	\$6,033,551
93.778.013	XIX FMAP TCM	\$7,120,327	\$6,995,869	\$7,442,929	\$8,442,837	\$9,100,199
93.778.018	XIX Medicaid - SST	\$19,931,557	\$20,170,278	\$21,900,283	\$23,518,445	\$24,666,361

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 3 Early Childhood Intervention Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$89,650,258	\$92,703,607	\$100,037,454	\$110,558,320	\$100,476,372
SUBTOTAL, MOF (FEDERAL FUNDS)		\$89,650,258	\$92,703,607	\$100,037,454	\$110,558,320	\$100,476,372
Method of Financing:						
8015	Int Contracts-Transfer	\$11,510,575	\$16,498,102	\$15,787,645	\$16,498,102	\$16,498,102
8133	Found Sch Funds: Match for Medicaid	\$4,987,527	\$0	\$710,457	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$157,110,722	\$147,028,773
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$134,420,656	\$141,045,246	\$144,800,618	\$157,110,722	\$147,028,773
FULL TIME EQUIVALENT POSITIONS:		0.0				
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 3 Early Childhood Intervention Services Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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ECI provides infants and toddlers with disabilities and developmental delays and their families with early intervention services designed to enhance the child’s development and also enhance the capacity of families to meet their child's needs. The program serves children ages birth to 36 months who meet the eligibility requirements by having a developmental delay documented on a standardized testing tool, a medically diagnosed condition, and/or an auditory or visual impairment. Prospective ECI clients are evaluated for ECI eligibility prior to admission into the program. ECI is authorized through the Individuals with Disabilities Education Act (IDEA) and administered by the U.S. Department of Education Office of Special Education Programs (OSEP) (P.L. 108-446). Part C, Section 631 authorizes the ECI program. IDEA directs state Governors to assign a single line of authority to a lead agency for funding ECI services. This authority has been granted to HHSC, which meets lead agency responsibilities through its ECI program. Contractors assume sole responsibility for billing Medicaid, third-party payers, and the families. ECI asks families to share in the cost of services if they are able. The amount a family pays for ECI services is determined through a sliding fee scale and is based on family size and income after allowable deductions. No child or family is turned away because of an inability to pay. This strategy contains all non-respite client services and grants.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 3 Early Childhood Intervention Services Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$285,845,864	\$304,139,495	\$18,293,631	\$18,293,631	CASELOAD FORECAST UPDATE: GR \$(4,766,211), GR-D \$0, FED \$(84,8451), OT \$0
			\$18,293,631	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 4 Ensure ECI Respite Services & Quality ECI Services

Service Categories:
 Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Respite Services	250.00	250.00	220.00	220.00	220.00
Efficiency Measures:						
1	Average Time for Complaint Resolution	55.00	55.00	55.00	55.00	55.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,214,145	\$2,554,201	\$2,776,708	\$2,776,709	\$2,776,709
1002	OTHER PERSONNEL COSTS	\$48,438	\$64,009	\$85,090	\$85,090	\$85,090
2001	PROFESSIONAL FEES AND SERVICES	\$15,936	\$19,974	\$19,544	\$19,544	\$19,544
2002	FUELS AND LUBRICANTS	\$0	\$1,360	\$1,283	\$1,283	\$1,283
2003	CONSUMABLE SUPPLIES	\$2,899	\$5,684	\$5,258	\$5,258	\$5,258
2004	UTILITIES	\$8,032	\$13,609	\$13,580	\$13,580	\$13,580
2005	TRAVEL	\$35,385	\$40,636	\$43,983	\$43,983	\$43,983
2006	RENT - BUILDING	\$3,850	\$19,653	\$14,921	\$14,921	\$14,921
2007	RENT - MACHINE AND OTHER	\$0	\$6,206	\$6,762	\$6,762	\$6,762
2009	OTHER OPERATING EXPENSE	\$386,751	\$197,029	\$163,836	\$163,836	\$163,836
4000	GRANTS	\$278,926	\$400,000	\$400,000	\$400,000	\$400,000

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 4 Ensure ECI Respite Services & Quality ECI Services

Service Categories:
 Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$2,994,362	\$3,322,361	\$3,530,965	\$3,530,966	\$3,530,966
Method of Financing:						
1	General Revenue Fund	\$278,926	\$400,000	\$400,000	\$400,000	\$400,000
758	GR Match For Medicaid	\$0	\$550,000	\$550,000	\$550,000	\$550,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$278,926	\$950,000	\$950,000	\$950,000	\$950,000
Method of Financing:						
555	Federal Funds					
	84.181.000 Special Education Grants	\$2,715,436	\$1,822,361	\$2,030,965	\$2,030,966	\$2,030,966
	93.778.003 XIX 50%	\$0	\$550,000	\$550,000	\$550,000	\$550,000
CFDA Subtotal, Fund	555	\$2,715,436	\$2,372,361	\$2,580,965	\$2,580,966	\$2,580,966
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,715,436	\$2,372,361	\$2,580,965	\$2,580,966	\$2,580,966
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,530,966	\$3,530,966
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,994,362	\$3,322,361	\$3,530,965	\$3,530,966	\$3,530,966
FULL TIME EQUIVALENT POSITIONS:		36.0	38.2	38.2	38.2	38.2

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 4 Ensure ECI Respite Services & Quality ECI Services Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Respite services provide a temporary break from the demands of caring for an infant or toddler who has a disability or developmental delay. Respite reduces stress, promotes family unity, allows primary caregivers to participate in activities with other family members, and provides emergency care in times of illness. Respite funding is allocated to local Early Childhood Intervention (ECI) contractors based on the number of families they serve, and ECI families are considered for respite services as funding is available.

In addition to ECI Respite, this strategy also contains quality assurance and operational support for ECI. Individuals with Disabilities Education Act (IDEA) Part C, requires HHSC Early Childhood Intervention (ECI) to ensure the availability of qualified personnel to serve all eligible children. ECI must involve families and stakeholders in policy development, service assessment, using child and family outcome information, resolution of disputes, and guaranteeing that the rights of families and children are protected.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 4 Ensure ECI Respite Services & Quality ECI Services Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>		
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)	
\$6,853,326	\$7,061,932	\$208,606	\$208,606	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$0, GR-D \$0, FED \$208,606, OT \$0	
			\$208,606	Total of Explanation of Biennial Change	

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 5 Children's Blindness Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child: Children's Blindness Services	142.00	128.00	128.00	0.00	0.00
Explanatory/Input Measures:						
1	Number of Children Receiving Blindness Services Per Year	4,346.00	4,350.00	4,200.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$3,497,793	\$3,603,180	\$3,628,619	\$3,822,032	\$3,822,032
1002	OTHER PERSONNEL COSTS	\$80,034	\$133,381	\$142,431	\$142,431	\$142,431
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$18,518	\$17,300	\$17,909	\$17,909
2002	FUELS AND LUBRICANTS	\$0	\$671	\$540	\$606	\$606
2003	CONSUMABLE SUPPLIES	\$1,318	\$3,632	\$3,398	\$3,515	\$3,515
2004	UTILITIES	\$11,810	\$62,912	\$68,813	\$65,862	\$65,862
2005	TRAVEL	\$249,382	\$175,977	\$175,977	\$175,977	\$175,977
2006	RENT - BUILDING	\$2,750	\$286,490	\$33,909	\$160,200	\$160,200
2007	RENT - MACHINE AND OTHER	\$0	\$6,374	\$25,995	\$16,184	\$16,184
2009	OTHER OPERATING EXPENSE	\$125,441	\$150,157	\$146,000	\$148,078	\$148,078
3001	CLIENT SERVICES	\$1,828,903	\$1,203,655	\$1,509,475	\$2,027,207	\$2,027,207

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 5 Children's Blindness Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$5,797,431	\$5,644,947	\$5,752,457	\$6,580,001	\$6,580,001
Method of Financing:						
1	General Revenue Fund	\$2,963,567	\$4,456,692	\$4,571,414	\$3,735,059	\$3,735,059
758	GR Match For Medicaid	\$1,400,993	\$590,225	\$583,013	\$1,422,090	\$1,422,090
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$4,364,560	\$5,046,917	\$5,154,427	\$5,157,149	\$5,157,149
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$1,431,961	\$590,225	\$590,225	\$1,422,090	\$1,422,090
CFDA Subtotal, Fund	555	\$1,431,961	\$590,225	\$590,225	\$1,422,090	\$1,422,090
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,431,961	\$590,225	\$590,225	\$1,422,090	\$1,422,090
Method of Financing:						
493	Blind Endowment Fund	\$910	\$7,043	\$7,043	\$0	\$0
666	Appropriated Receipts	\$0	\$762	\$762	\$762	\$762
SUBTOTAL, MOF (OTHER FUNDS)		\$910	\$7,805	\$7,805	\$762	\$762

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 5 Children's Blindness Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$6,580,001	\$6,580,001
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$5,797,431	\$5,644,947	\$5,752,457	\$6,580,001	\$6,580,001
FULL TIME EQUIVALENT POSITIONS:		79.0	78.0	78.0	78.0	78.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Blind Children’s Vocational Discovery and Development Program (BCP) serves children between the ages of birth and 22 years-old who reside in Texas and have vision loss. The program provides direct care services to children who are blind or severely visually impaired to learn the skills required for personal independence, potential employment and integration into the community. The comprehensive habilitative services provided by BCP enhance a child’s ability to develop skills comparable to those of his or her sighted peers and help children achieve financial self-sufficiency as adults. A Blind Children’s Specialist works with each child and family to create a service plan tailored to the child’s individual needs and circumstances. Through its person-and family-centered approach to providing comprehensive quality of care, BCP helps blind and visually impaired children develop the concepts and skills they need to realize their full potential and to achieve independence in their community.

Legal authority: Texas Human Resources Code Sec. 91.028, and 117.073.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and the Texas Workforce Commission (TWC). Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 133) appropriated \$600,000 in General Revenue per year over the 2018-2019 biennium for the purpose of providing BCP services to children from 10 to 13 years of age. These funds represent 60% of total program monies allocated to 20% of the BCP consumer population.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 5 Children's Blindness Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$11,397,404	\$13,160,002	\$1,762,598	\$(14,086)	REVENUE PROJECTION: Decrease in projected donations. GR \$0, GR-D \$0, FED \$0, OT \$(14,086)
			\$1,663,730	INCREASE CLIENT SVCS & SUPPORT: Increased GR from updated federal financial participation used to increase client svcs and support. GR \$0, GR-D \$0, FED \$1,663,730, OT \$0
			\$112,954	APPROVED LETTER: Complete biennial funding due to partial 2018 amount in 06/01/2018 LBB approved letter. GR \$112,954, GR-D \$0, FED \$0, OT \$0
			<u>\$1,762,598</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 6 Autism Program

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Focused Autism Services	473.00	557.00	557.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child Receiving Focused Autism Services	524.00	524.00	524.00	0.00	0.00
Explanatory/Input Measures:						
KEY 1	Number of Children Receiving Focused Autism Services Per Year	945.00	1,114.00	1,114.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$184,488	\$226,387	\$278,071	\$278,073	\$278,073
1002	OTHER PERSONNEL COSTS	\$3,620	\$3,552	\$5,830	\$5,830	\$5,830
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$250,139	\$241,755	\$245,947	\$245,947
2002	FUELS AND LUBRICANTS	\$0	\$63	\$45	\$54	\$54
2003	CONSUMABLE SUPPLIES	\$0	\$6,275	\$6,183	\$6,229	\$6,229
2004	UTILITIES	\$602	\$6,103	\$5,699	\$5,901	\$5,901
2005	TRAVEL	\$13,047	\$46,775	\$46,063	\$46,419	\$46,419
2006	RENT - BUILDING	\$0	\$451	\$350	\$400	\$400

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 6 Autism Program

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$0	\$106	\$83	\$94	\$94
2009	OTHER OPERATING EXPENSE	\$3,773	\$21,353	\$26,984	\$24,418	\$24,418
4000	GRANTS	\$3,853,697	\$6,575,070	\$6,575,070	\$6,575,070	\$6,575,070
TOTAL, OBJECT OF EXPENSE		\$4,059,227	\$7,136,274	\$7,186,133	\$7,188,435	\$7,188,435
Method of Financing:						
1	General Revenue Fund	\$4,031,227	\$7,094,274	\$7,144,133	\$7,146,435	\$7,146,435
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$4,031,227	\$7,094,274	\$7,144,133	\$7,146,435	\$7,146,435
Method of Financing:						
777	Interagency Contracts	\$28,000	\$42,000	\$42,000	\$42,000	\$42,000
SUBTOTAL, MOF (OTHER FUNDS)		\$28,000	\$42,000	\$42,000	\$42,000	\$42,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$7,188,435	\$7,188,435
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,059,227	\$7,136,274	\$7,186,133	\$7,188,435	\$7,188,435
FULL TIME EQUIVALENT POSITIONS:		2.9	4.0	4.0	4.0	4.0

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 6 Autism Program Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Children’s Autism Program provides applied behavior analysis (ABA) treatment services to children ages 3-15 years with a diagnosis on the autism spectrum. ABA is a treatment that uses behavioral principles to evaluate and teach socially relevant behavior and new skills and increase desirable behaviors through positive reinforcement. ABA services are customized to the individual child’s needs based on an assessment and a treatment plan. The team that develops the plan assesses progress and makes adjustments to address the child’s needs and strengths. Services may take place in the home, a clinic, or familiar settings in the community. Services are provided through contracts with local community agencies and organizations.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$14,322,407	\$14,376,870	\$54,463	\$54,463	APPROVED LETTER: Complete biennial funding due to partial 2018 amount in 06/01/2018 LBB approved letter.GR \$54,463, GR-D \$0, FED \$0, OT \$0
			<u>\$54,463</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 7 Children with Special Health Care Needs

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg Mon Caseload CSHCN Clients Receiving Health Care Benefits	1,096.00	1,055.00	1,055.00	0.00	0.00
Efficiency Measures:						
1	Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits	1,836.00	2,050.00	2,050.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,339,587	\$1,762,366	\$1,750,767	\$1,750,767	\$1,750,767
1002	OTHER PERSONNEL COSTS	\$49,820	\$38,292	\$38,210	\$38,210	\$38,210
2001	PROFESSIONAL FEES AND SERVICES	\$1,294,708	\$1,525,241	\$1,479,814	\$1,481,533	\$1,481,533
2002	FUELS AND LUBRICANTS	\$0	\$36	\$56	\$46	\$46
2003	CONSUMABLE SUPPLIES	\$9	\$128	\$123	\$125	\$125
2004	UTILITIES	\$1,156	\$1,797	\$1,797	\$1,797	\$1,797
2005	TRAVEL	\$0	\$2,292	\$1,987	\$2,140	\$2,140
2006	RENT - BUILDING	\$0	\$325	\$345	\$335	\$335
2007	RENT - MACHINE AND OTHER	\$0	\$40	\$45	\$43	\$43
2009	OTHER OPERATING EXPENSE	\$29,333	\$28,395	\$23,545	\$25,970	\$25,970
3001	CLIENT SERVICES	\$28,852,334	\$27,141,906	\$27,204,126	\$27,199,849	\$27,199,852

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 7 Children with Special Health Care Needs

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$31,566,947	\$30,500,818	\$30,500,815	\$30,500,815	\$30,500,818
Method of Financing:						
1	General Revenue Fund	\$4,967,191	\$4,655,734	\$4,655,732	\$4,584,737	\$4,584,740
8003	GR For Mat & Child Health	\$19,256,891	\$19,154,182	\$19,154,181	\$19,225,176	\$19,225,176
8046	Vendor Drug Rebates-Pub Health	\$838,756	\$690,902	\$690,902	\$690,902	\$690,902
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$25,062,838	\$24,500,818	\$24,500,815	\$24,500,815	\$24,500,818
Method of Financing:						
555	Federal Funds					
	93.994.000 Maternal and Child Healt	\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
CFDA Subtotal, Fund	555	\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$30,500,815	\$30,500,818
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$31,566,947	\$30,500,818	\$30,500,815	\$30,500,815	\$30,500,818
FULL TIME EQUIVALENT POSITIONS:		25.3	26.5	26.5	26.5	26.5

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 7 Children with Special Health Care Needs Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Children with Special Health Care Needs (CSHCN) Services Program is a state and federally funded program, which is part of the Title V Maternal Child Health Block Grant, that provides health care benefits to clients with physical or developmental disabilities. CSHCN Services Program is a payor of last resort. The CSHCN Services Program provides benefits to low-income children, under the age of 21, with special health care needs and people of any age with cystic fibrosis. The Program assists clients with: medical, dental, and mental health care; prescription drugs; special therapies; case management; family support services; travel to health care visits; insurance premiums; and transportation of deceased clients. Eligible clients access benefits through enrolled providers and case management services through Health Service Region (HSR) social workers and community-based contractors.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

DSHS contributes Title V MCH Block Grant federal funds through an interagency contract.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$61,001,633	\$61,001,633	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 8 Title V Children's Dental and Health Services

Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Infants <1 and Children Age 1-21 Years Provided Services	41,733.00	0.00	44,001.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$56,361	\$29,284	\$29,284	\$143,033	\$143,033
1002	OTHER PERSONNEL COSTS	\$940	\$604	\$604	\$2,950	\$2,950
2009	OTHER OPERATING EXPENSE	\$505	\$302	\$302	\$1,475	\$1,475
4000	GRANTS	\$6,044,907	\$6,830,834	\$6,830,834	\$7,005,000	\$7,005,000
TOTAL, OBJECT OF EXPENSE		\$6,102,713	\$6,861,024	\$6,861,024	\$7,152,458	\$7,152,458
Method of Financing:						
555	Federal Funds					
	93.994.000 Maternal and Child Healt	\$6,102,713	\$6,861,024	\$6,861,024	\$7,152,458	\$7,152,458
CFDA Subtotal, Fund	555	\$6,102,713	\$6,861,024	\$6,861,024	\$7,152,458	\$7,152,458
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,102,713	\$6,861,024	\$6,861,024	\$7,152,458	\$7,152,458

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 8 Title V Children's Dental and Health Services Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$7,152,458	\$7,152,458
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,102,713	\$6,861,024	\$6,861,024	\$7,152,458	\$7,152,458
FULL TIME EQUIVALENT POSITIONS:		1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Maternal and Child Health Services Title V Block Grant provides infrastructure and support for maternal and child-focused health services, including the Title V Child Health and Dental Fee for Service Program that provides preventive services, minor acute care, dental referrals, and preventive and therapeutic dental services to qualified infants, children and adolescents. To be eligible, children from birth up to age 22 must have a gross family income at or below 185% of the Federal Poverty Level, be a Texas resident, and must not be eligible for insurance and/or other programs/benefits providing the same services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 8 Title V Children's Dental and Health Services Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$13,722,048	\$14,304,916	\$582,868	\$582,868	INCREASE CLIENT SVCS: Increased client svcs and decreased administrative costs from 2018-19 appropriated levels. GR \$0, GR-D \$0, FED \$582,868, OT \$0
			\$582,868	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 9 Kidney Health Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Kidney Health Clients Provided Services	18,782.00	19,250.00	19,250.00	0.00	0.00
Efficiency Measures:						
1	Average Cost Per Chronic Disease Service - Kidney Health Care	1,030.00	925.00	925.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$781,853	\$2,080,631	\$1,816,947	\$1,816,947	\$1,816,947
1002	OTHER PERSONNEL COSTS	\$28,642	\$53,061	\$46,588	\$46,588	\$46,588
2001	PROFESSIONAL FEES AND SERVICES	\$119,082	\$270,309	\$269,501	\$742,378	\$742,378
2002	FUELS AND LUBRICANTS	\$0	\$6,065	\$5,938	\$6,002	\$6,002
2003	CONSUMABLE SUPPLIES	\$7,773	\$1,882	\$1,456	\$1,669	\$1,669
2004	UTILITIES	\$2,441	\$3,861	\$3,527	\$3,694	\$3,694
2005	TRAVEL	\$0	\$107	\$146	\$126	\$126
2006	RENT - BUILDING	\$0	\$7,962	\$6,166	\$7,064	\$7,064
2007	RENT - MACHINE AND OTHER	\$0	\$1,851	\$1,434	\$1,642	\$1,642
2009	OTHER OPERATING EXPENSE	\$12,403	\$34,911	\$21,794	\$28,352	\$28,352
3001	CLIENT SERVICES	\$18,269,121	\$16,712,564	\$16,999,706	\$16,518,742	\$16,518,741

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 9 Kidney Health Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$19,221,315	\$19,173,204	\$19,173,203	\$19,173,204	\$19,173,203
Method of Financing:						
1	General Revenue Fund	\$11,415,542	\$11,756,310	\$11,756,309	\$11,756,310	\$11,756,309
8046	Vendor Drug Rebates-Pub Health	\$7,584,334	\$7,195,455	\$7,195,455	\$7,195,455	\$7,195,455
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$18,999,876	\$18,951,765	\$18,951,764	\$18,951,765	\$18,951,764
Method of Financing:						
666	Appropriated Receipts	\$221,439	\$221,439	\$221,439	\$221,439	\$221,439
SUBTOTAL, MOF (OTHER FUNDS)		\$221,439	\$221,439	\$221,439	\$221,439	\$221,439
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$19,173,204	\$19,173,203
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$19,221,315	\$19,173,204	\$19,173,203	\$19,173,204	\$19,173,203
FULL TIME EQUIVALENT POSITIONS:		21.3	36.1	36.1	36.1	36.1
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 9 Kidney Health Care Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Kidney Health Care Program (KHC) improves access to health care by providing a source of limited benefits for eligible Texas residents with end-stage renal disease (ESRD) or residents who have had a kidney transplant. The program is funded with general revenue (GR) and drug rebates revenue. Recipients must have an income less than \$60,000 per year and not be eligible for Medicaid.

KHC is considered a payor of last resort. Social workers at enrolled dialysis facilities assess clients for program eligibility. Once deemed eligible, clients receive limited services including access surgery, dialysis, prescription drugs (including immunosuppressant), travel, and Medicare Part D prescription drug premiums, deductibles, and copays.

Providers (physicians, dialysis facilities, hospitals, pharmacies, and Part D prescription drug plans) enter into open enrollment agreements to provide benefits to eligible clients.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$38,346,407	\$38,346,407	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 10 Additional Specialty Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Explanatory/Input Measures:						
1	Number of Epilepsy Program Clients Provided Services	9,414.00	9,414.00	9,414.00	0.00	0.00
2	Number of Hemophilia Assistance Program Clients	12.00	12.00	12.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$138,812	\$300,377	\$301,558	\$301,557	\$301,557
1002	OTHER PERSONNEL COSTS	\$3,820	\$4,886	\$4,886	\$4,886	\$4,886
2001	PROFESSIONAL FEES AND SERVICES	\$1,000,000	\$1,269,038	\$1,269,238	\$1,269,138	\$1,269,138
2002	FUELS AND LUBRICANTS	\$0	\$36	\$24	\$30	\$30
2003	CONSUMABLE SUPPLIES	\$24	\$97	\$17	\$57	\$57
2004	UTILITIES	\$851	\$237	\$58	\$148	\$148
2005	TRAVEL	\$1,269	\$6,082	\$5,793	\$5,938	\$5,938
2006	RENT - BUILDING	\$0	\$10	\$7	\$8	\$8
2007	RENT - MACHINE AND OTHER	\$0	\$4	\$3	\$4	\$4
2009	OTHER OPERATING EXPENSE	\$2,162	\$4,949	\$4,132	\$4,541	\$4,541
3001	CLIENT SERVICES	\$46,385	\$125,000	\$125,000	\$125,000	\$125,000
4000	GRANTS	\$1,822,802	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
TOTAL, OBJECT OF EXPENSE		\$3,016,125	\$3,583,711	\$3,583,711	\$3,583,711	\$3,583,711

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 10 Additional Specialty Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
1	General Revenue Fund	\$2,868,764	\$3,260,240	\$3,260,240	\$3,260,153	\$3,260,153
758	GR Match For Medicaid	\$67,197	\$143,894	\$143,894	\$143,894	\$143,894
8010	GR Match For Title XXI	\$1,000	\$1,757	\$1,670	\$1,757	\$1,757
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,936,961	\$3,405,891	\$3,405,804	\$3,405,804	\$3,405,804
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$11,967	\$22,583	\$22,670	\$22,670	\$22,670
	93.778.003 XIX 50%	\$67,197	\$143,894	\$143,894	\$143,894	\$143,894
CFDA Subtotal, Fund	555	\$79,164	\$166,477	\$166,564	\$166,564	\$166,564
SUBTOTAL, MOF (FEDERAL FUNDS)		\$79,164	\$166,477	\$166,564	\$166,564	\$166,564
Method of Financing:						
777	Interagency Contracts	\$0	\$11,343	\$11,343	\$11,343	\$11,343
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$11,343	\$11,343	\$11,343	\$11,343

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 10 Additional Specialty Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,583,711	\$3,583,711
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$3,016,125	\$3,583,711	\$3,583,711	\$3,583,711	\$3,583,711
FULL TIME EQUIVALENT POSITIONS:		3.1	3.1	3.1	3.1	3.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy contains the Hemophilia Assistance Program (HAP), the Epilepsy Program, the Umbilical Cord Blood Bank Program and the office of e-Health. This strategy helps to reduce disability and premature death by providing treatment support and/or referral assistance through the HAP and the Epilepsy program. The Umbilical Cord Blood Bank Program helps make umbilical cord blood available for recipients of transplants who are unrelated to the donors of the blood.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$7,167,422	\$7,167,422	\$0		
			\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 11 Community Primary Care Services

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	# of Primary Hlth Care Eligible Patients Provided Primary Care Svcs	80,000.00	70,000.00	70,000.00	0.00	0.00
Efficiency Measures:						
1	Average Cost Per Primary Health Care Eligible Patient	254.00	175.00	175.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$127,201	\$192,703	\$196,338	\$196,341	\$196,341
1002	OTHER PERSONNEL COSTS	\$4,400	\$6,086	\$8,027	\$8,027	\$8,027
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$933,515	\$20,373	\$11,426	\$11,426
2002	FUELS AND LUBRICANTS	\$0	\$139	\$107	\$123	\$123
2003	CONSUMABLE SUPPLIES	\$0	\$2,458	\$355	\$1,406	\$1,406
2004	UTILITIES	\$0	\$364	\$284	\$324	\$324
2005	TRAVEL	\$0	\$6,019	\$10,030	\$8,024	\$8,024
2006	RENT - BUILDING	\$0	\$1,943	\$1,503	\$1,723	\$1,723
2007	RENT - MACHINE AND OTHER	\$0	\$449	\$348	\$398	\$398
2009	OTHER OPERATING EXPENSE	\$2,308	\$7,865	\$4,616	\$6,240	\$6,240
4000	GRANTS	\$12,202,426	\$11,022,299	\$11,931,859	\$11,939,808	\$11,939,808

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 11 Community Primary Care Services

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$12,336,335	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
Method of Financing:						
1	General Revenue Fund	\$11,654,327	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$11,654,327	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
Method of Financing:						
777	Interagency Contracts	\$682,008	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$682,008	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$12,173,840	\$12,173,840
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$12,336,335	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
FULL TIME EQUIVALENT POSITIONS:		2.5	3.0	3.0	3.0	3.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 11 Community Primary Care Services Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Primary Health Care Program (PHC) is intended to ensure that needy Texas residents who do not qualify for other state or federal health care assistance programs have access to primary health care services.
 Eligible clients must be a Texas resident with an income at or below 200% of the Federal Poverty Level, are not eligible for other non-HHSC programs; and are not receiving similar program benefits. There are no age restrictions and men, women, and children may be eligible.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$24,347,680	\$24,347,680	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 12 Abstinence Education

Service Categories:
 Service: 23 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Persons Served in Abstinence Education Programs	48,000.00	48,000.00	48,000.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$123,194	\$571,794	\$571,794	\$571,795	\$571,795
1002	OTHER PERSONNEL COSTS	\$3,800	\$32,373	\$39,680	\$39,680	\$39,680
2001	PROFESSIONAL FEES AND SERVICES	\$177,533	\$1,564,584	\$1,564,585	\$1,564,584	\$1,564,584
2002	FUELS AND LUBRICANTS	\$0	\$1,470	\$1,119	\$1,294	\$1,294
2003	CONSUMABLE SUPPLIES	\$3,670	\$4,790	\$3,471	\$4,130	\$4,130
2004	UTILITIES	\$70	\$4,545	\$3,033	\$3,789	\$3,789
2005	TRAVEL	\$1,583	\$47,006	\$46,936	\$46,971	\$46,971
2006	RENT - BUILDING	\$0	\$18,618	\$14,425	\$16,522	\$16,522
2007	RENT - MACHINE AND OTHER	\$0	\$4,336	\$15,697	\$10,016	\$10,016
2009	OTHER OPERATING EXPENSE	\$13,731	\$62,781	\$51,557	\$57,169	\$57,169
4000	GRANTS	\$4,809,332	\$6,089,619	\$6,089,619	\$6,085,966	\$6,085,966
TOTAL, OBJECT OF EXPENSE		\$5,132,913	\$8,401,916	\$8,401,916	\$8,401,916	\$8,401,916

Method of Financing:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 12 Abstinence Education

Service Categories:
 Service: 23 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1	General Revenue Fund	\$607,281	\$507,340	\$507,340	\$507,340	\$507,340
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$607,281	\$507,340	\$507,340	\$507,340	\$507,340
Method of Financing:						
555	Federal Funds					
	93.235.000 ABSTINENCE EDUCATION	\$4,525,632	\$7,894,576	\$7,894,576	\$7,894,576	\$7,894,576
CFDA Subtotal, Fund	555	\$4,525,632	\$7,894,576	\$7,894,576	\$7,894,576	\$7,894,576
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,525,632	\$7,894,576	\$7,894,576	\$7,894,576	\$7,894,576
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$8,401,916	\$8,401,916
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$5,132,913	\$8,401,916	\$8,401,916	\$8,401,916	\$8,401,916
FULL TIME EQUIVALENT POSITIONS:		8.8	8.8	8.8	8.8	8.8

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Abstinence Education Program (AEP) is a state and federally-funded program that encourages the implementation of abstinence education programs in an effort to delay sexual activity among youth. AEP educates high-risk youth in grades 5-12 in targeted locales determined as having high teen pregnancy rates. AEP partners with organizations in those areas who administer the program.

Governance: Title V of the Social Security Act, Section 510.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 12 Abstinence Education

Service Categories:
 Service: 23 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

In February 2018, Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) authorized the Title V State Sexual Risk Avoidance Education (SRAE) Program in FFY 2018 and FFY 2019. The reauthorization also changed program guidelines and requirements.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$16,803,832	\$16,803,832	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 1 Community Mental Health Services (MHS) for Adults Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Adults Receiving Community MH Services	77,460.00	86,356.00	88,436.00	88,436.00	88,436.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Adult: Community Mental Health Services	420.00	427.00	400.00	400.00	400.00
Explanatory/Input Measures:						
1	Number of Adults Receiving Community Mental Health Services Per Year	186,900.00	195,548.00	199,872.00	199,872.00	199,872.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$3,773,828	\$4,949,864	\$6,189,351	\$6,189,351	\$6,189,351
1002	OTHER PERSONNEL COSTS	\$91,345	\$189,674	\$164,423	\$164,423	\$164,423
2001	PROFESSIONAL FEES AND SERVICES	\$2,267,846	\$2,960,780	\$2,832,940	\$2,787,839	\$2,787,839
2002	FUELS AND LUBRICANTS	\$0	\$2,840	\$9,647	\$6,244	\$6,244
2003	CONSUMABLE SUPPLIES	\$6,036	\$8,831	\$15,546	\$12,188	\$12,188
2004	UTILITIES	\$14,086	\$21,687	\$17,988	\$19,838	\$19,838
2005	TRAVEL	\$89,701	\$74,018	\$99,880	\$86,949	\$86,949
2006	RENT - BUILDING	\$0	\$30,168	\$30,468	\$30,318	\$30,318

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 1 Community Mental Health Services (MHS) for Adults Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$0	\$7,378	\$7,413	\$7,396	\$7,396
2009	OTHER OPERATING EXPENSE	\$687,402	\$713,041	\$507,914	\$747,840	\$747,840
3001	CLIENT SERVICES	\$17,882,268	\$0	\$197,531	\$197,531	\$197,531
4000	GRANTS	\$303,568,597	\$344,789,332	\$343,515,687	\$341,389,101	\$341,389,101
TOTAL, OBJECT OF EXPENSE		\$328,381,109	\$353,747,613	\$353,588,788	\$351,639,018	\$351,639,018

Method of Financing:

1	General Revenue Fund	\$106,083,725	\$123,735,794	\$123,743,870	\$123,726,674	\$123,726,674
758	GR Match For Medicaid	\$0	\$551,475	\$547,372	\$562,581	\$562,581
8001	GR For MH Block Grant	\$170,831,332	\$180,226,424	\$180,226,427	\$180,226,427	\$180,226,427
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$276,915,057	\$304,513,693	\$304,517,669	\$304,515,682	\$304,515,682

Method of Financing:

555	Federal Funds					
93.150.000	Projects for Assistance	\$4,722,275	\$4,991,125	\$4,991,125	\$4,991,125	\$4,991,125
93.230.003	Mental Hlth Data Infrastructure	\$0	\$126,469	\$126,469	\$0	\$0
93.558.667	TANF to Title XX	\$4,307,719	\$4,365,721	\$4,365,721	\$4,365,721	\$4,365,720
93.667.000	Social Svcs Block Grants	\$3,251,041	\$3,266,042	\$3,266,042	\$3,266,042	\$3,266,042
93.767.000	CHIP	\$3,321	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 1 Community Mental Health Services (MHS) for Adults

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.778.000	XIX FMAP	\$1,318,767	\$0	\$0	\$0	\$0
93.778.003	XIX 50%	\$0	\$687,669	\$687,669	\$795,362	\$795,363
93.778.005	XIX FMAP @ 90%	\$576,666	\$0	\$0	\$0	\$0
93.788.000	Opioid STR	\$207,743	\$2,068,168	\$1,905,370	\$1,905,370	\$1,905,370
93.791.000	Money Follows Person Reblncng Demo	\$1,361,779	\$1,276,772	\$1,276,772	\$1,276,772	\$1,276,772
93.958.000	Block Grants for Communi	\$33,028,551	\$30,385,585	\$30,385,582	\$30,385,582	\$30,385,582
CFDA Subtotal, Fund	555	\$48,777,862	\$47,167,551	\$47,004,750	\$46,985,974	\$46,985,974
SUBTOTAL, MOF (FEDERAL FUNDS)		\$48,777,862	\$47,167,551	\$47,004,750	\$46,985,974	\$46,985,974
Method of Financing:						
777	Interagency Contracts	\$982,203	\$765,378	\$765,378	\$0	\$0
8033	MH Appropriated Receipts	\$1,705,987	\$1,300,991	\$1,300,991	\$137,362	\$137,362
SUBTOTAL, MOF (OTHER FUNDS)		\$2,688,190	\$2,066,369	\$2,066,369	\$137,362	\$137,362
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$351,639,018	\$351,639,018
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$328,381,109	\$353,747,613	\$353,588,788	\$351,639,018	\$351,639,018
FULL TIME EQUIVALENT POSITIONS:		68.2	75.8	75.8	75.8	75.8

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 1 Community Mental Health Services (MHS) for Adults Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy includes funding for community svcs designed to allow persons with mental illness to attain the most independent lifestyle possible. The cost of providing New Generation Medications and all other medications for adults is included in this strategy. svcs provided include: Assessment/Service Coordination/Case Management; Medication Related svcs; Outpatient svcs; Inpatient Hospital svcs; Psychiatric Rehabilitative svcs; Crisis Resolution; Assertive Community Treatment; Dual Diagnosis svcs; Supported Housing svcs; and Supported Employment svcs. These svcs are delivered via the Resiliency & Disease Management process as required by House Bill 2292, Section 2.75 (Health and Safety Code §533.0354). Dollars for these svcs are allocated to the local mental health authorities via annual performance contracts. Other miscellaneous svcs and expenditures included in this strategy are family/peer training and the allocated costs of statewide claims processing and Information Technology support contracts that benefit this strategy. (Legislative Authority – Sections 531,533, and 534, Health and Safety Code and Chapter 571, Texas Mental Health Code).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Resiliency & Disease Management offers packages of evidence-based svcs that are tailored to individual needs and choices. Recent research indicates the svcs offered are cost-effective alternatives to expensive hospitalization and are an effective means of helping adults return to their communities and reduces the need for institutional svcs. These svcs have been incorporated into the service packages available to consumers of mental health svcs through Resiliency & Disease Management. Research shows that critical factors impacting success for people with serious mental illnesses are housing and meaningful work. This strategy addresses these important areas. Increased collaboration is occurring among agencies charged with providing svcs to people with mental illness. Several interagency collaborative efforts involving mental health svcs are underway, focusing on serving populations that have numerous needs. Additionally, the mix of svcs for each local mental health authority varies by local needs and priorities. DSHS receives federal funds through the Mental Health Block Grant. The Federal Grant requires a Maintenance of Effort (MOE) level of match in General Revenue in order for the Grant to be fully funded to Texas. If Mental Health General Revenue is reduced below the required MOE level then there could be a corresponding reduction in the Mental Health Block Grant funds.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 1 Community Mental Health Services (MHS) for Adults Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$707,336,401	\$703,278,036	\$ (4,058,365)	\$ (200,325)	ALLOCATED SUPPORT COST: Minor variations due to allocation calculation. GR \$0, GR-D \$0, FED \$(200,352), OT \$0
			\$ (3,858,040)	TRANSFORMATION: Appropriated Receipts no longer collected. IAC now internal to agency. GR \$0, GR-D \$0, FED \$0, OT \$(3,858,040)
			\$ (4,058,365)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 2 Community Mental Health Services (MHS) for Children

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Community MH Services	22,638.00	27,860.28	28,700.62	28,700.62	28,700.62
Efficiency Measures:						
1	Average Monthly Cost Per Child Receiving Community MH Services	404.00	384.25	425.00	425.00	425.00
Explanatory/Input Measures:						
1	Number of Children Receiving Community MH Services Per Year	58,248.00	61,365.75	62,925.00	62,925.00	62,925.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,309,136	\$896,120	\$1,162,990	\$834,814	\$834,814
1002	OTHER PERSONNEL COSTS	\$64,118	\$81,222	\$137,484	\$109,906	\$109,906
2001	PROFESSIONAL FEES AND SERVICES	\$2,226,725	\$949,214	\$933,260	\$920,585	\$920,585
2002	FUELS AND LUBRICANTS	\$0	\$851	\$2,344	\$298	\$298
2003	CONSUMABLE SUPPLIES	\$2,680	\$1,636	\$2,937	\$993	\$993
2004	UTILITIES	\$5,952	\$3,606	\$3,581	\$1,702	\$1,702
2005	TRAVEL	\$48,632	\$10,509	\$16,058	\$12,353	\$12,353
2006	RENT - BUILDING	\$0	\$1,154,454	\$1,147,048	\$1,150,761	\$1,150,761

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 2 Community Mental Health Services (MHS) for Children Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$0	\$892	\$835	\$867	\$867
2009	OTHER OPERATING EXPENSE	\$128,397	\$275,118	\$263,497	\$226,681	\$226,681
3001	CLIENT SERVICES	\$17,437,796	\$0	\$0	\$0	\$0
4000	GRANTS	\$68,988,729	\$80,815,153	\$78,514,767	\$78,593,524	\$78,593,524
TOTAL, OBJECT OF EXPENSE		\$91,212,165	\$84,188,775	\$82,184,801	\$81,852,484	\$81,852,484
Method of Financing:						
1	General Revenue Fund	\$14,264,719	\$19,644,532	\$17,645,994	\$18,633,127	\$18,633,508
758	GR Match For Medicaid	\$9,029,763	\$730,695	\$725,259	\$719,963	\$719,963
8001	GR For MH Block Grant	\$38,856,152	\$42,687,849	\$42,687,849	\$42,688,230	\$42,687,849
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$62,150,634	\$63,063,076	\$61,059,102	\$62,041,320	\$62,041,320
Method of Financing:						
555	Federal Funds					
93.243.000	Project Reg. & Natl Significance	\$145,168	\$0	\$0	\$0	\$0
93.558.667	TANF to Title XX	\$8,884,095	\$8,844,654	\$8,844,654	\$8,844,654	\$8,844,654
93.667.000	Social Svcs Block Grants	\$63,297	\$0	\$0	\$0	\$0
93.767.000	CHIP	\$352,010	\$0	\$0	\$0	\$0
93.778.000	XIX FMAP	\$5,396,021	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 2 Community Mental Health Services (MHS) for Children

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.778.003 XIX 50%	\$948,421	\$873,798	\$873,798	\$866,186	\$866,186
	93.778.005 XIX FMAP @ 90%	\$2,146,210	\$0	\$0	\$0	\$0
	93.958.000 Block Grants for Communi	\$10,344,211	\$10,100,324	\$10,100,324	\$10,100,324	\$10,100,324
CFDA Subtotal, Fund	555	\$28,279,433	\$19,818,776	\$19,818,776	\$19,811,164	\$19,811,164
SUBTOTAL, MOF (FEDERAL FUNDS)		\$28,279,433	\$19,818,776	\$19,818,776	\$19,811,164	\$19,811,164
Method of Financing:						
	777 Interagency Contracts	\$647,099	\$0	\$0	\$0	\$0
	8033 MH Appropriated Receipts	\$134,999	\$1,306,923	\$1,306,923	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$782,098	\$1,306,923	\$1,306,923	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$81,852,484	\$81,852,484
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$91,212,165	\$84,188,775	\$82,184,801	\$81,852,484	\$81,852,484
FULL TIME EQUIVALENT POSITIONS:		45.0	13.6	13.6	13.6	13.6
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 2 Community Mental Health Services (MHS) for Children Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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This strategy provides funding for community svcs for children and adolescents ages 3 through 17. The cost of providing New Generation Medications and all other medications for consumers in this age group is captured in this strategy. svcs for children include: Assessment/Service Coordination/Case Management; Medication Related svcs; Outpatient svcs, Inpatient Hospital svcs; and Respite svcs. svcs are delivered via the Resiliency & Disease Management process as required by House Bill 2292, Section 2.75, Health and Safety Code §533.0354). Dollars for these svcs are allocated to the local mental health authorities via annual performance contracts. Other svcs and expenditures include: community center training; contracted activities directly related to children’s mental health svcs; the allocated costs of statewide claims processing; and Information Technology support contracts that benefit this strategy. Each local mental health authority is required to establish either a Children’s Planning and Advisory Committee or a Children’s svcs Committee to provide input to DSHS on children’s needs. (Legislative Authority - Sections 531,533, and 534, Health and Safety Code and Chapter 571, Texas Mental Health Code).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Two special populations are receiving national attention: youths who are involved in the juvenile justice system, and who are in need of mental health svcs; and young children under the age of seven, who have serious emotional and behavioral problems. With research pointing to the high prevalence of mental illness among juvenile offenders, mental health systems and juvenile justice systems are being challenged to find better ways to identify and meet the needs of the children being served by both systems. National studies show mental illness prevalence rates for this population range from 20% to 80%. Nationally, there continues to be concern for children whose parents relinquish custody in order to obtain essential mental health svcs. A lack of access to svcs sometimes results in parents who, having exhausted other resources, transfer custody of their children to state authorities. Implementation of the Resiliency & Disease Management program model, through its packages of svcs based upon individual needs and choices, offers other options to these parents. DSHS receives federal funds through the Mental Health Block Grant. The Federal Grant requires a Maintenance of Effort (MOE) level of match in General Revenue in order for the Grant to be fully funded to Texas. If Mental Health General Revenue is reduced below the required MOE level then there could be a corresponding reduction in the Mental Health Block Grant funds.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 2 Community Mental Health Services (MHS) for Children Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$166,373,576	\$163,704,968	\$(2,668,608)	\$(54,762)	ALLOCATED SUPPORT COST: Minor variations due to allocation calculation. GR \$(39,538), GR-D \$0, FED \$(15,224), OT \$0
			\$(2,613,846)	TRANSFORMATION: Appropriated Receipts no longer collected. IAC now internal to agency. GR \$0, GR-D \$0, FED \$0, OT \$(2,613,846)
			\$(2,668,608)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Services (CMHCS)

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	# Persons Receiving Crisis Residential Services Per Year Funded by GR	24,400.00	24,832.33	25,000.00	25,000.00	25,000.00
KEY 2	# Persons Receiving Crisis Outpatient Services Per Year Funded by GR	84,606.00	89,402.67	90,000.00	90,000.00	90,000.00
Efficiency Measures:						
KEY 1	Avg GR Spent Per Person for Crisis Residential Services	2,755.75	2,345.07	2,800.00	2,800.00	2,800.00
KEY 2	Avg GR Spent Per Person for Crisis Outpatient Services	553.00	504.39	600.00	600.00	600.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,629,790	\$1,492,359	\$1,645,955	\$1,645,955	\$1,645,955
1002	OTHER PERSONNEL COSTS	\$146,885	\$29,933	\$39,185	\$39,185	\$39,185
2001	PROFESSIONAL FEES AND SERVICES	\$2,325,980	\$1,293,397	\$1,143,654	\$499,620	\$499,620
2002	FUELS AND LUBRICANTS	\$0	\$486	\$1,390	\$938	\$938
2003	CONSUMABLE SUPPLIES	\$7,550	\$1,448	\$2,133	\$1,790	\$1,790
2004	UTILITIES	\$11,718	\$2,758	\$3,054	\$2,906	\$2,906
2005	TRAVEL	\$102,970	\$24,075	\$31,245	\$27,660	\$27,660
2006	RENT - BUILDING	\$0	\$4,448	\$4,047	\$4,248	\$4,248
2007	RENT - MACHINE AND OTHER	\$0	\$1,068	\$969	\$1,018	\$1,018

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 3 Community Mental Health Crisis Services (CMHCS) Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2009	OTHER OPERATING EXPENSE	\$186,731	\$162,121	\$175,280	\$168,701	\$168,701
3001	CLIENT SERVICES	\$2,737,488	\$0	\$0	\$0	\$0
4000	GRANTS	\$117,757,666	\$146,119,780	\$168,584,961	\$157,989,852	\$157,989,852
TOTAL, OBJECT OF EXPENSE		\$128,906,778	\$149,131,873	\$171,631,873	\$160,381,873	\$160,381,873
Method of Financing:						
1	General Revenue Fund	\$47,900,455	\$68,293,630	\$90,793,631	\$80,193,631	\$80,193,631
758	GR Match For Medicaid	\$48,616	\$0	\$0	\$0	\$0
8001	GR For MH Block Grant	\$76,251,560	\$78,875,607	\$78,875,606	\$78,225,606	\$78,225,606
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$124,200,631	\$147,169,237	\$169,669,237	\$158,419,237	\$158,419,237
Method of Financing:						
555	Federal Funds					
	93.667.000 Social Svcs Block Grants	\$1,643,675	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636
	93.778.005 XIX FMAP @ 90%	\$3,062,472	\$0	\$0	\$0	\$0
	93.788.000 Opioid STR	\$0	\$325,000	\$325,000	\$325,000	\$325,000
CFDA Subtotal, Fund	555	\$4,706,147	\$1,962,636	\$1,962,636	\$1,962,636	\$1,962,636
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,706,147	\$1,962,636	\$1,962,636	\$1,962,636	\$1,962,636

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 3 Community Mental Health Crisis Services (CMHCS) Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$160,381,873	\$160,381,873
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$128,906,778	\$149,131,873	\$171,631,873	\$160,381,873	\$160,381,873
FULL TIME EQUIVALENT POSITIONS:		25.0	25.0	25.0	25.0	25.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The crisis funding has allowed the state to make significant progress toward improving the response to mental health and substance abuse crises. Each of the state’s Local Mental Health Authorities (LMHAs) and Behavioral Health Authorities (BHA) receive crisis funding for a hotline, mobile crisis outreach teams and walk-in crisis svcs. In addition, a portion of designated funds were awarded on a competitive basis to provide community based alternatives to hospitalization and incarceration of individuals with mental illness. Contract are awarded funding to establish/expand psychiatric emergency svcs such as crisis stabilization units, rapid crisis stabilization beds, psychiatric emergency service centers, extended observation units, crisis residential, and crisis respite, and outpatient competency restoration svcs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors such as population growth, the increase in the number of people who are uninsured and underinsured, disasters and returning veterans are variables that increase the utilization of crisis svcs throughout the state. Internally, the Resiliency and Disease Management model has attempted to reduce the numbers of individuals served to allow for an increase in the intensity of evidence-based practices. However, there is continued pressure to serve the ever increasing population of individuals who need these svcs. In many cases, this increasing requires intensive svcs. This factor, when taken into account with statewide shortages of licensed mental health professionals (such as psychiatrists, nurses, and licensed professional counselors) has limited the ability to readily move individuals who are receiving crisis svcs and are in need of ongoing svcs into an appropriate service package due to capacity issues.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 3 Community Mental Health Crisis Services (CMHCS) Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$320,763,746	\$320,763,746	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service Categories:

Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg Mo Number of Youth Served in Substance Abuse Prevention Programs	134,918.25	161,037.23	155,000.00	155,000.00	155,000.00
KEY 2	Avg Mo Number of Youth Served in Treatment Programs for SA	1,200.00	1,173.43	1,200.00	1,200.00	1,200.00
KEY 3	Avg Mo Number of Adults Served in SA Intervention Programs	6,715.25	7,491.44	7,400.00	7,400.00	7,400.00
KEY 4	Avg Mo Number of Youth Served in SA Intervention Programs	485.75	595.76	600.00	600.00	600.00
KEY 5	Avg Mo Number of Adults Served in Treatment Programs for SA	8,996.08	10,504.85	10,500.00	10,500.00	10,500.00
Efficiency Measures:						
1	Average Mo Cost Per Youth for Substance Abuse Prevention Services	18.00	22.31	16.75	16.75	16.75
2	Average Mo Cost Per Adult for Substance Abuse Intervention Services	168.87	241.00	193.55	193.55	193.55
3	Average Mo Cost Per Youth for Substance Abuse Intervention Services	231.82	247.25	260.64	260.64	260.64
4	Average Mo Cost Per Adult Served in Treatment Programs for SA	1,794.60	1,879.00	1,766.39	670.24	680.61

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service Categories:
 Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	5 Average Mo Cost Per Youth Served in Treatment Programs for SA	3,286.66	3,074.29	3,581.82	1,057.67	1,076.79
Explanatory/Input Measures:						
	1 % of Adults Completing Treatment Programs for Substance Abuse	0.53 %	0.54 %	0.52 %	0.52 %	0.52 %
	2 % of Youth Completing Treatment Programs for SA	0.53 %	0.54 %	0.50 %	0.50 %	0.50 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$80,744	\$6,334,952	\$7,870,459	\$7,806,704	\$7,806,704
1002	OTHER PERSONNEL COSTS	\$800	\$120,769	\$187,698	\$187,698	\$187,698
2001	PROFESSIONAL FEES AND SERVICES	\$4,059,848	\$10,879,879	\$7,118,620	\$10,942,406	\$10,942,406
2002	FUELS AND LUBRICANTS	\$0	\$2,131	\$10,542	\$6,336	\$6,336
2003	CONSUMABLE SUPPLIES	\$0	\$7,671	\$16,019	\$11,845	\$11,845
2004	UTILITIES	\$0	\$17,599	\$12,938	\$15,268	\$15,268
2005	TRAVEL	\$5,681	\$104,967	\$167,224	\$135,346	\$135,346
2006	RENT - BUILDING	\$3,240	\$36,150	\$36,374	\$36,262	\$36,262
2007	RENT - MACHINE AND OTHER	\$0	\$7,481	\$7,535	\$7,508	\$7,508
2009	OTHER OPERATING EXPENSE	\$70,401	\$704,795	\$746,584	\$931,457	\$931,457
3001	CLIENT SERVICES	\$1,697,135	\$15,804,968	\$16,068,847	\$16,068,847	\$16,068,847

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service Categories:
 Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4000	GRANTS	\$157,957,549	\$183,686,698	\$185,628,016	\$181,847,438	\$181,847,438
TOTAL, OBJECT OF EXPENSE		\$163,875,398	\$217,708,060	\$217,870,856	\$217,997,115	\$217,997,115
Method of Financing:						
1	General Revenue Fund	\$497	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
8002	GR For Subst Abuse Prev	\$46,209,690	\$46,719,394	\$46,719,393	\$46,719,088	\$46,719,088
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$46,210,187	\$46,719,394	\$46,719,393	\$46,719,088	\$46,719,088
Method of Financing:						
555	Federal Funds					
	93.243.000 Project Reg. & Natl Significance	\$2,094,306	\$2,094,306	\$2,094,306	\$2,071,747	\$2,071,747
	93.558.667 TANF to Title XX	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$0	\$0	\$0
	93.788.000 Opioid STR	\$0	\$24,969,189	\$25,131,987	\$25,102,078	\$25,102,078
	93.791.000 Money Follows Person Reblncng Demo	\$28,625	\$28,625	\$28,625	\$0	\$0
	93.958.000 Block Grants for Communi	\$954,166	\$954,166	\$954,166	\$954,166	\$954,166
	93.959.000 Block Grants for Prevent	\$114,588,114	\$142,942,380	\$142,942,379	\$142,942,379	\$142,942,379
CFDA Subtotal, Fund	555	\$117,665,211	\$170,988,666	\$171,151,463	\$171,070,370	\$171,070,370

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service Categories:

Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (FEDERAL FUNDS)		\$117,665,211	\$170,988,666	\$171,151,463	\$171,070,370	\$171,070,370
Method of Financing:						
8033	MH Appropriated Receipts	\$0	\$0	\$0	\$207,657	\$207,657
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$0	\$0	\$207,657	\$207,657
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$217,997,115	\$217,997,115
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$163,875,398	\$217,708,060	\$217,870,856	\$217,997,115	\$217,997,115
FULL TIME EQUIVALENT POSITIONS:		110.0	110.0	110.0	110.0	110.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The purpose of this strategy is to establish, develop and implement coordinated and integrated prevention, intervention, treatment and recovery support substance abuse svcs. The Substance Abuse Prevention programs provide evidence-based programming in schools and community sites. School based programs are available in Prekindergarten-6, Middle and High Schools in Texas. Prevention Resource Centers provide information through various resources on the harmful effects of alcohol, tobacco, and other drugs. DSHS public awareness campaigns target school-aged children and at-risk youth and adults. Individuals at risk for substance abuse receive evidence-based intervention in schools and community sites. The Rural Border Intervention programs support the development of a continuum of svcs from SA prevention to post treatment community based follow-up for children and families in rural border areas, including colonies. HIV/HEI intervention svcs target substance abusing adults at risk for HIV or who are HIV positive. Outreach, Screening, Assessment and Referral programs provide motivational interviewing, referral for treatment and information on Recovery Support svcs. Pregnant, Post-Partum Intervention svcs provide case management, education and support for pregnant and post-partum women at risk for substance abuse. Substance abuse treatment programs provide a full continuum of care that includes residential, outpatient, residential or and ambulatory detoxification for adults and adolescents.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires specific set-aside funding requirements specifically to: expend not less than \$13.9M on Specialized Female programs; expend not less than 20% of the block grant on primary prevention programs; and expend not less than 5% of the block grant award on HIV Early Intervention programs. The SAPT also requires the State to have a law prohibiting the sale of tobacco to individuals under the age of 18. The SAPT requires continued state supported maintenance of effort as a condition for receipt of funds. General Revenue is applied to the SAPT maintenance of effort requirement. The population of individuals needing DSHS funded prevention, intervention and treatment svcs continues to grow based on data made available through the Clinical Management for Behavioral Health svcs (CMBHS). The availability of residential detoxification svcs in the major metropolitan areas is insufficient and does not meet the need. Other concerns identified are a lack of qualified substance abuse counselors throughout the state of Texas. This creates a workforce issue in the field of substance abuse and puts pressure on the service delivery system for clients needing to access DSHS funded prevention, intervention and treatment svcs.

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$435,578,916	\$435,994,230	\$415,314	\$415,314	TRANSFORMATION: Appropriated Receipt for compiling substance abuse data. Previously associated to CFDA 93.243.000. GR \$0, GR-D \$0, FED \$0, OT \$(415,314)
			\$415,314	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$340,052	\$1,438,674	\$1,534,360	\$1,534,360	\$1,534,360
1002	OTHER PERSONNEL COSTS	\$8,872	\$22,784	\$24,955	\$24,955	\$24,955
2001	PROFESSIONAL FEES AND SERVICES	\$122,051	\$1,408,635	\$813,025	\$665,797	\$787,989
2002	FUELS AND LUBRICANTS	\$0	\$183	\$484	\$334	\$334
2003	CONSUMABLE SUPPLIES	\$422	\$5,664	\$18,797	\$12,230	\$12,230
2004	UTILITIES	\$708	\$2,046	\$1,490	\$1,768	\$1,768
2005	TRAVEL	\$6,220	\$36,068	\$78,100	\$57,084	\$57,084
2006	RENT - BUILDING	\$0	\$3,238	\$3,115	\$3,176	\$3,176
2007	RENT - MACHINE AND OTHER	\$0	\$673	\$640	\$656	\$656
2009	OTHER OPERATING EXPENSE	\$11,259	\$99,608	\$85,735	\$92,672	\$92,672
3001	CLIENT SERVICES	\$37,452,263	\$48,042,762	\$39,360,532	\$39,512,826	\$39,390,634
4000	GRANTS	\$2,720,047	\$615,283	\$9,754,384	\$10,393,836	\$10,393,836
TOTAL, OBJECT OF EXPENSE		\$40,661,894	\$51,675,618	\$51,675,617	\$52,299,694	\$52,299,694
Method of Financing:						
1	General Revenue Fund	\$8,592,072	\$2,765,210	\$3,085,522	\$3,709,598	\$3,709,598
758	GR Match For Medicaid	\$4,849,814	\$20,802,508	\$20,518,519	\$19,876,281	\$19,827,147

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8001	GR For MH Block Grant	\$8,029,159	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$21,471,045	\$23,567,718	\$23,604,041	\$23,585,879	\$23,536,745
Method of Financing:						
555	Federal Funds					
	93.558.667 TANF to Title XX	\$1,670,908	\$0	\$0	\$0	\$0
	93.667.000 Social Svcs Block Grants	\$168,583	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$15,985,959	\$27,373,659	\$27,337,335	\$28,038,678	\$28,026,716
	93.778.003 XIX 50%	\$734,241	\$734,241	\$734,241	\$675,137	\$736,233
CFDA Subtotal, Fund	555	\$18,559,691	\$28,107,900	\$28,071,576	\$28,713,815	\$28,762,949
SUBTOTAL, MOF (FEDERAL FUNDS)		\$18,559,691	\$28,107,900	\$28,071,576	\$28,713,815	\$28,762,949
Method of Financing:						
777	Interagency Contracts	\$631,158	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$631,158	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$52,299,694	\$52,299,694
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$40,661,894	\$51,675,618	\$51,675,617	\$52,299,694	\$52,299,694
FULL TIME EQUIVALENT POSITIONS:		6.0	17.4	17.4	17.4	17.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

The NorthSTAR program provides behavioral healthcare svcs (mental health and chemical dependency) to persons in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell counties. NorthSTAR is a collaborative effort providing a more seamless system of care by integrating diverse funding streams at the state and local level into a single managed system. Additionally, NorthSTAR utilizes a local Behavioral Health Authority [North Texas Behavioral Health Authority (NTBHA)] that acts as an independent entity to assist the State through planning, providing oversight, facilitating access to svcs, assisting consumers with complaints, and educating users and their families about managed care issues. For eligible clients, NorthSTAR replaces the traditional Medicaid and DSHS funded behavioral health systems and integrates into a single managed care system. The program covers medically necessary behavioral health svcs provided by behavioral health specialists (psychiatrists, psychologists, licensed professional counselors, and licensed master’s social workers, professionals in outpatient facilities, licensed chemical dependency programs, inpatient general acute care hospitals, and freestanding psychiatric hospitals).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 2 Provide Community Behavioral Health Services Service Categories:
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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NorthSTAR guarantees access to needed care. Reductions in General Revenue funding could make the program financially unsustainable as it is currently structured. NorthSTAR could no longer guarantee access and could instead serve significantly fewer people. Adjustments to the output, efficiency and explanatory measures for this strategy assume guaranteed access and could therefore have to be adjusted. DSHS receives federal funds through the Mental Health Block Grant. The Federal Grant requires a Maintenance of Effort (MOE) level of match in General Revenue in order for the Grant to be fully funded in Texas. If Mental Health General Revenue is reduced below the required MOE level then there could be a corresponding reduction in the Mental Health Block Grant funds.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$103,351,235	\$104,599,388	\$1,248,153	\$1,248,153	ALLOCATED SUPPORT COST: Minor variations due to allocation calculation. GR \$(49,133), GR-D \$0, FED \$1,297,287, OT \$0
			\$1,248,153	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 3 Build Community Capacity
 STRATEGY: 1 Indigent Health Care Reimbursement (UTMB)

Service Categories:
 Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Explanatory/Input Measures:						
1	Number Indigent Patients Receiving Health Care Services	0.00	0.00	0.00	0.00	0.00
Objects of Expense:						
4000	GRANTS	\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
TOTAL, OBJECT OF EXPENSE		\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
Method of Financing:						
5049	Teaching Hospital Account	\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$439,443	\$439,443
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,904,882	\$439,444	\$439,442	\$439,443	\$439,443
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 3 Build Community Capacity Service Categories:
 STRATEGY: 1 Indigent Health Care Reimbursement (UTMB) Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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This strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality and accessibility of health care services and is funded through the State-Owned Multi-Categorical Teaching Hospital Account, established by H.B.1799, 76th Legislature, Regular Session, 1999, which requires the deposit into this account of unclaimed lottery prize monies.

In accordance with 2018-19 General Appropriations Act, 85th Legislature, 2017 (Article II, Health and Human Services Commission, Rider 189) funds in this strategy may be used to reimburse University of Texas Medical Branch at Galveston (UTMB) for the provision of health care services provided to indigent patients from all counties, except that it may be used for indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties only if those counties' County Indigent Health Care income eligibility levels, or those counties' hospital district income eligibility levels, exceed the statutory minimum set for the County Indigent Health Care Program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$878,886	\$878,886	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 3 Build Community Capacity
 STRATEGY: 2 County Indigent Health Care Services

Service Categories:
 Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$95,080	\$94,768	\$103,388	\$103,388	\$103,388
1002	OTHER PERSONNEL COSTS	\$540	\$1,207	\$2,878	\$2,878	\$2,878
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$54,742	\$279,926	\$167,334	\$167,334
2002	FUELS AND LUBRICANTS	\$0	\$34	\$28	\$31	\$31
2003	CONSUMABLE SUPPLIES	\$0	\$147	\$109	\$128	\$128
2004	UTILITIES	\$0	\$139	\$601	\$370	\$370
2005	TRAVEL	\$0	\$7,085	\$7,070	\$7,078	\$7,078
2006	RENT - BUILDING	\$600	\$618	\$486	\$552	\$552
2007	RENT - MACHINE AND OTHER	\$0	\$146	\$5,339	\$2,742	\$2,742
2009	OTHER OPERATING EXPENSE	\$1,426	\$13,034	\$1,598	\$7,316	\$7,316
3001	CLIENT SERVICES	\$351,806	\$707,207	\$477,701	\$587,309	\$587,308
TOTAL, OBJECT OF EXPENSE		\$449,452	\$879,127	\$879,124	\$879,126	\$879,125
Method of Financing:						
1	General Revenue Fund	\$141,399	\$483,661	\$483,661	\$483,662	\$483,661
758	GR Match For Medicaid	\$31,496	\$47,733	\$47,732	\$47,732	\$47,732

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 3 Build Community Capacity
 STRATEGY: 2 County Indigent Health Care Services

Service Categories:
 Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$172,895	\$531,394	\$531,393	\$531,394	\$531,393
Method of Financing:						
555 Federal Funds						
	93.778.003 XIX 50%	\$31,495	\$47,733	\$47,731	\$47,732	\$47,732
CFDA Subtotal, Fund	555	\$31,495	\$47,733	\$47,731	\$47,732	\$47,732
SUBTOTAL, MOF (FEDERAL FUNDS)		\$31,495	\$47,733	\$47,731	\$47,732	\$47,732
Method of Financing:						
666 Appropriated Receipts		\$245,062	\$300,000	\$300,000	\$300,000	\$300,000
SUBTOTAL, MOF (OTHER FUNDS)		\$245,062	\$300,000	\$300,000	\$300,000	\$300,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$879,126	\$879,125
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$449,452	\$879,127	\$879,124	\$879,126	\$879,125
FULL TIME EQUIVALENT POSITIONS:		2.1	3.0	3.0	3.0	3.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 3 Build Community Capacity Service Categories:
 STRATEGY: 2 County Indigent Health Care Services Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Counties, public hospitals, and hospital districts are mandated to provide health care services to indigent clients residing within their geographic boundaries. The County Indigent Health Care Program (CIHCP) serves Texas residents who are at or below 21 percent of the Federal Poverty Level, who are not eligible for Medicaid and could not otherwise receive basic health care services. This strategy assists county-run programs, public hospitals and hospital districts in meeting their statutory indigent health care responsibilities. Counties with a County Indigent Health Care Program must provide the following basic services: inpatient hospital services; outpatient hospital services; physician services; up to three prescriptions for drugs per recipient, per month; skilled nursing facility services; rural health clinic services; family planning; laboratory and x-ray services; immunizations; annual physical examinations; and medical screening services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC provides state assistance funds for counties not fully served by public hospital or hospital districts that spend more than eight percent of their general revenue tax levy (GRTL) on indigent care and will provide reimbursement for at least 90% once a county provides eight percent GRTL. If state assistance funds are depleted, the county can shut down their program. HHSC cannot retain unexpended state assistance funds.

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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,758,251	\$1,758,251	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 1 Temporary Assistance for Needy Families Grants Service: 28 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Number of TANF Basic Cash Assistance Recipients Per Month	58,641.00	53,677.00	49,012.00	48,740.00	49,706.00
KEY 2	Avg Number of State Two-Parent Cash Assist Recipients Per Month	2,474.00	2,269.00	2,068.00	2,039.00	2,079.00
3	Average Number of TANF One-time Payments Per Month	139.00	147.00	141.00	148.00	151.00
4	Number of Children Receiving \$30 Once a Year Grant	51,742.00	45,060.00	44,820.00	44,270.00	45,147.00
5	Average Monthly Number of TANF Grandparent Payments	51.67	45.42	51.33	56.33	58.08
6	Avg # TANF/State Cash Adults Per Month w/ State Time-limited Benefits	2,994.00	3,197.00	0.00	0.00	0.00
7	Avg # TANF/State Cash Adults/Month with Federal Time-limited Benefits	8,420.00	8,866.00	0.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Monthly Grant: TANF Basic Cash Assistance	74.37	75.56	76.43	77.31	78.20
KEY 2	Average Monthly Grant: State Two-Parent Cash Assistance Program	76.06	77.33	78.25	79.25	80.19
Explanatory/Input Measures:						
1	Percent of TANF Applications Approved	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Objects of Expense:						

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 1 Temporary Assistance for Needy Families Grants Service: 28 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
3001	CLIENT SERVICES	\$58,270,962	\$54,434,413	\$50,547,920	\$50,932,914	\$52,504,946
TOTAL, OBJECT OF EXPENSE		\$58,270,962	\$54,434,413	\$50,547,920	\$50,932,914	\$52,504,946
Method of Financing:						
1	General Revenue Fund	\$2,242,421	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
759	GR MOE for TANF	\$48,257,311	\$48,257,311	\$48,257,311	\$45,213,867	\$46,641,476
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$50,499,732	\$50,362,659	\$50,198,899	\$47,152,820	\$48,642,527
Method of Financing:						
555	Federal Funds					
	93.558.000 Temp AssistNeedy Families	\$7,771,230	\$4,071,754	\$349,021	\$3,780,094	\$3,862,419
CFDA Subtotal, Fund	555	\$7,771,230	\$4,071,754	\$349,021	\$3,780,094	\$3,862,419
SUBTOTAL, MOF (FEDERAL FUNDS)		\$7,771,230	\$4,071,754	\$349,021	\$3,780,094	\$3,862,419
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$50,932,914	\$52,504,946
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$58,270,962	\$54,434,413	\$50,547,920	\$50,932,914	\$52,504,946
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 1 Temporary Assistance for Needy Families Grants Service: 28 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Temporary Assistance for Needy Families (TANF) strategy includes a portion of the federal funding provided through the TANF block grant to the State. The purpose of TANF Cash Assistance is to provide financial assistance to needy dependent children and the parents or relatives with whom they are living. Eligible TANF households receive monthly cash and Medicaid benefits. TANF funds are targeted to providing time-limited financial assistance to needy families with children; svcs to end family dependence on government benefits by promoting job preparation, work, and marriage; svcs to prevent out-of-wedlock pregnancies; and activities that encourage the formation and maintenance of two-parent families.

Federal TANF funding helps states provide assistance to needy families by granting statewide flexibility to determine eligibility, method of assistance and benefit levels. Types of assistance can include benefits directed at basic needs like food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Benefits can also include childcare, transportation, and supports for families. Some TANF grants to families occur monthly and some benefits are awarded on a one-time basis.

State funds provide cash assistance to families with two parents who both receive benefits with children deprived of parental support because of the unemployment or underemployment of a parent.

Legal Base: Social Security Act, Title IV-A; 42 United States Code, Section 601 et seq.; Chapter 31, Human Resources Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 1 Temporary Assistance for Needy Families Grants Service: 28 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texas families applying for TANF cash. The maximum monthly grant is set, by a rider, to be at least 17% of the federal poverty level. The grant amount has not been increased in over a decade. Federal policy changes could also impact TANF cash assistance.

HHSC continues to need the flexibility to ensure that the TANF Maintenance of Effort (MOE) requirement is met as only a portion of the State's general revenue funding for TANF MOE is appropriated to HHSC. HHSC must also coordinate with the other state agencies with TANF MOE appropriations to insure expenditures meet the federal requirements.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$104,982,333	\$103,437,860	\$(1,544,473)	\$3,306,589	DATA ENTRY ERROR: CFDA 93.558.000 in FY2019 was entered incorrectly. GR \$0, GR-D \$0, FED \$3,306,589, OT \$0
			\$(4,851,062)	CASELOAD FORECAST UPDATE: GR \$(4,766,211), GR-D \$0, FED \$(84,851), OT \$0
			\$(1,544,473)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 2 Provide WIC Services: Benefits, Nutrition Education & Counseling Service: 29 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
	1 Number of WIC Families Provided Nutrition Education & Counseling	2,624,180.00	2,325,000.00	2,325,000.00	0.00	0.00
KEY	2 Number of WIC Participants Provided Nutritious Supplemental Food	958,644.00	860,000.00	860,000.00	0.00	0.00
Efficiency Measures:						
	1 Average Food Costs Per Person Receiving Services	35.20	32.03	33.15	0.00	0.00
Explanatory/Input Measures:						
KEY	1 WIC Breastfeeding Initiation Rate	86.60	85.60	85.60	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$13,042,437	\$10,492,467	\$10,492,467	\$10,492,467
1002	OTHER PERSONNEL COSTS	\$0	\$150,104	\$531,154	\$531,154	\$531,154
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$36,574,946	\$39,625,584	\$38,222,140	\$38,222,140
2002	FUELS AND LUBRICANTS	\$0	\$166,340	\$55,228	\$70,159	\$70,159
2003	CONSUMABLE SUPPLIES	\$0	\$229,489	\$668,525	\$458,382	\$458,382
2004	UTILITIES	\$0	\$338,510	\$331,809	\$335,159	\$335,159
2005	TRAVEL	\$0	\$361,483	\$600,425	\$480,954	\$480,954
2006	RENT - BUILDING	\$0	\$35,770	\$62,072	\$48,921	\$48,921

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 2 Provide WIC Services: Benefits, Nutrition Education & Counseling

Service Categories:
 Service: 29 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$0	\$207,838	\$276,083	\$241,961	\$241,961
2009	OTHER OPERATING EXPENSE	\$0	\$3,152,687	\$1,108,508	\$2,089,973	\$2,089,973
3001	CLIENT SERVICES	\$0	\$505,440,000	\$556,860,237	\$556,860,237	\$556,860,237
4000	GRANTS	\$0	\$253,042,332	\$202,198,483	\$202,198,483	\$202,198,483
TOTAL, OBJECT OF EXPENSE		\$0	\$812,741,936	\$812,810,575	\$812,029,990	\$812,029,990
Method of Financing:						
555	Federal Funds					
	10.557.001 SPECIAL SUPPL FOOD WIC	\$0	\$553,562,823	\$553,631,462	\$552,850,877	\$552,850,877
	10.557.013 Breastfeeding Peer Counseling	\$0	\$10,220,102	\$10,220,102	\$10,220,102	\$10,220,102
CFDA Subtotal, Fund	555	\$0	\$563,782,925	\$563,851,564	\$563,070,979	\$563,070,979
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$563,782,925	\$563,851,564	\$563,070,979	\$563,070,979
Method of Financing:						
666	Appropriated Receipts	\$0	\$24,000,000	\$24,000,000	\$24,000,000	\$24,000,000
8148	WIC Rebates	\$0	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$248,959,011	\$248,959,011	\$248,959,011	\$248,959,011

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 2 Provide WIC Services: Benefits, Nutrition Education & Counseling Service: 29 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$812,029,990	\$812,029,990
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$812,741,936	\$812,810,575	\$812,029,990	\$812,029,990
FULL TIME EQUIVALENT POSITIONS:		0.0	175.0	175.0	175.0	175.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Women, Infants, and Children (WIC) program is a nutrition program that helps low-income pregnant women, postpartum and breastfeeding women, infants, and young children up to the age of 5 receive supplemental nutritious foods, learn about nutrition, and stay healthy. Nutrition education and counseling, breastfeeding support, nutritious foods, and health care referrals are provided to improve health outcomes for eligible participants.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 2 Provide WIC Services: Benefits, Nutrition Education & Counseling Service: 29 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,625,552,511	\$1,624,059,980	\$(1,492,531)	\$(1,492,531)	PROJECTED LAPSE: Lapse projection based on historical spending. GR \$0, GR-D \$0, FED \$(1,492,531), OT \$0
			\$(1,492,531)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 3 Refugee Assistance

Service Categories:
 Service: 28 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$158,215	\$0	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$9,513	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$232	\$0	\$0	\$0	\$0
2002	FUELS AND LUBRICANTS	\$10	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$404	\$0	\$0	\$0	\$0
2004	UTILITIES	\$1,297	\$0	\$0	\$0	\$0
2005	TRAVEL	\$177	\$0	\$0	\$0	\$0
2006	RENT - BUILDING	\$6,301	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$506	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$11,096	\$0	\$0	\$0	\$0
3001	CLIENT SERVICES	\$5,054,903	\$0	\$0	\$0	\$0
4000	GRANTS	\$20,511,360	\$0	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$28	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$25,754,042	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.566.000 Refugee and Entrant Assis	\$23,855,679	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 3 Refugee Assistance

Service Categories:
 Service: 28 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.576.000 Refugee and Entrant	\$117,612	\$0	\$0	\$0	\$0
	93.584.000 Refugee and Entrant Assis	\$1,780,751	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$25,754,042	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$25,754,042	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$25,754,042	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		2.5	0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 3 Refugee Assistance Service: 28 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Refugee Assistance strategy includes funding to help eligible individuals attain economic independence and cultural adjustment as soon as possible after arriving in the United States. HHSC distributes funds in accordance with federal law, coordinates public and private svcs for the benefit of immigrants and refugees, and addresses inquiries related to refugee svcs.

Eligible individuals must meet federal eligibility standards including refugees, asylees, Cuban and Haitian entrants and parolees, certain Amerasians, special immigrants with visas from Iraq and Afghanistan and certified international victims of severe forms of trafficking. This strategy contributes to the agency’s objective to encourage self-sufficiency.

The Refugee Affairs Program provides temporary cash assistance and medical assistance for refugees who have lived in the United States for eight months or less. Social svcs are available to eligible refugees who have lived in the United States for up to five years. Discretionary svcs are available to eligible refugees until they become U.S. citizens with an emphasis on newly arriving refugee populations.

Legal Base: Sec. 752.004, Health and Safety Code; Immigration reform and Control Act of 1986; Refugee Act of 1980; Section 400.41 of the Code of Federal Regulations

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 3 Refugee Assistance

Service Categories:
 Service: 28 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Country conditions overseas and domestic periods of economic down-turn, high unemployment or natural disasters, impact the numbers of individuals applying for Refugee Assistance and would impact the extent to which the cash assistance amount is adequate to encourage self-sufficiency. Secondary migration of refugees to non-traditional resettlement areas of the state and federal funding based on previous three year arrivals also impacts the extent to which cash and social service funding is adequate to meet needs and demand.

The President and Congress determine the number of eligible refugees arriving in the United States annually. The number of eligible refugees who come to Texas is determined by the U.S. Department of State in coordination with National Voluntary Agencies, and their local affiliates. Admission is largely dependent on US Department of Homeland Security verification procedures. Due to the inherent uncertainties about the number of eligible refugees in Texas in future years, the amount of federal appropriations and the availability of svcs for particular refugee groups can vary.

Recent trends indicate that refugee arrivals are below the ceiling for U.S. admissions due to additional security measures implemented by the Department of Homeland Security. However, despite the lowered levels of arrivals, it is anticipated that Texas will continue to be among the top three states nationwide to resettle refugees.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 4 Disaster Assistance

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
1	Number of Applications Approved	71,118.00	238,224.00	0.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$491,852	\$12,343,219	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$3,720	\$1,349	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$47,136,072	\$0	\$0	\$0
2002	FUELS AND LUBRICANTS	\$0	\$516,867	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$2,027	\$523,105	\$0	\$0	\$0
2004	UTILITIES	\$1,659	\$168,228	\$0	\$0	\$0
2005	TRAVEL	\$19,118	\$1,184,379	\$0	\$0	\$0
2006	RENT - BUILDING	\$0	\$94	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$0	\$94	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$2,403,252	\$34,615,831	\$0	\$0	\$0
3001	CLIENT SERVICES	\$0	\$333,792,841	\$0	\$0	\$0
4000	GRANTS	\$30,679	\$9,711,978	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$5,943	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$2,952,307	\$440,000,000	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 4 Disaster Assistance

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$110,000,000	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$110,000,000	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	97.032.000 Crisis Counseling	\$56,843	\$0	\$0	\$0	\$0
	97.050.000 Indvdl. & Househld Other Needs	\$269,297	\$0	\$0	\$0	\$0
	97.088.000 Case Management Pilot	\$2,626,167	\$330,000,000	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$2,952,307	\$330,000,000	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,952,307	\$330,000,000	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,952,307	\$440,000,000	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		115.4	264.0	223.2	0.0	0.0

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 4 Disaster Assistance

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Disaster Assistance funding assists people located in areas that are declared a disaster by the Governor or President. Programs include: Emergency Preparation and Mitigation, Other Needs Assistance (ONA), Public Assistance, and the Social svcs Block Grant (SSBG) Supplemental Disaster Assistance (SDA) grant.

HHSC's Eligibility Emergency svcs Program provides water and ice to people affected by state and federal disasters. FEMA provides Public Assistance funds to HHSC for damages and unusual expenses incurred to its facilities and programs.

The ONA program is administered jointly with the Federal Emergency Management Agency. FEMA provides housing assistance and HHSC provides grants to meet the other needs of people who live in a Presidential Declared disaster area. Eligible people must be underinsured, not qualify for loan assistance from the Small Business Administration, and have serious needs and expenses resulting from the disaster.

Legal Base: Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, PL 106-390; Section 418.022, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance Service Categories:
 STRATEGY: 4 Disaster Assistance Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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There typically is no state appropriation made in the Disaster Assistance strategy. Any required state expenditures for disaster assistance must be transferred from another HHSC program.

When disasters occur in the last few months of the biennium, general revenue funds may not be available for transfer from other programs to disaster and there may be cash flow issues, even when budgetary authority is available; the number and severity of disasters, coupled with the economic circumstances of the population affects the assistance levels provided and state matching funds needed; and the requirement of prior notification of funds transfer may impede the flow of funds into the disaster program.

The state matching share percent is normally 25% for Other Needs Assistance and Public Assistance. Sometimes Congress has increased the federal financial participation on significant disasters, such as for Hurricanes Katrina and Rita in 2005.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$440,000,000	\$0	\$(440,000,000)	\$(440,000,000)	DISASTER BASED FUNDING: Amounts are transferred and awarded based on declared disasters.
			\$(440,000,000)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination
 STRATEGY: 1 Guardianship

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

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
1	Avg Number of Wards Receiving Guardianship Services	928.00	897.00	897.00	845.00	838.00
Efficiency Measures:						
1	Average Mthly Cost Per Adult Guardianship Ward Served	561.35	673.04	710.25	714.45	720.42
Explanatory/Input Measures:						
1	Avg Mthly # Referrals DFPS to HHSC for Assessment/Need Guardianship	32.00	25.00	25.00	18.00	15.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,753,327	\$5,994,156	\$6,094,788	\$5,917,980	\$5,917,980
1002	OTHER PERSONNEL COSTS	\$136,660	\$86,481	\$323,699	\$323,699	\$323,699
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$162,205	\$283,143	\$222,674	\$222,674
2002	FUELS AND LUBRICANTS	\$0	\$3,727	\$2,915	\$3,321	\$3,321
2003	CONSUMABLE SUPPLIES	\$6,913	\$32,652	\$27,528	\$30,090	\$30,090
2004	UTILITIES	\$23,878	\$73,509	\$68,444	\$70,976	\$70,976
2005	TRAVEL	\$396,691	\$311,133	\$294,274	\$302,704	\$302,704
2006	RENT - BUILDING	\$0	\$228,430	\$249,732	\$239,081	\$239,081
2007	RENT - MACHINE AND OTHER	\$148	\$44,064	\$35,744	\$39,904	\$39,904
2009	OTHER OPERATING EXPENSE	\$1,246,734	\$1,824,729	\$1,365,053	\$1,594,891	\$1,594,891

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination
 STRATEGY: 1 Guardianship

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

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
3001	CLIENT SERVICES	\$56,919	\$61,189	\$76,955	\$76,955	\$76,955
TOTAL, OBJECT OF EXPENSE		\$7,621,270	\$8,822,275	\$8,822,275	\$8,822,275	\$8,822,275
Method of Financing:						
1	General Revenue Fund	\$1,598,323	\$1,598,323	\$1,598,323	\$1,598,323	\$1,598,323
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,598,323	\$1,598,323	\$1,598,323	\$1,598,323	\$1,598,323
Method of Financing:						
555	Federal Funds					
	93.667.000 Social Svcs Block Grants	\$6,022,947	\$7,223,952	\$7,223,952	\$7,223,952	\$7,223,952
CFDA Subtotal, Fund	555	\$6,022,947	\$7,223,952	\$7,223,952	\$7,223,952	\$7,223,952
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,022,947	\$7,223,952	\$7,223,952	\$7,223,952	\$7,223,952
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$8,822,275	\$8,822,275
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$7,621,270	\$8,822,275	\$8,822,275	\$8,822,275	\$8,822,275
FULL TIME EQUIVALENT POSITIONS:		131.0	122.7	122.7	122.7	122.7

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 1 Guardianship Service: 26 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Guardianship Services Program (GSP) serves adults with diminished capacity who are substantially unable to provide for themselves and have been referred by the Department of Family and Protective Services (DFPS), as well as youth transitioning out of DFPS conservatorship. HHSC is appointed guardian of individuals who have been impacted by abuse, neglect, self-neglect and/or exploitation. Direct service provision includes daily care, comprehensive case management and life decision-making on behalf of the individual. For adults to be referred by DFPS for guardianship, they must either have a disability or be 65 years of age or older and have experienced abuse, neglect or exploitation. For youth transitioning out of conservatorship, they must be in Child Protective Services (CPS) conservatorship and appear to meet the adult definition of incapacity. The GSP served 1,388 consumers in fiscal year 2017.
 Legal authority: Human Resource Code, Title 11, Chapter 161. Subchapter E. Guardianship.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$17,644,550	\$17,644,550	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 2 Non-Medicaid Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
	1 Average # of Individuals Per Mth Receiving Home-delivered Meals (SSBG)	15,016.00	15,096.00	14,152.00	15,096.00	15,096.00
	2 Average Number of Home-delivered Meals Provided Per Month (SSBG)	311,633.00	306,573.00	295,204.00	306,573.00	306,573.00
	3 Number of Individuals Receiving Congregate Meals (AAA)	50,427.00	57,531.00	58,097.00	52,000.00	52,000.00
	4 Number of Congregate Meals Served (AAA)	3,010,171.00	3,104,427.00	3,133,368.00	3,100,000.00	3,100,000.00
	5 Number of Individuals Receiving Home-delivered Meals (AAA)	41,124.00	39,659.00	39,785.00	41,150.00	41,150.00
	6 Number of Home-delivered Meals Served (AAA)	4,581,397.00	4,677,053.00	4,731,415.00	4,700,000.00	4,700,000.00
	7 Number of Individuals Receiving Homemaker Services (AAA)	1,123.00	1,293.00	1,328.00	1,125.00	1,125.00
	8 Number of Individuals Receiving Personal Assistance (AAA)	842.00	917.00	919.00	900.00	900.00
	9 Number of Homes Repaired/Modified (AAA)	1,765.00	1,767.00	1,825.00	1,780.00	1,780.00
	10 Number of One-way Trips (AAA)	583,468.00	644,213.00	649,911.00	640,500.00	640,500.00
KEY 11	Avg # of Individuals Served Per Month: Non Medicaid Comm Care (XX/GR)	31,717.00	31,710.00	32,985.00	32,985.00	32,985.00

Efficiency Measures:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination
 STRATEGY: 2 Non-Medicaid Services

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1	Avg Mthly Cost Per Individual Served: Non-Medicaid Community Serv (XX)	237.00	232.00	231.81	231.81	217.37
2	Average Cost Per Home-delivered Meal (SSBG)	4.93	4.93	4.93	4.93	4.93
3	Statewide Average Cost Per Congregate Meal (AAA)	5.96	5.92	5.95	6.00	6.00
4	Statewide Average Cost Per Home-delivered Meal (AAA)	5.08	5.16	5.17	5.15	5.15
5	Statewide Average Cost Per Person Receiving Homemaker Services (AAA)	549.28	553.55	547.69	550.00	550.00
6	Statewide Avg Cost Per Person Rec Personal Assistance Services (AAA)	938.24	1,060.00	1,068.00	950.00	950.00
7	Statewide Average Cost Per Modified Home (AAA)	1,152.00	1,341.00	1,335.00	1,550.00	1,550.00
Explanatory/Input Measures:						
KEY 1	Avg # Individuals Receiving Non-Medicaid Communy Svcs & Supports XX	0.00	0.00	0.00	0.00	0.00
KEY 2	Avg # of Individuals Receiving Svcs at the End of the Fiscal Yr: XX/GR	0.00	0.00	0.00	0.00	0.00
Objects of Expense:						
3001	CLIENT SERVICES	\$93,750,068	\$95,977,847	\$95,977,847	\$95,977,846	\$95,977,846
4000	GRANTS	\$60,597,375	\$61,185,531	\$61,185,531	\$61,185,532	\$61,185,532

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 2 Non-Medicaid Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$154,347,443	\$157,163,378	\$157,163,378	\$157,163,378	\$157,163,378
Method of Financing:						
1	General Revenue Fund	\$23,045,093	\$22,345,603	\$22,345,603	\$22,345,604	\$22,345,604
8004	GR For Fed Funds (Older Am Act)	\$3,375,229	\$3,375,229	\$3,375,229	\$3,375,229	\$3,375,229
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$26,420,322	\$25,720,832	\$25,720,832	\$25,720,833	\$25,720,833
Method of Financing:						
555	Federal Funds					
	93.041.000 Special Programs for the	\$20,074	\$21,817	\$21,817	\$20,726	\$20,726
	93.043.000 Special Programs for the	\$1,048,699	\$1,371,901	\$1,371,901	\$1,303,306	\$1,303,306
	93.044.000 SPECIAL PROGRAMS FOR THE	\$10,012,326	\$10,360,585	\$10,360,585	\$12,655,636	\$12,655,636
	93.045.000 Special Programs for the	\$30,738,667	\$33,962,497	\$33,962,497	\$30,632,091	\$30,632,091
	93.048.000 Special Programs for the	\$0	\$100,000	\$100,000	\$100,000	\$100,000
	93.052.000 NATL FAMILY CAREGIVER SUPPORT PGM	\$5,199,586	\$5,538,284	\$5,538,284	\$6,261,370	\$6,261,370
	93.053.000 Nutrition Services Incentive Pgm	\$12,000,000	\$11,183,533	\$11,183,533	\$11,565,487	\$11,565,487
	93.667.000 Social Svcs Block Grants	\$68,903,929	\$68,903,929	\$68,903,929	\$68,903,929	\$68,903,929
	93.791.000 Money Follows Person Reblncng Demo	\$3,840	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$127,927,121	\$131,442,546	\$131,442,546	\$131,442,545	\$131,442,545

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 2 Non-Medicaid Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (FEDERAL FUNDS)		\$127,927,121	\$131,442,546	\$131,442,546	\$131,442,545	\$131,442,545
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$157,163,378	\$157,163,378
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$154,347,443	\$157,163,378	\$157,163,378	\$157,163,378	\$157,163,378

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

Non-Medicaid Services are provided in community settings to enable aging individuals and those with disabilities to remain in the community, maintain their independence, and avoid institutionalization.

Title XX Services: Adult Foster Care, Consumer Managed Personal Attendant Services, Day Activity and Health Services, Emergency Response Services, Family Care, Home-Delivered Meals, Residential Services, and Special Services for Persons with Disabilities.

Eligible for Community Services and Supports an individual must be 18 yrs age or older, have monthly income of no more than 300% the SSI payment level (\$2,094), have resources no more than \$5,000, and meet functional assessment score requirements of the specific service. Exception: Home-Delivered Meals does not have an income or resource requirement. Services provided through contracts with AAAs: Adult Day Care, Benefits Counseling, Care Coordination, Caregiver Supports, Congregate Meals, Chore Maintenance, Emergency Response Services, Home-Delivered Meals, Homemaker, Personal Assistance, Residential Repair and transportation.

Eligible for AAAs, an individual must be age 60 or over, a Medicare beneficiary of any age for benefits counseling, and certain caregivers who are under 60 as described in the National Family Caregiver Support Program of the Older Americans Act.

Statutory Authority. Social Security Act, Title XX; Government Code, Chapter 2105; Human Resources Code, Chapter 101, §§101.025 and 101.030, and Chapter 161; and Title 42 U.S.C. Chapter 35 Older American Act of 1965, as amended.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 2 Non-Medicaid Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$314,326,756	\$314,326,756	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 3 Non-Medicaid Developmental Disability Community Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly # of Individuals with ID Receiving Community Services	2,331.00	4,942.00	4,916.00	4,916.00	4,916.00
2	Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Employment Svcs	292.00	241.00	210.00	210.00	210.00
3	Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Day Train Svcs	303.00	223.00	1,449.00	1,449.00	1,449.00
4	Avg Mthly # Indiv with Intellectual Disability (ID) Rec Therapies	987.00	1,236.00	927.00	927.00	927.00
5	Avg Mthly # Indiv with Intellectual Disability (ID) Rec Respite	2,086.00	1,565.00	1,636.00	1,636.00	1,636.00
6	Avg Mthly # Indiv w/Intellectual Disability (ID) Rec Independent Liv	1,150.00	3,037.00	1,836.00	1,836.00	1,836.00
Efficiency Measures:						
KEY 1	Average Mthly Cost Per Individual Receiving Community Services	477.26	560.24	576.28	576.28	576.28
2	Average Monthly Cost Per Individual Receiving Employment Services	228.78	292.25	708.37	708.37	708.37
3	Average Monthly Cost Per Individual Receiving Day Training Services	601.46	904.79	804.33	804.33	804.33

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 3 Non-Medicaid Developmental Disability Community Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4	Average Monthly Cost Per Individual Receiving Therapies	427.88	236.92	851.99	851.99	851.99
5	Average Monthly Cost Per Individual Receiving Respite	173.87	226.80	253.21	253.21	253.21
6	Average Monthly Cost Per Individual Receiving Independent Living	485.60	591.83	529.85	529.85	529.85
Explanatory/Input Measures:						
KEY 1	Number Individuals with ID Receiving Community Svcs End of Fiscal Year	5,743.00	4,893.00	8,077.00	8,077.00	8,077.00
Objects of Expense:						
2009	OTHER OPERATING EXPENSE	\$1,082,076	\$1,200,444	\$1,200,444	\$1,200,443	\$1,200,444
4000	GRANTS	\$42,760,358	\$45,201,476	\$45,201,477	\$45,201,477	\$45,201,477
TOTAL, OBJECT OF EXPENSE		\$43,842,434	\$46,401,920	\$46,401,921	\$46,401,920	\$46,401,921
Method of Financing:						
1	General Revenue Fund	\$43,840,764	\$46,398,920	\$46,398,921	\$46,398,920	\$46,398,921
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$43,840,764	\$46,398,920	\$46,398,921	\$46,398,920	\$46,398,921
Method of Financing:						
802	Lic Plate Trust Fund No. 0802, est	\$1,670	\$3,000	\$3,000	\$3,000	\$3,000

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 3 Non-Medicaid Developmental Disability Community Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (OTHER FUNDS)		\$1,670	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$46,401,920	\$46,401,921
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$43,842,434	\$46,401,920	\$46,401,921	\$46,401,920	\$46,401,921

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Non-Medicaid Intellectual & Development Disability Community Services strategy implements the Health and Safety Code, §533.035, in which the local authority provides individuals access to publicly funded ID services. The strategy provides for the determination of eligibility and services and supports for individuals in the ID priority population who reside in the community, other than services provided through ICFs/IID, and Medicaid waiver programs. These services include service coordination, community support to assist individuals to participate in age-appropriate activities and services; employment services to assist individuals in securing and maintaining employment; day training services to help individuals develop and refine skills needed to live and work in the community; various therapies that are provided by licensed or certified professionals; and respite services for the individual's primary caregiver.

The administrative functions and expenses are transferred out from this strategy to A.1.1.

To be eligible for ID Community Services, an individual must be in the ID priority population.

Statutory Authority. Human Resources Code, Chapter 161; Health & Safety Code, Chapter 533, §533.035, and Chapters 534, 591 and 592.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 1 Long-term Care Services & Coordination Service Categories:
 STRATEGY: 3 Non-Medicaid Developmental Disability Community Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Intellectual Disability Community Services provide a safety net of supports for individuals living in their own or family homes. Although the 81st Legislature restored some of the dollars reduced by the 78th Legislature, resources are still not available for all eligible individuals. The services provided are not extensive and provide a minimal amount of supports and services to individuals that are on the interest lists for more comprehensive Medicaid waiver services. Appropriated dollars also provide for assistive services while individuals in this program are being enrolled into waiver services or are seeking other Medicaid supports such as ICF/IID facilities or state supported living centers. If, because of reductions in GR funding, resources are not available to provide necessary local services for maintenance in the community, more individuals will seek emergency services, including institutional placement, because of crises.

The following exceptional item(s) will impact this strategy: Item 14, Reducing Community Waiver Program Interest List. Item 7, Funding to Sustain Enhanced Community Coordination Services and Transition Support Teams.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$92,803,841	\$92,803,841	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	# People Receiving Services from Centers for Independent Living	6,391.00	6,391.00	6,391.00	0.00	0.00
	2 Number of Consumers Who Achieved Independent Living Center Goals	1,598.00	1,598.00	1,598.00	0.00	0.00
KEY 3	# of People Rec'g HHSC Contracted Independent Living Svcs	1,460.00	1,460.00	1,460.00	0.00	0.00
	4 Number of Consumers Who Achieved Independent Living Goals	2,206.00	2,206.00	2,206.00	0.00	0.00
Efficiency Measures:						
	1 Cost Per Person Served by Centers for Independent Living	433.00	433.00	433.00	0.00	0.00
KEY 2	Average Cost/Person Rec'g Contracted Independent Living Svc	564.00	477.00	477.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,417,600	\$1,344,074	\$1,349,812	\$1,349,812	\$1,349,812
1002	OTHER PERSONNEL COSTS	\$42,260	\$33,000	\$33,000	\$33,000	\$33,000
2001	PROFESSIONAL FEES AND SERVICES	\$19,205	\$18,115	\$18,294	\$18,204	\$18,204
2002	FUELS AND LUBRICANTS	\$0	\$288	\$263	\$276	\$276
2003	CONSUMABLE SUPPLIES	\$0	\$5,257	\$5,045	\$5,151	\$5,151

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2004	UTILITIES	\$7,768	\$37,641	\$37,657	\$37,649	\$37,649
2005	TRAVEL	\$44,807	\$76,008	\$75,862	\$75,935	\$75,935
2006	RENT - BUILDING	\$0	\$129,201	\$130,375	\$129,788	\$129,788
2007	RENT - MACHINE AND OTHER	\$0	\$18,785	\$18,927	\$18,856	\$18,856
2009	OTHER OPERATING EXPENSE	\$25,499	\$114,451	\$118,683	\$114,260	\$114,260
4000	GRANTS	\$10,754,595	\$12,279,882	\$12,268,784	\$12,271,355	\$12,271,355
TOTAL, OBJECT OF EXPENSE		\$12,311,734	\$14,056,702	\$14,056,702	\$14,054,286	\$14,054,286
Method of Financing:						
1	General Revenue Fund	\$3,554,270	\$4,447,161	\$4,447,161	\$4,447,161	\$4,447,161
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,554,270	\$4,447,161	\$4,447,161	\$4,447,161	\$4,447,161
Method of Financing:						
555	Federal Funds					
	93.369.001 Independent Living_State_Rehab	\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
CFDA Subtotal, Fund	555	\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679

Method of Financing:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
493	Blind Endowment Fund	\$3,465	\$3,465	\$3,465	\$0	\$0
666	Appropriated Receipts	\$2,571	\$2,571	\$2,571	\$2,571	\$2,571
777	Interagency Contracts	\$7,668,499	\$8,585,826	\$8,585,826	\$8,586,875	\$8,586,875
SUBTOTAL, MOF (OTHER FUNDS)		\$7,674,535	\$8,591,862	\$8,591,862	\$8,589,446	\$8,589,446
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$14,054,286	\$14,054,286
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$12,311,734	\$14,056,702	\$14,056,702	\$14,054,286	\$14,054,286
FULL TIME EQUIVALENT POSITIONS:		27.5	26.0	26.0	26.0	26.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Independent Living Services program (ILSP) enhances the quality of life of people with significant disabilities, including those who are blind or visually impaired, by promoting independence in the home and community and providing access to rehabilitative services and supports. As of August 31, 2016, services are provided directly by Centers for Independent Living (CILs) and are designed to help people with disabilities achieve and maintain their optimal levels of self-reliance and independence, as opposed to depending on others to perform everyday tasks. These outsourced services are designed to reduce the need for long-term care, are time-limited and are tailored to individual needs and goals. Funding is provided to 16 CILs across the state to provide five core services; namely, information and referral, independent living skills training, peer counseling, advocacy and transition.

This strategy also funds the State Independent Living Council (SILC), whose mission is to promote the independent living philosophy and the expansion of quality, consumer-directed independent living services (ILS) programs statewide. SILC partners with HHSC in the development, approval and implementation of the State Plan for Independent Living (SPIL).

Legal authority: Federal Workforce Investment Act, of 1998, Title IV Rehabilitation Act Amendments of 1998; Texas Human Resources Code, Chapter 117, Section 117.071; H.B. 2463, 84th Legislature.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like the ILSP, whose framework is based largely on a direct service delivery model. H.B. 2463, 84th Legislature, Regular Session, 2015, directed the integration of the ILSP for blind and visually impaired individuals and the ILSP for persons with significant disabilities into one single program, with the goal of ensuring that all services are directly provided by CILs or other nonprofit organizations.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$28,113,404	\$28,108,572	\$(4,832)	\$(4,832)	REVENUE PROJECTION: Decrease in projected donations. GR \$0, GR-D \$0, FED \$0, OT \$(4,832)
			<u>\$(4,832)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 2 Blindness Education, Screening and Treatment (BEST) Program Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Individuals Receiving Treatment Services in BEST Program	110.00	110.00	86.00	0.00	0.00
KEY 2	Number of Individuals Receiving Screening Services in BEST Program.	3,020.00	3,020.00	2,452.00	0.00	0.00
Efficiency Measures:						
1	Average Cost Per Individual Treated in BEST Program	2,758.00	2,797.00	2,797.00	0.00	0.00
2	Average Cost Per Individual Screened in BEST Program	66.00	60.00	60.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$82,873	\$82,973	\$81,177	\$81,312	\$81,312
1002	OTHER PERSONNEL COSTS	\$2,400	\$2,300	\$2,814	\$3,139	\$3,139
2001	PROFESSIONAL FEES AND SERVICES	\$110,180	\$117,000	\$115,005	\$114,917	\$114,917
2002	FUELS AND LUBRICANTS	\$0	\$0	\$0	\$13	\$13
2003	CONSUMABLE SUPPLIES	\$0	\$0	\$0	\$45	\$45
2004	UTILITIES	\$0	\$0	\$0	\$34	\$34
2005	TRAVEL	\$91	\$1,307	\$2,100	\$1,052	\$1,052
2006	RENT - BUILDING	\$0	\$0	\$0	\$196	\$196
2007	RENT - MACHINE AND OTHER	\$0	\$0	\$0	\$44	\$44

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 2 Blindness Education, Screening and Treatment (BEST) Program Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2009	OTHER OPERATING EXPENSE	\$1,561	\$2,053	\$2,482	\$2,825	\$2,825
3001	CLIENT SERVICES	\$250,420	\$248,130	\$190,185	\$226,423	\$226,423
TOTAL, OBJECT OF EXPENSE		\$447,525	\$453,763	\$393,763	\$430,000	\$430,000
Method of Financing:						
1	General Revenue Fund	\$447,525	\$453,763	\$393,763	\$430,000	\$430,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$447,525	\$453,763	\$393,763	\$430,000	\$430,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$430,000	\$430,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$447,525	\$453,763	\$393,763	\$430,000	\$430,000
FULL TIME EQUIVALENT POSITIONS:		1.0	1.0	1.0	1.0	1.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 2 Blindness Education, Screening and Treatment (BEST) Program Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Blindness Education, Screening and Treatment (BEST) program services are designed to reduce the incidence of blindness throughout Texas. The program encourages individuals to protect their eyesight and to seek professional care if they are at risk for potentially serious eye conditions. The program provides medical treatment to individuals without health insurance to help prevent blindness, which, in turn, increases job opportunities and employment retention. The BEST program is managed by state staff through contracts with the agency, Prevent Blindness, for screening services, and in collaboration with ophthalmologists for treatment services. BEST program functions are threefold, and include the provision of education regarding common eye conditions and proper eye care, adult vision screening services and payment for urgently-needed medical intervention for adults who lack health insurance or other financial resources. The BEST program relies exclusively upon donations to fund services. Funds are generated when individuals donate a dollar upon renewing their drivers' licenses or Texas Department of Public Safety-issued identification cards. Legal authority: Texas Human Resources Code, Sec 91.027.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)		\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$847,526	\$860,000	\$12,474	\$12,474	REVENUE PROJECTION: Increase in projected collections. GR \$0, GR-D \$0, FED \$0, OT \$12,474
			<u>\$12,474</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg Monthly # of People Receiving Comprehensive Rehabilitation Svcs	545.00	545.00	506.00	0.00	0.00
2	Number of Consumers Who Achieved CRS Goals	308.00	308.00	299.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per CRS Consumer	3,969.00	3,932.00	3,932.00	0.00	0.00
Explanatory/Input Measures:						
KEY 1	Number of People Receiving Comprehensive Rehabilitation Svcs Per Year	909.00	882.00	838.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,043,883	\$1,108,423	\$1,292,941	\$1,292,941	\$1,292,941
1002	OTHER PERSONNEL COSTS	\$24,840	\$24,903	\$29,053	\$29,053	\$29,053
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$415,890	\$550,000	\$920,647	\$920,647
2002	FUELS AND LUBRICANTS	\$0	\$761	\$639	\$700	\$700
2003	CONSUMABLE SUPPLIES	\$103	\$7,166	\$6,587	\$6,876	\$6,876
2004	UTILITIES	\$5,587	\$25,365	\$15,250	\$20,308	\$20,308
2005	TRAVEL	\$23,419	\$65,049	\$85,016	\$75,032	\$75,032
2006	RENT - BUILDING	\$0	\$148,634	\$148,720	\$148,677	\$148,677

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$0	\$22,051	\$28,524	\$25,288	\$25,288
2009	OTHER OPERATING EXPENSE	\$16,171	\$101,631	\$106,845	\$104,810	\$104,810
3001	CLIENT SERVICES	\$13,102,729	\$22,023,783	\$21,794,559	\$21,433,802	\$21,433,802
TOTAL, OBJECT OF EXPENSE		\$14,216,732	\$23,943,656	\$24,058,134	\$24,058,134	\$24,058,134
Method of Financing:						
1	General Revenue Fund	\$12,147,329	\$23,825,176	\$23,939,654	\$23,939,654	\$23,939,654
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$12,147,329	\$23,825,176	\$23,939,654	\$23,939,654	\$23,939,654
Method of Financing:						
107	Comprehensive Rehab Acct	\$1,588,263	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$1,588,263	\$0	\$0	\$0	\$0
Method of Financing:						
8052	Subrogation Receipts	\$481,140	\$118,480	\$118,480	\$118,480	\$118,480
SUBTOTAL, MOF (OTHER FUNDS)		\$481,140	\$118,480	\$118,480	\$118,480	\$118,480

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$24,058,134	\$24,058,134
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$14,216,732	\$23,943,656	\$24,058,134	\$24,058,134	\$24,058,134
FULL TIME EQUIVALENT POSITIONS:		24.0	25.0	25.0	25.0	25.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Comprehensive Rehabilitation Services (CRS) program fills a service gap for persons who have sustained a traumatic brain injury (TBI) and/or a traumatic spinal cord injury (TSCI). The CRS program provides individuals with intensive rehabilitation services so that they may live independently in their home and community, and focuses on three primary areas that affect both function and quality of life: mobility, self-care and communication skills. Services are provided in consumers' homes, hospitals, residential facilities, outpatient clinics or in a combination of settings to encourage the maximum flexibility in service and gain toward independence. Based upon consumer need, a variety of services are available, such as inpatient comprehensive medical rehabilitation services (ICMRS), post-acute rehabilitation services (PARS), residential and non-residential, and outpatient therapies and supports.
 Legal authority: Texas Human Resources Code Sec. 117.081

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like CRS, whose framework is based largely on a direct service delivery model.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$48,001,790	\$48,116,268	\$114,478	\$114,478	APPROVED LETTER: Complete biennial funding due to partial 2018 amount in 06/01/2018 LBB approved letter.GR \$114,478, GR-D \$0, FED \$0, OT \$0
			\$114,478	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number Receiving Communication Access Services	50,000.00	50,000.00	50,000.00	0.00	0.00
KEY 2	Number of Consumers Educated and Interpreters Trained	2,375.00	2,375.00	2,375.00	0.00	0.00
KEY 3	Number of Interpreter Certificates Issued	1,765.00	1,765.00	1,765.00	0.00	0.00
	4 Number of Interpreter Tests Given	550.00	550.00	550.00	0.00	0.00
KEY 5	Number of Equipment/Service Vouchers Issued	25,000.00	25,000.00	25,000.00	0.00	0.00
Efficiency Measures:						
	1 Average Cost Per Interpreter Certificate Issued	235.00	235.00	235.00	0.00	0.00
	2 Average Time for Ethics Complaint Resolution	90.00	90.00	90.00	0.00	0.00
	3 Average Cost Per Equipment/Service Application Processed	40.00	28.00	28.00	0.00	0.00
	4 Average Time to Process an Equipment/Service Application Received	30.00	30.00	30.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,228,234	\$1,463,104	\$1,461,202	\$1,461,202	\$1,461,202
1002	OTHER PERSONNEL COSTS	\$38,454	\$32,821	\$62,253	\$62,253	\$62,253
2001	PROFESSIONAL FEES AND SERVICES	\$16,457	\$191,570	\$141,527	\$263,384	\$263,384
2002	FUELS AND LUBRICANTS	\$0	\$780	\$840	\$810	\$810

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2003	CONSUMABLE SUPPLIES	\$2,936	\$1,613	\$1,421	\$1,517	\$1,517
2004	UTILITIES	\$3,214	\$12,328	\$12,021	\$12,174	\$12,174
2005	TRAVEL	\$10,079	\$22,881	\$22,728	\$22,804	\$22,804
2006	RENT - BUILDING	\$0	\$8,355	\$8,935	\$8,645	\$8,645
2007	RENT - MACHINE AND OTHER	\$0	\$887	\$841	\$864	\$864
2009	OTHER OPERATING EXPENSE	\$192,874	\$148,369	\$137,699	\$143,430	\$143,430
3001	CLIENT SERVICES	\$3,379,241	\$2,803,842	\$2,916,290	\$2,245,575	\$2,245,575
TOTAL, OBJECT OF EXPENSE		\$4,871,489	\$4,686,550	\$4,765,757	\$4,222,658	\$4,222,658
Method of Financing:						
1	General Revenue Fund	\$3,237,991	\$2,779,463	\$2,858,670	\$2,858,670	\$2,858,670
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,237,991	\$2,779,463	\$2,858,670	\$2,858,670	\$2,858,670
Method of Financing:						
666	Appropriated Receipts	\$90,150	\$40,740	\$40,740	\$40,740	\$40,740
777	Interagency Contracts	\$617,007	\$889,457	\$889,457	\$325,000	\$325,000
802	Lic Plate Trust Fund No. 0802, est	\$9,181	\$10,000	\$10,000	\$10,000	\$10,000
8051	Universal Services Fund	\$917,160	\$966,890	\$966,890	\$988,248	\$988,248

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (OTHER FUNDS)		\$1,633,498	\$1,907,087	\$1,907,087	\$1,363,988	\$1,363,988
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,222,658	\$4,222,658
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,871,489	\$4,686,550	\$4,765,757	\$4,222,658	\$4,222,658
FULL TIME EQUIVALENT POSITIONS:		22.1	23.6	23.6	23.6	23.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

Deaf and Hard of Hearing Services (DHHS) is comprised of a variety of programs that focus on advancing opportunities for individuals who are deaf and hard of hearing by reducing societal and communication barriers to ensure full and equal opportunity to participate in community life. The range of services provided includes raising awareness of the needs of individuals who are deaf or hard of hearing, as well as the development and coordination of public policies, regulations and programs. DHHS works in partnership with individuals who are deaf and hard of hearing and recognizes the importance of full access to communication, information and informed choices - which effectively reduces their social isolation - regardless of location, socioeconomic status or degree of disability. The Driver Identification (Visor) program issues visor identification cards to eligible individuals for use in their vehicles so that they may identify themselves as drivers who are deaf or hard of hearing. The Certificate of Deafness for Tuition Waiver program provides a certificate as verification of hearing loss for tuition waivers at state supported post-secondary schools in Texas, thereby removing barriers to higher education, promoting independence, increasing employability, enabling more effective integration into the community and affording eligible participants an opportunity to become more self-sufficient. The Continuing Education Units for Interpreters program focuses on approving courses and workshops that provide continuing education credits to sign language interpreters.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 2 Provide Rehabilitation Services to Persons with General Disabilities Service Categories:
 STRATEGY: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like those managed by DHHS, whose operational models are based largely on direct service delivery.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$9,452,307	\$8,445,316	\$(1,006,991)	\$79,207	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter.GR \$79,207, GR-D \$0, FED \$0, OT \$0
			\$(1,086,198)	TRANSFORMATION: Decrease in projected IAC due to billing shift from external to internal.
			\$(1,006,991)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services
 STRATEGY: 1 Family Violence Services

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Persons Served by Family Violence Programs/Shelters	71,500.00	71,500.00	71,500.00	0.00	0.00
Efficiency Measures:						
KEY 1	HHSC Avg Cost Per Person Receiving Family Violence Services	280.00	280.00	286.00	0.00	0.00
Explanatory/Input Measures:						
1	Percent of Family Violence Program Budgets Funded by HHSC	36.00 %	36.00 %	36.00 %	0.00 %	0.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$479,572	\$517,679	\$718,201	\$718,201	\$718,201
1002	OTHER PERSONNEL COSTS	\$24,745	\$9,479	\$30,770	\$30,770	\$30,770
2001	PROFESSIONAL FEES AND SERVICES	\$1,410,809	\$1,424,598	\$1,481,271	\$1,452,934	\$1,452,934
2002	FUELS AND LUBRICANTS	\$18	\$167	\$125	\$146	\$146
2003	CONSUMABLE SUPPLIES	\$780	\$50,539	\$373	\$25,456	\$25,456
2004	UTILITIES	\$1,947	\$1,206	\$333	\$770	\$770
2005	TRAVEL	\$12,986	\$12,950	\$11,026	\$11,988	\$11,988
2006	RENT - BUILDING	\$11,197	\$1,995	\$1,542	\$1,768	\$1,768

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$899	\$463	\$359	\$411	\$411
2009	OTHER OPERATING EXPENSE	\$23,723	\$15,159	\$14,436	\$14,798	\$14,798
4000	GRANTS	\$27,125,334	\$26,829,931	\$26,603,154	\$26,605,636	\$26,605,636
5000	CAPITAL EXPENDITURES	\$50	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$29,092,060	\$28,864,166	\$28,861,590	\$28,862,878	\$28,862,878
Method of Financing:						
1	General Revenue Fund	\$10,203,870	\$11,139,906	\$11,139,906	\$11,141,194	\$11,141,194
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,203,870	\$11,139,906	\$11,139,906	\$11,141,194	\$11,141,194
Method of Financing:						
555	Federal Funds					
93.558.667	TANF to Title XX	\$11,432,445	\$11,002,176	\$11,002,361	\$11,002,361	\$11,002,361
93.667.000	Social Svcs Block Grants	\$1,054,001	\$1,056,762	\$1,054,001	\$1,054,001	\$1,054,001
93.671.000	Family Violence Preventio	\$6,399,923	\$5,665,322	\$5,665,322	\$5,665,322	\$5,665,322
CFDA Subtotal, Fund	555	\$18,886,369	\$17,724,260	\$17,721,684	\$17,721,684	\$17,721,684
SUBTOTAL, MOF (FEDERAL FUNDS)		\$18,886,369	\$17,724,260	\$17,721,684	\$17,721,684	\$17,721,684

Method of Financing:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
777	Interagency Contracts	\$1,821	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$1,821	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$28,862,878	\$28,862,878
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$29,092,060	\$28,864,166	\$28,861,590	\$28,862,878	\$28,862,878
FULL TIME EQUIVALENT POSITIONS:		7.5	9.0	9.0	9.0	9.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Family Violence Program includes state and federal funding for programs that provide services to victims of family violence. HHSC contracts with family violence centers to provide emergency shelter and/or nonresidential services to adult victims of family violence and their dependent children. Program objectives include enhancing the safety of adult victims and their children by providing temporary shelter and/or intervention services, ensuring the responsiveness of community systems to the needs of adult victims and their children and ensuring that adequate resources are available within the community to meet those needs, and providing public awareness about the criminality of acts of violence toward family members and eradicating public misconceptions about family violence. The program enhances the safety of adult victims and their children by providing services such as emergency 24-hour a day shelter, 24-hour hotline, intervention services, children's services and therapeutic activities, employment and training services, assistance in obtaining medical care, legal assistance in the civil and criminal justice systems, counseling services, transportation, law enforcement liaison, community education, and information and referral services.

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$57,725,756	\$57,725,756	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services
 STRATEGY: 2 Child Advocacy Programs

Service Categories:
 Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$26,390,922	\$26,814,003	\$26,823,503	\$26,813,004	\$26,813,004
TOTAL, OBJECT OF EXPENSE		\$26,390,922	\$26,814,003	\$26,823,503	\$26,813,004	\$26,813,004
Method of Financing:						
1	General Revenue Fund	\$16,138,776	\$16,569,660	\$16,569,660	\$16,569,660	\$16,569,660
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$16,138,776	\$16,569,660	\$16,569,660	\$16,569,660	\$16,569,660
Method of Financing:						
469	Crime Victims Comp Acct	\$10,229,843	\$10,229,843	\$10,229,843	\$10,229,844	\$10,229,844
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$10,229,843	\$10,229,843	\$10,229,843	\$10,229,844	\$10,229,844
Method of Financing:						
802	Lic Plate Trust Fund No. 0802, est	\$22,303	\$14,500	\$24,000	\$13,500	\$13,500
SUBTOTAL, MOF (OTHER FUNDS)		\$22,303	\$14,500	\$24,000	\$13,500	\$13,500

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 2 Child Advocacy Programs Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$26,813,004	\$26,813,004
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$26,390,922	\$26,814,003	\$26,823,503	\$26,813,004	\$26,813,004

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The statutory mission and purpose of Child Advocacy Centers (CACs) is to coordinate joint investigations of child abuse between the Department of Family and Protective Services (DFPS), local law enforcement, and prosecution to conduct forensic interviews of alleged child abuse victims, and to ensure the seamless provision of aftercare services such as trauma-informed mental health and case management. Both the Texas Legislature (Senate Bill 6, 79th Legislature) and national best practices dictate that cases involving child victims of alleged abuse, particularly those which may involve a criminal component (i.e., sexual and serious physical abuse), should be coordinated through a CAC.

Texas Court-Appointed Special Advocates (CASA) programs recruit and train community volunteers who are court-appointed to advocate for abused and neglected children in the child protection system. CASA volunteers work with DFPS caseworkers, attorneys ad litem for children and parents, judges and local agencies to provide services to child victims. The goal of CASA programs is to find a safe, permanent, and caring home for these children.

HHSC contracts with one statewide organization for each children's advocacy program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 2 Child Advocacy Programs Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$53,637,506	\$53,626,008	\$(11,498)	\$(11,498)	REVENUE PROJECTION: Decrease in projected donations. GR \$0, GR-D \$0, FED \$0, OT \$(11,498)
			\$(11,498)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 3 Additional Advocacy Programs Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,778,934	\$2,248,054	\$438,346	\$438,347	\$438,347
1002	OTHER PERSONNEL COSTS	\$80,558	\$197,830	\$51,225	\$51,225	\$51,225
2001	PROFESSIONAL FEES AND SERVICES	\$709,406	\$258,594	\$59,891	\$162,871	\$162,871
2002	FUELS AND LUBRICANTS	\$0	\$326	\$256	\$291	\$291
2003	CONSUMABLE SUPPLIES	\$2,821	\$10,634	\$976	\$5,581	\$5,581
2004	UTILITIES	\$7,632	\$11,563	\$5,388	\$5,000	\$5,000
2005	TRAVEL	\$162,505	\$137,280	\$38,067	\$30,552	\$30,552
2006	RENT - BUILDING	\$1,402	\$8,234	\$4,053	\$5,118	\$5,118
2007	RENT - MACHINE AND OTHER	\$0	\$1,230	\$967	\$1,098	\$1,098
2009	OTHER OPERATING EXPENSE	\$124,603	\$118,669	\$283,830	\$241,112	\$241,112
4000	GRANTS	\$86,665	\$90,000	\$90,000	\$90,000	\$90,000
TOTAL, OBJECT OF EXPENSE		\$2,954,526	\$3,082,414	\$972,999	\$1,031,195	\$1,031,195
Method of Financing:						
1	General Revenue Fund	\$408,667	\$627,070	\$625,431	\$625,432	\$625,432
758	GR Match For Medicaid	\$138,593	\$144,011	\$0	\$0	\$0
8010	GR Match For Title XXI	\$1,419	\$1,397	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services
 STRATEGY: 3 Additional Advocacy Programs

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8014	GR Match for Food Stamp Admin	\$50,380	\$53,691	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$0	\$185,906	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$599,059	\$1,012,075	\$625,431	\$625,432	\$625,432

Method of Financing:

555	Federal Funds					
10.561.000	State Admin Match SNAP	\$50,380	\$53,691	\$0	\$0	\$0
84.126.000	Rehabilitation Services_V	\$393	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants	\$1,578	\$0	\$0	\$0	\$0
93.044.000	SPECIAL PROGRAMS FOR THE	\$164	\$0	\$0	\$0	\$0
93.045.000	Special Programs for the	\$337	\$0	\$0	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$74	\$0	\$0	\$0	\$0
93.071.001	MIPPA Priority Area 3 ADRs	\$74	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance	\$37	\$0	\$0	\$0	\$0
93.243.000	Project Reg. & Natl Significance	\$47	\$0	\$0	\$0	\$0
93.296.000	St Grant to Improve Minority Health	\$263,408	\$184,761	\$0	\$166,221	\$166,221
93.558.000	Temp AssistNeedy Families	\$114,034	\$243,202	\$239,542	\$239,542	\$239,542
93.558.667	TANF to Title XX	\$218	\$0	\$0	\$0	\$0
93.566.000	Refugee and Entrant Assis	\$262	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$12,871	\$2,340	\$0	\$0	\$0
93.767.000	CHIP	\$17,199	\$17,953	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services
 STRATEGY: 3 Additional Advocacy Programs

Service Categories:

Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.778.000	XIX FMAP	\$0	\$223,060	\$0	\$0	\$0
93.778.003	XIX 50%	\$138,597	\$144,011	\$0	\$0	\$0
93.788.000	Opioid STR	\$22	\$0	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo	\$242	\$0	\$0	\$0	\$0
93.829.000	Section 223 Behavioral Health Demo	\$14	\$0	\$0	\$0	\$0
93.958.000	Block Grants for Communi	\$123	\$0	\$0	\$0	\$0
93.959.000	Block Grants for Prevent	\$2,012	\$0	\$0	\$0	\$0
96.001.000	Social Security Disability Ins	\$34,010	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$636,096	\$869,018	\$239,542	\$405,763	\$405,763
SUBTOTAL, MOF (FEDERAL FUNDS)		\$636,096	\$869,018	\$239,542	\$405,763	\$405,763
Method of Financing:						
666	Appropriated Receipts	\$602,163	\$108,026	\$108,026	\$0	\$0
777	Interagency Contracts	\$1,116,981	\$1,093,295	\$0	\$0	\$0
8051	Universal Services Fund	\$227	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$1,719,371	\$1,201,321	\$108,026	\$0	\$0

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 3 Additional Advocacy Programs Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,031,195	\$1,031,195
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,954,526	\$3,082,414	\$972,999	\$1,031,195	\$1,031,195
FULL TIME EQUIVALENT POSITIONS:		30.8	35.7	6.0	6.0	6.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

As a result of the HHS transformation and reorganization, numerous advocacy programs and offices were grouped to form this strategy, including:

- Healthy Marriage - this program administers “Twogether in Texas” through a partnership of public, private, community, faith-based organizations, and leaders who work collaboratively to build awareness, and provide relationships training and support.
- Community Resource Coordination Groups (CRCG) – comprised of public and private agencies that develop comprehensive and coordinated multi-agency svcs responsive to children, youth, and families with complex needs.
- Office of Acquired Brain Injury - provides guidance, referrals and service coordination for survivors of brain injuries and their families, including returning combat veterans, by arranging a comprehensive system of care through available resources.
- Office of Disability Prevention for Children (ODPC), formerly the Texas Office for the Prevention of Developmental Disabilities (TOPDD) - serves as the state's organizing, planning and education entity around the prevention of developmental disabilities in children.
- Office of Minority Health Statistics and Engagement -

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 6 Community & Independent Living Services & Coordination
 OBJECTIVE: 3 Other Community Support Services Service Categories:
 STRATEGY: 3 Additional Advocacy Programs Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$4,055,413	\$2,062,390	\$(1,993,023)	\$(1,993,023)	HHSC RIDER 135 (GAA 2018-19): CEDD program transfer. GR \$(386,642), GR-D \$0, FED \$(297,034), OT \$(1,309,347)
			\$(1,993,023)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of SSLC Campus Residents	3,026.00	2,907.00	2,893.00	2,846.00	2,799.00
	2 Number of Referrals to the Ombudsman	939.00	1,110.00	1,110.00	1,110.00	1,110.00
	3 Number of Reviews/Investigations Performed by the Ombudsman	772.00	873.00	873.00	873.00	873.00
KEY 4	# Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff	2,804.00	2,804.00	2,804.00	2,804.00	2,804.00
KEY 5	# Confirmed Abuse/Neglect/Exploitation Incidents at SSLC	311.00	311.00	311.00	311.00	311.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Campus Resident	19,879.67	19,552.91	19,840.65	20,322.00	20,663.00
	2 Avg # Days Individuals w/ID Wait Admission Specific Living Ctr Campus	42.00	6.00	15.00	15.00	15.00
Explanatory/Input Measures:						
	1 Number of LC Campus Residents Who Are under 18 Years of Age Per Year	74.00	69.00	62.00	62.00	62.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$428,905,195	\$429,008,950	\$429,008,950	\$429,008,950
1002	OTHER PERSONNEL COSTS	\$0	\$23,527,883	\$23,640,298	\$23,640,298	\$23,640,298
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$56,921,833	\$51,400,644	\$56,642,342	\$56,642,342

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 1 State Supported Living Centers

Service Categories:

STRATEGY: 1 State Supported Living Centers

Service: 26

Income: A.1

Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2002	FUELS AND LUBRICANTS	\$0	\$1,114,992	\$1,115,030	\$1,115,011	\$1,115,011
2003	CONSUMABLE SUPPLIES	\$0	\$7,135,936	\$7,135,922	\$7,135,929	\$7,135,929
2004	UTILITIES	\$0	\$10,716,419	\$10,705,213	\$10,705,174	\$10,705,174
2005	TRAVEL	\$0	\$1,331,180	\$1,332,057	\$1,331,618	\$1,331,618
2006	RENT - BUILDING	\$0	\$574,141	\$573,798	\$575,806	\$575,806
2007	RENT - MACHINE AND OTHER	\$0	\$4,071,017	\$4,070,946	\$4,078,430	\$4,078,430
2009	OTHER OPERATING EXPENSE	\$0	\$127,680,711	\$127,441,382	\$127,712,913	\$127,712,913
3001	CLIENT SERVICES	\$0	\$17,306,843	\$17,302,607	\$17,311,079	\$17,311,079
3002	FOOD FOR PERSONS - WARDS OF STATE	\$0	\$12,800,035	\$12,800,035	\$12,800,035	\$12,800,035
4000	GRANTS	\$0	\$190,984	\$190,984	\$190,984	\$190,984
5000	CAPITAL EXPENDITURES	\$0	\$1,759,256	\$2,070,000	\$1,787,860	\$1,787,860
TOTAL, OBJECT OF EXPENSE		\$0	\$694,036,425	\$688,787,866	\$694,036,429	\$694,036,429

Method of Financing:

1	General Revenue Fund	\$0	\$11,740,876	\$11,639,675	\$12,706,439	\$12,706,508
8032	GR Certified As Match For Medicaid	\$0	\$282,922,243	\$283,546,804	\$245,439,264	\$244,651,485
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$294,663,119	\$295,186,479	\$258,145,703	\$257,357,993

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$0	\$373,205,410	\$367,433,723	\$411,192,409	\$411,980,119
	93.791.000 Money Follows Person Reblncng Demo	\$0	\$1,118,715	\$1,118,715	\$1,116,752	\$1,116,752
CFDA Subtotal, Fund	555	\$0	\$374,324,125	\$368,552,438	\$412,309,161	\$413,096,871
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$374,324,125	\$368,552,438	\$412,309,161	\$413,096,871
Method of Financing:						
666	Appropriated Receipts	\$0	\$170,751	\$170,751	\$170,751	\$170,751
8095	ID Collect-Pat Supp & Maint	\$0	\$24,305,085	\$24,305,086	\$22,837,702	\$22,837,702
8096	ID Appropriated Receipts	\$0	\$492,566	\$492,568	\$492,568	\$492,568
8098	ID Revolving Fund Receipts	\$0	\$80,779	\$80,544	\$80,544	\$80,544
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$25,049,181	\$25,048,949	\$23,581,565	\$23,581,565
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$694,036,429	\$694,036,429
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$0	\$694,036,425
FULL TIME EQUIVALENT POSITIONS:		0.0	12,915.0	12,915.0	12,915.0	12,915.0

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 1 State Supported Living Centers Service Categories:
 STRATEGY: 1 State Supported Living Centers Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Health and Specialty Care System operates 12 SSLCs and 1 state center, and serves residents in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Harlingen, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. Each center is certified as an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), a Medicaid-funded federal/state service. SSLCs are subject to oversight and annual certification reviews by the HHSC Regulatory Division. The SSLCs are also reviewed by independent monitors as part of a 2009 settlement agreement with the Department of Justice. SSLCs must also comply with requirements in: Chapter 555, Health and Safety Code; Chapter 46B, Code of Criminal Procedure; and Part 483, Code of Federal Regulation.

This strategy allows State Supported Living Centers to provide 24-hour residential services in a structured environment for people with intellectual disabilities as part of a broad continuum of services. Residents live in a safe, campus-based setting where they receive individualized, onsite behavioral services and health care, including both primary and specialty medical care; psychiatry; nursing care; habilitation services; and dental care, among other services. In addition to medical and behavioral services offered at the centers, residents are engaged in day programming and vocational services intended to help the resident live with as much independence and self-determination as possible.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Transitions to the community have decreased, leading to a slowing of the overall rate of census reduction. Although transitions have decreased, referrals for community transition have remained steady. Census reduction efforts have resulted in current residents having more intensive medical, behavioral, and/or physical health needs, which require specialized community supports and services; the need for enhanced community services to be in place prior to an individual being safe in community-based services is often an obstacle to the transition process. Therefore, although referrals from SSLCs for community transition may keep a consistent pace with previous years, actual transitions may lag behind. An additional external factor includes that the SSLCs remain under the DOJ settlement agreement at this time.

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 1 State Supported Living Centers Service Categories:
 STRATEGY: 1 State Supported Living Centers Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,382,824,291	\$1,388,072,858	\$5,248,567	\$5,248,567	MAINTAIN CLIENT SVCS & SUPPORT: FY 2020-21 are projected based on FY 2018 cost.
			\$5,248,567	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services
 STRATEGY: 1 Mental Health State Hospitals

Service Categories:

Service: 24 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Daily Census of State Mental Health Facilities	0.00	2,153.00	2,156.00	1,897.00	1,827.00
Efficiency Measures:						
KEY 1	Average Daily Cost Per Occupied State Mental Health Facility Bed	0.00	499.00	530.00	551.00	572.00
Explanatory/Input Measures:						
1	Number of Consumers Served by State Mental Health Facilities Per Year	0.00	7,300.00	7,650.00	7,650.00	7,650.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$292,270,132	\$293,062,170	\$293,062,170	\$293,062,170
1002	OTHER PERSONNEL COSTS	\$0	\$15,338,681	\$17,104,621	\$17,104,621	\$17,104,621
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$31,992,956	\$32,546,982	\$36,195,185	\$36,304,532
2002	FUELS AND LUBRICANTS	\$0	\$1,934,739	\$1,936,006	\$1,185,373	\$1,185,373
2003	CONSUMABLE SUPPLIES	\$0	\$3,469,227	\$4,266,717	\$2,777,936	\$2,777,936
2004	UTILITIES	\$0	\$7,019,638	\$7,196,319	\$7,115,633	\$7,115,633
2005	TRAVEL	\$0	\$583,018	\$615,435	\$599,226	\$599,226
2006	RENT - BUILDING	\$0	\$1,399,783	\$1,422,167	\$1,410,975	\$1,410,975
2007	RENT - MACHINE AND OTHER	\$0	\$5,968,926	\$5,769,326	\$5,869,126	\$5,869,126

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services
 STRATEGY: 1 Mental Health State Hospitals

Service Categories:

Service: 24 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2009	OTHER OPERATING EXPENSE	\$0	\$43,981,870	\$11,832,034	\$23,675,368	\$23,566,022
3001	CLIENT SERVICES	\$0	\$1,781,457	\$1,781,457	\$1,781,457	\$1,781,457
3002	FOOD FOR PERSONS - WARDS OF STATE	\$0	\$8,576,635	\$8,576,635	\$8,576,634	\$8,576,634
4000	GRANTS	\$0	\$963,389	\$1,913,389	\$1,913,389	\$1,913,389
5000	CAPITAL EXPENDITURES	\$0	\$397,938	\$432,241	\$415,090	\$415,090
TOTAL, OBJECT OF EXPENSE		\$0	\$415,678,389	\$388,455,499	\$401,682,183	\$401,682,184
Method of Financing:						
1	General Revenue Fund	\$0	\$345,669,811	\$318,451,329	\$332,342,438	\$332,347,770
758	GR Match For Medicaid	\$0	\$1,270,920	\$1,270,921	\$989,053	\$983,722
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$346,940,731	\$319,722,250	\$333,331,491	\$333,331,492
Method of Financing:						
555	Federal Funds					
	93.558.667 TANF to Title XX	\$0	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220
	93.778.000 XIX FMAP	\$0	\$1,467,149	\$1,462,740	\$1,462,740	\$1,462,740
CFDA Subtotal, Fund	555	\$0	\$5,041,369	\$5,036,960	\$5,036,960	\$5,036,960
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$5,041,369	\$5,036,960	\$5,036,960	\$5,036,960

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services
 STRATEGY: 1 Mental Health State Hospitals

Service Categories:
 Service: 24 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
709	Pub Hlth Medica Reimb	\$0	\$50,243,886	\$50,243,886	\$50,243,886	\$50,243,886
777	Interagency Contracts	\$0	\$955,260	\$955,260	\$955,260	\$955,260
8031	MH Collect-Pat Supp & Maint	\$0	\$1,935,722	\$1,935,722	\$1,553,165	\$1,553,165
8033	MH Appropriated Receipts	\$0	\$10,561,421	\$10,561,421	\$10,561,421	\$10,561,421
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$63,696,289	\$63,696,289	\$63,313,732	\$63,313,732
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$401,682,183	\$401,682,184
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$415,678,389	\$388,455,499	\$401,682,183	\$401,682,184
FULL TIME EQUIVALENT POSITIONS:		0.0	7,905.0	7,905.0	7,905.0	7,905.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services Service Categories:
 STRATEGY: 1 Mental Health State Hospitals Service: 24 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Health and Specialty Care System operates nine psychiatric hospitals and one youth residential treatment center. Campuses are located in Austin, Big Spring, El Paso, Harlingen, Kerrville, Wichita Falls, Rusk, San Antonio, Terrell, Vernon, and Waco. The state hospital system also operates a general medical, out-patient clinic in the Lower Rio Grande Valley that provides primary care services in addition to psychiatric consultations.

This strategy allows state hospitals to serve as one part of the behavioral health continuum of care in Texas, working with the local mental health authorities and others to assist individuals seeking inpatient psychiatric treatment services. This strategy allows state hospitals to maintain Joint Commission accreditation, which ensures the hospitals meet Medicare conditions of participation by the Centers for Medicare and Medicaid Services. State hospitals are primarily funded through general revenue and serve individuals via forensic or civil commitment processes, though a small number of voluntary admissions do occur.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Demand for inpatient psychiatric treatment is greater than existing capacity for services, specifically related to forensic services in maximum security units. This has led to growing waiting lists for forensic services. Additionally, state hospital infrastructure is aging and, at times, has led to reductions in capacity. The state hospital workforce is an ongoing challenge with significant competition from private providers for clinical and direct care services, especially doctors, nurses and psychiatric nursing assistants.

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services Service Categories:
 STRATEGY: 1 Mental Health State Hospitals Service: 24 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$804,133,888	\$803,364,367	\$(769,521)	\$(769,521)	REVENUE PROJECTION: Decrease in projected collections and changes in federal financial participation. GR \$0, GR-D \$0, FED \$(4,409), OT \$(765,114)
			\$(769,521)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services
 STRATEGY: 2 Mental Health Community Hospitals

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Daily Number of Occupied MH Community Hospital Beds	575.75	672.02	606.00	606.00	606.00
Efficiency Measures:						
KEY 1	Average Daily Cost Per Occupied MH Community Hospital Bed	509.25	521.41	508.00	508.00	508.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$92,146	\$150,241	\$115,000	\$115,000	\$115,000
1002	OTHER PERSONNEL COSTS	\$180	\$30,251	\$31,770	\$31,770	\$31,770
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$18,464	\$17,344	\$17,904	\$17,904
2002	FUELS AND LUBRICANTS	\$0	\$59	\$56	\$58	\$58
2003	CONSUMABLE SUPPLIES	\$0	\$171	\$88	\$130	\$130
2004	UTILITIES	\$604	\$465	\$691	\$235	\$235
2005	TRAVEL	\$969	\$940	\$776	\$1,562	\$1,562
2006	RENT - BUILDING	\$0	\$279	\$266	\$272	\$272
2007	RENT - MACHINE AND OTHER	\$0	\$66	\$63	\$668	\$668
2009	OTHER OPERATING EXPENSE	\$1,520	\$20,256	\$22,389	\$23,858	\$23,858
4000	GRANTS	\$109,876,201	\$121,694,045	\$121,726,796	\$121,723,781	\$121,723,781

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services
 STRATEGY: 2 Mental Health Community Hospitals

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,238	\$121,915,238
Method of Financing:						
1	General Revenue Fund	\$99,850,920	\$111,794,537	\$111,794,539	\$112,419,233	\$112,419,233
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$99,850,920	\$111,794,537	\$111,794,539	\$112,419,233	\$112,419,233
Method of Financing:						
709	Pub Hlth Medica Reimb	\$10,120,700	\$10,120,700	\$10,120,700	\$9,496,005	\$9,496,005
SUBTOTAL, MOF (OTHER FUNDS)		\$10,120,700	\$10,120,700	\$10,120,700	\$9,496,005	\$9,496,005
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$121,915,238	\$121,915,238
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,238	\$121,915,238
FULL TIME EQUIVALENT POSITIONS:		0.5	1.0	1.0	1.0	1.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 2 Mental Health State Hospital Facilities and Services Service Categories:
 STRATEGY: 2 Mental Health Community Hospitals Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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This strategy provides funding for inpatient psychiatric facilities (this includes both hospitals or Crisis Stabilization Units that are not operated by DSHS) in communities throughout the state. The svcs provided at these facilities vary from site to site in response to contract specifications and local needs. This strategy provides inpatient svcs such as assessment, crisis stabilization, skills training, and medication management. svcs may be provided to individuals who are on civil or forensic commitments. Some facilities provide inpatient competency restoration. Community hospitals are included in the Health and Safety Code, Chapter 532. Funding for these hospitals is allocated through contracts with local mental health authorities or through other state/local governmental or private entities.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

These facilities provide an alternative to persons leaving their local community for inpatient treatment at a state hospital. Some community hospitals are teaching hospitals. In some of these hospitals, the involvement of medical schools is essential to the provision of svcs. The availability of local community beds addresses the demand for both civil and forensic inpatient state hospital treatment.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$243,830,476	\$243,830,476	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other State Medical Facilities

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Avg # Outpatient Visits/Day, Rio Grande State Center Outpatient Clinic	0.00	62.00	92.00	92.00	92.00
Efficiency Measures:						
KEY 1	Avg Cost/Outpatient Visit, Rio Grande State Center Outpatient Clinic	0.00	167.00	171.00	177.00	183.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,130,528	\$3,726,146	\$3,649,602	\$3,624,377	\$3,624,377
1002	OTHER PERSONNEL COSTS	\$48,950	\$124,686	\$154,267	\$154,267	\$154,267
2001	PROFESSIONAL FEES AND SERVICES	\$65,102	\$740,523	\$769,855	\$601,990	\$601,990
2002	FUELS AND LUBRICANTS	\$0	\$2,005	\$1,945	\$1,975	\$1,975
2003	CONSUMABLE SUPPLIES	\$18,083	\$13,976	\$13,722	\$13,849	\$13,849
2004	UTILITIES	\$18,094	\$134,036	\$133,843	\$133,940	\$133,940
2005	TRAVEL	\$9,313	\$18,015	\$18,339	\$18,177	\$18,177
2006	RENT - BUILDING	\$0	\$22,065	\$20,917	\$21,491	\$21,491
2007	RENT - MACHINE AND OTHER	\$1,165	\$34,388	\$34,118	\$34,253	\$34,253
2009	OTHER OPERATING EXPENSE	\$132,881	\$1,148,256	\$1,159,123	\$1,253,689	\$1,253,689
3001	CLIENT SERVICES	\$10,172	\$40,529	\$40,529	\$40,529	\$40,529

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other State Medical Facilities

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
3002	FOOD FOR PERSONS - WARDS OF STATE	\$86,032	\$70,114	\$70,114	\$70,114	\$70,114
TOTAL, OBJECT OF EXPENSE		\$1,520,320	\$6,074,739	\$6,066,374	\$5,968,651	\$5,968,651
Method of Financing:						
1	General Revenue Fund	\$0	\$3,639,764	\$3,641,688	\$3,687,184	\$3,687,184
758	GR Match For Medicaid	\$744,419	\$842,127	\$831,838	\$819,106	\$816,789
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$744,419	\$4,481,891	\$4,473,526	\$4,506,290	\$4,503,973
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$721,807	\$1,108,145	\$1,108,145	\$1,063,507	\$1,065,824
	93.778.020 Medicaid-Sec 1115 DSRIP	\$0	\$84,240	\$84,240	\$0	\$0
CFDA Subtotal, Fund	555	\$721,807	\$1,192,385	\$1,192,385	\$1,063,507	\$1,065,824
SUBTOTAL, MOF (FEDERAL FUNDS)		\$721,807	\$1,192,385	\$1,192,385	\$1,063,507	\$1,065,824
Method of Financing:						
707	Chest Hospital Fees	\$0	\$325,610	\$325,610	\$325,610	\$325,610
8095	ID Collect-Pat Supp & Maint	\$54,094	\$74,853	\$74,853	\$73,244	\$73,244

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other State Medical Facilities

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (OTHER FUNDS)		\$54,094	\$400,463	\$400,463	\$398,854	\$398,854
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,968,651	\$5,968,651
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,520,320	\$6,074,739	\$6,066,374	\$5,968,651	\$5,968,651
FULL TIME EQUIVALENT POSITIONS:		30.0	85.2	85.2	85.2	85.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy supports the operations of the bond homes at Corpus Christi State Supported Living Center and the Rio Grande State Center Outpatient Clinic (RGSC-OPC). HHSC is mandated by Texas Health & Safety Code, Health Title, Chapter 13, to provide services directly to, or by contract with, public or private providers, to the Lower Rio Grande Valley.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other State Medical Facilities

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$12,141,113	\$11,937,302	\$(203,811)	\$(203,811)	UPDATED PROJECTION: Decrease in projected expense associated to Corpus Christi Bond Homes. GR \$54,846, GR-D \$0, FED \$(255,440), OT \$(3,217).
			<u>\$(203,811)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$439,359	\$6,652,656	\$6,844,409	\$8,417,099	\$8,417,099
1002	OTHER PERSONNEL COSTS	\$15,080	\$204,640	\$208,138	\$206,213	\$206,213
2001	PROFESSIONAL FEES AND SERVICES	\$549,988	\$181,800	\$186,456	\$180,792	\$180,792
2002	FUELS AND LUBRICANTS	\$0	\$161	\$154	\$158	\$158
2003	CONSUMABLE SUPPLIES	\$127	\$116,786	\$116,753	\$116,770	\$116,770
2004	UTILITIES	\$825	\$25,382	\$35,357	\$35,370	\$35,370
2005	TRAVEL	\$1,240	\$155,487	\$156,018	\$227,610	\$227,610
2006	RENT - BUILDING	\$0	\$2,683	\$2,535	\$2,609	\$2,609
2007	RENT - MACHINE AND OTHER	\$44,679	\$50,335	\$50,300	\$50,318	\$50,318
2009	OTHER OPERATING EXPENSE	\$1,049,712	\$864,681	\$1,151,869	\$990,910	\$990,910
5000	CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$2,101,010	\$8,254,611	\$8,751,989	\$10,227,849	\$10,227,849

Method of Financing:

1	General Revenue Fund	\$0	\$5,471,854	\$5,653,711	\$6,060,022	\$6,060,022
758	GR Match For Medicaid	\$0	\$61,780	\$240,427	\$40,131	\$40,131
8010	GR Match For Title XXI	\$0	\$0	\$0	\$354	\$354

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8014	GR Match for Food Stamp Admin	\$0	\$0	\$0	\$12,586	\$12,586
8032	GR Certified As Match For Medicaid	\$0	\$489,855	\$440,846	\$1,609,093	\$1,609,093
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$6,023,489	\$6,334,984	\$7,722,186	\$7,722,186
Method of Financing:						
555	Federal Funds					
10.557.000	Special Supplemental Nut	\$0	\$0	\$0	\$1,505	\$1,505
10.561.000	State Admin Match SNAP	\$0	\$12,592	\$12,765	\$12,693	\$12,693
93.667.000	Social Svcs Block Grants	\$0	\$7,827	\$6,779	\$6,779	\$6,779
93.767.000	CHIP	\$0	\$0	\$4,552	\$4,490	\$4,490
93.777.000	State Survey and Certific	\$0	\$6,220	\$10,229	\$4,082	\$4,082
93.778.000	XIX FMAP	\$0	\$1,738,899	\$1,791,703	\$2,127,697	\$2,127,697
93.778.003	XIX 50%	\$0	\$83,006	\$210,994	\$45,064	\$45,064
CFDA Subtotal, Fund	555	\$0	\$1,848,544	\$2,037,022	\$2,202,310	\$2,202,310
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$1,848,544	\$2,037,022	\$2,202,310	\$2,202,310
Method of Financing:						
666	Appropriated Receipts	\$0	\$372	\$340	\$0	\$0
777	Interagency Contracts	\$2,101,010	\$347,985	\$347,985	\$205,711	\$205,711

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8095	ID Collect-Pat Supp & Maint	\$0	\$32,812	\$30,381	\$93,547	\$93,547
8096	ID Appropriated Receipts	\$0	\$1,409	\$1,277	\$4,095	\$4,095
SUBTOTAL, MOF (OTHER FUNDS)		\$2,101,010	\$382,578	\$379,983	\$303,353	\$303,353
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$10,227,849	\$10,227,849
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,101,010	\$8,254,611	\$8,751,989	\$10,227,849	\$10,227,849
FULL TIME EQUIVALENT POSITIONS:		10.0	172.0	171.0	175.0	175.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Facility Program Support (FPS) provides executive leadership, program oversight, and coordinated services for state supported living centers and state hospital operations, including fiscal coordination, revenue reimbursement, contracts, purchasing, workforce management, and administrative processes such as internal and external reporting, communications, legislative and media affairs, and cross-division coordination. FPS also coordinates referrals for transfer of individuals in state hospital facilities and state supported living centers between Texas and other states in accordance with the Interstate Compact on Mental Health. .

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$17,006,600	\$20,455,698	\$3,449,098	\$1,738,216	TRANSFORMATION: Consolidated funding for capital construction team in same strategy (from 7.4.2 to 7.4.1). GR \$1,738,216, GR-D \$0, FED \$0, OT \$0
			\$420,883	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$293,437, GR-D \$0, FED \$127,446, OT \$0
			\$1,289,999	COST ALLOCATION: Changes in method of finance associated to cost allocation. GR \$926,793, GR-D \$0, FED \$519,055, OT \$(155,849)
			<u>\$3,449,098</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support Service Categories:
 STRATEGY: 2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$700,000	\$1,000,000	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$23,941,294	\$26,941,294	\$352,186	\$352,186
5000	CAPITAL EXPENDITURES	\$0	\$215,170,384	\$207,079,718	\$3,304,022	\$3,275,525
TOTAL, OBJECT OF EXPENSE		\$0	\$239,811,678	\$235,021,012	\$3,656,208	\$3,627,711
Method of Financing:						
1	General Revenue Fund	\$0	\$4,760,878	\$4,731,210	\$3,366,406	\$3,337,909
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$4,760,878	\$4,731,210	\$3,366,406	\$3,337,909
Method of Financing:						
543	Texas Capital Trust Acct	\$0	\$289,802	\$289,802	\$289,802	\$289,802
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$289,802	\$289,802	\$289,802	\$289,802
Method of Financing:						
599	Economic Stabilization Fund	\$0	\$228,600,000	\$230,000,000	\$0	\$0
780	Bond Proceed-Gen Obligat	\$0	\$6,160,998	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$234,760,998	\$230,000,000	\$0	\$0

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support Service Categories:
 STRATEGY: 2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,656,208	\$3,627,711
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$239,811,678	\$235,021,012	\$3,656,208	\$3,627,711
FULL TIME EQUIVALENT POSITIONS:		0.0	3.0	4.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy funds the necessary repair, renovation and construction projects required to maintain the state hospital and state supported living center buildings at acceptable levels of effectiveness and safety for individuals receiving services and for employees. The buildings and infrastructure at the state hospital and state supported living center campuses are old, with the oldest built over 150 years ago, and most are past useful life expectancy. The buildings and infrastructure have suffered deterioration due to age; climate extremes; type, level and volume of use; and treatment by patients and residents served.

In order to receive federal funding/reimbursement, the state hospitals must maintain Joint Commission accreditation and the state supported living centers must maintain CMS certification. These accreditations and certifications require that facilities and buildings meet stringent requirements related to building safety as related to patient/resident and staff health and wellness. Projects performed within this strategy include those that ensure healthy, safety, welfare, daily needs (includes Life Safety Code) and related repairs and renovations including, but not limited to: standard building categories such as HVAC, electrical, plumbing, structural and general renovations; underground and overhead utilities; utility infrastructure and distribution; and environmental remediation projects. This strategy also includes General Revenue funding for repayment of debt associated with loans for the Energy Savings Performance Contract/Energy Conservation Project.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 4 Facility Program Support Service Categories:
 STRATEGY: 2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL CHANGE	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)		\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$474,832,690	\$7,283,919	\$(467,548,771)	\$(458,600,000)	ONE-TIME FUNDING: ESF (0599) not included in FY 2020-21 base request. GR \$0, GR-D \$0, FED \$0, OT \$(458,600,000)
			\$(6,160,998)	ONE-TIME FUNDING: GO Bond (0780) not included in FY 2020-21 base request. GR \$0, GR-D \$0, FED \$0, OT \$(6,160,998)
			\$(1,738,216)	TRANSFORMATION: Consolidated funding for capital construction team in same strategy(from 7.4.2 to 7.4.1. GR \$(1,738,216), GR-D \$0, FED \$0, OT \$0
			\$(1,049,557)	MLPP INCREMENTAL ADJ: Decrease in MLPP based on information from TPFA. GR \$(1,049,557), GR-D \$0, FED \$0, OT \$0
			<u>\$(467,548,771)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 1 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
	1 Number of Health Care Facility Complaint Investigations Conducted	1,800.00	1,400.00	1,400.00	1,400.00	1,400.00
	2 Number of Health Care Delivery Entity Surveys Conducted	3,600.00	3,200.00	3,600.00	3,600.00	3,600.00
	3 Number of Licenses Issued for Health Care Entities	3,900.00	3,900.00	3,900.00	3,900.00	3,900.00
	4 Number of Long-term Care Facility Certifications Issued	2,046.00	1,955.00	2,088.00	2,088.00	2,088.00
	5 Number of Long-term Care Facility Licenses Issued	1,423.00	1,250.00	1,887.00	1,887.00	1,887.00
	6 # of On-site Nursing Facility/ICF/IID Monitoring Visits Completed	14.00	51.00	43.00	43.00	43.00
	7 Number of Inspections Completed Per Year	5,279.00	4,276.00	5,279.00	5,279.00	5,279.00
	8 Number of First Follow-up Visits Completed Per Year	6,068.00	5,726.00	5,553.00	5,553.00	5,553.00
	9 Number of Investigations Completed	24,471.00	22,188.00	18,250.00	18,250.00	18,250.00
KEY	10 Total Dollar Amount Collected from Fines	9,195,173.00	8,325,887.00	7,800,000.00	7,800,000.00	7,800,000.00
	11 Number of Medicaid Facility and Hospice Service Contracts Issued	243.00	114.00	400.00	400.00	400.00
	12 Number of Home and Community Support Services Agency Licenses Issued	3,526.00	3,190.00	3,182.00	3,182.00	3,182.00
	13 Number Home & Community Support Services Agency Inspections Conducted	1,239.00	1,674.00	1,254.00	1,254.00	1,254.00
	14 Number of Complaint Investigations Conducted: HCSSA	886.00	872.00	2,282.00	2,282.00	2,282.00

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Health Care Facilities & Community-based Regulation

Service Categories:
 Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	15 # of Initial HCS and TxHmL Reviews Completed	69.00	48.00	45.00	45.00	45.00
	16 # of Annual HCS & TxHmL Recertification Reviews Completed	1,405.00	1,537.00	1,405.00	1,405.00	1,405.00
	17 Number of On-site PPECC Monitoring Visits Completed	0.00	0.00	1.00	1.00	1.00
KEY	18 Number of Completed Investigations in Facility Settings	20,599.00	23,766.00	24,809.00	24,809.00	24,809.00
Efficiency Measures:						
KEY	1 APS Daily Caseload Per Worker (Facility Investigations)	0.00	15.00	7.00	7.00	7.00
Explanatory/Input Measures:						
	1 Number of Facilities Terminated from Licensure and/or Certification	8.00	2.00	10.00	10.00	10.00
	2 Number of Medicaid Facility Contracts Terminated	27.00	106.00	27.00	27.00	27.00
	3 Number of Deaths from Abuse/Neglect/Exploitation: Facility Settings	0.00	0.00	0.00	0.00	0.00
	4 Number of APS Caseworkers Who Completed Basic Skills Development	0.00	38.00	38.00	38.00	38.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$72,243,287	\$77,745,201	\$77,829,463	\$77,829,463
1002	OTHER PERSONNEL COSTS	\$0	\$1,746,262	\$1,919,322	\$1,919,322	\$1,919,322
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$815,987	\$815,987	\$1,830,256	\$1,830,256

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 1 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2002	FUELS AND LUBRICANTS	\$0	\$36,221	\$36,745	\$36,518	\$36,518
2003	CONSUMABLE SUPPLIES	\$0	\$349,853	\$173,931	\$190,940	\$190,943
2004	UTILITIES	\$0	\$588,916	\$582,530	\$654,048	\$654,048
2005	TRAVEL	\$0	\$6,906,210	\$7,913,269	\$6,907,486	\$6,907,486
2006	RENT - BUILDING	\$0	\$2,372,720	\$2,396,759	\$2,384,740	\$2,384,740
2007	RENT - MACHINE AND OTHER	\$0	\$2,290,678	\$414,129	\$417,028	\$417,028
2009	OTHER OPERATING EXPENSE	\$0	\$9,889,257	\$12,412,526	\$12,254,402	\$12,254,398
TOTAL, OBJECT OF EXPENSE		\$0	\$97,239,391	\$104,410,399	\$104,424,203	\$104,424,202
Method of Financing:						
1	General Revenue Fund	\$0	\$11,600,224	\$24,081,280	\$20,022,878	\$20,022,878
758	GR Match For Medicaid	\$0	\$9,720,736	\$9,718,050	\$15,616,730	\$15,616,730
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$21,320,960	\$33,799,330	\$35,639,608	\$35,639,608
Method of Financing:						
129	Hospital Licensing Acct	\$0	\$1,597,455	\$1,597,366	\$1,963,756	\$1,963,756
5018	Home Health Services Acct	\$0	\$15,181,294	\$9,876,706	\$5,088,974	\$5,088,974
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$16,778,749	\$11,474,072	\$7,052,730	\$7,052,730

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 1 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
93.667.000	Social Svcs Block Grants	\$0	\$3,424,363	\$3,424,363	\$3,424,363	\$3,424,363
93.777.000	State Survey and Certific	\$0	\$22,407,795	\$22,407,795	\$20,837,455	\$20,837,457
93.777.003	CLINICAL LAB AMEND PROGRM	\$0	\$1,518,389	\$1,518,389	\$1,551,761	\$1,551,761
93.777.005	HEALTH INSURANCE BENEFITS	\$0	\$4,595,185	\$4,595,185	\$4,595,185	\$4,595,185
93.778.003	XIX 50%	\$0	\$6,997,131	\$6,994,446	\$7,006,368	\$7,006,368
93.796.000	Survey & Certification TitleXIX 75%	\$0	\$19,622,614	\$19,622,614	\$23,742,528	\$23,742,525
93.959.000	Block Grants for Prevent	\$0	\$574,205	\$574,205	\$574,205	\$574,205
CFDA Subtotal, Fund	555	\$0	\$59,139,682	\$59,136,997	\$61,731,865	\$61,731,864
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$59,139,682	\$59,136,997	\$61,731,865	\$61,731,864
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$104,424,203	\$104,424,202
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$97,239,391	\$104,410,399	\$104,424,203	\$104,424,202
FULL TIME EQUIVALENT POSITIONS:		0.0	1,548.4	1,548.4	1,548.4	1,548.4
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 1 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Health Care Facilities and Community Based Regulation strategy covers the licensing and regulation of all long-term care facilities/agencies that meet the definition of nursing homes, assisted living facilities, Day Activity and Health Services, privately owned Intermediate Care Facilities for individuals with Intellectual Disability (ICFs/IID), and Home and Community Support Services Agencies (HCSSAs). Licensed facilities/agencies wishing to participate in Medicare and/or Medicaid programs must be certified and maintain compliance with certification regulations according to Titles XVIII and/or XIX of the Social Security Act. Government-operated ICFs/IID and skilled nursing units within an Acute Care Hospital are also required to be certified in order to participate in Medicare and/or Medicaid.

In addition to licensing these long-term care facilities and agencies, HHSC responsibilities for these regulated programs include investigating complaints and self-reported incidents; monitoring facilities for compliance with state and/or federal regulations; certification review of Home and Community-based Services (HCS) waiver contracts and Texas Home Living (TxHmL) waiver contracts; investigating complaints related to HCS and TxHmL services; and receiving and following up on Department of Family and Protective Services (DFPS) findings related to abuse, neglect, or exploitation investigations of persons who receive HCS or TxHmL services.

Statutory Authority. Human Resources Code, Chapters 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include federal enforcement regulations and revised survey protocols to further protect facility residents. Increased workload from large chain operators undergoing changes of ownership necessitates on-site inspections to determine compliance with regulations by new operators. The growth occurring in licensed HCSSAs has increased application processing, license issuance, surveys to determine compliance with regulations, and taking enforcement action when needed. State licensing regulations and remedy options have increased the licensing workload. In FY 09, the number LTC facility licenses and HCSSA licenses issued are changed from a one year to a two year license period. Nursing Facility license periods were changed to a three year license period beginning FY15.

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 1 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>		
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)	
\$201,649,790	\$208,848,405	\$7,198,615	\$7,198,615	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter.GR \$7,198,615, GR-D \$0, FED \$0, OT \$0	
			\$7,198,615	Total of Explanation of Biennial Change	

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 2 Long-Term Care Quality Outreach

Service Categories:
 Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
1	Number of Quality Monitoring Visits to Nursing Facilities	2,100.00	2,100.00	2,100.00	2,100.00	2,100.00
Explanatory/Input Measures:						
1	% Nurs Homes Have Increased/Fully Implemented Evidence-Based Practices	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,272,154	\$3,608,353	\$3,799,888	\$3,799,888	\$3,799,888
1002	OTHER PERSONNEL COSTS	\$34,640	\$74,650	\$97,187	\$97,187	\$97,187
2001	PROFESSIONAL FEES AND SERVICES	\$500,546	\$2,837,755	\$1,341,250	\$173,008	\$173,008
2002	FUELS AND LUBRICANTS	\$0	\$323,270	\$323,274	\$40,390	\$40,390
2003	CONSUMABLE SUPPLIES	\$3,266	\$533,015	\$532,593	\$67,188	\$67,188
2004	UTILITIES	\$26,031	\$73,387	\$62,623	\$51,723	\$51,723
2005	TRAVEL	\$532,861	\$821,841	\$824,405	\$823,123	\$823,123
2006	RENT - BUILDING	\$44,851	\$345,393	\$345,576	\$283,044	\$283,044
2007	RENT - MACHINE AND OTHER	\$71,890	\$85,209	\$64,003	\$58,324	\$58,324
2009	OTHER OPERATING EXPENSE	\$238,643	\$2,029,776	\$261,997	\$307,559	\$307,568
TOTAL, OBJECT OF EXPENSE		\$3,724,882	\$10,732,649	\$7,652,796	\$5,701,434	\$5,701,443

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 2 Long-Term Care Quality Outreach

Service Categories:
 Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
758	GR Match For Medicaid	\$1,005,505	\$1,798,893	\$1,945,777	\$2,210,041	\$2,210,041
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,005,505	\$1,798,893	\$1,945,777	\$2,210,041	\$2,210,041
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$2,284,046	\$1,133,219	\$1,329,065	\$1,430,240	\$1,430,240
	93.778.004 XIX ADM @ 75%	\$435,331	\$1,850,136	\$1,850,136	\$1,891,153	\$1,891,153
CFDA Subtotal, Fund	555	\$2,719,377	\$2,983,355	\$3,179,201	\$3,321,393	\$3,321,393
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,719,377	\$2,983,355	\$3,179,201	\$3,321,393	\$3,321,393
Method of Financing:						
666	Appropriated Receipts	\$0	\$5,950,401	\$2,527,818	\$170,000	\$170,009
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$5,950,401	\$2,527,818	\$170,000	\$170,009

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 2 Long-Term Care Quality Outreach Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,701,434	\$5,701,443
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$3,724,882	\$10,732,649	\$7,652,796	\$5,701,434	\$5,701,443
FULL TIME EQUIVALENT POSITIONS:		0.0	61.2	61.2	61.2	61.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

The LTC Quality Outreach strategy performs a variety of functions designed to enhance the quality of services and supports for Long Term Care. Quality monitors, who are nurses, pharmacists, and dietitians, provide technical assistance to long-term facility staff. The quality monitors perform structured assessments to promote best practice in service delivery. In addition, quality monitors provide in-service education programs. Quality Monitoring Team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practice can be identified from published clinical research.

The program works to improve clinical outcomes for individuals, such as pain assessment, pain management, infection control, appropriate use of psychoactive medications, risk management for falls, improving nutritional practices, use of artificial nutrition and hydration, and advance care planning. The purpose of the program is to increase positive outcomes and to improve the quality of services for individuals served in these settings. A related website, <http://www.TexasQualityMatters.org>, supports the program by providing online access to best-practice information and links to related research.

Statutory Authority. Health and Safety Code, Chapter 255, and Human Resources Code, Chapter 161.

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation Service Categories:
 STRATEGY: 2 Long-Term Care Quality Outreach Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The primary external factor that impacts this strategy is difficulty in recruiting and retaining monitoring staff, particularly pharmacists and nurses, because of the demand for these medical professionals in the current Texas job market.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$18,385,445	\$11,402,877	\$(6,982,568)	\$(8,138,210)	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$146,883, GR-D \$0, FED \$146,883, OT \$0
			\$293,768	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$146,883, GR-D \$0, FED \$146,883, OT \$0
			\$861,874	TRANSFORMATION: Full FY 2020-21 projection. GR \$(528,528), GR-D \$0, FED \$(333,348), OT \$0
			\$(6,982,568)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
	1 Number of New Permits	0.00	2,839.00	3,115.00	3,140.00	3,140.00
KEY	2 Number of Child Care Facility Inspections	0.00	36,766.00	36,962.00	36,962.00	36,962.00
	3 Number of Completed Non-Abuse/Neglect Investigations	0.00	15,488.00	15,962.00	16,416.00	16,416.00
Efficiency Measures:						
	1 Average Monthly Day Care Caseload Per Monitoring Worker	0.00	82.54	80.82	81.33	81.84
	2 Average Monthly Residential Caseload Per Monitoring Worker	0.00	26.93	29.78	30.46	31.25
Explanatory/Input Measures:						
	1 Number of Permitted Operations and Administrators	0.00	30,375.00	30,191.00	30,191.00	30,191.00
	2 Number of Licensed Child Care Centers	0.00	9,601.00	9,676.00	9,732.00	9,789.00
	3 Number of Licensed Child Care Homes	0.00	1,698.00	1,690.00	1,690.00	1,690.00
	4 Number of Licensed Residential Child Care Facilities (Excluding Homes)	0.00	257.00	263.00	267.00	270.00
	5 Number of Registered Child Care Homes	0.00	3,776.00	3,652.00	3,652.00	3,652.00
	6 Number of Agency Homes and CPS Foster Homes	0.00	10,933.00	11,382.00	11,543.00	11,674.00
	7 Number of Listed Family Homes	0.00	3,277.00	3,018.00	3,014.00	3,014.00

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8	Number of Child Placing Agencies	0.00	384.00	384.00	388.00	392.00
9	Number of Child Care Administrators	0.00	801.00	807.00	806.00	806.00
10	Number of Criminal Record Checks	0.00	487,231.00	410,396.00	426,294.00	441,974.00
11	Number of Child Placing Agency Administrators	0.00	591.00	603.00	615.00	627.00
12	Percent of Child Care Licensing Workers: Two or More Years of Service	0.00 %	70.38 %	69.51 %	69.51 %	69.51 %
13	Number of Central Registry Checks	0.00	386,664.00	388,670.00	389,877.00	390,251.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$25,831,657	\$26,820,157	\$27,990,036	\$27,990,036
1002	OTHER PERSONNEL COSTS	\$0	\$919,421	\$1,302,129	\$1,322,195	\$1,322,195
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$332,334	\$327,654	\$1,553,491	\$1,553,491
2002	FUELS AND LUBRICANTS	\$0	\$268,178	\$264,495	\$266,336	\$266,336
2003	CONSUMABLE SUPPLIES	\$0	\$2,397,178	\$2,392,989	\$2,395,257	\$2,395,257
2004	UTILITIES	\$0	\$326,823	\$327,127	\$331,383	\$331,383
2005	TRAVEL	\$0	\$2,077,622	\$2,086,091	\$2,124,915	\$2,124,915
2006	RENT - BUILDING	\$0	\$326,553	\$323,893	\$325,223	\$325,223
2007	RENT - MACHINE AND OTHER	\$0	\$80,354	\$80,047	\$80,200	\$80,200
2009	OTHER OPERATING EXPENSE	\$0	\$5,017,609	\$4,651,221	\$4,847,699	\$4,847,699

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation

Service Categories:
 Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, OBJECT OF EXPENSE		\$0	\$37,577,729	\$38,575,803	\$41,236,735	\$41,236,735
Method of Financing:						
1	General Revenue Fund	\$0	\$19,246,021	\$20,244,095	\$20,250,439	\$20,250,439
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$19,246,021	\$20,244,095	\$20,250,439	\$20,250,439
Method of Financing:						
555	Federal Funds					
	93.575.000 ChildCareDevFnd Blk Grant	\$0	\$14,937,266	\$14,937,266	\$14,292,162	\$14,292,162
	93.658.050 Foster Care Title IV-E Admin @ 50%	\$0	\$2,242,410	\$2,242,410	\$1,865,210	\$1,865,210
	93.667.000 Social Svcs Block Grants	\$0	\$971,645	\$971,645	\$971,086	\$971,086
CFDA Subtotal, Fund	555	\$0	\$18,151,321	\$18,151,321	\$17,128,458	\$17,128,458
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$18,151,321	\$18,151,321	\$17,128,458	\$17,128,458
Method of Financing:						
777	Interagency Contracts	\$0	\$180,387	\$180,387	\$3,857,838	\$3,857,838
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$180,387	\$180,387	\$3,857,838	\$3,857,838

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation

Service Categories:
 Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$41,236,735	\$41,236,735
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$37,577,729	\$38,575,803	\$41,236,735	\$41,236,735
FULL TIME EQUIVALENT POSITIONS:		0.0	625.0	625.0	625.0	625.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy funds the regulatory activity for day care, child placing agencies, residential child care, and administrators of residential childcare. This activity includes the enforcement of minimum standards by routine inspections of operations and investigations of complaints alleging non-compliance. This strategy also funds the investigation of reports alleging child abuse and neglect and reports of serious incidents in which children are injured or are otherwise considered at risk in childcare operations.

Statutory provisions are found in the Human Resources Code, Chapters 40, 42, and 43, the Texas Family Code Title 5, Chapter 261; and the Texas Health and Safety Code, Chapter 249. Federal statutory provisions are found in the Social Security Act, Sections 471 and 2001; and the Child Care and Development Block Grant Act of 1990, as amended, 42 U.S.C 9858.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The primary federal funds participating in this strategy are Child Care and Development Block Grant (CCDF), Social Services Block Grant (SSBG), and Title IV-E. State funds are included in accordance with the federal financial participation requirements for Title IV-E. There are no federal match requirements for CCDF and SSBG as they are capped block grants and are not available to fund additional resource needs.

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 2 Child Care Regulation Service Categories:
 STRATEGY: 1 Child Care Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$76,153,532	\$82,473,470	\$6,319,938	\$1,010,762	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$1,010,762, GR-D \$0, FED \$0, OT \$0
			\$(2,045,726)	COST ALLOCATION: Changes in method of finance associated to cost allocation. GR \$128,351, GR-D \$0, FED \$(2,174,077), OT \$0
			\$7,354,902	TRANSFORMATION: IAC for DFPS background check staff not projected in FY 2018-19, FTEs projected in all years. GR \$0, GR-D \$0, FED \$0, OT \$7,354,902
			\$6,319,938	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 3 Professional and Occupational Regulation Service Categories:
 STRATEGY: 1 Credentialing/Certification of Health Care Professionals & Others Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	# Health Care Professionals & LCDCs Licensed, Permit, Cert, Registrd	0.00	65,000.00	66,000.00	67,000.00	68,000.00
KEY 2	Number of Licenses Issued Per Year: Nursing Facility Administrators	1,130.00	1,148.00	1,130.00	1,130.00	1,130.00
3	Number of Credentials Issued Per Year: Nurse/Medication Aides	53,805.00	43,808.00	53,805.00	53,805.00	53,805.00
4	Number of Complaints Resolved/Year: Nursing Facility Administrators	161.00	279.00	161.00	161.00	161.00
5	Number of Complaints Resolved/Year: Nurse/Medication Aides/Direct Care	146.00	128.00	146.00	146.00	146.00
6	Number of Professional Complaint Investigations Conducted	0.00	250.00	400.00	400.00	400.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$2,853,512	\$3,308,999	\$3,308,999	\$3,308,999
1002	OTHER PERSONNEL COSTS	\$0	\$108,864	\$136,234	\$136,234	\$136,234
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$413,933	\$348,514	\$468,372	\$468,372
2002	FUELS AND LUBRICANTS	\$0	\$2,920	\$4,577	\$3,748	\$3,748
2003	CONSUMABLE SUPPLIES	\$0	\$9,820	\$12,599	\$11,210	\$11,210
2004	UTILITIES	\$0	\$16,105	\$16,766	\$16,436	\$16,436

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 3 Professional and Occupational Regulation Service Categories:
 STRATEGY: 1 Credentialing/Certification of Health Care Professionals & Others Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2005	TRAVEL	\$0	\$181,496	\$169,084	\$175,290	\$175,290
2006	RENT - BUILDING	\$0	\$17,365	\$16,507	\$16,936	\$16,936
2007	RENT - MACHINE AND OTHER	\$0	\$4,634	\$4,433	\$4,534	\$4,534
2009	OTHER OPERATING EXPENSE	\$0	\$180,320	\$344,394	\$220,348	\$220,348
TOTAL, OBJECT OF EXPENSE		\$0	\$3,788,969	\$4,362,107	\$4,362,107	\$4,362,107
Method of Financing:						
1	General Revenue Fund	\$0	\$2,672,717	\$3,245,855	\$3,257,766	\$3,257,766
758	GR Match For Medicaid	\$0	\$132,906	\$132,906	\$120,996	\$120,996
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$2,805,623	\$3,378,761	\$3,378,762	\$3,378,762
Method of Financing:						
555	Federal Funds					
	93.777.000 State Survey and Certific	\$0	\$279,349	\$279,349	\$165,687	\$165,687
	93.778.003 XIX 50%	\$0	\$113,458	\$113,458	\$120,996	\$120,996
	93.796.000 Survey & Certification TitleXIX 75%	\$0	\$58,344	\$58,344	\$48,085	\$48,085
CFDA Subtotal, Fund	555	\$0	\$451,151	\$451,151	\$334,768	\$334,768
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$451,151	\$451,151	\$334,768	\$334,768

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 3 Professional and Occupational Regulation Service Categories:
 STRATEGY: 1 Credentialing/Certification of Health Care Professionals & Others Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
666	Appropriated Receipts	\$0	\$532,195	\$532,195	\$648,577	\$648,577
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$532,195	\$532,195	\$648,577	\$648,577
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,362,107	\$4,362,107
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$3,788,969	\$4,362,107	\$4,362,107	\$4,362,107
FULL TIME EQUIVALENT POSITIONS:		0.0	90.2	90.2	90.2	90.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

Credentialing/Certification roles: licensing, certification, permitting, monitoring of individuals regulated by HHSC. NFA Licensing and Enf roles: licensing and continuing edu activities; investigating complaints & referrals; coordtng sanctions; impose and monitor sanctions & due process; developing edu training, and testing curricula. NAR & NATCEP roles: Nurse Aide cert and sanction activities; approving, renewing or withdrawing approval of NATCEPs; due process, determination of Nurse Aide employability in HHSC regulated facilities via the NAR. EMR roles: due process & determination of unlicensed staff employability in HHSC regulated facilities/agencies via the EMR. MA Program roles include Med Aide permit issuance & renewal; impose and monitor sanctions; due process; approve & monitor Med Aide training progms in edu instutns; and coordtng/administng exams. LCDC roles include licensing & regulation activities; licensing applicants, complaint intake & investigation, coordtng enfmnt action & other licensing activities. CSOT is an independent licensing board adminly attached. Roles: licensing & regulation activities; licensing applicant, complaint intake & investigation, coordtng enfmnt action & other licensing activities. Texas State Board of Examiners of MFT, LPC, and SW are independent licensing boards adminly attached. Roles: staffing, rule promulgation, licensing applicants, complaint intake & investigation, coordtng enfmnt. Statutory Authority. Health and Safety Code, Chapters 142, 242, and 253; Human Resources Code, Chapter 161; and Social Security Act, §1919.

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 3 Professional and Occupational Regulation Service Categories:
 STRATEGY: 1 Credentialing/Certification of Health Care Professionals & Others Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The number of license applications, referrals and complaints for misconduct against licensees, and cases with final sanction depend on contacts from the public and the findings of Regulatory Services staff in facility surveys and complaint investigations. It is anticipated that the Employee Misconduct Registry (EMR) workload will increase as SSLC, Local Authority centers, and state hospital employees are being added to the pool of employees subject to the EMR.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$8,151,076	\$8,724,214	\$573,138	\$573,138	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$573,138, GR-D \$0, FED \$0, OT \$0
			\$573,138	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE)

Service Categories:
 Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Average Monthly Number of Eligibility Determinations	964,500.00	940,000.00	960,000.00	965,000.00	975,000.00
2	Average Number of Recipients Per Month: SNAP	3,872,580.00	3,944,230.00	3,909,665.00	3,961,661.00	4,014,348.00
Efficiency Measures:						
KEY 1	Average Cost Per Eligibility Determination	38.64	38.12	38.45	39.39	40.16
2	Accuracy Rate of Benefits Issued: TANF	0.95	0.96	0.95	0.95	0.95
3	Accuracy Rate of Benefits Issued: SNAP	0.96	0.96	0.96	0.96	0.96
4	Percent of Eligibility Decisions Completed on Time	0.97 %	0.97 %	0.95 %	0.95 %	0.95 %
Explanatory/Input Measures:						
KEY 1	Total Value of SNAP Benefits Distributed	5,359,708,353.00	6,025,164,388.35	5,127,417,807.90	5,219,713,370.97	5,313,666,500.00
2	Percent of Direct Delivery Staff with Less Than One Year	15.00 %	15.00 %	15.00 %	15.00 %	15.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$307,240,433	\$329,776,044	\$348,660,888	\$348,933,394	\$348,933,394
1002	OTHER PERSONNEL COSTS	\$14,771,500	\$10,969,922	\$16,744,905	\$16,772,347	\$16,772,347
2001	PROFESSIONAL FEES AND SERVICES	\$150,294,156	\$159,350,674	\$185,826,050	\$185,808,960	\$185,808,962
2002	FUELS AND LUBRICANTS	\$42,031	\$313,227	\$805,953	\$510,882	\$510,882
2003	CONSUMABLE SUPPLIES	\$1,841,202	\$1,912,671	\$2,622,092	\$2,218,638	\$2,218,638

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE)

Service Categories:
 Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2004	UTILITIES	\$4,885,769	\$3,058,179	\$3,301,646	\$3,181,789	\$3,181,789
2005	TRAVEL	\$12,621,384	\$11,519,786	\$13,138,769	\$12,330,222	\$12,330,222
2006	RENT - BUILDING	\$16,006,460	\$26,988,277	\$27,029,924	\$27,008,898	\$27,008,898
2007	RENT - MACHINE AND OTHER	\$4,188,615	\$4,301,086	\$4,368,960	\$4,334,978	\$4,334,978
2009	OTHER OPERATING EXPENSE	\$56,726,182	\$65,565,665	\$69,384,919	\$66,241,028	\$66,256,835
4000	GRANTS	\$4,409,655	\$21,651,280	\$21,651,280	\$21,651,280	\$21,651,280
5000	CAPITAL EXPENDITURES	\$3,551,953	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$576,579,340	\$635,406,811	\$693,535,386	\$688,992,416	\$689,008,225

Method of Financing:

1	General Revenue Fund	\$3,212,050	\$50,363,958	\$26,718,857	\$13,502,386	\$16,564,664
758	GR Match For Medicaid	\$103,228,552	\$104,839,328	\$110,796,253	\$116,405,711	\$116,407,181
8010	GR Match For Title XXI	\$1,967,579	\$2,147,448	\$2,264,640	\$2,305,234	\$2,305,287
8014	GR Match for Food Stamp Admin	\$90,297,092	\$100,332,967	\$105,079,111	\$111,230,369	\$111,230,369
8032	GR Certified As Match For Medicaid	\$344,316	\$5,536	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$199,049,589	\$257,689,237	\$244,858,861	\$243,443,700	\$246,507,501

Method of Financing:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE)

Service Categories:
 Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
555	Federal Funds					
10.561.000	State Admin Match SNAP	\$110,383,467	\$125,652,027	\$130,631,197	\$136,781,502	\$136,775,166
93.558.000	Temp AssistNeedy Families	\$4,902,129	\$5,053,465	\$5,118,204	\$5,626,054	\$5,626,054
93.558.667	TANF to Title XX	\$0	\$0	\$0	\$146,192	\$146,192
93.566.000	Refugee and Entrant Assis	\$230,056	\$0	\$0	\$0	\$0
93.767.000	CHIP	\$23,254,141	\$25,953,951	\$27,405,386	\$26,360,551	\$23,299,335
93.778.003	XIX 50%	\$31,182,580	\$34,481,638	\$65,440,296	\$58,134,192	\$58,134,188
93.778.004	XIX ADM @ 75%	\$192,068,750	\$179,148,047	\$212,640,257	\$210,854,786	\$210,861,123
93.778.005	XIX FMAP @ 90%	\$9,158,714	\$717,069	\$730,296	\$884,379	\$897,606
93.778.007	XIX ADM @ 100	\$0	\$0	\$0	\$50,170	\$50,170
96.001.000	Social Security Disability Ins	\$944,340	\$0	\$0	\$0	\$0
97.036.000	Public Assistance Grants	\$249,431	\$0	\$0	\$0	\$0
97.073.000	St. Homeland Security Program	\$169,634	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$372,543,242	\$371,006,197	\$441,965,636	\$438,837,826	\$435,789,834
SUBTOTAL, MOF (FEDERAL FUNDS)		\$372,543,242	\$371,006,197	\$441,965,636	\$438,837,826	\$435,789,834
Method of Financing:						
666	Appropriated Receipts	\$4,390,185	\$5,760,894	\$5,760,889	\$5,760,890	\$5,760,890
777	Interagency Contracts	\$567,439	\$950,000	\$950,000	\$950,000	\$950,000
8051	Universal Services Fund	\$9,667	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE)

Service Categories:
 Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8095	ID Collect-Pat Supp & Maint	\$18,307	\$467	\$0	\$0	\$0
8096	ID Appropriated Receipts	\$911	\$16	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$4,986,509	\$6,711,377	\$6,710,889	\$6,710,890	\$6,710,890
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$688,992,416	\$689,008,225
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$576,579,340	\$635,406,811	\$693,535,386	\$688,992,416	\$689,008,225
FULL TIME EQUIVALENT POSITIONS:		8,841.3	8,644.4	8,648.2	8,648.2	8,648.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations Service Categories:
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Integrated Eligibility and Enrollment (IEE) strategy encompasses multiple channels (face-to-face, fax, Internet, and telephone) to apply for various benefits including: eligibility determination for Temporary Assistance for Needy Families (TANF) cash assistance; Supplemental Nutrition Assistance Program (SNAP); Medicaid, Children's Health Insurance Program (CHIP); Electronic Benefits Transfer (EBT) for TANF and SNAP; outreach and application assistance; nutrition education; non-capital operations, enhancements and maintenance for Texas Integrated Eligibility Redesign System and Eligibility Supporting Technologies (TIERS/EST); and policy, training, oversight, and quality assurance/quality control. Other strategy programs include 2-1-1 Texas Information Referral Network (TIRN); ombudsman svcs; and the "Twogether in Texas" Healthy Marriage programs.

Eligibility determination continues to be modernized to maximize the use of self-service options, web-based automation, document imaging and electronic case files, shared work flow between local benefit offices, and contracted support of eligibility and enrollment functions.

Legal Base: Federal-TANF 42 USCA 601 et seq. SNAP 7 USCA 2011 et seq., Medicaid 42 USCA 1396 et seq., CHIP 42 USCA 1397 et seq.; Human Resources Code Chapter 22, 31, 32, 33, 34, and 44, Health and Safety Code Ch. 62 and 63.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations Service Categories:
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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External factors affecting eligibility and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) federal programs and policy changes; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Many of the expenditures of contracted support functions, such as EBT, are derived by a unit cost of transactions or number of clients, which are caseload driven.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Financial Eligibility and Enrollment (IEE)

Service Categories:
 Service: 08 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,328,942,197	\$1,378,000,641	\$49,058,444	\$82,969,890	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$0, GR-D \$0, FED \$82,960,552, OT \$9,338
			\$(33,911,446)	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$(12,596,839), GR-D \$0, FED \$(21,304,782), OT \$(9,825)
			<u>\$49,058,444</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service Categories:
 Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
	1 Number of Certified Ombudsmen	571.00	638.00	650.00	600.00	600.00
	2 Number of Persons Receiving Care Coordination	14,292.00	16,605.00	14,786.00	16,025.00	16,025.00
	3 Number of Persons Receiving Legal Assistance	20,467.00	26,523.00	20,762.00	24,100.00	24,100.00
KEY	4 Avg Mthly # Individuals w/ ID Receiving Assessment & Serv Coordination	35,000.00	35,815.00	0.00	0.00	0.00
	5 Number of Veterans Served by the ADRCS	12,742.00	6,514.00	9,733.00	10,406.00	10,803.00
Explanatory/Input Measures:						
	1 Total Expenditures for the Ombudsman Program	6,509,212.00	6,509,212.00	6,509,212.00	6,509,212.00	6,509,212.00
	2 Number of Assisted Living Facilities Visited by a Certified Ombudsman	1,947.00	1,753.00	1,854.00	1,939.00	1,939.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$52,573,191	\$56,621,779	\$61,821,528	\$52,065,683	\$52,321,925
1002	OTHER PERSONNEL COSTS	\$2,075,014	\$2,210,273	\$2,843,441	\$2,635,113	\$2,635,113
2001	PROFESSIONAL FEES AND SERVICES	\$4,642,511	\$8,394,889	\$7,830,443	\$7,899,104	\$7,899,104
2002	FUELS AND LUBRICANTS	\$0	\$29,676	\$28,418	\$23,784	\$23,784
2003	CONSUMABLE SUPPLIES	\$35,852	\$545,880	\$533,231	\$480,562	\$480,562
2004	UTILITIES	\$227,232	\$724,972	\$656,024	\$583,344	\$583,344

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service Categories:
 Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2005	TRAVEL	\$3,680,923	\$4,737,746	\$4,624,132	\$4,664,144	\$4,664,144
2006	RENT - BUILDING	\$42,122	\$4,038,675	\$4,122,657	\$2,824,916	\$2,824,916
2007	RENT - MACHINE AND OTHER	\$2,630	\$681,052	\$703,283	\$504,498	\$504,498
2009	OTHER OPERATING EXPENSE	\$2,970,148	\$8,330,813	\$8,473,997	\$7,325,804	\$7,325,804
3001	CLIENT SERVICES	\$76,179,642	\$97,418,602	\$92,786,482	\$96,578,305	\$96,578,305
4000	GRANTS	\$88,430,606	\$94,019,477	\$91,042,258	\$91,042,258	\$91,042,258
TOTAL, OBJECT OF EXPENSE		\$230,859,871	\$277,753,834	\$275,465,894	\$266,627,515	\$266,883,757
Method of Financing:						
1	General Revenue Fund	\$54,526,909	\$55,719,958	\$53,941,183	\$52,154,643	\$52,132,695
758	GR Match For Medicaid	\$60,992,160	\$72,218,270	\$73,393,900	\$76,102,129	\$76,102,129
8004	GR For Fed Funds (Older Am Act)	\$880,791	\$880,791	\$880,791	\$880,791	\$880,791
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$116,399,860	\$128,819,019	\$128,215,874	\$129,137,563	\$129,115,615
Method of Financing:						
555	Federal Funds					
	93.041.000 Special Programs for the	\$262,287	\$284,557	\$273,775	\$273,775	\$273,775
	93.042.000 Special Programs for the	\$996,138	\$1,051,034	\$1,011,210	\$1,011,210	\$1,011,210
	93.044.000 SPECIAL PROGRAMS FOR THE	\$14,305,323	\$14,617,623	\$13,619,277	\$13,629,431	\$13,629,431

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service Categories:
 Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.045.000	Special Programs for the	\$6,207,432	\$4,680,580	\$4,654,296	\$4,673,881	\$4,673,881
93.048.000	Special Programs for the	\$35,234	\$301,893	\$0	\$0	\$0
93.051.000	Alzheimer's Disease Demo Grants Pgm	\$27,079	\$370,426	\$128,571	\$128,571	\$128,571
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$3,822,735	\$3,278,211	\$3,266,501	\$3,273,772	\$3,273,772
93.071.000	MIPPA Priority Area 2 AAA	\$263,461	\$384,126	\$366,977	\$366,977	\$366,977
93.071.001	MIPPA Priority Area 3 ADRs	\$464,816	\$881,620	\$357,615	\$356,391	\$356,391
93.071.002	MIPPA Priority One SHIP	\$518,891	\$424,461	\$424,461	\$424,461	\$424,461
93.072.000	Lifespan Respite Care Program	\$368,293	\$42,879	\$0	\$0	\$0
93.324.000	State Health Insurance Assis. Prog.	\$1,640,998	\$2,250,414	\$2,165,146	\$2,165,146	\$2,165,146
93.667.000	Social Svcs Block Grants	\$6,485,112	\$5,459,567	\$5,459,567	\$4,839,453	\$4,861,401
93.778.000	XIX FMAP	\$41,085,468	\$65,256,466	\$65,853,127	\$59,794,322	\$59,922,443
93.778.002	MEDICAID REIMBURSE ADMIN	\$22,193	\$0	\$0	\$0	\$0
93.778.003	XIX 50%	\$20,484,109	\$26,358,596	\$26,352,658	\$27,379,578	\$27,507,699
93.778.004	XIX ADM @ 75%	\$6,921,306	\$12,003,593	\$12,003,593	\$5,894,740	\$5,894,740
93.791.000	Money Follows Person Reblncng Demo	\$8,413,037	\$8,850,439	\$8,850,439	\$10,769,228	\$10,769,228
94.011.000	Foster Grandparent Progra	\$1,607,125	\$1,838,330	\$1,862,807	\$1,909,016	\$1,909,016
CFDA Subtotal, Fund	555	\$113,931,037	\$148,334,815	\$146,650,020	\$136,889,952	\$137,168,142
SUBTOTAL, MOF (FEDERAL FUNDS)		\$113,931,037	\$148,334,815	\$146,650,020	\$136,889,952	\$137,168,142
Method of Financing:						
666	Appropriated Receipts	\$243,114	\$600,000	\$600,000	\$600,000	\$600,000

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service Categories:
 Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
777	Interagency Contracts	\$285,860	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$528,974	\$600,000	\$600,000	\$600,000	\$600,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$266,627,515	\$266,883,757
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$230,859,871	\$277,753,834	\$275,465,894	\$266,627,515	\$266,883,757
FULL TIME EQUIVALENT POSITIONS:		1,241.1	1,300.4	1,300.4	1,300.4	1,300.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports Service Categories:
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Long-Term Care Intake and Access strategy provides functional eligibility determination, development of individual service plans that are based on consumer needs and preferences, assistance in obtaining information, and authorizing appropriate services and supports through effective and efficient management of staff, and contracts with the Area Agencies on Aging (AAAs) and Local Authorities (LAs).

Field Operations staff determines functional eligibility for certain individuals living in the community who would be eligible for Medicaid-funded (Title XIX) nursing facility services, but who wish to remain in the community. LAs determine eligibility and assist consumers in accessing appropriate services and supports. AAAs assist older individuals, their family members and/or other caregivers by providing information and assistance in accessing services and supports.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapter 32, Chapter 101, §§101.030, and Chapter 161; Governmental Code, Chapter 531; and Title 42 U.S.C. Chapter 35 Older American Act of 1965, as amended.

The dollars requested for this strategy reflects the realignment of administrative services (service coordination – GR funding, assessment & eligibility determination, local authorities administrative expenses, and CLOIP) which were provided in strategy F.1.3.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Each LA identifies local service needs and priorities. Depending on the mix of services delivered at the local level, expenditures in this strategy can vary each year. Funds provided through this strategy also provide assistance as individuals are enrolled into waiver services or are seeking other Medicaid supports such as community based ICF/IDD facilities or state supported living centers. If, because of reductions in GR funding, resources are not available to provide necessary local services for maintenance in the community, more individuals will seek emergency services, including institutional placement.

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports Service Categories:
 STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$553,219,728	\$533,511,272	\$(19,708,456)	\$(2,951,525)	TCM FORECAST UPDATE: GR \$(1,328,187), GR-D \$0, FED \$(1,623,339), OT \$0.
			\$(16,756,931)	COST ALLOCATION: Changes in method of finance associated to cost allocation. GR \$2,546,468, GR-D \$0, FED \$(19,303,400), OT \$0
			<u>\$(19,708,456)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$15,292,128	\$19,166,295	\$19,558,154	\$19,558,154	\$19,558,154
1002	OTHER PERSONNEL COSTS	\$512,508	\$642,349	\$655,482	\$655,482	\$655,482
2001	PROFESSIONAL FEES AND SERVICES	\$74,043,698	\$102,176,447	\$101,569,192	\$75,080,083	\$74,737,026
2003	CONSUMABLE SUPPLIES	\$5,121	\$5,253	\$6,000	\$6,000	\$6,000
2004	UTILITIES	\$7,635,692	\$8,405,476	\$8,277,070	\$8,130,614	\$8,130,614
2005	TRAVEL	\$18,031	\$26,408	\$26,500	\$26,500	\$26,500
2007	RENT - MACHINE AND OTHER	\$23,460	\$37,951	\$39,846	\$39,846	\$39,846
2009	OTHER OPERATING EXPENSE	\$6,141,145	\$9,967,376	\$9,880,078	\$9,743,095	\$9,743,095
TOTAL, OBJECT OF EXPENSE		\$103,671,783	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
Method of Financing:						
1	General Revenue Fund	\$3,709,381	\$1,517,457	\$1,736,247	\$4,175,339	\$4,699,076
758	GR Match For Medicaid	\$12,906,949	\$17,689,573	\$17,466,717	\$13,412,874	\$13,372,060
8010	GR Match For Title XXI	\$314,457	\$462,400	\$439,273	\$369,383	\$368,230
8014	GR Match for Food Stamp Admin	\$21,326,524	\$26,048,347	\$26,042,304	\$22,699,354	\$22,622,653
8032	GR Certified As Match For Medicaid	\$0	\$0	\$0	\$143,775	\$143,775

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$38,257,311	\$45,717,777	\$45,684,541	\$40,800,725	\$41,205,794
Method of Financing:						
555 Federal Funds						
10.557.000	Special Supplemental Nut	\$0	\$0	\$0	\$4,999	\$4,999
10.561.000	State Admin Match SNAP	\$21,326,524	\$26,048,347	\$26,042,304	\$22,699,354	\$22,622,653
93.044.000	SPECIAL PROGRAMS FOR THE	\$0	\$0	\$0	\$160	\$160
93.045.000	Special Programs for the	\$0	\$0	\$0	\$203	\$203
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$0	\$0	\$0	\$44	\$44
93.071.001	MIPPA Priority Area 3 ADRs	\$0	\$0	\$0	\$29	\$29
93.558.000	Temp AssistNeedy Families	\$0	\$1,843,619	\$1,452,078	\$1,152,130	\$1,149,911
93.566.000	Refugee and Entrant Assis	\$23,435	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$0	\$0	\$0	\$4,752	\$4,752
93.767.000	CHIP	\$3,813,349	\$5,942,029	\$5,964,120	\$4,301,932	\$3,755,166
93.777.000	State Survey and Certific	\$0	\$0	\$0	\$6,671	\$6,671
93.777.003	CLINICAL LAB AMEND PROGRAM	\$0	\$0	\$0	\$87	\$87
93.778.000	XIX FMAP	\$0	\$0	\$0	\$189,642	\$189,642
93.778.003	XIX 50%	\$634,161	\$865,357	\$865,357	\$2,243,963	\$2,243,963
93.778.004	XIX ADM @ 75%	\$35,418,740	\$45,933,506	\$45,922,217	\$29,062,524	\$28,940,084
93.778.005	XIX FMAP @ 90%	\$4,198,263	\$13,617,435	\$13,617,435	\$12,294,190	\$12,294,190
93.788.000	Opioid STR	\$0	\$0	\$0	\$145	\$145
93.796.000	Survey & Certification TitleXIX 75%	\$0	\$0	\$0	\$4,040	\$4,040

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.958.000 Block Grants for Communi	\$0	\$0	\$0	\$116	\$116
CFDA Subtotal, Fund	555	\$65,414,472	\$94,250,293	\$93,863,511	\$71,964,981	\$71,216,855
SUBTOTAL, MOF (FEDERAL FUNDS)		\$65,414,472	\$94,250,293	\$93,863,511	\$71,964,981	\$71,216,855
Method of Financing:						
777	Interagency Contracts	\$0	\$459,485	\$464,270	\$465,377	\$465,377
8095	ID Collect-Pat Supp & Maint	\$0	\$0	\$0	\$8,328	\$8,328
8096	ID Appropriated Receipts	\$0	\$0	\$0	\$363	\$363
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$459,485	\$464,270	\$474,068	\$474,068
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$113,239,774	\$112,896,717
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$103,671,783	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
FULL TIME EQUIVALENT POSITIONS:		263.0	264.0	264.0	264.0	264.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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HHSC delivers eligibility svcs to clients for the state and federal programs administered by HHSC including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Children's Health Insurance Program (CHIP), the Texas Women's Health Program, Medicaid for children and adults, and Medicaid for the Elderly and People with Disabilities (MEPD). Eligibility svcs are provided through a network of HHSC local offices. Consumers access the eligibility svcs in face-to face interviews conducted at local offices, by self-service terminals in the lobby of local offices, by phone, mail, fax, Internet, or through hand-held devices. This strategy includes the capital project expense for implementing the Enhanced Eligibility System to increase access to svcs, implement efficient and simplified business processes, reduce fraud, and ensure compliance with federal law. The project scope for the Enhanced Eligibility System includes capital project expenses for the following areas: TIERS and Eligibility Supporting Technologies (TIERS application enhancement, Self Service Portal, Task List Manager, CHIP into TIERS, and TIERS Training); and Telephony – Voice over Internet Protocol (VoIP).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting eligibility and enrollment include: 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) Federal programs and policy changes; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$280,439,877	\$226,136,491	\$(54,303,386)	\$(28,686,106)	TIERS CAPITAL / NON CAPITAL: Decrease non-capital to increase capital. GR \$(9,395,823), GR-D \$0, FED \$(19,290,282), OT \$0
			\$(20,068,563)	A-87 WAIVER: Decreased federal due to waiver ending. GR \$0, GR-D \$0, FED \$(20,068,588), OT \$0
			\$(5,548,717)	COST ALLOCATION: Changes in method of finance associated to cost allocation. GR \$0, GR-D \$0, FED \$(5,573,098), OT \$24,381
			<u>\$(54,303,386)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 2 Texas Integrated Eligibility Redesign System Capital Projects Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$8,697,354	\$6,470,082	\$6,491,332	\$6,861,128	\$7,204,185
2004	UTILITIES	\$338,574	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$77,080	\$146,040	\$146,040	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$39,472,812	\$34,783,669	\$42,690,668	\$31,674,770	\$32,376,061
5000	CAPITAL EXPENDITURES	\$15,015,750	\$2,579,685	\$2,575,928	\$15,494,296	\$14,515,597
TOTAL, OBJECT OF EXPENSE		\$63,601,570	\$43,979,476	\$51,903,968	\$54,030,194	\$54,095,843
Method of Financing:						
1	General Revenue Fund	\$3,051,972	\$1,426,069	\$1,293,902	\$1,688,964	\$2,271,464
758	GR Match For Medicaid	\$6,058,170	\$5,171,950	\$6,406,094	\$5,590,868	\$5,574,780
8010	GR Match For Title XXI	\$228,057	\$146,476	\$181,828	\$184,243	\$184,467
8014	GR Match for Food Stamp Admin	\$10,637,537	\$7,635,541	\$8,710,607	\$12,430,727	\$12,445,831
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$19,975,736	\$14,380,036	\$16,592,431	\$19,894,802	\$20,476,542
Method of Financing:						
555	Federal Funds					
	10.561.000 State Admin Match SNAP	\$10,645,499	\$7,635,541	\$8,710,607	\$12,430,727	\$12,445,831
	93.558.000 Temp AssistNeedy Families	\$326,374	\$221,552	\$284,069	\$358,760	\$359,196

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 2 Texas Integrated Eligibility Redesign System Capital Projects Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.566.000 Refugee and Entrant Assis	\$29,407	\$0	\$0	\$0	\$0
	93.767.000 CHIP	\$2,655,130	\$1,884,208	\$2,338,975	\$2,132,572	\$1,554,714
	93.778.004 XIX ADM @ 75%	\$20,954,596	\$13,344,659	\$16,838,427	\$15,552,161	\$15,456,647
	93.778.005 XIX FMAP @ 90%	\$9,014,828	\$6,513,480	\$7,139,459	\$3,661,172	\$3,802,913
CFDA Subtotal, Fund	555	\$43,625,834	\$29,599,440	\$35,311,537	\$34,135,392	\$33,619,301
SUBTOTAL, MOF (FEDERAL FUNDS)		\$43,625,834	\$29,599,440	\$35,311,537	\$34,135,392	\$33,619,301
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$54,030,194	\$54,095,843
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$63,601,570	\$43,979,476	\$51,903,968	\$54,030,194	\$54,095,843

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 2 Texas Integrated Eligibility Redesign System Capital Projects Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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HHSC delivers eligibility services to clients for the state and federal programs administered by HHSC including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Children's Health Insurance Program (CHIP), the Texas Women's Health Program, Medicaid for children and adults, and Medicaid for the Elderly and People with Disabilities (MEPD). Eligibility services are provided through a network of HHSC local offices. Consumers access the eligibility services in face-to face interviews conducted at local offices, by self-service terminals in the lobby of local offices, by phone, mail, fax, Internet, or through hand-held devices. This strategy includes the capital project expense for implementing the Enhanced Eligibility System to increase access to services, implement efficient and simplified business processes, reduce fraud, and ensure compliance with federal law. The project scope for the Enhanced Eligibility System includes capital project expenses for the following areas: TIERS and Eligibility Supporting Technologies (TIERS application enhancement, Self Service Portal, Task List Manager, CHIP into TIERS, and TIERS Training); and Telephony – Voice over Internet Protocol (VoIP).
 Legal Base: Federal – TANF 42 United States Code (USC) Section 601 et seq., SNAP 7 USC Section 2011 et seq., Medicaid 42 USC Section 1396 et seq., CHIP 42 USC Section 1397aa et seq.; State – Human Resources Code Chapters 22, 31, 32, 33, 34 and 44, and Health and Safety Code Chapters 62 and 63.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting eligibility and enrollment include: 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) Federal programs and policy changes; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.
 Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

529 Health and Human Services Commission

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 3 Texas Integrated Eligibility Redesign System Service Categories:
 STRATEGY: 2 Texas Integrated Eligibility Redesign System Capital Projects Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$95,883,444	\$108,126,037	\$12,242,593	\$25,522,363	TIERS CAPITAL / NON CAPITAL: Decrease non-capital to increase capital. GR \$9,395,823, GR-D \$0, FED \$16,126,540, OT \$0
			\$(14,056,023)	A-87 WAIVER: Decreased federal due to waiver ending. GR \$0, GR-D \$0, FED \$(14,056,023), OT \$0
			\$776,253	COST ALLOCATION: Changes in method of finance associated to cost allocation. GR \$3,053, GR-D \$0, FED \$773,200, OT \$0
			\$12,242,593	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 10 Provide Disability Determination Services within SSA Guidelines
 OBJECTIVE: 1 Increase Decisional Accuracy and Timeliness of Determinations
 STRATEGY: 1 Determine Federal SSI and SSDI Eligibility

Service Categories:

Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Disability Cases Determined	332,200.00	322,050.00	322,050.00	315,000.00	315,000.00
Efficiency Measures:						
KEY 1	Cost Per Disability Case Determination	279.00	285.00	300.00	330.00	330.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$40,462,027	\$42,813,947	\$42,974,084	\$42,974,084	\$42,974,084
1002	OTHER PERSONNEL COSTS	\$1,388,647	\$1,635,312	\$2,160,776	\$2,160,776	\$2,160,776
2001	PROFESSIONAL FEES AND SERVICES	\$9,707,844	\$17,388,528	\$10,603,138	\$13,995,833	\$13,995,833
2002	FUELS AND LUBRICANTS	\$0	\$18,763	\$86,171	\$52,467	\$52,467
2003	CONSUMABLE SUPPLIES	\$236,058	\$199,635	\$237,526	\$218,580	\$218,580
2004	UTILITIES	\$546,407	\$780,681	\$785,694	\$783,188	\$783,188
2005	TRAVEL	\$76,920	\$113,811	\$114,150	\$113,980	\$113,980
2006	RENT - BUILDING	\$2,996,062	\$3,294,098	\$3,243,636	\$3,268,867	\$3,268,867
2007	RENT - MACHINE AND OTHER	\$85,920	\$232,420	\$281,058	\$256,739	\$256,739
2009	OTHER OPERATING EXPENSE	\$4,043,332	\$4,982,502	\$4,747,934	\$4,865,218	\$4,865,218
3001	CLIENT SERVICES	\$36,736,410	\$43,757,899	\$49,983,429	\$37,000,000	\$37,000,000
TOTAL, OBJECT OF EXPENSE		\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732

529 Health and Human Services Commission

GOAL: 10 Provide Disability Determination Services within SSA Guidelines
 OBJECTIVE: 1 Increase Decisional Accuracy and Timeliness of Determinations Service Categories:
 STRATEGY: 1 Determine Federal SSI and SSDI Eligibility Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
555	Federal Funds					
	96.001.000 Social Security Disability Ins	\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732
CFDA Subtotal, Fund	555	\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732
SUBTOTAL, MOF (FEDERAL FUNDS)		\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$105,689,732	\$105,689,732
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$96,279,627	\$115,217,596	\$115,217,596	\$105,689,732	\$105,689,732
FULL TIME EQUIVALENT POSITIONS:		769.0	875.4	875.4	875.4	875.4
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 10 Provide Disability Determination Services within SSA Guidelines
 OBJECTIVE: 1 Increase Decisional Accuracy and Timeliness of Determinations Service Categories:
 STRATEGY: 1 Determine Federal SSI and SSDI Eligibility Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Disability Determination svcs (DDS) makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI). The DDS strategy is funded entirely by the Social Security Administration (SSA). Texans with physical and/or mental impairments apply for benefits at their local SSA Field office, and their applications are forwarded to DDS, which determines whether the applicant is disabled, according to federal criteria. SSA makes the final decision about whether a person is eligible to receive benefits. DDS documents medical evidence and determines whether a claimant is disabled under the law. The major goal of DDS is to enhance service to people with disabilities by making disability determination decisions quickly, accurately, and in a cost-effective manner. This strategy is linked primarily with statewide benchmark 08-05 which refers to the ratio of federal dollars received to federal tax dollars paid.

Legal Authority: Authorized by federal law, 42 U.S.C.A. 421.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

SSA reimburses 100 percent of costs to HHSC for performing the medical determinations of SSA Supplemental Security Income and Social Security Disability Insurance claimants. SSA projects on a national level the continued increase in all disability claims resulting from the population growth, federal requirement to increase the SSA integrity workload (CDRs) and overall economic impact affecting the number of people who file disability claims. SSA and DDS work in collaboration to identify national workload trends and capacity to ensure workload needs are adequately addressed. SSA's fiscal environment affects the level of funding and resources DDS receives each year.

529 Health and Human Services Commission

GOAL: 10 Provide Disability Determination Services within SSA Guidelines
 OBJECTIVE: 1 Increase Decisional Accuracy and Timeliness of Determinations Service Categories:
 STRATEGY: 1 Determine Federal SSI and SSDI Eligibility Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>		
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)	
\$230,435,192	\$211,379,464	\$(19,055,728)	\$(19,055,728)	PROJECTED LAPSE: Lapse projection based on historical spending. GR \$0, GR-D \$0, FED \$(19,055,728), OT \$0	
			\$(19,055,728)	Total of Explanation of Biennial Change	

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General

Service Categories:
 Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Completed Provider and Recipient Investigations	19,406.00	27,192.00	19,175.00	19,175.00	19,175.00
KEY 2	Number of Audits and Reviews Performed	41.00	40.00	40.00	40.00	40.00
	3 Number of Nursing Facility Utilization Reviews	65.00	500.00	500.00	500.00	500.00
	4 Number of Hospital Utilization Reviews	50,360.00	29,000.00	29,000.00	29,000.00	29,000.00
KEY 5	Total Dollars Recovered (Millions)	98.00	90.00	90.00	90.00	90.00
	6 Referrals to OAG Fraud Control Unit	587.00	225.00	684.00	684.00	684.00
KEY 7	Total Medicaid Overpayments Recovered with Special Investigation Units	0.00	0.00	6,500,000.00	6,500,000.00	6,500,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$39,965,347	\$36,116,939	\$38,583,166	\$41,661,480	\$41,661,480
1002	OTHER PERSONNEL COSTS	\$1,882,020	\$999,148	\$1,192,424	\$1,122,342	\$1,122,342
2001	PROFESSIONAL FEES AND SERVICES	\$2,471,256	\$6,159,930	\$5,481,896	\$5,880,968	\$5,880,968
2002	FUELS AND LUBRICANTS	\$5,503	\$59,195	\$37,670	\$49,338	\$49,338
2003	CONSUMABLE SUPPLIES	\$263,136	\$264,444	\$161,786	\$204,278	\$204,278
2004	UTILITIES	\$750,939	\$397,114	\$394,999	\$387,660	\$387,660
2005	TRAVEL	\$1,571,002	\$2,029,181	\$1,911,685	\$1,959,097	\$1,959,097
2006	RENT - BUILDING	\$3,538,864	\$2,411,786	\$2,435,556	\$2,423,666	\$2,423,666

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General

Service Categories:
 Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2007	RENT - MACHINE AND OTHER	\$550,911	\$405,026	\$404,020	\$407,080	\$407,080
2009	OTHER OPERATING EXPENSE	\$3,843,074	\$5,065,101	\$2,674,120	\$3,784,728	\$3,784,728
3001	CLIENT SERVICES	\$48	\$0	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$172,639	\$124,616	\$149,983	\$137,313	\$137,313
TOTAL, OBJECT OF EXPENSE		\$55,014,739	\$54,032,480	\$53,427,305	\$58,017,950	\$58,017,950

Method of Financing:

1	General Revenue Fund	\$746,641	\$3,137,273	\$3,801,296	\$3,215,124	\$3,267,016
758	GR Match For Medicaid	\$10,546,220	\$13,452,561	\$13,291,408	\$15,539,645	\$15,539,645
8010	GR Match For Title XXI	\$39,058	\$32,539	\$32,971	\$33,873	\$33,873
8014	GR Match for Food Stamp Admin	\$4,785,246	\$4,963,455	\$4,861,227	\$5,028,050	\$5,028,050
8032	GR Certified As Match For Medicaid	\$1,392,830	\$1,082,061	\$420,601	\$437,143	\$437,143
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$17,509,995	\$22,667,889	\$22,407,503	\$24,253,835	\$24,305,727

Method of Financing:

555	Federal Funds					
10.557.000	Special Supplemental Nut	\$0	\$214,125	\$142,059	\$147,925	\$146,299
10.557.002	WIC NUTRITION EDUCATION	\$0	\$4,504	\$34	\$99	\$0
10.561.000	State Admin Match SNAP	\$4,806,025	\$5,015,603	\$4,913,612	\$5,080,430	\$5,080,430

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General

Service Categories:
 Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.044.000	SPECIAL PROGRAMS FOR THE	\$0	\$3,185	\$3,208	\$0	\$0
93.045.000	Special Programs for the	\$0	\$3,959	\$3,983	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$0	\$813	\$813	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$188,922	\$172,586	\$172,090	\$176,722	\$176,722
93.558.667	TANF to Title XX	\$0	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$206,649	\$22	\$22	\$0	\$0
93.767.000	CHIP	\$478,135	\$419,464	\$425,013	\$397,699	\$345,807
93.778.000	XIX FMAP	\$2,174,032	\$600,249	\$573,157	\$594,120	\$594,120
93.778.003	XIX 50%	\$11,116,849	\$10,590,318	\$10,428,260	\$12,629,520	\$12,629,520
93.778.004	XIX ADM @ 75%	\$7,155,893	\$7,784,016	\$7,745,379	\$7,934,930	\$7,934,930
96.001.000	Social Security Disability Ins	\$364,891	\$407,865	\$407,059	\$439,648	\$439,648
CFDA Subtotal, Fund	555	\$26,491,396	\$25,216,709	\$24,814,689	\$27,401,093	\$27,347,476
SUBTOTAL, MOF (FEDERAL FUNDS)		\$26,491,396	\$25,216,709	\$24,814,689	\$27,401,093	\$27,347,476
Method of Financing:						
666	Appropriated Receipts	\$952	\$0	\$0	\$0	\$0
777	Interagency Contracts	\$10,932,166	\$6,120,954	\$6,179,678	\$6,336,587	\$6,338,312
8095	ID Collect-Pat Supp & Maint	\$76,419	\$25,807	\$24,380	\$25,341	\$25,341
8096	ID Appropriated Receipts	\$3,811	\$1,121	\$1,055	\$1,094	\$1,094

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General

Service Categories:
 Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (OTHER FUNDS)		\$11,013,348	\$6,147,882	\$6,205,113	\$6,363,022	\$6,364,747
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$58,017,950	\$58,017,950
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$55,014,739	\$54,032,480	\$53,427,305	\$58,017,950	\$58,017,950
FULL TIME EQUIVALENT POSITIONS:		651.0	736.4	736.2	736.2	736.2
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 1 Office of Inspector General Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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OIG is responsible for investigation of fraud, waste, & abuse in the provision of HHS programs. OIG is responsible for 1) issuing sanctions & performing corrective actions against program providers/recipients, as appropriate; 2) auditing & reviewing the use of state or federal funds including contract & grant funds administered by a person or state entity receiving the funds from an HHS agency; 3) researching, detecting, & identifying events of fraud, waste, & abuse to ensure accountability & responsible use of resources; 4) conducting investigations, reviews, & monitoring cases internally, with appropriate referral to outside agencies for further action; 5) recommending policies that enhance prevention & detection of fraud, waste, & abuse; & 6) providing education, technical assistance, & training to promote cost avoidance activities & sustain improved relationships with providers.

OIG is a modern investigative arm with extensive expertise & diverse resources capable of rapidly & objectively responding to current & emerging HHS issues. To ensure quality, OIG operates in accordance with the Association of Inspectors General’s (Green Book) & audits are performed in accordance with U. S. General Accountability Office (Yellow Book).

Functional sections include: Medicaid Provider Integrity; General Investigations; Data Analytics & Fraud Detection; Internal Affairs; Quality Review; Audit; Third Party Liability; Legal; Sanctions; Technology Analysis Development & Support; Policy & Outreach, & Business Operations.

Legal Base: Government Code, Section 531.102

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 1 Office of Inspector General Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The following factors combine to potentially impact OIG’s ability to accomplish its mission:

- « Ever expanding oversight, coordination, investigation, audit, legal, sanctions, & other downstream impacts of federal mandates arising from recent healthcare reform legislation
- « State Hospital, SSLC & Residential Facility investigation mandates
- « Increased focus on border activities impacting number of questionable document (birth, death, paternity) investigations conducted.
- « Expanded statutory responsibility for auditing, reviewing, or investigating of Long Term Care Facilities, Outpatient Hospitals, Managed Care Organizations, & additional HHS programs
- « Increased call volume on the OIG Hotline
- « Transition into Managed Care from Fee-For-Service requiring higher investigative skill techniques.
- « Agency’s continued reorganization efforts to allocate staff resources to functional sections that would yield the highest recovery of Medicaid Dollars
- « Requirements to audit areas for which the return is not high
 - « Limited access to necessary data sets to increase identification of fraud, waste & abuse.
 - « Inability to attract employees for technical & nursing positions due to pay disparity with private industry.
 - « Compliance monitoring changes as a result of new WIC vendor agreements.
 - « Inability of Lock-In nurses to access law enforcement databases that provide information regarding crimes involving the use or misuse of prescription medications.

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General

Service Categories:
 Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>		
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)	
\$107,459,785	\$116,035,900	\$8,576,115	\$8,576,115	MAINTAIN SUPPORT: Return to FY 2018-19 appropriated levels. GR \$3,484,167, GR-D \$0, FED \$4,717,165, OT \$374,783	
			\$8,576,115	Total of Explanation of Biennial Change	

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy
 STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:

Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Efficiency Measures:						
1	Percent of Informal Dispute Resolutions Completed within 30 Days	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %
2	Percent of Dispute Resolutions Completed within 90 Day Timeframe	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$71,889,044	\$63,208,759	\$68,036,088	\$76,331,329	\$76,331,329
1002	OTHER PERSONNEL COSTS	\$2,981,853	\$1,620,167	\$1,981,952	\$2,123,847	\$2,123,847
2001	PROFESSIONAL FEES AND SERVICES	\$65,171,483	\$16,101,520	\$16,115,765	\$16,038,306	\$16,038,306
2002	FUELS AND LUBRICANTS	\$56,315	\$128,978	\$344,152	\$333,334	\$333,334
2003	CONSUMABLE SUPPLIES	\$212,382	\$190,901	\$718,194	\$684,273	\$684,273
2004	UTILITIES	\$1,354,367	\$302,089	\$402,765	\$408,872	\$408,872
2005	TRAVEL	\$606,233	\$391,675	\$784,272	\$812,770	\$812,770
2006	RENT - BUILDING	\$3,077,811	\$2,333,286	\$2,444,231	\$2,402,099	\$2,402,099
2007	RENT - MACHINE AND OTHER	\$448,787	\$304,635	\$339,612	\$336,952	\$336,952
2009	OTHER OPERATING EXPENSE	\$8,978,722	\$2,602,384	\$4,048,426	\$4,171,266	\$4,171,266
3002	FOOD FOR PERSONS - WARDS OF STATE	\$4,755,000	\$0	\$0	\$0	\$0
4000	GRANTS	\$5,687,629	\$20,000,000	\$0	\$20,000,000	\$0

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy
 STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:
 Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
5000	CAPITAL EXPENDITURES	\$326,779	\$0	\$6,201	\$6,348	\$6,350
TOTAL, OBJECT OF EXPENSE		\$165,546,405	\$107,184,394	\$95,221,658	\$123,649,396	\$103,649,398
Method of Financing:						
1	General Revenue Fund	\$54,213,855	\$29,442,989	\$9,483,528	\$31,308,349	\$11,462,609
758	GR Match For Medicaid	\$12,988,678	\$13,977,232	\$15,583,658	\$17,919,760	\$17,919,760
8010	GR Match For Title XXI	\$70,433	\$97,955	\$108,967	\$103,622	\$103,621
8014	GR Match for Food Stamp Admin	\$3,641,156	\$4,744,701	\$5,228,324	\$5,014,926	\$5,014,926
8032	GR Certified As Match For Medicaid	\$11,452,432	\$2,587,103	\$2,718,951	\$2,686,507	\$2,686,507
8086	GR For ECI	\$0	\$865,687	\$865,687	\$865,687	\$865,687
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$82,366,554	\$51,715,667	\$33,989,115	\$57,898,851	\$38,053,110
Method of Financing:						
5018	Home Health Services Acct	\$10,116	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$10,116	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	10.557.000 Special Supplemental Nut	\$0	\$405,444	\$451,590	\$424,734	\$424,734

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy
 STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:
 Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
10.561.000	State Admin Match SNAP	\$3,643,253	\$4,741,245	\$5,225,248	\$5,011,808	\$5,011,808
84.126.000	Rehabilitation Services_V	\$31,739	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants	\$0	\$119,736	\$48,567	\$2,845	\$2,845
93.044.000	SPECIAL PROGRAMS FOR THE	\$0	\$123,610	\$140,816	\$139,994	\$139,994
93.045.000	Special Programs for the	\$0	\$16,954	\$18,865	\$17,735	\$17,735
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$0	\$3,688	\$4,105	\$3,919	\$3,919
93.243.000	Project Reg. & Natl Significance	\$909,801	\$0	\$0	\$67,562	\$67,562
93.558.000	Temp AssistNeedy Families	\$332,622	\$354,832	\$403,957	\$383,770	\$383,770
93.558.667	TANF to Title XX	\$0	\$0	\$0	\$0	\$0
93.566.000	Refugee and Entrant Assis	\$10,460	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$0	\$162,987	\$236,998	\$478,620	\$478,620
93.767.000	CHIP	\$894,592	\$1,257,905	\$1,399,403	\$1,215,806	\$1,061,549
93.777.000	State Survey and Certific	\$930,122	\$1,041,479	\$1,159,880	\$590,047	\$590,047
93.778.000	XIX FMAP	\$16,281,794	\$3,498,344	\$3,708,610	\$3,656,562	\$3,656,562
93.778.003	XIX 50%	\$12,790,574	\$13,489,961	\$15,076,919	\$17,432,372	\$17,432,372
93.778.005	XIX FMAP @ 90%	\$1,485,493	\$0	\$0	\$0	\$0
93.788.000	Opioid STR	\$0	\$0	\$0	\$12,588	\$12,588
93.791.000	Money Follows Person Reblncng Demo	\$11,150	\$770	\$1,486	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$234	\$819,123	\$912,283	\$359,558	\$359,558
93.958.000	Block Grants for Communi	\$750,677	\$0	\$0	\$10,740	\$10,740
93.959.000	Block Grants for Prevent	\$618,464	\$372	\$3,321	\$5,318	\$5,318
96.001.000	Social Security Disability Ins	\$1,406,357	\$1,672,948	\$1,886,600	\$1,760,211	\$1,760,211

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy
 STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:
 Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$40,097,332	\$27,709,398	\$30,678,648	\$31,574,189	\$31,419,932
SUBTOTAL, MOF (FEDERAL FUNDS)		\$40,097,332	\$27,709,398	\$30,678,648	\$31,574,189	\$31,419,932
Method of Financing:						
666	Appropriated Receipts	\$8,191	\$102,410	\$102,725	\$0	\$0
777	Interagency Contracts	\$41,784,039	\$27,490,146	\$30,274,363	\$34,001,541	\$34,001,541
780	Bond Proceed-Gen Obligat	\$615,661	\$0	\$0	\$0	\$0
8095	ID Collect-Pat Supp & Maint	\$632,338	\$160,119	\$169,788	\$167,909	\$167,909
8096	ID Appropriated Receipts	\$32,174	\$6,654	\$7,019	\$6,906	\$6,906
SUBTOTAL, MOF (OTHER FUNDS)		\$43,072,403	\$27,759,329	\$30,553,895	\$34,176,356	\$34,176,356
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$123,649,396	\$103,649,398
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$165,546,405	\$107,184,394	\$95,221,658	\$123,649,396	\$103,649,398
FULL TIME EQUIVALENT POSITIONS:		929.0	1,096.5	1,096.5	1,096.5	1,096.5
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 1 Enterprise Oversight and Policy Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The HHS Enterprise strategy includes consolidated oversight, policy, guidance, & coordination of the 5 HHS agencies. Key priorities include the Executive Commissioner, Communications, Legal, Risk & Compliance Management, Federal Funds Management, Rate Analysis, System Forecasting, Actuarial Analysis, Strategic Planning, & Program Evaluation, which support the entire HHS enterprise & funding is dependent on all five agencies.

HHSC also coordinates interagency projects involved in service integration, including: Community Resource Coordination Groups for children, youth & families with complex needs; Taskforce for Children with Special Needs; Institute for Health Care Quality & Efficiency; Family-based Alternatives; Long-Term Care Insurance Partnership; Texas Office for the Prevention of Developmental Disabilities; Office of Acquired Brain Injury; Veteran’s Health Services & Supports; coordination of HHS services in East Texas & in colonias along the Texas-Mexico border; Maternal, Infant & Early Childhood Home Visiting programs; Texas Home Visiting program; Nurse Family Partnership program; Promoting Independence; Umbilical Cord Blood Bank; Prescription Drug Monitoring program; & the System of Care Consortium which replaced the Texas Integrated Funding Initiative (TIFI) in support of children & youth with severe emotional disturbances & health information network development. Federal funding for the health information network grants ended March 2014.

Legal Base: Chapter 531.055, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	12	HHS Enterprise Oversight and Policy	
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:
STRATEGY:	1	Enterprise Oversight and Policy	Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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A key external factor is change to federal and state health policy. Changes to Medicaid, CHIP, other HHS programs as well as the implementation of new programs continue to place increased demands on oversight and policy functions. HHSC also has a need to provide oversight and develop policies that are client-focused.

Changes in demographic trends (e.g., an aging population and increased longevity) and economic conditions (e.g., caseloads) also present factors that must be considered in HHS policy considerations. Additionally, many HHS enterprise efforts are financed by interagency contracts with other HHS agencies, and available funding for these enterprise operations depends on the ability of the contributing agencies to continue current levels of funding.

The primary internal factor impacting this strategy is the challenge and opportunity to provide services more efficiently through such means as increasing the scope of health-care services delivered through Medicaid managed care and to implement transformational policies to improve quality of care for Medicaid clients. These types of initiatives often require changes to HHS enterprise staffing, functions, services, and providers, thereby impacting this strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative services, and strengthening analytical and forecasting support for major decisions with financial significance.

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy
 STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:
 Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$202,406,052	\$227,298,794	\$24,892,742	\$3,375,890	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$4,407,887, GR-D \$0, FED \$(1,759,966), OT \$727,969
			\$668,334	APPROVED LETTER: Complete biennial funding due to partial FY 2018 amount in 06/01/2018 LBB approved letter. GR \$290,142, GR-D \$0, FED \$368,367, OT \$9,825
			\$20,848,518	TRANSFORMATION: Shifts within Goal L to align funding with strategy and effort. GR \$5,549,156, GR-D \$0, FED \$5,997,671 OT \$9,301,691.
			<u>\$24,892,742</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$23,421,304	\$39,888,738	\$41,518,703	\$43,192,342	\$43,247,663
1002	OTHER PERSONNEL COSTS	\$709,967	\$964,011	\$999,682	\$1,047,801	\$1,049,175
2001	PROFESSIONAL FEES AND SERVICES	\$84,211,344	\$88,680,803	\$113,940,697	\$98,693,633	\$98,187,280
2002	FUELS AND LUBRICANTS	\$88	\$152	\$468	\$467	\$467
2003	CONSUMABLE SUPPLIES	\$5,770	\$12,577	\$15,205	\$15,204	\$15,204
2004	UTILITIES	\$15,894,843	\$17,074,246	\$16,885,439	\$15,955,621	\$15,955,621
2005	TRAVEL	\$31,235	\$120,369	\$157,341	\$157,341	\$157,341
2006	RENT - BUILDING	\$56,359	\$96,826	\$92,057	\$94,539	\$94,539
2007	RENT - MACHINE AND OTHER	\$12,378,607	\$16,854,324	\$19,311,366	\$19,552,870	\$19,409,170
2009	OTHER OPERATING EXPENSE	\$43,093,764	\$37,247,258	\$30,603,970	\$34,887,511	\$34,759,367
5000	CAPITAL EXPENDITURES	\$6,639,091	\$1,402,210	\$196,976	\$3,324,358	\$3,325,062
TOTAL, OBJECT OF EXPENSE		\$186,442,372	\$202,341,514	\$223,721,904	\$216,921,687	\$216,200,889
Method of Financing:						
1	General Revenue Fund	\$3,106,981	\$32,386,494	\$30,547,025	\$35,108,773	\$35,514,371
758	GR Match For Medicaid	\$11,716,924	\$36,622,704	\$43,038,407	\$39,962,507	\$39,332,989
8010	GR Match For Title XXI	\$27,975	\$188,533	\$183,466	\$282,968	\$283,131

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8014	GR Match for Food Stamp Admin	\$9,580,075	\$9,294,188	\$9,491,429	\$11,960,244	\$12,035,589
8032	GR Certified As Match For Medicaid	\$7,638,451	\$9,169,231	\$9,261,654	\$9,162,249	\$9,207,996
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$32,070,406	\$87,661,150	\$92,521,981	\$96,476,741	\$96,374,076
Method of Financing:						
5018	Home Health Services Acct	\$2,009	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$2,009	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
10.557.000	Special Supplemental Nut	\$0	\$1,447,885	\$1,459,172	\$1,331,109	\$1,320,451
10.561.000	State Admin Match SNAP	\$9,197,435	\$12,640,581	\$12,719,490	\$11,960,193	\$12,035,531
84.126.000	Rehabilitation Services_V	\$46,626	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants	\$184,754	\$294,624	\$297,325	\$0	\$0
93.044.000	SPECIAL PROGRAMS FOR THE	\$13,265	\$42,971	\$43,346	\$42,904	\$42,572
93.045.000	Special Programs for the	\$29,501	\$54,335	\$54,801	\$54,636	\$54,211
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$5,331	\$11,499	\$11,587	\$11,898	\$11,804
93.071.001	MIPPA Priority Area 3 ADRs	\$5,574	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance	\$2,371	\$0	\$0	\$0	\$0
93.296.000	St Grant to Improve Minority Health	\$3,112	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.558.000	Temp AssistNeedy Families	\$455,833	\$550,456	\$560,094	\$607,764	\$609,045
93.558.667	TANF to Title XX	\$11,993	\$0	\$0	\$0	\$0
93.566.000	Refugee and Entrant Assis	\$32,218	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$1,924,865	\$793,593	\$789,699	\$1,347,387	\$1,337,305
93.767.000	CHIP	\$2,792,647	\$3,752,477	\$2,353,285	\$3,340,819	\$3,037,001
93.777.000	State Survey and Certific	\$755,048	\$967,551	\$972,437	\$1,821,235	\$1,807,102
93.777.003	CLINICAL LAB AMEND PROGRM	\$0	\$0	\$0	\$27,219	\$27,017
93.778.000	XIX FMAP	\$22,652,824	\$12,145,692	\$12,289,062	\$12,603,050	\$12,684,584
93.778.003	XIX 50%	\$45,309,660	\$35,157,902	\$34,738,218	\$37,706,730	\$37,084,915
93.778.004	XIX ADM @ 75%	\$1,206,455	\$2,854,929	\$23,487,511	\$2,897,715	\$2,895,896
93.778.005	XIX FMAP @ 90%	\$1,739,356	\$4,615,323	\$4,200,446	\$3,438,000	\$3,438,000
93.778.007	XIX ADM @ 100	\$787	\$0	\$0	\$0	\$0
93.779.000	Health Care Financing Res	\$447	\$0	\$0	\$0	\$0
93.788.000	Opioid STR	\$0	\$0	\$0	\$47,947	\$47,612
93.791.000	Money Follows Person Reblncng Demo	\$3,490	\$907	\$907	\$4,650	\$4,658
93.796.000	Survey & Certification TitleXIX 75%	\$738,065	\$596,408	\$596,408	\$1,125,982	\$1,117,365
93.829.000	Section 223 Behavioral Health Demo	\$971	\$0	\$0	\$0	\$0
93.958.000	Block Grants for Communi	\$14,774	\$0	\$0	\$130,354	\$130,081
93.959.000	Block Grants for Prevent	\$239,125	\$0	\$0	\$15,500	\$15,514
94.011.000	Foster Grandparent Progra	\$3,221	\$0	\$0	\$0	\$0
96.001.000	Social Security Disability Ins	\$3,744,554	\$488,246	\$450,329	\$4,454,330	\$4,403,349

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$91,114,302	\$76,415,379	\$95,024,117	\$82,969,422	\$82,104,013
SUBTOTAL, MOF (FEDERAL FUNDS)		\$91,114,302	\$76,415,379	\$95,024,117	\$82,969,422	\$82,104,013
Method of Financing:						
666	Appropriated Receipts	\$4,334	\$8,434	\$8,508	\$0	\$0
777	Interagency Contracts	\$62,658,683	\$37,702,085	\$35,607,247	\$36,822,208	\$37,066,168
8051	Universal Services Fund	\$300,000	\$0	\$0	\$0	\$0
8095	ID Collect-Pat Supp & Maint	\$275,478	\$531,363	\$536,707	\$632,183	\$635,357
8096	ID Appropriated Receipts	\$17,160	\$23,103	\$23,344	\$21,133	\$21,275
SUBTOTAL, MOF (OTHER FUNDS)		\$63,255,655	\$38,264,985	\$36,175,806	\$37,475,524	\$37,722,800
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$216,921,687	\$216,200,889
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$186,442,372	\$202,341,514	\$223,721,904	\$216,921,687	\$216,200,889
FULL TIME EQUIVALENT POSITIONS:		372.0	407.0	407.0	407.0	407.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Information Technology Oversight and Program Support strategy provides information resource management services to support the agency and HHS enterprise . Demands on information resources are numerous and varied; internal and external entities desired enhanced information systems to provide actionable information about effective client care programs, workforce data, finances, and physical facilities. Rapid pace technology changes are a challenge requiring resources to ensure information technology system remain viable. Information Technology is responsible for enhancing and managing the technology infrastructure, developing and supporting applications systems, and establishing architecture standards. Information Technology provides many services including project management, application development and support, network management and operation support, help desk services, internet security, quality assurances, and information resource procurement review.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Externally, state and federal statutory and regulatory changes often impact technology systems resulting in required systems/application modification to implement new laws and/or regulations. The method of finance for the Information Technology Oversight and Program Support strategy is based on a cost allocation plan submitted annually to the agency's federal partners. Federal financial participation rates could change per federal partners. Internal impacts include continuing programmatic and/or policy changes that may require new information technology systems and/or other application modifications.

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$426,063,418	\$433,122,576	\$7,059,158	\$(20,768,851)	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$280,999, GR-D \$0, FED \$(17,428,639), OT \$(3,621,212)
			\$27,828,009	TRANSFORMATION: Shifts within Goal L to align funding with strategy and effort. GR \$12,386,708, GR-D \$0, FED \$11,062,568, OT \$4,378,749
			<u>\$7,059,158</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$35,706,184	\$35,187,798	\$36,842,194	\$36,315,693	\$36,315,693
1002	OTHER PERSONNEL COSTS	\$1,319,664	\$1,003,104	\$1,320,487	\$1,306,428	\$1,306,428
2001	PROFESSIONAL FEES AND SERVICES	\$9,795,347	\$1,545,024	\$1,559,398	\$1,525,240	\$1,525,240
2002	FUELS AND LUBRICANTS	\$528	\$178,833	\$182,047	\$178,798	\$178,798
2003	CONSUMABLE SUPPLIES	\$807,474	\$1,078,042	\$1,080,983	\$1,077,350	\$1,077,350
2004	UTILITIES	\$134,374	\$156,105	\$128,332	\$141,438	\$141,438
2005	TRAVEL	\$209,237	\$363,666	\$378,518	\$365,646	\$365,646
2006	RENT - BUILDING	\$218,022	\$235,853	\$238,646	\$236,972	\$236,972
2007	RENT - MACHINE AND OTHER	\$338,306	\$433,871	\$432,396	\$433,084	\$433,084
2009	OTHER OPERATING EXPENSE	\$4,972,872	\$3,484,036	\$3,629,673	\$3,648,888	\$3,648,888
4000	GRANTS	\$1,704,895	\$1,751,980	\$1,801,644	\$1,774,314	\$1,774,314
5000	CAPITAL EXPENDITURES	\$378,228	\$431,742	\$148,390	\$431,742	\$148,502
TOTAL, OBJECT OF EXPENSE		\$55,585,131	\$45,850,054	\$47,742,708	\$47,435,593	\$47,152,353
Method of Financing:						
1	General Revenue Fund	\$15,804,184	\$10,717,698	\$8,977,942	\$9,853,240	\$9,676,685
758	GR Match For Medicaid	\$466,900	\$8,563,169	\$9,490,948	\$9,475,031	\$9,475,031

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8002	GR For Subst Abuse Prev	\$261,396	\$0	\$0	\$0	\$0
8004	GR For Fed Funds (Older Am Act)	\$99,946	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$56,484	\$61,913	\$68,643	\$68,516	\$68,516
8014	GR Match for Food Stamp Admin	\$2,180,522	\$2,495,326	\$2,765,658	\$2,760,604	\$2,760,604
8032	GR Certified As Match For Medicaid	\$4,714,857	\$425,057	\$472,016	\$472,133	\$472,133
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$23,584,289	\$22,263,163	\$21,775,207	\$22,629,524	\$22,452,969
Method of Financing:						
5018	Home Health Services Acct	\$629	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$629	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
10.557.000	Special Supplemental Nut	\$0	\$312,154	\$345,259	\$344,700	\$344,700
10.561.000	State Admin Match SNAP	\$1,885,575	\$2,496,957	\$2,769,528	\$2,764,420	\$2,764,420
84.181.000	Special Education Grants	\$62,673	\$145,640	\$214,107	\$133,583	\$133,583
93.043.000	Special Programs for the	\$100,786	\$0	\$0	\$0	\$0
93.044.000	SPECIAL PROGRAMS FOR THE	\$175,049	\$109,284	\$114,449	\$114,444	\$114,444
93.045.000	Special Programs for the	\$469,513	\$216,518	\$226,272	\$226,262	\$226,262

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$115,540	\$46,977	\$49,095	\$49,098	\$49,098
93.369.001	Independent Living_State_Rehab	\$94,767	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$139,711	\$143,352	\$147,778	\$147,274	\$147,274
93.558.667	TANF to Title XX	\$0	\$0	\$0	\$0	\$0
93.566.000	Refugee and Entrant Assis	\$21,068	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$287,991	\$571,833	\$568,061	\$357,429	\$357,429
93.767.000	CHIP	\$670,113	\$796,530	\$882,910	\$801,578	\$694,893
93.777.000	State Survey and Certific	\$391,765	\$878,125	\$959,865	\$568,955	\$568,955
93.777.003	CLINICAL LAB AMEND PROGRAM	\$0	\$0	\$0	\$6,379	\$6,379
93.778.000	XIX FMAP	\$6,045,434	\$743,918	\$883,730	\$870,721	\$870,721
93.778.003	XIX 50%	\$6,378,817	\$8,530,892	\$9,469,621	\$9,463,193	\$9,463,193
93.778.004	XIX ADM @ 75%	\$258,105	\$0	\$0	\$0	\$0
93.779.000	Health Care Financing Res	\$629	\$0	\$0	\$0	\$0
93.788.000	Opioid STR	\$0	\$0	\$0	\$11,130	\$11,130
93.791.000	Money Follows Person Reblncng Demo	\$10,584	\$3,133	\$3,133	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$40,540	\$742,198	\$812,031	\$394,381	\$394,381
93.958.000	Block Grants for Communi	\$0	\$0	\$0	\$13,262	\$13,262
96.001.000	Social Security Disability Ins	\$2,615,845	\$1,598,504	\$1,789,034	\$1,786,346	\$1,786,346
CFDA Subtotal, Fund	555	\$19,764,505	\$17,336,015	\$19,234,873	\$18,053,155	\$17,946,470
SUBTOTAL, MOF (FEDERAL FUNDS)		\$19,764,505	\$17,336,015	\$19,234,873	\$18,053,155	\$17,946,470

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:						
666	Appropriated Receipts	\$3,129	\$1,883	\$2,094	\$0	\$0
777	Interagency Contracts	\$11,969,383	\$6,208,651	\$6,684,182	\$6,706,539	\$6,706,539
8095	ID Collect-Pat Supp & Maint	\$250,662	\$39,282	\$45,169	\$45,192	\$45,192
8096	ID Appropriated Receipts	\$12,534	\$1,060	\$1,183	\$1,183	\$1,183
SUBTOTAL, MOF (OTHER FUNDS)		\$12,235,708	\$6,250,876	\$6,732,628	\$6,752,914	\$6,752,914
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$47,435,593	\$47,152,353
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$55,585,131	\$45,850,054	\$47,742,708	\$47,435,593	\$47,152,353
FULL TIME EQUIVALENT POSITIONS:		453.0	717.1	717.1	717.1	717.1
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support Service Categories:
 STRATEGY: 1 Central Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Central Program Support strategy supports administrative functions for all former Department of Aging and Disability Services (DADS) programs including executive direction and leadership, legal, civil rights, hearings of provider appeals, planning, budget management, fiscal accounting and reporting, asset management, program statistics, public information, state and federal government relations, internal audit, and program support. Under the Older Americans Act, central administration supports functions such as building system capacity to meet service needs; serving as a comprehensive resource on aging issues via research, policy analysis, public information, and marketing; and advocating for the needs of older Texans through the Long-term Care Ombudsman program and in partnership with public and private organizations.

Statutory Authority. Human Resources Code, Chapter 161.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Achieving efficiencies in a large health care system without compromising the quality of services is a high priority of DADS executive management. Essential functions must be appropriately staffed and resourced so that there is not a decline in the quality of services provided to DADS consumers.

The method of finance (State/Federal) for this strategy is based on an annually submitted cost allocation plan. The federal participation shares could be subject to change pending approval by the federal partners.

The following exceptional items will impact this strategy:
 Protecting Vulnerable Texans and PASRR/Steward.

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$93,592,762	\$94,587,946	\$995,184	\$27,698,952	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$11,657,594, GR-D \$0, FED \$13,073,196, OT \$2,968,162
			\$(26,703,768)	TRANSFORMATION: Shifts within Goal L to align funding with strategy and effort. GR \$(10,613,463), GR-D \$0, FED \$(13,644,465), OT \$(2,445,840)
			<u>\$995,184</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 2 Regional Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$14,333,933	\$12,587,773	\$13,058,514	\$13,028,016	\$13,028,016
1002	OTHER PERSONNEL COSTS	\$3,581,365	\$516,852	\$986,400	\$986,702	\$986,702
2001	PROFESSIONAL FEES AND SERVICES	\$40,225,325	\$1,118,119	\$1,123,022	\$1,704,357	\$1,704,356
2002	FUELS AND LUBRICANTS	\$62,584	\$1,062,662	\$1,047,168	\$1,054,920	\$1,054,920
2003	CONSUMABLE SUPPLIES	\$2,831,885	\$2,701,843	\$2,641,399	\$2,675,130	\$2,675,130
2004	UTILITIES	\$6,595,075	\$3,640,727	\$3,666,023	\$3,661,799	\$3,661,800
2005	TRAVEL	\$672,052	\$799,916	\$683,279	\$529,172	\$529,172
2006	RENT - BUILDING	\$44,564,125	\$51,597,145	\$50,378,281	\$50,201,264	\$50,201,264
2007	RENT - MACHINE AND OTHER	\$6,546,208	\$6,149,244	\$6,164,214	\$6,155,922	\$6,155,922
2009	OTHER OPERATING EXPENSE	\$20,769,056	\$21,404,442	\$19,441,823	\$21,825,124	\$20,225,123
5000	CAPITAL EXPENDITURES	\$1,038,068	\$967,897	\$0	\$367,896	\$0
TOTAL, OBJECT OF EXPENSE		\$141,219,676	\$102,546,620	\$99,190,123	\$102,190,302	\$100,222,405

Method of Financing:

1	General Revenue Fund	\$565,666	\$1,888,457	\$661,162	\$1,703,389	\$1,613,089
758	GR Match For Medicaid	\$20,425,661	\$2,402,219	\$2,117,280	\$2,432,874	\$2,167,760
8002	GR For Subst Abuse Prev	\$109,864	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 2 Regional Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8010	GR Match For Title XXI	\$21,608	\$20,539	\$17,966	\$20,800	\$18,418
8014	GR Match for Food Stamp Admin	\$1,345,017	\$822,829	\$723,065	\$833,333	\$740,645
8032	GR Certified As Match For Medicaid	\$377,495	\$4,558	\$3,957	\$4,613	\$4,062
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$22,845,311	\$5,138,602	\$3,523,430	\$4,995,009	\$4,543,974
Method of Financing:						
5018	Home Health Services Acct	\$72,577	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$72,577	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	10.557.000 Special Supplemental Nut	\$0	\$975	\$846	\$987	\$869
	10.561.000 State Admin Match SNAP	\$5,648,769	\$822,829	\$723,065	\$833,333	\$740,645
	84.181.000 Special Education Grants	\$0	\$163	\$141	\$7	\$7
	93.558.000 Temp AssistNeedy Families	\$146,916	\$171,689	\$165,543	\$47,030	\$42,031
	93.566.000 Refugee and Entrant Assis	\$8,608	\$0	\$0	\$0	\$0
	93.575.000 ChildCareDevFnd Blk Grant	\$0	\$2,097,883	\$2,056,105	\$1,866,642	\$1,866,642
	93.658.050 Foster Care Title IV-E Admin @ 50%	\$0	\$0	\$0	\$817	\$817
	93.667.000 Social Svcs Block Grants	\$1,217,772	\$127,052	\$84,531	\$111,852	\$99,986
	93.767.000 CHIP	\$1,784,912	\$262,453	\$229,559	\$243,408	\$189,658

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 2 Regional Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.777.000	State Survey and Certific	\$2,230,394	\$210,420	\$182,746	\$119,708	\$105,972
93.777.003	CLINICAL LAB AMEND PROGRM	\$0	\$1	\$0	\$1,584	\$1,426
93.778.000	XIX FMAP	\$500,221	\$40,965	\$41,866	\$42,581	\$41,872
93.778.003	XIX 50%	\$15,520,312	\$2,291,426	\$2,014,366	\$2,320,676	\$2,063,119
93.778.007	XIX ADM @ 100	\$55,121	\$0	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo	\$87	\$0	\$0	\$7	\$7
93.796.000	Survey & Certification TitleXIX 75%	\$0	\$187,921	\$163,203	\$81,374	\$72,302
93.959.000	Block Grants for Prevent	\$0	\$0	\$0	\$43	\$43
96.001.000	Social Security Disability Ins	\$0	\$61,420	\$327	\$17,139	\$15,131
CFDA Subtotal, Fund	555	\$27,113,112	\$6,275,197	\$5,662,298	\$5,687,188	\$5,240,527
SUBTOTAL, MOF (FEDERAL FUNDS)		\$27,113,112	\$6,275,197	\$5,662,298	\$5,687,188	\$5,240,527
Method of Financing:						
666	Appropriated Receipts	\$249	\$0	\$0	\$0	\$0
777	Interagency Contracts	\$91,166,685	\$91,129,970	\$90,001,592	\$91,505,247	\$90,435,085
8095	ID Collect-Pat Supp & Maint	\$20,706	\$2,851	\$2,803	\$2,858	\$2,819
8096	ID Appropriated Receipts	\$1,036	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$91,188,676	\$91,132,821	\$90,004,395	\$91,508,105	\$90,437,904

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 2 Regional Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$102,190,302	\$100,222,405
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$141,219,676	\$102,546,620	\$99,190,123	\$102,190,302	\$100,222,405
FULL TIME EQUIVALENT POSITIONS:		274.0	248.5	248.5	248.5	248.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support
 STRATEGY: 2 Regional Program Support

Service Categories:
 Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$201,736,743	\$202,412,707	\$675,964	\$22,848,745	MAINTAIN SUPPORT: Maintain 2018-19 appropriated level of administrative support. GR \$12,818,225, GR-D \$0, FED \$8,944,651, OT \$1,085,869
			\$(22,172,781)	TRANSFORMATION: Shifts within Goal L to align funding with strategy and effort. GR \$(11,541,315), GR-D \$0, FED \$(9,954,384), OT \$(277,076)
			<u>\$675,964</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 13 Texas Civil Commitment Office
 OBJECTIVE: 1 Administer Texas Civil Commitment Program
 STRATEGY: 1 Texas Civil Commitment Office

Service Categories:
 Service: 34 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Output Measures:						
KEY 1	Number of Sex Offenders Provided Treatment and Supervision	287.00	325.00	370.00	374.00	375.00
Efficiency Measures:						
KEY 1	Average Cost Per Sex Offender for Treatment and Supervision	49,113.00	44,478.00	46,452.00	44,233.00	44,115.00
Explanatory/Input Measures:						
KEY 1	Number of New Civil Commitments	41.00	26.00	34.00	34.00	34.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,523,311	\$1,996,936	\$1,918,700	\$1,918,700	\$1,918,700
1002	OTHER PERSONNEL COSTS	\$108,382	\$23,144	\$31,950	\$31,950	\$31,950
2001	PROFESSIONAL FEES AND SERVICES	\$5,662,231	\$6,771,319	\$5,334,638	\$6,003,401	\$6,003,400
2002	FUELS AND LUBRICANTS	\$6,000	\$27,291	\$2,110	\$14,700	\$14,700
2003	CONSUMABLE SUPPLIES	\$18,242	\$20,385	\$10,810	\$15,598	\$15,598
2004	UTILITIES	\$16,288	\$16,017	\$25,743	\$20,880	\$20,880
2005	TRAVEL	\$70,956	\$164,062	\$121,686	\$142,874	\$142,874
2006	RENT - BUILDING	\$5,755,749	\$7,348,986	\$7,394,635	\$7,371,810	\$7,371,810
2007	RENT - MACHINE AND OTHER	\$12,494	\$13,085	\$8,243	\$10,664	\$10,664

529 Health and Human Services Commission

GOAL: 13 Texas Civil Commitment Office
 OBJECTIVE: 1 Administer Texas Civil Commitment Program
 STRATEGY: 1 Texas Civil Commitment Office

Service Categories:
 Service: 34 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
2009	OTHER OPERATING EXPENSE	\$649,201	\$564,074	\$1,462,293	\$1,012,696	\$1,012,696
5000	CAPITAL EXPENDITURES	\$146,029	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$13,968,883	\$16,945,299	\$16,310,808	\$16,543,273	\$16,543,272
Method of Financing:						
1	General Revenue Fund	\$13,906,883	\$16,713,737	\$16,248,808	\$16,481,273	\$16,481,272
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$13,906,883	\$16,713,737	\$16,248,808	\$16,481,273	\$16,481,272
Method of Financing:						
444	Interagency Contracts - CJG	\$0	\$169,562	\$0	\$0	\$0
666	Appropriated Receipts	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000
SUBTOTAL, MOF (OTHER FUNDS)		\$62,000	\$231,562	\$62,000	\$62,000	\$62,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$16,543,273	\$16,543,272
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,968,883	\$16,945,299	\$16,310,808	\$16,543,273	\$16,543,272
FULL TIME EQUIVALENT POSITIONS:		26.0	35.0	35.0	35.0	35.0

529 Health and Human Services Commission

GOAL: 13 Texas Civil Commitment Office
 OBJECTIVE: 1 Administer Texas Civil Commitment Program Service Categories:
 STRATEGY: 1 Texas Civil Commitment Office Service: 34 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The legislature finds that a small but extremely dangerous group of sexually violent predators (SVPs) exists and that those predators have a behavioral abnormality that makes the predator likely to engage in repeated predatory acts of sexual violence. Thus, the legislature finds that a civil commitment procedure for the long-term supervision and treatment of sexually violent predators is necessary and in the interest of the state. The Texas Civil Commitment Office (TCCO) under Government Code, Chapter 420A, is solely responsible for providing the treatment and supervision of civilly committed SVPs. Under the direction of the TCCO, program staff performs duties under Health & Safety Code Chapter 841, including the treatment, intensive supervision, and 24/7 GPS tracking of civilly committed sexually violent predators. Various individuals, organizations, and businesses contract with TCCO to fulfill these requirements, including the purchase of goods and services such as, contracted licensed sex offender treatment providers, housing facilities, transportation, global positioning satellite tracking systems, polygraph examiners, plethysmographs, substance abuse testing and treatment, and biennial assessment experts.

The TCCO is an autonomous state agency administratively attached to HHSC. The TCCO promulgates rules and approves policies and procedures. The TCCO is appropriated funds via a separate strategy 13.1.1 to HHSC.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 13 Texas Civil Commitment Office
 OBJECTIVE: 1 Administer Texas Civil Commitment Program Service Categories:
 STRATEGY: 1 Texas Civil Commitment Office Service: 34 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Factors impacting the civil commitment of SVPs include: separate funding for independent state agencies during the commitment process including TDCJ, local prosecutor's, courts, and TCCO; prosecutorial discretion during the commitment proceedings; judicial discretion in sentencing; parole board discretionary releases; prosecutorial discretion regarding civil commitment violations; availability of appropriate placements for SVPs with disabilities, mental illness and/or development delays. With the passage of SB 746 during the 84th Legislative Session; civil commitment trials are now being held in the court of last conviction for a qualifying sex offense. This change means that there is no longer a state funding limit to the number of trials that can be conducted each year and trials are decentralized across the state of Texas. As a result, it is difficult to predict the number of Sexually Violent Predators that will be committed each year by local courts. The civilly committed SVPs in Texas will continue to increase annually. The civil commitment is indefinite until the SVP's behavior abnormality has changed to the extent that the SVP is no longer likely to engage in a predatory act of sexual violence and the court of commitment has released the SVP.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$33,256,107	\$33,086,545	\$(169,562)	\$(169,562)	GRANT AWARD: Criminal Justice Division Grant in FY 2018 not projected in FY 2020-21. GR \$0, GR-D \$0, FED \$0, OT \$(169,562)
			\$(169,562)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 1 State Supported Living Centers Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$446,301,021	\$0	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$17,018,949	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$50,305,706	\$0	\$0	\$0	\$0
2002	FUELS AND LUBRICANTS	\$1,127,711	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$9,388,652	\$0	\$0	\$0	\$0
2004	UTILITIES	\$11,297,177	\$0	\$0	\$0	\$0
2005	TRAVEL	\$1,220,387	\$0	\$0	\$0	\$0
2006	RENT - BUILDING	\$451,922	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$4,612,082	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$119,931,242	\$0	\$0	\$0	\$0
3001	CLIENT SERVICES	\$15,114,472	\$0	\$0	\$0	\$0
3002	FOOD FOR PERSONS - WARDS OF STATE	\$10,268,846	\$0	\$0	\$0	\$0
4000	GRANTS	\$108,151	\$0	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$2,986,236	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$690,132,554	\$0	\$0	\$0	\$0

Method of Financing:

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding
 STRATEGY: 1 State Supported Living Centers

Service Categories:
 Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1	General Revenue Fund	\$22,171,551	\$0	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$271,945,274	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$294,116,825	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$378,898,993	\$0	\$0	\$0	\$0
	93.791.000 Money Follows Person Reblncng Demo	\$622,324	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$379,521,317	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$379,521,317	\$0	\$0	\$0	\$0
Method of Financing:						
666	Appropriated Receipts	\$191,446	\$0	\$0	\$0	\$0
777	Interagency Contracts	\$2,220,280	\$0	\$0	\$0	\$0
8095	ID Collect-Pat Supp & Maint	\$13,423,645	\$0	\$0	\$0	\$0
8096	ID Appropriated Receipts	\$578,027	\$0	\$0	\$0	\$0
8098	ID Revolving Fund Receipts	\$81,014	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$16,494,412	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 1 State Supported Living Centers Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021	
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)						\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$690,132,554	\$0	\$0	\$0	\$0	
FULL TIME EQUIVALENT POSITIONS:		12,074.0	0.0	0.0	0.0	0.0	

STRATEGY DESCRIPTION AND JUSTIFICATION:

The State Supported Living Centers (SSLC) Services' strategy provides direct services and support for individuals admitted to the twelve State Supported Living Centers and one State Center providing intellectual and developmental disability residential services. SSLCs are located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. Each center is certified as a Medicaid-funded Intermediate Care Facility for Persons with an intellectual disability (ICF/IID). Approximately 56% of the operating funds are received from the federal government and 44% from State General Revenue and third-party sources.

The SSLCs and the Rio Grande State Center provide 24-hour residential services, comprehensive behavioral treatment and health care services including physician, nursing and dental services. Other services include skills training; occupational, physical and speech therapies; vocational programs, employment; and services to maintain connections between residents and their families/natural support systems.

Individuals with severe or profound intellectual and developmental disabilities, including those who are medically fragile or have behavioral problems, are eligible to receive residential services in a SSLC.

Statutory Authority. Health & Safety Code, Chapter 252, §§252.201-208, Chapter 533, §533.038, and Chapters 551, 553-554; and Human Resources Code, Chapter 161.

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 1 State Supported Living Centers Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 2 Capital Repairs and Renovations at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$267,491	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$13,165,236	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$13,432,727	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$8,324,066	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$72,417	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$8,396,483	\$0	\$0	\$0	\$0
Method of Financing:						
543	Texas Capital Trust Acct	\$289,803	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$289,803	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$93,146	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$93,146	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 2 Capital Repairs and Renovations at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (FEDERAL FUNDS)		\$93,146	\$0	\$0	\$0	\$0
Method of Financing:						
780	Bond Proceed-Gen Obligat	\$4,653,295	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$4,653,295	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,432,727	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:			0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 2 Capital Repairs and Renovations at SSLCs, State Hospitals, and Other Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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This strategy funds the necessary repair, renovation and construction projects required to maintain the state's ten (10) psychiatric hospitals at acceptable levels of effectiveness and safety. The ten facilities contain 534 buildings in campus style settings throughout the state in Austin, Big Spring, El Paso, Harlingen, Kerrville, San Antonio, Rusk, Vernon, Waco, Wichita Falls and Terrell. The buildings are old, most were built before 1965, and have suffered deterioration due to lack of capital funding. The State's psychiatric facilities must maintain accreditation by the Joint Commission in order to receive federal reimbursement. To maintain Joint Commission accreditation, the hospitals must comply with the environment of care standards in the Accreditation Manual, which requires that buildings be maintained in a safe and therapeutic environment conducive to the clients' recovery. Additionally, they must comply with the minimum requirements of NFPA 101 Life Safety Code and associated codes and standards, which include fire sprinkler systems, fire alarm systems, firewalls, smoke barriers, emergency power and lighting, and other requirements. Repair and renovation projects fall into the following categories: Life Safety Code; Roofing; Air Conditioning and Heating (HVAC); Electrical, Plumbing and Utilities; Renovations and Asbestos; and New Construction.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

FY 15-16 in Goal N represents DADS historical expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 3 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$56,102,768	\$0	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$1,675,735	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$932,239	\$0	\$0	\$0	\$0
2002	FUELS AND LUBRICANTS	\$17	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$77,892	\$0	\$0	\$0	\$0
2004	UTILITIES	\$706,202	\$0	\$0	\$0	\$0
2005	TRAVEL	\$5,050,264	\$0	\$0	\$0	\$0
2006	RENT - BUILDING	\$18,286	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$70,195	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$2,142,769	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$66,776,367	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$1,558,287	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$1,580,953	\$0	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$513,093	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 3 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,652,333	\$0	\$0	\$0	\$0
Method of Financing:						
5018	Home Health Services Acct	\$16,515,277	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$16,515,277	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.777.000 State Survey and Certific	\$18,686,268	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$488,139	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$4,777,776	\$0	\$0	\$0	\$0
	93.791.000 Money Follows Person Reblncng Demo	\$104	\$0	\$0	\$0	\$0
	93.796.000 Survey & Certification TitleXIX 75%	\$22,462,880	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$46,415,167	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$46,415,167	\$0	\$0	\$0	\$0
Method of Financing:						
666	Appropriated Receipts	\$344	\$0	\$0	\$0	\$0
777	Interagency Contracts	\$171,603	\$0	\$0	\$0	\$0
8095	ID Collect-Pat Supp & Maint	\$20,248	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 3 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8096	ID Appropriated Receipts	\$1,395	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$193,590	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$66,776,367	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		1,049.5	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 3 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Health Care Facilities and Community Based Regulation strategy covers the licensing and regulation of all long-term care facilities/agencies that meet the definition of nursing homes, assisted living facilities, Day Activity and Health Services, privately owned Intermediate Care Facilities for individuals with Intellectual Disability (ICFs/IID), and Home and Community Support Services Agencies (HCSSAs). Licensed facilities/agencies wishing to participate in Medicare and/or Medicaid programs must be certified and maintain compliance with certification regulations according to Titles XVIII and/or XIX of the Social Security Act. Government-operated ICFs/IID and skilled nursing units within an acute care hospital are also required to be certified in order to participate in Medicare and/or Medicaid.

In addition to licensing these long-term care facilities and agencies, DADS responsibilities for these regulated programs include investigating complaints and self-reported incidents; monitoring facilities for compliance with state and/or federal regulations; certification review of Home and Community-based Services (HCS) waiver contracts and Texas Home Living (TxHmL) waiver contracts; investigating complaints related to HCS and TxHmL services; and receiving and following up on Department of Family and Protective Services (DFPS) findings related to abuse, neglect, or exploitation investigations of persons who receive HCS or TxHmL services.

Statutory Authority. Human Resources Code, Chapters 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

FY 15-16 in Goal N represents DADS historical expenditures.

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 3 Health Care Facilities & Community-based Regulation Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$0	\$0	\$0	<u> </u>	
			\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 4 Credentialing/Certification Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,187,866	\$0	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$54,967	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$11,257	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$5,194	\$0	\$0	\$0	\$0
2004	UTILITIES	\$4,582	\$0	\$0	\$0	\$0
2005	TRAVEL	\$37,547	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$863	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$67,219	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$1,369,495	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$820,190	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$124,559	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$944,749	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.777.000 State Survey and Certific	\$262,658	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding
 STRATEGY: 4 Credentialing/Certification

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	93.777.002 SURVEY & CERT @ 75%	\$49,133	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$112,955	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$424,746	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$424,746	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,369,495	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		28.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 4 Credentialing/Certification Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Credentialing/Certification LTC sub-strategy covers licensing, certification, permitting, and monitoring of individuals for the purpose of employability in facilities and agencies regulated by HHSC through four credentialing programs.

Nursing Facility Administrator (NFA) Licensing and Enforcement responsibilities include licensing and continuing education activities; investigating complaints or referrals; coordinating sanction recommendations and other licensure activities; imposing and monitoring sanctions and due process considerations; and developing educational, training, and testing curricula.

Nurse Aide Registry (NAR) and Nurse Aide Training and Competency Evaluation Program (NATCEP) responsibilities include nurse aide certification and sanction activities; approving, renewing or withdrawing approval of NATCEPs; and due process considerations and determination of nurse aide employability in DADS regulated facilities via the NAR.

Employee Misconduct Registry (EMR) responsibilities include due process considerations and determination of unlicensed staff employability in HHSC regulated facilities/agencies via the EMR.

Medication Aide Program responsibilities include medication aide permit issuance and renewal; imposing and monitoring sanctions; due process considerations; approving and monitoring medication aide training programs in educational institutions; and coordinating/administering examinations.

Statutory Authority. Health and Safety Code, Chapters 142, 242, and 253; Human Resources Code, Chapter 161; and Social Security Act, §1919.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

FY 15-16 in Goal N represents DADS historical expenditures.

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 4 Credentialing/Certification Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2018 + Bud 2019)	Baseline Request (BL 2020 + BL 2021)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 5 Long-Term Care Quality Outreach Service: 26 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,326,005	\$0	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$49,216	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$729,454	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$1,175	\$0	\$0	\$0	\$0
2004	UTILITIES	\$6,423	\$0	\$0	\$0	\$0
2005	TRAVEL	\$167,439	\$0	\$0	\$0	\$0
2006	RENT - BUILDING	\$6,980	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$3,896	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$167,355	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$2,457,943	\$0	\$0	\$0	\$0
Method of Financing:						
758	GR Match For Medicaid	\$901,205	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$901,205	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$836,565	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding
 STRATEGY: 5 Long-Term Care Quality Outreach

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

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund	555	\$836,565	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$836,565	\$0	\$0	\$0	\$0
Method of Financing:						
666	Appropriated Receipts	\$720,173	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$720,173	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,457,943	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		52.0	0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL: 14 Health & Human Services Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 Dept of Aging and Disability Services Program Historical Funding Service Categories:
 STRATEGY: 5 Long-Term Care Quality Outreach Service: 26 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The LTC Quality Outreach strategy performs a variety of functions designed to enhance the quality of services and supports. Quality monitors, who are nurses, pharmacists, and dietitians, provide technical assistance to long-term facility staff. The quality monitors perform structured assessments to promote best practice in service delivery. In addition, quality monitors provide in-service education programs. Quality Monitoring Team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practice can be identified from published clinical research.

The program works to improve clinical outcomes for individuals, such as pain assessment, pain management, infection control, appropriate use of psychoactive medications, risk management for falls, improving nutritional practices, use of artificial nutrition and hydration, and advance care planning. The purpose of the program is to increase positive outcomes and to improve the quality of services for individuals served in these settings. A related website, <http://www.TexasQualityMatters.org>, supports the program by providing online access to best-practice information and links to related research.

Statutory Authority. Health and Safety Code, Chapter 255, and Human Resources Code, Chapter 161.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

FY 15-16 in Goal N represents DADS historical expenditures.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2018 + Bud 2019)</u>	<u>Baseline Request (BL 2020 + BL 2021)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$0	\$0	\$0	\$0	Total of Explanation of Biennial Change

SUMMARY TOTALS:

OBJECTS OF EXPENSE:	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610
METHODS OF FINANCE (INCLUDING RIDERS):				\$38,291,959,320	\$39,051,723,610
METHODS OF FINANCE (EXCLUDING RIDERS):	\$35,954,627,574	\$38,151,559,499	\$39,357,206,580	\$38,291,959,320	\$39,051,723,610
FULL TIME EQUIVALENT POSITIONS:	28,656.5	39,876.3	39,809.4	39,586.2	39,586.2

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
A	Medicaid Client Services	A.1.5	Children	A.1.5.1	Ages up to 1	\$4,247,149,997	\$2,045,493,171	\$2,086,723,747	\$4,132,216,918	(\$114,933,079)	-2.8%
				A.1.5.2	Ages 1 to 5	\$3,074,250,556	\$1,446,375,398	\$1,487,042,702	\$2,933,418,100	(\$140,832,456)	-4.8%
				A.1.5.3	Ages 6 - 14	\$3,429,372,527	\$1,656,268,317	\$1,702,824,164	\$3,359,092,481	(\$70,280,046)	-2.1%
				A.1.5.4	Ages 15 - 18	\$1,372,464,315	\$679,310,719	\$702,639,854	\$1,381,950,573	\$9,486,258	0.7%
				A.1.5.5	Ages 19 and Up	\$22,364,390	\$9,998,612	\$10,281,705	\$20,280,317	(\$2,084,073)	-10.3%
				A.1.5.6	Foster Care Children	\$684,085,289	\$329,294,603	\$344,216,287	\$673,510,890	(\$10,574,399)	-1.6%
A	Medicaid Client Services	A.1.8	Medical Transportation	A.1.8.1	Capitated Models	\$333,720,868	\$155,914,281	\$153,706,519	\$309,620,800	(\$24,100,068)	-7.8%
				A.1.8.2	Fee for Service	\$5,702,274	\$3,000,463	\$3,000,339	\$6,000,802	\$298,528	5.0%
A	Medicaid Client Services	A.2.4	Nursing Facility Payments	A.2.4.1	Nursing Facilities	\$535,480,299	\$298,745,271	\$298,151,883	\$596,897,154	\$61,416,855	10.3%
				A.2.4.2	Nursing Facilities Other Services	\$12,339,400	\$10,061,176	\$10,049,096	\$20,110,272	\$7,770,872	38.6%
				A.2.4.3	PASRR	\$17,086,680	\$8,472,632	\$8,472,632	\$16,945,264	(\$141,416)	-0.8%
A	Medicaid Client Services	A.3.2	Community Living Assistance (CLASS)	A.3.2.1	Non-PI Class	\$546,639,447	\$282,216,735	\$281,963,460	\$564,180,195	\$17,540,748	3.1%
				A.3.2.2	Promoting Independence		\$0	\$0	\$0		0.0%
A	Medicaid Client Services	A.4.1	Non-Full Benefit Payments	A.4.1.1	SHARS	\$586,726,066	\$301,256,019	\$301,256,019	\$602,512,038	\$15,785,972	2.6%
				A.4.1.2	Emergency Services	\$748,050,116	\$363,979,464	\$365,395,070	\$729,374,534	(\$18,675,582)	-2.6%
				A.4.1.3	Graduate Medical Education	\$65,100,865	\$33,199,705	\$34,096,098	\$67,295,803	\$2,194,938	3.3%
				A.4.1.4	Newborn Screening	\$189,087,184	\$94,461,249	\$94,455,960	\$188,917,209	(\$169,975)	-0.1%
				A.4.1.5	Other	\$9,661,631	\$4,760,402	\$4,760,136	\$9,520,538	(\$141,093)	-1.5%
A	Medicaid Client Services	A.4.2	Medicare Payments	A.4.2.1	Medicare Part A	\$509,573,201	\$245,657,702	\$277,782,545	\$523,440,247	\$13,867,046	2.6%
				A.4.2.2	Medicare Part B including Qualified Individuals	\$2,129,090,024	\$1,141,011,954	\$1,139,875,135	\$2,280,887,089	\$151,797,065	6.7%
				A.4.2.3	Qualified Medicare Beneficiary	\$193,108,716	\$91,759,512	\$104,750,280	\$196,509,792	\$3,401,076	1.7%
				A.4.2.4	Medicare Part D (Clawback)	\$966,535,213	\$482,003,298	\$486,645,284	\$968,648,582	\$2,113,369	0.2%
A	Medicaid Client Services	A.4.3	Transformation Payments	A.4.3.1	Delivery System Reform Incentive Payment On-Budget	\$35,522,707	\$21,694,231	\$24,963,225	\$46,657,456	\$11,134,749	23.9%
				A.4.3.2	Uncompensated Care On-Budget	\$232,212,301	\$89,529,968	\$89,529,968	\$179,059,936	(\$53,152,365)	-29.7%
				A.4.3.3	DSRIP Audit/Monitoring	\$175,012	\$93,962	\$93,962	\$187,924	\$12,912	6.9%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
B	Medicaid & CHIP Support	B.1.1	Medicaid Contracts & Administration	B.1.1.1	Medicaid Administrative Claiming (MAC)	\$121,704,612	\$60,869,772	\$60,869,772	\$121,739,544	\$34,932	0.0%
				B.1.1.2	Informal Dispute Resolution	\$2,733,583	\$1,394,719	\$1,394,719	\$2,789,438	\$55,855	2.0%
				B.1.1.3	Enrollment Broker	\$139,201,698	\$69,048,080	\$69,070,398	\$138,118,478	(\$1,083,220)	-0.8%
				B.1.1.4	Claims Administrator Support	\$468,631,889	\$237,050,813	\$276,321,226	\$513,372,039	\$44,740,150	8.7%
				B.1.1.5	Health Information Technology	\$110,070,544	\$55,056,066	\$55,056,066	\$110,112,132	\$41,588	0.0%
				B.1.1.6	Client Benefit Related Payments	\$66,960,455	\$33,480,228	\$33,480,228	\$66,960,456	\$1	0.0%
				B.1.1.7	Other	\$210,824,594	\$110,091,368	\$109,894,565	\$219,985,933	\$9,161,339	4.2%
D	Additional Health-Related Service	D.1.1	Women's Health Program	D.1.1.1	Healthy Texas Women	\$174,034,558	\$48,584,062	\$46,967,140	\$95,551,202	(\$78,483,356)	-82.1%
				D.1.1.2	Family Planning	\$82,088,521	\$50,722,668	\$52,339,590	\$103,062,258	\$20,973,737	20.4%
				D.1.1.3	Breast and Cervical Cancer Screening Program	\$22,293,937	\$11,644,526	\$11,644,526	\$23,289,052	\$995,115	4.3%
				D.1.1.4	Title V Women's Dental and Health Services	\$3,162,940	\$1,581,470	\$1,581,470	\$3,162,940	\$0	0.0%
D	Additional Health-Related Service	D.1.6	Autism Program	D.1.6.1	Autism Services - Comprehensive	\$0	\$0	\$0	\$0	\$0	0.0%
				D.1.6.2	Autism Services - Focused	\$14,117,104	\$7,085,889	\$7,085,889	\$14,171,778	\$54,674	0.4%
				D.1.6.3	Texas Autism Research and Resource Center (TARRC)	\$205,303	\$102,546	\$102,546	\$205,092	(\$211)	-0.1%
D	Additional Health-Related Service	D.1.7	Children with Special Needs	D.1.7.1	Medical Services	\$10,510,656	\$5,180,061	\$5,201,056	\$10,381,117	(\$129,539)	-1.2%
				D.1.7.2	Family Support Services	\$50,490,977	\$25,320,756	\$25,299,761	\$50,620,517	\$129,540	0.3%
D	Additional Health-Related Service	D.1.10	Additional Specialty Care	D.1.10.1	Hemophilia Services	\$250,000	\$125,000	\$125,000	\$250,000	\$0	0.0%
				D.1.10.2	Epilepsy	\$3,745,990	\$1,872,404	\$1,872,404	\$3,744,808	(\$1,182)	0.0%
				D.1.10.3	Umbilical cord blood bank	\$2,000,000	\$1,000,000	\$1,000,000	\$2,000,000	\$0	0.0%
				D.1.10.4	Office of e-Health	\$1,171,430	\$586,308	\$586,307	\$1,172,614	\$1,184	0.1%
D	Additional Health-Related Service	D.2.1	Community Mental Health Svcs-Adults	D.2.1.1	MHS Adult-Outpatient Services	\$642,591,366	\$321,965,710	\$321,965,710	\$643,931,420	\$1,340,054	0.2%
				D.2.1.2	MHS Adult-Inpatient Services	\$9,115,320	\$4,557,660	\$4,557,660	\$9,115,320	\$0	0.0%
				D.2.1.3	MHS Adult-All Others	\$55,629,717	\$25,115,649	\$25,115,649	\$50,231,298	(\$5,398,419)	-10.7%
D	Additional Health-Related Service	D.2.2	Community Mental Health Svcs-Children	D.2.2.1	MHS Children-Outpatient Services	\$140,768,123	\$70,009,774	\$70,009,774	\$140,019,548	(\$748,575)	-0.5%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
D	Additional Health-Related Service	D.2.2	Community Mental Health Svcs-Children	D.2.2.2	MHS Children-Inpatient Services	\$1,522,420	\$761,210	\$761,210	\$1,522,420	\$0	0.0%
				D.2.2.3	MHS Children-All Others	\$24,083,033	\$11,081,500	\$11,081,500	\$22,163,000	(\$1,920,033)	-8.7%
D	Additional Health-Related Service	D.2.3	Community Mental Health Crisis Svcs	D.2.3.1	CMHCS-Residential Services	\$91,579,594	\$45,683,274	\$45,683,274	\$91,366,548	(\$213,046)	-0.2%
				D.2.3.2	CMHCS-Outpatient Services	\$123,095,718	\$61,265,439	\$61,265,439	\$122,530,878	(\$564,840)	-0.5%
				D.2.3.3	CMHCS-Competency Restoration	\$9,574,251	\$5,339,594	\$5,339,594	\$10,679,188	\$1,104,937	10.3%
				D.2.3.5	CMHCS-Other	\$96,514,183	\$48,093,566	\$48,093,566	\$96,187,132	(\$327,051)	-0.3%
D	Additional Health-Related Service	D.2.4	Substance Abuse Services	D.2.4.1	Substance Abuse Prevention Services	\$102,272,805	\$51,042,488	\$51,043,488	\$102,085,976	(\$186,829)	-0.2%
				D.2.4.2	Substance Abuse Intervention Services	\$51,514,473	\$25,802,631	\$25,802,631	\$51,605,262	\$90,789	0.2%
				D.2.4.3	Substance Abuse Treatment Services	\$274,018,558	\$137,053,427	\$137,052,426	\$274,105,853	\$87,295	0.0%
				D.2.4.4	Substance Abuse-Other	\$7,773,079	\$4,098,875	\$4,098,875	\$8,197,750	\$424,671	5.2%
D	Additional Health-Related Service	D.2.5	Behavioral Health Waiver and Plan Amendment	D.2.5.1	YES Waiver	\$60,233,034	\$29,956,360	\$29,956,361	\$59,912,721	(\$320,313)	-0.5%
				D.2.5.2	HCBS-Adult Mental Health Plan Amendment	\$43,118,203	\$22,343,334	\$22,343,334	\$44,686,668	\$1,568,465	3.5%
E	Encourage Self Sufficiency	E.1.1	TANF (Cash Assistance) Grants	E.1.1.1	TANF Basic	\$93,621,992	\$45,213,867	\$46,641,476	\$91,855,343	(\$1,766,649)	-1.9%
				E.1.1.2	TANF State Program	\$4,046,936	\$1,938,953	\$2,001,051	\$3,940,004	(\$106,932)	-2.7%
				E.1.1.3	TANF One-time Payments	\$3,456,000	\$1,776,000	\$1,811,000	\$3,587,000	\$131,000	3.7%
				E.1.1.4	TANF One-time \$30 Payments	\$2,696,405	\$1,328,094	\$1,354,419	\$2,682,513	(\$13,892)	-0.5%
				E.1.1.5	One-time Grandparent Grants	\$1,161,000	\$676,000	\$697,000	\$1,373,000	\$212,000	15.4%
F	Community and Independence Living Services and Coordination	F.1.2	Non-Medicaid Services	F.1.2.1	Non-Medicaid Services - Title XX	\$184,129,530	\$92,064,765	\$92,064,765	\$184,129,530	\$0	0.0%
				F.1.2.2	In-Home and Family Support	\$0	\$0	\$0	\$0	\$0	0.0%
				F.1.2.3	Nutrition Services	\$92,238,968	\$46,119,484	\$46,119,484	\$92,238,968	\$0	0.0%
				F.1.2.4	Services to Assist Independent Living	\$37,958,258	\$18,979,129	\$18,979,129	\$37,958,258	\$0	0.0%
F	Community and Independence Living Services and Coordination	F.1.3	Non-Medicaid IDD Community Svcs	F.1.3.2	Employment Services	\$4,918,744	\$2,459,372	\$2,459,372	\$4,918,744	\$0	0.0%
				F.1.3.3	Day Training Services	\$23,517,306	\$11,758,653	\$11,758,653	\$23,517,306	\$0	0.0%
				F.1.3.4	Therapies	\$7,647,552	\$3,823,776	\$3,823,776	\$7,647,552	\$0	0.0%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
F	Community and Independence Living Services and Coordination	F.1.3	Non-Medicaid IDD Community Svcs	F.1.3.5	Respite	\$26,777,124	\$13,388,562	\$13,388,562	\$26,777,124	\$0	0.0%
				F.1.3.6	Independent Living	\$12,888,550	\$6,444,275	\$6,444,275	\$12,888,550	\$0	0.0%
				F.1.3.7	IDD Community Services Residential	\$14,036,942	\$7,018,471	\$7,018,471	\$14,036,942	\$0	0.0%
				F.1.3.8	Other	\$3,017,624	\$1,508,812	\$1,508,812	\$3,017,624	\$0	0.0%
F	Community and Independence Living Services and Coordination	F.2.1	Independent Living Services	F.2.1.1	Independent Living Services (General and Blind)	\$22,066,740	\$11,017,107	\$11,017,107	\$22,034,214	(\$32,526)	-0.1%
				F.2.1.2	Centers for Independent Living	\$6,046,664	\$3,037,179	\$3,037,179	\$6,074,358	\$27,694	0.5%
F	Community and Independence Living Services and Coordination	F.2.4	Deaf and Hard of Hearing Services	F.2.4.1	Training and Certification	\$4,191,134	\$1,105,232	\$1,105,232	\$2,210,464	(\$1,980,670)	-89.6%
				F.2.4.2	Specialized Telecommunications Assistance Program (STAP)	\$1,933,780	\$965,731	\$965,731	\$1,931,462	(\$2,318)	-0.1%
				F.2.4.3	Contract Services	\$3,327,393	\$2,151,696	\$2,151,696	\$4,303,392	\$975,999	22.7%
F	Community and Independence Living Services and Coordination	F.3.2	Child Advocacy Programs	F.3.2.1	Child Advocacy Centers (CAC)	\$27,198,008	\$13,599,004	\$13,599,004	\$27,198,008	\$0	0.0%
				F.3.2.2	Court Appointed Special Advocates (CASA)	\$26,439,498	\$13,214,000	\$13,214,000	\$26,428,000	(\$11,498)	0.0%
F	Community and Independence Living Services and Coordination	F.3.3	Additional Advocacy Programs	F.3.3.1	Healthy Marriage	\$330,251	\$239,542	\$239,542	\$479,084	\$148,833	31.1%
				F.3.3.2	CRCG Adult/Child and TIFI	\$115,258	\$119,220	\$119,220	\$238,440	\$123,182	51.7%
				F.3.3.3	Office of Acquired Brain Injury	\$406,064	\$231,621	\$231,621	\$463,242	\$57,178	12.3%
				F.3.3.4	Office of Disability Prevention for Children	\$309,991	\$233,589	\$233,589	\$467,178	\$157,187	33.6%
				F.3.3.5	Office of Minority Health Statistics ad Engagement	\$2,893,849	\$207,224	\$207,224	\$414,448	(\$2,479,401)	-598.2%
G	State Operated Facilities	G.1.1	State Supported Living Centers	G.1.1.1	Residential Care	\$1,304,892,242	\$655,070,405	\$655,070,405	\$1,310,140,810	\$5,248,568	0.4%
				G.1.1.2	Medications	\$66,348,788	\$33,174,394	\$33,174,394	\$66,348,788	\$0	0.0%
				G.1.1.3	Off-Campus Medical Care	\$11,583,264	\$5,791,632	\$5,791,632	\$11,583,264	\$0	0.0%
G	State Operated Facilities	G.2.1	Mental Health State Hospitals	G.2.1.1	Inpatient Hospital Services	\$626,059,648	\$314,041,743	\$314,041,744	\$628,083,487	\$2,023,839	0.3%
				G.2.1.2	Medications	\$43,454,822	\$21,727,411	\$21,727,411	\$43,454,822	\$0	0.0%
				G.2.1.3	Off Campus Medical Care (Non-Card)	\$26,816,661	\$13,438,687	\$13,438,687	\$26,877,374	\$60,713	0.2%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
G	State Operated Facilities	G.2.1	Mental Health State Hospitals	G.2.1.4	Administration	\$95,775,045	\$45,435,486	\$45,435,486	\$90,870,972	(\$4,904,073)	-5.4%
				G.2.1.5	All Other	\$12,027,712	\$7,038,856	\$7,038,856	\$14,077,712	\$2,050,000	14.6%
G	State Operated Facilities	G.2.2	Mental Health Community Hospitals	G.2.2.1	Inpatient hospital services	\$243,830,476	\$121,915,239	\$121,915,239	\$243,830,478	\$2	0.0%
G	State Operated Facilities	G.3.1	Other Facilities	G.3.1.1	Corpus Christi Bond Homes	\$4,039,961	\$1,955,857	\$1,955,857	\$3,911,714	(\$128,247)	-3.3%
				G.3.1.2	Rio Grande State Center Outpatient Clinic	\$8,101,152	\$4,012,794	\$4,012,794	\$8,025,588	(\$75,564)	-0.9%
G	State Operated Facilities	G.4.1	Facility Program Support	G.4.1.1	SSLC	\$5,883,246	\$3,613,136	\$3,613,136	\$7,226,272	\$1,343,026	18.6%
				G.4.1.2	State Hospitals	\$9,190,405	\$5,644,193	\$5,644,193	\$11,288,386	\$2,097,981	18.6%
				G.4.1.3	Other	\$1,932,949	\$970,520	\$970,520	\$1,941,040	\$8,091	0.4%
G	State Operated Facilities	G.4.2	Facility Capital Repairs & Renov	G.4.2.1	SSLCs	\$86,165,058	\$2,065,316	\$2,050,312	\$4,115,628	(\$82,049,430)	-1,993.6%
				G.4.2.2	Mental Health State Hospitals	\$388,667,632	\$1,590,892	\$1,577,399	\$3,168,291	(\$385,499,341)	-12,167.4%
H	Regulatory Services	H.1.1	Facility/Community-Based Regulation	H.1.1.1	Nursing Facilities	\$51,702,966	\$27,480,952	\$27,480,948	\$54,961,900	\$3,258,934	5.9%
				H.1.1.2	Assisted Living Facilities	\$2,450,988	\$1,239,935	\$1,239,935	\$2,479,870	\$28,882	1.2%
				H.1.1.3	Day Activity and Health Services	\$928,794	\$468,854	\$468,854	\$937,708	\$8,914	1.0%
				H.1.1.4	ICF-IDD Facilities	\$9,920,176	\$5,031,387	\$5,031,387	\$10,062,774	\$142,598	1.4%
				H.1.1.5	Home & Community Support Services Licensing	\$19,660,511	\$10,068,542	\$10,068,542	\$20,137,084	\$476,573	2.4%
				H.1.1.6	Program Administration	\$57,180,698	\$32,890,506	\$32,890,509	\$65,781,015	\$645,789	1.0%
				H.1.1.7	Health Care Facilities	\$28,021,073	\$14,551,340	\$14,551,340	\$29,102,680	\$1,081,607	3.7%
				H.1.1.8	Community and Provider Abuse and Neglect Investigations	\$25,071,307	\$12,692,687	\$12,692,687	\$25,385,374	\$314,067	1.2%
H	Regulatory Services	H.2.1	Child Care Regulation	H.2.1.1	CCR Day Care Staff	\$44,300,051	\$22,498,639	\$22,498,639	\$44,997,278	\$697,227	1.5%
				H.2.1.2	CCR Residential Care Staff	\$17,564,341	\$8,950,261	\$8,950,261	\$17,900,522	\$336,181	1.9%
				H.2.1.3	Child Care Regulation Program Support and Training	\$14,289,140	\$9,787,835	\$9,787,835	\$19,575,670	\$5,286,530	27.0%
H	Regulatory Services	H.3.1	Health Care Professionals & Others	H.3.1.1	Health Care Professionals	\$4,605,879	\$2,571,907	\$2,571,907	\$5,143,814	\$537,935	10.5%
				H.3.1.2	Credentialing/Certification LTC	\$3,545,197	\$1,790,199	\$1,790,199	\$3,580,398	\$35,201	1.0%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
I	Program Eligibility Determination & Enrollment	I.1.1	Integrated Eligibility & Enrollment	I.1.1.1	2-1-1	\$25,141,018	\$12,593,776	\$12,593,776	\$25,187,552	\$46,534	0.2%
				I.1.1.2	Eligibility Determination	\$1,028,761,065	\$505,925,024	\$505,925,024	\$1,011,850,048	(\$16,911,017)	-1.7%
				I.1.1.3	Policy, Training and State Support	\$134,335,235	\$98,180,257	\$98,180,259	\$196,360,516	\$62,025,281	31.6%
				I.1.1.4	Electronic Benefits Transfer (EBT)	\$19,609,911	\$9,899,709	\$9,899,709	\$19,799,418	\$189,507	1.0%
				I.1.1.5	Other	\$121,094,915	\$62,393,651	\$62,409,457	\$124,803,108	\$3,708,193	3.0%
I	Program Eligibility Determination & Enrollment	I.2.1	Long-Term Care Intake & Access	I.2.1.1	Intake, Access, & Eligibility (Local Authority)	\$289,011,002	\$145,981,762	\$145,981,762	\$291,963,524	\$2,952,522	1.0%
				I.2.1.2	Intake, Access, & Eligibility (Aging)	\$56,117,798	\$27,326,873	\$27,326,873	\$54,653,746	(\$1,592,600)	-2.9%
				I.2.1.3	Intake, Access, & Eligibility (Regional Supports)	\$80,791,363	\$33,091,484	\$33,091,484	\$66,182,968	(\$14,608,395)	-22.1%
				I.2.1.4	Intake, Access, & Eligibility (State Office Supports)	\$127,235,098	\$60,227,395	\$60,483,637	\$120,711,032	(\$6,524,066)	-5.4%
K	Office of Inspector General	K.1.1	Office of Inspector General	K.1.1.1	Investigations	\$40,753,383	\$19,521,206	\$19,521,206	\$39,042,412	(\$1,710,971)	-4.4%
				K.1.1.2	Audit	\$11,285,999	\$6,993,373	\$6,993,373	\$13,986,746	\$2,700,747	19.3%
				K.1.1.3	Inspections	\$4,446,458	\$2,046,344	\$2,046,344	\$4,092,688	(\$353,770)	-8.6%
				K.1.1.4	Operations	\$50,973,944	\$29,457,027	\$29,457,027	\$58,914,054	\$7,940,110	13.5%
L	System Oversight & Program Support	L.1.1	HHS System Supports	L.1.1.1	Human Resources	\$37,934,339	\$19,162,129	\$19,162,129	\$38,324,258	\$389,919	1.0%
				L.1.1.2	Civil Rights	\$8,472,572	\$4,806,423	\$4,806,423	\$9,612,846	\$1,140,274	11.9%
				L.1.1.3	Procurement	\$33,522,190	\$17,990,543	\$17,990,542	\$35,981,085	\$2,458,895	6.8%
				L.1.1.4	Ombudsman	\$5,436,561	\$3,492,910	\$3,492,910	\$6,985,820	\$1,549,259	22.2%
				L.1.1.5	Executive Leadership & Policy	\$116,818,808	\$78,051,684	\$58,051,684	\$136,103,368	\$19,284,560	14.2%
				L.1.1.6	(Legacy HHSC) Home Visiting Program	\$221,582	\$145,707	\$145,707	\$291,414	\$69,832	24.0%
L	System Oversight & Program Support	L.1.2	IT Oversight & Program Support	L.1.2.1	IT Related Capital Projects	\$246,071,933	\$107,341,413	\$106,607,338	\$213,948,751	(\$32,123,182)	-15.0%
				L.1.2.3	IT Program Support	\$179,991,466	\$109,580,272	\$109,593,549	\$219,173,821	\$39,182,355	17.9%
L	System Oversight & Program Support	L.2.1	Central Program Support	L.2.1.1	Other Program Support	\$93,592,761	\$47,435,593	\$47,152,353	\$94,587,946	\$995,185	1.1%
N	HHS Sunset Legislation-Related Historical Funding	N.1.1	State Supported Living Centers	N.1.1.1	Residential Care	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.1.2	Medications	\$0	\$0	\$0	\$0	\$0	0.0%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

86th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Chris Matthews					
Date: 8/31/2018						18-19 Base	Requested 2020	Requested 2021	Biennial Total 20-21	Biennial Difference	
Goal	Goal Name	Strategy	Strategy Name	Program	Program Name					\$	%
N	HHS Sunset Legislation-Related Historical Funding	N.1.1	State Supported Living Centers	N.1.1.3	Off-Campus Medical Care	\$0	\$0	\$0	\$0	\$0	0.0%
N	HHS Sunset Legislation-Related Historical Funding	N.1.3	Facility/Community-Based Regulation	N.1.3.1	Nursing Facilities	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.3.2	Assisted Living Facilities	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.3.3	Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.3.4	ICF-IDD Facilities	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.3.5	Home & Community Support Services Licensing	\$0	\$0	\$0	\$0	\$0	0.0%
				N.1.3.6	Program Administration	\$0	\$0	\$0	\$0	\$0	0.0%

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018	Request Level: Base
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Medicaid																																																																															
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language																																																																													
2	II-47	<p>Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in the provision as appropriations either for "Lease Payments to the Master Equipment Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code §1232.103.</p> <table style="width: 100%; margin-left: 40px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right; width: 10%;"><u>2018</u></th> <th style="text-align: right; width: 10%;"><u>2020</u></th> <th style="text-align: right; width: 10%;"><u>2019</u></th> <th style="text-align: right; width: 10%;"><u>2021</u></th> </tr> </thead> <tbody> <tr> <td colspan="5">a. Construction of Buildings and Facilities</td> </tr> <tr> <td colspan="5"> (1) New Construction of State Hospitals and Other Inpatient Mental Health Facilities</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 150,000,000</td> <td style="text-align: right;"><u>0</u></td> <td style="text-align: right;">\$ 150,000,000</td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td colspan="5">b. Repair or Rehabilitation of Buildings and Facilities</td> </tr> <tr> <td colspan="5"> (1) Facilities Repair and Renovations</td> </tr> <tr> <td colspan="5"> -State Supported Living Centers and State Hospitals</td> </tr> <tr> <td></td> <td style="text-align: right;">78,302,186</td> <td style="text-align: right;"><u>352,186</u></td> <td style="text-align: right;">79,702,186</td> <td style="text-align: right;"><u>352,186</u></td> </tr> <tr> <td colspan="5"> (2) WIC Relocation</td> </tr> <tr> <td></td> <td style="text-align: right;">1,300,000</td> <td style="text-align: right;"><u>0</u></td> <td></td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td colspan="5"> (3) Facilities Repairs and Renovations</td> </tr> <tr> <td colspan="5"> -Waco Center for Youth</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 650,000</td> <td style="text-align: right;"><u>0</u></td> <td style="text-align: right;">\$ 650,000</td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td colspan="5">Total, Repair or Rehabilitation of Buildings and Facilities</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 80,252,186</td> <td style="text-align: right;"><u>352,186</u></td> <td style="text-align: right;">\$ 80,352,186</td> <td style="text-align: right;"><u>352,186</u></td> </tr> </tbody> </table>				<u>2018</u>	<u>2020</u>	<u>2019</u>	<u>2021</u>	a. Construction of Buildings and Facilities					(1) New Construction of State Hospitals and Other Inpatient Mental Health Facilities						\$ 150,000,000	<u>0</u>	\$ 150,000,000	<u>0</u>	b. Repair or Rehabilitation of Buildings and Facilities					(1) Facilities Repair and Renovations					-State Supported Living Centers and State Hospitals						78,302,186	<u>352,186</u>	79,702,186	<u>352,186</u>	(2) WIC Relocation						1,300,000	<u>0</u>		<u>0</u>	(3) Facilities Repairs and Renovations					-Waco Center for Youth						\$ 650,000	<u>0</u>	\$ 650,000	<u>0</u>	Total, Repair or Rehabilitation of Buildings and Facilities						\$ 80,252,186	<u>352,186</u>	\$ 80,352,186	<u>352,186</u>
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**3.B. Rider Revisions and Additions Request
(continued)**

		c. Acquisition of Information Resource Technologies			
	(1) Seat Management Services (PCs, Laptops, & Servers)	32,490,908		32,347,208	
	(2) Texas Integrated Eligibility Redesign System	53,358,062	<u>54,030,194</u>	61,010,290	<u>54,095,843</u>
	(3) Network, Performance and Capacity	1,558,000		1,558,000	
	(4) MMIS -Medicaid Management Information System	41,081,788	<u>44,406,284</u>	41,015,856	83,546,265
	(5) Application Remediation for Data Center Consolidation	300,000		300,000	
	(6) Cybersecurity Advancement for HHS Enterprise	2,152,981		1,729,692	
	(7) Enterprise Data Governance	6,740,700	<u>54,60,700</u>	6,420,700	5,458,275
	(8) Social Security Number Removal Initiative (SSNRI)	5,302,121	<u>0</u>	1,844,724	<u>0</u>
	(9) Infrastructure Maintenance at SSLCs to support Electronic Health Records	500,000		500,000	
	(10) Regulatory Services System Automation Modernization	2,128,902	<u>1,838,000</u>	2,128,902	<u>694,000</u>
	(11) WIC PC Replacement	718,000	<u>0</u>	425,000	<u>0</u>
	(12) Clinical Management for Behavioral Health Services (CMBHS) Modifications -DSM-5	1,000,000	<u>0</u>	1,000,000	<u>0</u>
	(13) WIC Information Network (WIN) Evolution Implementation	7,137,738	<u>0</u>	0	
	(14) Improve Client CARE Systems – Enterprise	3,400,000	<u>0</u>	3,400,000	<u>0</u>
	(15) Information Technology – Mental Health	1,822,365	<u>869,249</u>	1,822,364	<u>869,248</u>
	(16) Mental Health Clinical Management for Behavioral Health Services (CMBHS), Youth Empowerment Services (YES) Waiver Batch APD	634,784	<u>0</u>	0	
	(17) Business Process Redesign	1,057,174		1,072,985	
	(18) Medicaid Fraud Detection System	2,500,000		2,500,000	
	(19) System Information & Asset Management	7,329,524	<u>0</u>	27,680,000	<u>0</u>
	(20) Avatar (EMR) Support for State Hospital System5	4,591,317	<u>0</u>	4,591,317	<u>0</u>

**3.B. Rider Revisions and Additions Request
(continued)**

		(20) Summer EBT for Children	0	0
		(21) SSLC WIFI Expansion	0	0
		(22) Disaster Assistance Payment Program (DAPP)	0	0
		(23) WIC Stateside and WIC Field Hardware/Software Refresh	775,000	575,000
		(24) Performance Management and Analytics System	3,131,580	3,131,580
		(25) System Changes to Support IDD Carve-In	0	0
		(26) Automated System for the Office of the Inspector General Remediation (ASOIG) Re-engineering	0	0
		(27) System-Wide Business Enablement Platform	0	0
		(28) HHS Telecom Technology Upgrade	0	0
		(29) Regulatory Licensing and Reporting System	0	0
		(30) Criminal Background Checks	0	0
		(31) Health & Specialty Care System Technology Enhancements	0	0
		(32) CMBHS Roadmap Enhancements Phase 3	6,532,812	6,532,812
		(33) Healthcare Provider's Guide to Breastfeeding Web site and Mobile App	270,000	90,000
		(34) MyTexasWIC Mobile App – Mobile Shopping Experience Function	250,000	250,000
		(35) WIC Chatbot Messenger	500,000	450,000
		(36) WIC Mosaic	30,000,000	10,000,000
		(37) Health, Development & Independence Services (HDIS) Shared Platform (Rehab Works)	951,860	951,860
		(38) Child Care Licensing Automated Support System (CLASS)	950,000	950,000
		(39) Substance Use Disorder Billing Code Realignment	0	0
		<u>Total, Acquisition of Information Resource Technologies</u>	\$ 175,804,364 188,371,761	\$ 191,347,038 205,873,076
		d. Acquisition of Capital Equipment and Transportation Items		
		(1) Facility Support Services – Fleet Operations	431,742	148,502
		e. Other Lease Payments to the Master Lease Purchase Program (MLPP)		
		(1) MLPP Payment – Energy Conservation Acquisition of Capital Equipment		

**3.B. Rider Revisions and Additions Request
(continued)**

		\$ 3,829,386		\$ 3,799,718	
	(2) Improve Security Infrastructure for Regional HHS Client Delivery Facilities	1,967,896		0	
	(3) Facility Equipment Purchases -SSLCs and State Hospitals	\$ 5,107,000		\$ 5,107,000	
	(3) Regional Laundry Equipment	0		0	
	Total, Acquisition of Capital Equipment and Items				
	Lease Payments to Master Lease Purchase Program (for items acquired in Fiscal year 2017 and previously)	\$ 7,506,638	7,074,896	\$ 5,255,502	5,106,999
	<u>ef. Other</u> - Lease Payments to the Master Lease Purchase Program (MLPP) for items acquired in Fiscal year 2017 and previously)				
	(1) MLPP Payment -Energy Conservation	3,829,386	<u>3,304,022</u>	3,799,718	
		<u>3,275,525</u>			
	<u>fg.</u> Data Center Consolidation				
	(1) Data Center Consolidation	49,818,892	<u>50,061,680</u>	51,475,939	<u>50,434,845</u>
	<u>gh.</u> Centralized Accounting and Payroll/Personnel System (CAPPS) Statewide ERP System				
	(1) HHSAS to CAPPS Upgrade and Enhancements ⁶	6,601,850	<u>2,321,550</u>	4,961,426	<u>2,412,992</u>
	(2) Enterprise Resource Planning ⁷	6,361,871	<u>5,149,771</u>	6,361,871	<u>5,200,506</u>
	(3) CAPPS PeopleSoft Licenses	1,279,077	<u>1,356,972</u>	1,279,077	<u>1,397,681</u>
	(4) CAPPS Upgrades and Inventory		<u>0</u>		<u>0</u>
	Total, Centralized Accounting and Payroll/Personnel System (CAPPS) Statewide ERP System	14,242,798	<u>8,828,293</u>	12,602,374	<u>9,011,179</u>
	<u>i. Cybersecurity</u>				
	(1) Cybersecurity Advancement for HHS Enterprise		<u>630,935</u>		<u>630,935</u>
	(2) IT Security Posture Improvement		<u>0</u>		<u>0</u>
	(3) Office for Civil Rights (OCR) Corrective Action Plan (CAP) Response Improvement		<u>0</u>		<u>0</u>
	Total, Cybersecurity		<u>630,935</u>		<u>630,935</u>

3.B. Rider Revisions and Additions Request (continued)

		Total, Capital Budget	<u>\$ 481,454,264</u>	259,055,515	<u>\$ 494,832,757</u>	<u>274,833,247</u>
		Method of Financing (Capital Budget):				
		General Revenue Fund				
		General Revenue Fund ^{5,6,7}	44,401,224	<u>35,228,807</u>	43,320,113	<u>31,721,752</u>
		GR Match for Medicaid Account No. 758 ^{6,7}	36,645,202	<u>40,453,754</u>	41,762,616	<u>43,473,177</u>
		GR Match for Title XXI (CHIP) ^{6,7}	376,588	<u>392,797</u>	390,536	<u>391,445</u>
		GR Match for Food Stamp Administration ^{6,7}	14,778,215	<u>20,106,832</u>	16,108,913	<u>20,103,471</u>
		GR Certified as Match for Medicaid ^{6,7}	8,078,296	<u>2,169,073</u>	7,831,295	<u>2,222,597</u>
		Subtotal, General Revenue Fund	<u>\$ 104,279,525</u>	\$ 98,351,263	<u>\$ 109,413,473</u>	\$ 97,912,442
		GR Dedicated -Texas Capital Trust Fund Account No. 543				
			289,802		289,802	
		Federal Funds ^{6,7}				
			139,733,963	<u>150,097,495</u>	147,810,934	<u>167,137,571</u>
		Other Funds				
		Economic Stabilization Fund	228,600,000		230,000,000	
		Appropriated Receipts ^{6,7}	5,924		5,746	
		Interagency Contracts ^{6,7}	7,984,091	<u>10,179,130</u>	6,768,541	<u>9,352,341</u>
		Universal Services Fund Reimbursements	22,820		22,820	
		ID Collections for Patient Support and Maintenance	490,961	<u>132,553</u>	475,279	<u>135,678</u>
		ID Appropriated Receipts	47,178	<u>5,271</u>	46,165	<u>5,413</u>
		Bond Proceeds - General Obligation Bonds		<u>0</u>		<u>0</u>
		Subtotal, Other Funds	<u>237,150,974</u>	<u>10,316,954</u>	237,318,551	<u>9,493,432</u>
		Total, Method of Financing	<u>\$ 481,454,264</u>	\$ 259,055,514	<u>\$ 494,832,757</u>	\$ 274,833,247

3.B. Rider Revisions and Additions Request (continued)

3	II-49	<p>Pediatric Care in Nursing Facilities. When using funds appropriated in Strategies A.2.4, Nursing Facility Payments, and A.2.5, Medicare Skilled Nursing Facility, and in addition to consideration of expense in determining the appropriate placement for children who currently receive care in nursing facilities, the Health and Human Services Commission shall, within the requirements of state and federal law, consider the requests of parents concerning either a continued stay in a nursing facility providing skilled pediatric care or an alternate placement.</p> <p><i>No change is requested.</i></p>
4	II-49	<p>Nursing Facility Beds for Medicaid Eligible Veterans. Contingent upon a request from the Texas General Land Office - Veterans Land Board, it is the intent of the Legislature that the Health and Human Services Commission (HHSC) maintain a program for Medicaid-eligible veterans that will enable individuals to be placed in State Veterans Homes if they so choose. It is further the intent of the Legislature that HHSC ensure the creation of sufficient certified beds to accommodate the requirements of such a program.</p> <p><i>No change is requested.</i></p>
5	II-49	<p>Cost Comparison Report. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in Home and Community-based Services (HCS), Texas Home Living, and Intermediate Care Facilities for Individuals with Intellectual Disabilities and Related Conditions (ICF-IID/RC).</p> <p>a. The report shall include the following:</p> <ul style="list-style-type: none">—(1) the monthly average cost to the state per person for individuals residing in state-operated and non-state-operated ICF-IID/RC, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICF-IID only);—(2) a comparison of severity across settings; and,—(3) the total number of persons, by LON, who transitioned from state-operated ICF-IID/RC to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.

3.B. Rider Revisions and Additions Request (continued)

b. ~~With respect to the cost to the state per person residing in a state operated ICF-IID/RC facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state operated ICF-IID/RC facilities, non-state operated ICF-IID/RC facilities, and the HCS and Texas Home Living waivers, HHSC shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license these programs. For state operated ICF-IID/RC facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. HHSC shall identify the types of costs included in each category.~~

e. ~~Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF-IID services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF-IID or waiver within 60 days of discharge. In that case, the Medicaid costs incurred during discharge will be counted toward the ICF-IID costs.~~

~~The report shall be submitted to the Legislature, Governor, Legislative Budget Board, and the public no later than August 31, 2018.~~

Delete rider. The reporting requirements were completed during the 2018-2019 biennium.

6

II-50

Nursing Home Program Provisions.

a. **Tending Home Income Eligibility Cap.** It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).

b. **Nursing Home Bed Capacity Planning.** It is the intent of the Legislature that the Health and Human Services Commission shall control the number of Medicaid beds, decertify unused Medicaid beds, and reallocate some or all of the decertified Medicaid beds, taking into account a facility's occupancy rate.

No change is requested.

7

II-50

Cash Basis Expenditures Authorization. Notwithstanding any other provision of this Act, the Health and Human Services Commission may expend Medicaid appropriations in all Strategies in Goal A, Medicaid Client Services, and in Strategy D.1.3, ECI Services, in each fiscal year of the ~~2018-19~~ 2020-21 biennium without regard to date of service. The authorization herein is limited to expenditures in all Strategies in Goal A, Medicaid Client Services, and in Strategy D.1.3, ECI Services, for claims payments, premiums, cost settlements and other related expenses for Medicaid client services.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

8	II-50	Additional Funding Sources, Medicaid. Notwithstanding any other provisions of this Act, if the appropriations provided for a Medicaid program are not sufficient to provide for expenditures mandated by either state or federal law, after accounting for any appropriations made to the agency operating the Medicaid program, and available for transfer to the Medicaid program, the Legislative Budget Board and the Governor may provide for and are authorized to direct the transfer of sufficient amounts of funds to the Health and Human Services Commission from appropriations made elsewhere in this Act.
<i>No change is requested.</i>		
9	II-50	Limited Medicaid Coverage for Clients with Medicare Part D Benefit for Certain Excluded Medicare Part D Drug Categories. It is the intent of the Legislature that from funds appropriated above in Strategy A.1.6, Medicaid Prescription Drugs, the Health and Human Services Commission shall continue to provide Medicaid coverage for dual eligible clients. The Health and Human Services Commission shall recoup funds for these expenditures from Part D drug plans that are determined to be responsible for the dual eligible clients' drug costs. It is also the intent of the Legislature that from funds appropriated above in Strategy A.1.6, Medicaid Prescription Drugs, the Health and Human Services Commission shall continue to provide Medicaid coverage for certain categories of drugs not covered under the federal Medicare Part D program, under §1935(d)(2) of the Social Security Act, for full dual eligible clients. This coverage is limited to only those categories of excluded Medicare Part D drugs that continue to be eligible for federal Medicaid matching funds and that are currently covered under the Medicaid Vendor Drug Program (e.g., certain prescribed over-the-counter medications, smoking cessation medications and vitamins).
<i>No change is requested.</i>		

3.B. Rider Revisions and Additions Request (continued)

10	II-50	<p>Hospital Uncompensated Care. No funds appropriated under this Article for medical assistance payments may be paid to a hospital if the Health and Human Services Commission (HHSC) determines that the hospital has not complied with the commission's reporting requirements. HHSC shall ensure that the reporting of uncompensated care (defined to include bad debt, charity care and unreimbursed care) by Texas hospitals is consistent for all hospitals and subjected to a standard set of adjustments that account for payments to hospitals that are intended to reimburse uncompensated care. These adjustments are to be made in such a way that a reliable determination of the actual cost of uncompensated care in Texas is produced.</p> <p>The commission shall conduct an appropriate number of audits to assure the accurate reporting of uncompensated hospital care costs.</p> <p>HHSC shall submit a biennial report on uncompensated care costs to the Governor and Legislative Budget Board no later than December 1, 20182020, which details the impact of patient specific and lump sum funding as offsets to uncompensated costs, impact of health care reform efforts on the funding streams that reimburse uncompensated care, and assess the need for those funding streams in future biennia. HHSC may report by hospital type.</p> <p><i>Update year reference.</i></p>
11	II-51	<p>Hospital Reimbursement. Contingent upon federal approval, and to the extent allowed by law, no funds appropriated under this Article for the payment of inpatient hospital fees and charges under the medical assistance program may be expended, except under a prospective payment methodology for all Medicaid inpatient claims, excluding state-owned teaching hospital Medicaid inpatient claims, that employs sound cost reimbursement principles and:</p> <ul style="list-style-type: none">a. enhances the Health and Human Services Commission's ability to be a prudent purchaser of health care;b. reflects costs that are allowable, reasonable and medically necessary to deliver health care services to the state's Medicaid population;c. reduces the variability in the Medicaid reimbursement rates paid to hospitals for treating patients with the same diagnoses;

3.B. Rider Revisions and Additions Request (continued)

d. promotes and rewards increased efficiency in the operation of hospitals;

e. emphasizes and rewards quality of outcomes and improves the treatment of Medicaid patients through pay-for-performance principles;

f. recognizes, through add-on payments or other methods, the unique needs of individual hospitals, including rural hospitals.

No change is requested.

12

II-51

Graduate Medical Education. The Health and Human Services Commission may expend Appropriated Receipts - Match for Medicaid No. 8062 and matching Medicaid Federal Funds out of Strategy A.4.1, Non-Full Benefit Payments, for Graduate Medical Education payments to state-owned teaching hospitals, contingent upon receipt of allowable funds from state-owned teaching hospitals to be used as the non-federal share for Medicaid Graduate Medical Education.

Appropriated Receipts - Match for Medicaid No. 8062 shall be the only source of funds used for the non-federal share for Medicaid-Graduate Medical Education, and the Health and Human Services Commission shall develop a payment methodology for Medicaid Graduate Medical Education payments to state-owned teaching hospitals.

No change is requested.

13

II-51

~~**Local Reporting on DSH, Uncompensated Care, Delivery System Reform Incentive Payment, and Indigent Care Expenditures.** Out of funds appropriated above in all Strategies in Goal A, Medicaid Client Services, and as the state Medicaid operating agency, the Health and Human Services Commission shall develop a report that non-state public hospitals, private hospitals, hospital districts, physicians and private administrators shall use to describe any expenditures they make through the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, and the Indigent Care program. The commission shall determine the format of the report, which must include expenditures by method of finance per year. In addition, the commission annually shall require contracted hospital providers to report payments to entities who provide consultative services regarding revenue maximization under the medical assistance program~~

3.B. Rider Revisions and Additions Request (continued)

~~and any other governmentally funded program, including UC, DSRIP, and DSH. Information included in the reports of payments to entities providing consultative services from contracted hospitals shall include:~~

- ~~a. the total amount of aggregated payments to all such entities by county;~~
- ~~b. the purpose of the payment(s);~~
- ~~c. the source of the payment(s);~~
- ~~d. the program for which consultative services were provided; and~~
- ~~e. any other information the commission believes pertinent.~~

Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.

14

II-51

Use of PARIS Data and Appropriation of Savings to the Texas Veterans Commission Realized from the Use of PARIS Data. Out of funds appropriated above in ~~all Strategies in Goal A, Medicaid Client Services, strategy B.1.1, Medicaid Contracts and Administration,~~ the Health and Human Service Commission (HHSC) shall:

- a. Submit information quarterly to the U.S. Health and Human Services Department's Administration for Children and Families for participation in the federal Public Assistance Reporting Information System's (PARIS) Veterans and Federal Files information exchange. The Health and Human Services Commission, Office of the Inspector General, shall submit the necessary state data from all state health and human services programs that may serve veterans to receive results from the federal PARIS system and shall forward the necessary information received from the PARIS system to the appropriate state agencies for follow up and further investigation.

3.B. Rider Revisions and Additions Request (continued)

b. Ten percent of the General Revenue savings during fiscal year ~~2018~~ 2020 that was the result of pursuing information from the Public Assistance Reporting Information System (PARIS) as calculated by the Health and Human Services Commission (HHSC) according to procedures or rules for making the calculations adopted by HHSC shall be credited by the Comptroller to the Fund for Veterans' Assistance Account No. 0368 from which expenditures were originally made and such funds are appropriated to the Texas Veterans Commission in fiscal year ~~2019~~ 2021.

Update year references and correct the location of these funds. All Medicaid administration functions are paid out of Strategy B.1.1, Medicaid Contracts and Administration.

15

II-52

~~**Supplemental Payments.** It is the intent of the Legislature that when the Health and Human Services Commission calculates supplemental payments, data be collected to provide transparency regarding claims associated with the supplemental payment program. An independent audit of the program, including a review of regional affiliations, uncompensated care claims for both uninsured and insured individuals, and contractual agreements, and a report with findings should be completed and distributed annually on June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.~~

Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.

3.B. Rider Revisions and Additions Request (continued)

16	II-52	<p>Medicaid In-Office Diagnostic Ancillary Services. Out of funds appropriated above in all Strategies in Goal B, Medicaid & CHIP Support, the Health and Human Services Commission shall collect data necessary to allow the agency to quantify the amount of in-office diagnostic ancillary services provided to clients in the Texas Medicaid fee-for-service and managed care programs and routinely analyze this data. The agency shall review methodologies used by the federal government and national researchers to estimate the amount of in-office diagnostic ancillary services provided to Medicare clients and adopt a similar methodology for quantifying the amount of these services provided to Texas Medicaid clients. The agency shall submit a report on in-office diagnostic ancillary service use in the Texas Medicaid program, including strategies implemented by the agency to reduce unnecessary diagnostic ancillary services, to the Legislative Budget Board and the Governor by December 1, 2018.</p> <p><i>Delete rider. Since the Rider's original passage in the 83rd Legislative Session, HHSC has been unable to collect or obtain the data to produce the report as required. Specific information on Texas Medicaid spending for in-office diagnostic ancillary services by practice was, and remains, unavailable, due to limitations in key data necessary for this type of analysis within the HHSC claims and encounters data. Instead, HHSC has historically produced a report for the LBB that highlights the issues with obtaining the data and some other key points related to laboratory and imaging utilization trends in Medicaid, which was not the intent of the Rider.</i></p>
17	II-52	<p>Receipt of Transfers for Participation in the Healthcare Transformation and Quality Improvement Program. The Health and Human Services Commission may receive in Strategy A.4.3, Transformation Payments, intergovernmental transfers of funds from institutions of higher education as the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115-Waiver.</p> <p><i>Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.</i></p>

3.B. Rider Revisions and Additions Request (continued)

18	II-52	<p>Network Access Improvement Program Report. The Health and Human Services Commission (HHSC) shall submit a report each time a new round of Network Access Improvement Program (NAIP) proposals are approved. The report shall include a list of participating public health related institutions (HRI), public hospitals, and managed care organization (MCO) partnerships, the anticipated amount paid to each MCO by HHSC and the anticipated amount paid to each HRI and public hospital by an MCO, and a summary of each partnership (including program methodology, targeted goals and performance metrics, and the payment structure). Each report shall be submitted to the Governor and the Legislative Budget Board 45 days prior to contract effective date.</p> <p><i>Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.</i></p>
19	II-52	<p>Federal Funding for Health Related Institutions. It is the intent of the Legislature that the Health and Human Services Commission maximize federal funding for Health Related Institutions should they transfer 2018-19 <u>2020-21</u> funds to the commission for such purposes.</p> <p><i>Update year references.</i></p>
20	II-52	<p>Report on Pay for Quality Measures. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall evaluate how Texas Medicaid providers and managed care organizations use existing pay for quality measures to improve health care delivery and whether these initiatives result in a higher quality of care and improved health outcomes. The Commission shall report its initial findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by October 1, 2018 and include in the report recommendations to improve current pay for quality measures, areas requiring additional study, and how it could potentially use those findings if it expands the use of pay for quality measures into outpatient settings.</p> <p><i>Delete rider. If the information is needed, it can be included in the Annual Quality Report.</i></p>

3.B. Rider Revisions and Additions Request (continued)

21	II-53	<p>Cochlear Implants and Other Assistance for the Hearing Impaired. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall review Medicaid reimbursement rates for cochlear implants and other assistance for the hearing impaired at a minimum of once a biennium in order to ensure reasonable access to services for the hearing impaired.</p> <p><i>Delete rider. HHSC reviews all fee-for-service rates on a biennial basis. Access to care is one of the numerous components of the review.</i></p>
22	II-53	<p>1115 Medicaid Transformation Waiver Distribution Public Reporting. Out of the funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall report the recipients of all funds distributed by the commission for Uncompensated Care (UC) and Delivery System Reform Incentive Payments (DSRIP) under the 1115 Medicaid Transformation Waiver. HHSC shall submit the report to the Legislature, Governor, Legislative Budget Board, and the public within 45 days of distributing any funds or otherwise making payments under the 1115 Medicaid Transformation Waiver. The report shall include (1) the recipients of funds for UC and DSRIP, (2) the amount distributed to each recipient, (3) the amount of Intergovernmental Transfer (IGT) funds provided by each transferring entity within the region, and (4) the date such payments were made.</p> <p><i>Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.</i></p>
23	II-53	<p>Report on the Vendor Drug Program. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate new delivery models for cost-effectiveness, increased competition, and improved health outcomes. HHSC shall report findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by December 1, 2018 and include in the report a summary of previously submitted related reports and efforts undertaken to make the current models more effective.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium.</i></p>

3.B. Rider Revisions and Additions Request (continued)

24	II-53	<p>Texas Medicaid and Texas Diabetes Council. It is the intent of the Legislature that out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall consider advisory information from the Texas Diabetes Council when implementing a new program or initiative that could impact Medicaid patients diagnosed with diabetes or their access to care.</p> <p><i>No change is requested.</i></p>
25	II-53	<p>Texas Medicaid and Texas Diabetes Council – Coordination and Report. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) should identify efficiencies across agencies to integrate systems of care and work jointly with the Texas Diabetes Council (TDC) to: 1) improve screening rates for Medicaid patients at risk for diabetes; and 2) increase enrollment in diabetes self-management education (DSME) programs for those Medicaid patients diagnosed with diabetes. The results, including a summary of previously submitted related reports, limitations, improvements made, and recommendations on these two issues, will be included in a report by HHSC in consultation with TDC. The report is due to the Legislature and Governor by August 31, 2018.</p> <p><i>Delete rider. The Texas Diabetes Council (TDC) has their own report, to which DSHS and HHSC respond to TDC's recommendations with another report. A third report required by Rider 25 is largely duplicative. Also, HHSC will continue to be required under Rider 24 to work with the Texas Diabetes Council to implement new programs or initiatives.</i></p>
26	II-53	<p>Evaluation of Medicaid Data. Out of funds appropriated above, the Health and Human Services Commission shall annually evaluate data submitted by managed care organizations to determine whether the data continues to be useful or if additional data, such as measurements of recipient services, is needed to oversee contracts or evaluate the effectiveness of Medicaid.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

27	II-53	<p>NAIP, MPAP, and QIPP Payments Reporting. In the event the Centers for Medicare and Medicaid Services (CMS) complete their review of the Network Access Improvement Program (NAIP), Nursing Facility Minimum Payment Amounts Program (MPAP), and Quality Incentive Payment Program (QIPP), and provide approval for the programs, the Health and Human Services Commission, out of funds appropriated above in Strategy L.1.1, HHS System Supports, shall report to the Legislative Budget Board and Governor an estimate of the funds that will be available and an estimate of the non-state funds used as intergovernmental transfers available. The report shall be submitted no later than 90 days after approval has been received from CMS.</p> <p><i>Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.</i></p>
28	II-54	<p>Medicaid Substance Abuse Treatment. Out of funds appropriated above in all Strategies in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall evaluate the impact on overall Medicaid spending and client outcomes of substance use disorder treatment services provided under Medicaid to persons who are at least 21 years of age. HHSC shall develop a methodology for the evaluation of those treatment services, improve and analyze data necessary to complete the evaluation, and submit a report on the evaluation findings to the Legislative Budget Board and the Office of the Governor by December 1, 2017.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium.</i></p>
29	II-54	<p>Monitor the Integration of Behavioral Health Services. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall monitor the implementation of Government Code, §533.00255(b), which integrates behavioral health services into the Medicaid managed care program. HHSC shall prioritize monitoring managed care organizations that provide behavioral health services through a contract with a third party.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

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II-54

General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services. For the purposes of this section and appropriation authority for the Medicaid mental health (MH) and intellectual disability (ID) program responsibilities of the Health and Human Services Commission (HHSC), the following subsections provide governance relating to appropriate use, classification and expenditure of funds.

a. **General Revenue Match for Medicaid.** ABEST Method of Financing Code 758 - GR Match for Medicaid shall be used to report General Revenue expenditures and request General Revenue appropriations for the state's share of Medicaid payments for the following Medicaid MH and ID services:

(1) Community-based Intermediate Care Facilities for individuals with intellectual disabilities (ICF/IID) that are privately operated through contractual arrangements between private providers and HHSC;

(2) Community-based Intermediate Care Facilities for individuals with intellectual disabilities (ICF/IID), also known as Bond Homes, that are operated by HHSC;

(3) Home and Community-based Services (HCS) authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and HHSC;

(4) Texas Home Living services authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and HHSC;

3.B. Rider Revisions and Additions Request (continued)

- (5) Mental health services provided through contracts with Behavioral Health Organizations;
- (6) Rehabilitation Services as approved in the State Medicaid Plan which are provided by Mental Health Authorities and IDD Local Authorities;
- (7) Targeted Case Management Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD Local Authorities;
- (8) Service Coordination Services as approved in the State Medicaid Plan provided by Mental Health Authorities and IDD Local Authorities;
- (9) Salaries and operating costs related to direct program administration and indirect administration of the HHSC; and
- (10) Home and Community-based Services authorized by a 1915(c) Youth Empowerment Services (YES) federal waiver and provided through contractual arrangements between provider agencies and HHSC.

b. General Revenue Certified as Match for Medicaid. The Health and Human Services Commission (HHSC) shall use ABEST Method of Financing code 8032 - General Revenue Certified as Match for Medicaid to identify General Revenue funds requested and reported as expended for the purpose of drawing Federal Funds and to document that State funds have been spent for Medicaid mental health and intellectual disability services and administrative expenditures for the following services:

- (1) Intermediate care facilities for individuals with intellectual disabilities that are operated by the State and known as "state supported living centers";
- (2) Services delivered in state hospitals operated by HHSC including inpatient services for clients under the age of 21 and services that qualify under the federally approved Institutions for Mental Diseases (IMD) option for clients over the age of 65; and
- (3) Medicaid Administrative Claims as approved in the State Medicaid Plan which are based on certain activities of Mental Health Authorities and IDD Local Authorities.

~~c. Reporting requirements related to General Revenue Matching Funds for Medicaid Mental Health and Intellectual Disability Services.~~ HHSC shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on the expenditures of General Revenue for Medicaid federal matching purposes by the method of financing codes identified above and the amounts of local, non-profit expenditures certified as state match for Medicaid Federal Funds by the departments HHSC for services provided by Mental Health Authorities and IDD Local Authorities.

d. Medicaid Federal Funds. HHSC shall report expenditures and request legislative appropriations for federal Medicaid matching funds for client services, program administration and agency indirect

3.B. Rider Revisions and Additions Request (continued)

administration. Automated Budgeting and Evaluation System of Texas (ABEST) Method of Financing Code (MOF) 555 and Medicaid CFDA 93.778 shall be used for the following:

- (1) Federal Funds drawn from the U.S. Centers for Medicare and Medicaid Services (CMS) using General Revenue funds classified as General Revenue Match for Medicaid (ABEST MOF Code 758), General Revenue Certified as Match for Medicaid (ABEST MOF Code 8032), Tobacco Settlement Receipts Match for Medicaid (ABEST MOF Code 8024) or Tobacco Receipts Certified as Match for Medicaid (ABEST MOF Code 8023);
- (2) Federal Funds drawn from CMS using the departments' certification of local, non-profit expenditures made by the Mental Health Authorities and IDD Local Authorities on behalf of Medicaid-eligible individuals;
- (3) Federal Funds received from CMS for services rendered to certain Medicaid-eligible individuals over the age of 65 by federally recognized Institutions for Mental Diseases (IMD Medicaid option) based on billings from state hospitals operated by HHSC to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain Medicaid payments; and
- (4) Federal Funds received from CMS for general Medicaid health services including the Comprehensive Care Program for children based on billings from the state hospitals and state supported living centers operated by HHSC to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain Medicaid payments.

e. **Appropriation authority and accounting for Federal Funds for Medicaid Mental Health and Intellectual Disability Services.** Amounts defined as Medicaid Federal Funds shall be used as a first source, and General Revenue which was not used as matching funds shall not be used to fund Medicaid-eligible services. In the event that these revenues should be greater than the amounts included above in Federal Funds for mental health and intellectual disability services for HHSC, HHSC is appropriated and authorized to expend these Federal Funds made available, subject to the following requirements:

- (1) Amounts made available shall be expended prior to utilization of any General Revenue made available for the same purpose;
- (2) In the event General Revenue has been expended prior to the receipt of Medicaid Federal Funds, HHSC shall reimburse General Revenue upon receipt of the revenue. This process shall be completed on a monthly basis in order to not have an excess balance of Medicaid Federal Funds; and
- ~~(3) The departments shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on the amounts of Medicaid Federal Funds drawn and expended.~~

3.B. Rider Revisions and Additions Request (continued)

f. **Responsibility for proportionate share of indirect costs and benefits.** Nothing in this provision shall exempt HHSC from provisions of Article IX of this Act which apply equally to direct recoveries of benefits and indirect costs and to amounts recovered through an approved rate structure for services provided.

g. **Exclusive Appropriation Authority.** The preceding subsections of this provision shall be the exclusive appropriation authority for Medicaid mental health and intellectual disability services Federal Fund receipts from the above identified sources, and none of these receipts shall be appropriated by a provision of Article IX of this Act.

To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.

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II-56

~~Appropriation Authority for Intergovernmental Transfers.~~

~~a. In addition to funds appropriated above and in an effort to maximize the receipt of federal Medicaid funding, the Health and Human Services Commission (HHSC) may expend intergovernmental transfers (IGTs) received as Appropriated Receipts Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers.~~

3.B. Rider Revisions and Additions Request (continued)

~~b. For authorization to expend the funds, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include information regarding the strategy allocation of the IGT, the amount requested in each fiscal year, the All Funds impact to the budget, the impact to the rate or premium for which the IGT will be used (subject to Special Provisions, §17, Rate Limitations and Reporting Requirements approval), and the specific purpose and program for which the funds will be used. The request must also include a copy of a written agreement from the governmental entity that is transferring the funds that the funding be spent in the manner for which it is being requested.~~

~~The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.~~

~~The Comptroller of Public Accounts shall not allow the use of the funds if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.~~

Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.

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II-56

Interest List Reduction. Out of administrative funds appropriated above, and for the Home and Community-Based Services waiver, Community Living Assistance and Support Services waiver, Deaf-Blind Multiple Disabilities waiver, Medically Dependent Children Program waiver, Texas Home Living waiver, and STAR+PLUS, the Health and Human Services Commission is directed to consider factors such as length of time on the interest list, size of interest list, demographics, average cost, and crisis stabilization in providing services to interest list clients on a program specific basis.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

33

II-57

~~Medicaid Funding Reduction and Cost Containment:~~

~~a. The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings throughout the health and human services system. These initiatives shall include the following, if HHSC determines them to be cost-effective:~~

- ~~———— (1) Continue strengthening and expanding prior authorization and utilization reviews;~~
- ~~———— (2) Incentivize appropriate neonatal intensive care unit utilization and coding;~~
- ~~———— (3) Pursuant to Human Resources Code §§32.064 and 32.0641, maximize co-payments ——— in Medicaid programs;~~
- ~~———— (4) Increase fraud, waste, and abuse prevention, detection, and collections;~~
- ~~———— (5) Implement fee-for-service payment changes and managed care premium — adjustments that incentivize the most appropriate and effective use of services;~~
- ~~———— (6) Increase efficiencies in the vendor drug program;~~
- ~~———— (7) Increase third party recoupments;~~
- ~~———— (8) Implement a pilot program on motor vehicle subrogation;~~
- ~~———— (9) Achieve efficiencies in the printing and distribution of Medicaid identification cards;~~
- ~~———— (10) Implement facility cost savings by reducing leased space or decommissioning ——— buildings;~~
- ~~———— (11) Recoup administrative costs for programs HHSC administers for other entities, — such as the School Health and Related Services Program (SHARS);~~

3.B. Rider Revisions and Additions Request (continued)

~~(12) Seek flexibility from the federal government to improve the efficiency of the Medicaid program;~~

~~(13) Improve prior authorization and utilization review for non-emergent air ambulance services;~~

~~(14) Evaluate reimbursement for dual eligibles;~~

~~(15) Review utilization and evaluate appropriateness of rates for durable medical equipment;~~

~~(16) Enforce the limitations on recipient disenrollment from managed care plans pursuant to Government Code, § 533.0076;~~

~~(17) Identify and execute savings by:~~

~~(i) Conducting an independent audit of Medicaid managed care premiums using a separate external actuarial firm every two years. The audit shall review HHSC's contracted actuarial services to ensure premiums are actuarially sound and are providing the greatest value for the state. Based on the audit findings, adjust Medicaid managed care premiums. This audit shall begin with the Medicaid managed care premiums for fiscal year 2018;~~

~~(ii) Ensuring collaboration between the Medicaid and CHIP data analytics unit and the HHSC actuarial staff to investigate and analyze any anomalies in the expenditure data used to set rates and to ensure the expenditure data being used to set rates is sound. Additionally, any anomalies identified related to service utilization, providers, payment methodologies, and compliance with the requirements in Medicaid and CHIP shall be reported to the Office of the Inspector General for further review;~~

~~(iii) Evaluating the methodology used to develop trend factors and other growth assumptions, including ensuring the methodology properly accounts for growth that could be considered one-time rather than ongoing;~~

~~(iv) Using a competitive procurement process with price as one component of the procurement evaluation;~~

3.B. Rider Revisions and Additions Request (continued)

~~(v) Ensuring all programs are meeting cost-effectiveness requirements in the Texas Government Code, including the requirements established in Texas Government Code 533.0025; and~~

~~(vi) Conducting a cost-benefit analysis of contracted services for the provision of agency-related human resource functions. The analysis shall identify any additional operational efficiencies that could result in savings;~~

~~(18) Implement additional initiatives and programmatic efficiencies identified by HHSC.~~

~~b. HHSC shall provide a plan to the Legislative Budget Board to implement cost containment initiatives by December 1, 2017. For initiatives determined not to be cost-effective, the agency shall submit the analysis underlying that determination with the plan. The plan shall be considered approved unless the Legislative Budget Board issues a written disapproval within 15 business days.~~

~~HHSC shall achieve savings of at least \$350,000,000 in General Revenue Funds and \$480,000,000 in Federal Funds for the 2018-19 biennium through the initiatives identified above.~~

~~*Delete rider. HHSC will work with members to determine new cost containment initiatives for next biennium.*~~

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II-58

Texas Medicaid and Healthcare Partnership (TMHP). Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall form an Executive Steering Committee for the Texas Medicaid and Healthcare Partnership (TMHP) contract and Texas Medicaid Management Information System (MMIS) capital project. The TMHP Executive Steering Committee shall provide executive-level strategic direction and commitment to the TMHP contract and MMIS projects. Strategic direction includes, but is not limited to, review of contract terms prior to execution of a new contract or amendment and reports from third-party quality assurance and independent verification and validation vendors. The Executive Commissioner or his designee shall chair the THMP Executive Steering Committee. Membership of the THMP Executive Steering Committee shall include similar executive level representatives, including the Chief Financial Officer,

3.B. Rider Revisions and Additions Request (continued)

Information Resource Manager, technology sponsors, project managers, project contractors, staff of the Legislative Budget Board, and members of the Quality Assurance Team or their designee.

In addition, the THMP Executive Steering Committee shall report any anticipated contract or project cost over-runs or delays to the Legislative Budget Board.

Notwithstanding Article IX, §14.01, Appropriation Transfers; Article IX, §14.03, Limitation on Expenditures— Capital Budget; Article II, Special Provisions, §6, Limitations on Transfer Authority, and any other transfer provisions of this Act, funds appropriated by this Act to the Health and Human Services Commission may not be expended in excess of the amounts identified in Rider 2, Capital Budget, (~~\$41,081,788~~ \$44,406,284 in fiscal year ~~2018~~ 2020 and ~~\$41,015,856~~ \$83,546,265 in fiscal year ~~2019~~ 2021) for this project without prior written approval from the Legislative Budget Board. Additional information requested by the Legislative Budget Board related to this approval shall be provided in a timely manner and shall be prepared in a format specified by the Legislative Budget Board. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the LBB shall interrupt the counting of the 30 business days.

Update year references and Rider 2 Capital budget amounts.

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II-58

~~**Quality-Based Payments and Delivery Reforms in the Medicaid and Children's Health Insurance Programs.** Pursuant to Government Code §536.003, the Health and Human Services Commission shall develop quality-based outcome and process measures that can be used in Medicaid and the Children's Health Insurance Program to implement quality-based payments. If quality-based payments will not be implemented by January 1, 2018, the Commission shall submit a report to the Legislative Budget Board by December 1, 2017 identifying the reasons quality based payments have not been implemented and presenting a plan, including a timeline, for implementing the required payments.~~

Delete rider. HHSC has implemented quality-based outcome and process measures for Medicaid and CHIP and alternative payment models.

3.B. Rider Revisions and Additions Request (continued)

36	II-59	<p>Medicaid Provider Enrollment Portal. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall submit by June 1, 2018, a plan to allocate \$3,157,241 in General Revenue in fiscal year 2019 from the appropriations above, consistent with the provisions of Rider 181, Transfers: Authority and Limitations, for the purpose of establishing a centralized Medicaid provider enrollment portal. Contingent upon written approval of the plan by the Legislative Budget Board and the Governor, \$30,095,552 in All Funds in additional capital budget authority is provided to HHSC in fiscal year 2019. HHSC must comply with the provisions of Article II, Special Provisions, §4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds, and Article IX, §13.02, Report of Additional Federal Funding, if HHSC will access additional federal funds or enhanced federal matching rates for the centralized Medicaid provider enrollment portal.</p> <p><i>Delete rider. The plan was submitted and the funding is included in the 2020-2021 LAR base request.</i></p>
37	II-59	<p>Managed Care Risk Margin. Included in appropriations above in all strategies in Goal A, Medicaid Client Services, is a reduction of \$37,568,472 in General Revenue Funds and \$52,308,256 in Federal Funds in fiscal year 2018 and \$38,742,976 in General Revenue Funds and \$53,943,566 in Federal Funds in fiscal year 2019, a biennial total of \$76,311,448 in General Revenue Funds and \$106,251,822 in Federal Funds as a result of reducing the risk margin in managed care premiums from 2.0 percent to 1.5 percent for STAR and STAR Health and from 2.0 percent to 1.75 percent for STAR PLUS and STAR Kids.</p> <p>Included in appropriations above in all strategies in Goal C, CHIP Client Services, is a reduction of \$373,514 in General Revenue Funds and \$5,039,737 in Federal Funds in fiscal year 2018 and \$392,166 in General Revenue Funds and \$5,291,400 in Federal Funds in fiscal year 2019, a biennial total of \$765,680 in General Revenue Funds and \$10,331,137 in Federal Funds, as a result of reducing the risk margin in managed care premiums from 2.0 percent to 1.5 percent.</p> <p><i>Delete rider. These changes were implemented and the reductions are included in the 2020-2021 LAR base request.</i></p>
38	II-59	<p>Data Analysis Unit Reporting. Out of funds appropriated above, the Health and Human Services Commission shall report to the Legislative Budget Board on a quarterly basis the activities and findings of the Data Analysis Unit established pursuant to Government Code, §531.0082. Additionally, any anomalies identified related to service utilization, providers, payment methodologies, and compliance with requirements in Medicaid and the Children's Health Insurance Program shall be reported to the Office of the Inspector General for further review.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

39	II-59	<p>Graduate Medical Education. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall coordinate with the Higher Education Coordinating Board to determine potential methods for enhancing current state funding to support new and existing Graduate Medical Education (GME) through the Medicaid program. HHSC shall provide a report with options for increasing federal funding for GME to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than December 1, 2018.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium.</i></p>
40	II-59	<p>Maternal and Neonatal Health. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall identify opportunities for decreasing neonatal intensive care unit costs in Medicaid and the Children's Health Insurance Program through better care coordination and utilization of services provided by Better Birth Outcomes initiatives. HHSC shall ensure Medicaid reimbursement and program rules related to reimbursement for neonatal and maternal services are consistent with Health and Safety Code, §241.186 and any other requirements in Health and Safety Code, Chapter 241, Subchapter H related to hospital level of care designations for neonatal and maternal care. Additionally, HHSC shall identify strategies to increase prevention of neonatal abstinence syndrome and reduce maternal mortality, focusing on the top causes of maternal death as identified by the Maternal Mortality and Morbidity Task Force. HHSC shall provide a report with a summary of efforts to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than December 1, 2018.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium. In addition, strategies to reduce maternal mortality are provided in the biennial report required by Senate Bill 17, 85th Legislature, Regular Session, 2017. To promote efficiency and reduce duplication, deletion is being requested.</i></p>
41	II-60	<p>Coordination of Medicaid Dental and Medicaid Services. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall review policies and procedures related to coordination of services between dental maintenance organizations (DMOs) and managed care organizations (MCOs) to ensure services are being delivered in the most appropriate and cost-effective setting; identify which services must be reimbursed by the DMO and the MCO when children require sedation in a dentist's office, ambulatory surgical center, or hospital; define the role of the DMO and MCO in approval of prior authorizations; and establish procedures for resolving any disputes in authorizations between DMOs and MCOs. To the extent allowed by state and federal law, HHSC may implement any recommendations developed as a result of the required review and provide a report with a summary of efforts to the Legislative Budget Board no later than December 1, 2018.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium.</i></p>

3.B. Rider Revisions and Additions Request (continued)

42	II-60	<p>Coordination of Services. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall study ways to improve coordination of therapy services that are billable to Medicaid provided by school districts that are also provided by other Medicaid providers. HHSC shall identify barriers to data collection and, in coordination with the Texas Education Agency (TEA) and participating school districts, evaluate the feasibility of participating school districts reporting to HHSC data to allow HHSC to determine:</p> <p>a. Data on the number of children identified, types of therapy services received, and cost of therapy services by fiscal year and provider type; and</p> <p>b. Recommendations to improve coordination of services for children who receive therapy services from both school districts and other Medicaid providers.</p> <p>HHSC shall submit a report identifying barriers to coordination and making recommendations to improve coordination of services and comparison of data to the LBB and Governor no later than December 1, 2018.</p> <p><i>Delete rider. The reporting requirements were completed during the 2018-2019 biennium.</i></p>
43	II-60	<p>Therapy Services Accountability. The Health and Human Services Commission shall work in cooperation with managed care organizations to create a more accountable and transparent system for therapy services by requiring all claims submitted to include rendering providers national provider identification number.</p> <p><i>Delete rider. This requirement is scheduled to be implemented on 9/1/18. MCO's will be required to include the rendering therapy provider's national provider identification number in their encounter submission.</i></p>
44	II-60	<p>Contingency for Senate Bill 1787—Included in appropriations above in all Strategies in Goal A, Medicaid Client Services, is a reduction of \$8,400,000 in General Revenue Funds and \$11,100,000 in Federal Funds in fiscal year 2018 and \$8,400,000 in General Revenue Funds and \$11,100,000 in Federal Funds in fiscal year 2019 contingent upon enactment of Senate Bill 1787, or similar legislation related to the functions and administration of the Health and Human Services Commission and the commission's office of inspector general in relation to fraud, waste, and abuse and other investigations in health and human services, by the Eighty-fifth Legislature, Regular Session.</p> <p><i>Delete rider. This legislation was implemented and the reductions are included in the 2020-2021 LAR base request.</i></p>

3.B. Rider Revisions and Additions Request (continued)

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II-60

~~**Managed Care Organization Services for Individuals with Serious Mental Illness.**~~

~~a. Out of funds appropriated above in all strategies in Goal A, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall improve efforts to better serve individuals with serious mental illness, as defined by §1355.001, Texas Insurance Code. HHSC shall develop performance metrics to better hold managed care companies accountable for care of enrollees with serious mental illness. Performance metrics shall include those pursuant to Government Code, Chapter 536.003, as well as industry standard performance measures for integrated care, jail and emergency department diversion, post-release linkage to care, homelessness reduction, supportive housing, and medication adherence. HHSC's efforts should demonstrate improved outcomes, integration of care and enhanced cost control against an established baseline measurement for the target population of individuals with serious mental illness. HHSC shall submit a report to the Legislative Budget Board and Governor no later than November 1, 2018, detailing HHSC's performance metrics relating to providing services to individuals with serious mental illness as described above.~~

~~b. Per the express authority granted in Government Code, Chapter 533.0025(b), HHSC may, if cost effective, develop and procure a managed care program for an alternative model of managed care in at least one service delivery area of the state to serve individuals with serious mental illness in Medicaid and CHIP managed care programs.~~

~~c. If HHSC determines that the agency will not develop and procure a managed care program as described in (b) above, HHSC shall report to the Legislative Budget Board before any relevant procurements on why it did not. The report shall include a five-year General Revenue and All Funds cost analysis, the specific consideration detailed in Government Code, Chapter 533.0025(c), and how HHSC and Managed Care Organizations will better serve those with severe mental illness in existing managed care service models.~~

Delete rider. The reporting requirements were completed during the 2018-2019 biennium. In addition, the remaining Rider requirements are included in Statute. To promote efficiency and reduce duplication, deletion is being requested.

3.B. Rider Revisions and Additions Request (continued)

46

II-61

Hospital Payments. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in all Strategies in Goal A, Medicaid Client Services, is ~~\$52,428,845~~ in General Revenue Funds, ~~\$101,660,775~~ ~~\$99,881,693~~ in Interagency Contracts, and ~~\$202,778,300~~ in Federal Funds (~~\$356,867,920~~ in All Funds) in fiscal year ~~2018~~2020 and ~~\$50,943,604~~ in General Revenue Funds, ~~\$101,660,775~~ in Interagency Contracts, and ~~\$205,104,053~~ in Federal Funds (~~\$357,708,432~~ in All Funds) in fiscal year ~~2019~~2021 to provide Medicaid hospital add on payments for trauma care, safety net hospitals, and rural hospitals and allocated between hospital types as follows:

a. ~~\$77,742,620~~ in Interagency Contracts and ~~\$102,307,451~~ in Federal Funds in fiscal year ~~2018~~2020 and ~~\$75,257,380~~ in Interagency Contracts and ~~\$101,147,777~~ in Federal Funds in fiscal year ~~2019~~2021 for trauma care;

b. ~~\$40,428,845~~ in General Revenue Funds, ~~\$23,918,155~~ in Interagency Contracts, and ~~\$84,679,132~~ in Federal Funds in fiscal year ~~2018~~2020 and ~~\$37,943,604~~ in General Revenue Funds, ~~\$26,403,395~~ in Interagency Contracts, and ~~\$86,483,955~~ in Federal Funds in fiscal year ~~2019~~2021 for safety-net hospitals; and

c. ~~\$12,000,000~~ in General Revenue Funds and ~~\$15,791,717~~ in Federal Funds in fiscal year ~~2018~~2020 and ~~\$13,000,000~~ in General Revenue Funds and ~~\$17,472,321~~ in Federal Funds in fiscal year ~~2019~~2021 for rural hospitals.

3.B. Rider Revisions and Additions Request (continued)

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in subsection (b) that targets the state's safety-net hospitals, including those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

~~For purposes of subsection (c), rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. Payments to rural hospitals from funds identified in subsection (c) may include a combination of increases in or add-ons to any or all of the following: general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.~~

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.

Update year references. Also, remove language defining rural hospital and create NEW Rider 712 to clarify that the definition of rural hospital applies to all funds and programs.

47

II-61

~~**Medicaid Medical Transportation:**~~

~~a. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall determine unmet transportation need based on information available from Medicaid client surveys to estimate the percentage of clients who did not use the Medical Transportation Program and experienced either a difficult or very difficult time obtaining transportation to medical appointments. The Health and Human Services Commission shall notify the Legislative Budget Board and the relevant standing committees of the Legislature within 90 days of completing survey data collection if unmet transportation needs exceed 16 percent of total Medicaid clients. The notification must outline how the agency will address unmet transportation needs.~~

3.B. Rider Revisions and Additions Request (continued)

~~b. To track the cost efficiency of the program, the Health and Human Services Commission shall report the average cost per trip provided through the program for each fiscal year in the biennium to the Legislative Budget Board and post on the Commission's website not later than 120 days after the end of each fiscal year.~~

Delete rider. This one-time report was completed in the 2018-2019 biennium. The program conducts client satisfaction surveys annually that will allow HHSC to continue to monitor any unmet transportation needs.

48

II-62

Increase Consumer Directed Services. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall educate STAR+PLUS home and community-based services consumers about the Consumer Directed Services (CDS) option, and seek to increase the percentage of clients who choose CDS. HHSC shall collect information annually from each Managed Care Organization (MCO) on the percent of clients enrolled in CDS and shall establish incremental benchmarks for improvement. HHSC shall include this information on the agency website and provide it to the STAR Plus Quality Work Group-Texas Council on Consumer Direction.

The STAR Plus Quality Work Group is no longer active. The Texas Council on Consumer Direction advises HHSC on the development, implementation, expansion, and delivery of services through consumer direction, in all programs offering long-term services and supports that enhance a consumer's ability to have freedom and exercise control and authority over the consumer's choices, regardless of age or disability.

49

II-62

~~**Review of Certain Medicaid Dental Services.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct a review of the dental services provided to adults with disabilities through Medicaid. The review may focus on the following areas:~~

~~a. Preventive, emergency, periodontal, restorative, and prosthodontic dental care services available;~~

~~b. Limits or caps on services, or the cost of services;~~

3.B. Rider Revisions and Additions Request (continued)

~~e. The dental needs of adults with particular disabilities;~~

~~d. Availability of dentists participating in Medicaid who provide dental services to adults with disabilities; and~~

~~e. Utilization of emergency rooms for dental services and any effect on the cost of care.~~

~~HHSC shall submit a report to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Finance Committee, House Appropriations Committee, Senate Committee on Health and Human Services, House Committee on Human Services, and House Committee on Public Health no later than December 1, 2018. The report shall detail the agency's findings related to the above items and provide recommendations for improving access to dental care.~~

Delete rider. The reporting requirements were completed during the 2018-2019 biennium. In addition, this Rider is duplicative of a study and report that was required by House Bill 3295, 85th Legislative Session, Regular Session, 2017.

50

II-62

~~**Evaluation of Intermediate Care Facility Conversion.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall evaluate and report to the Legislative Budget Board on the cost effectiveness of permitting small Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) with four or fewer individuals living in the home, who are voluntarily relinquishing their ICF-IID bed, to convert to Home and Community-based Services waiver placements. The report shall be submitted by March 1, 2018.~~

Delete rider. The evaluation and reporting requirements were completed during the 2018-2019 biennium.

51

II-62

Community Integration Performance Indicators. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop measurements of community integration outcomes, which may include measures of opportunity (objective and subjective), community participation, community presence, well-being, and recovery, for the STAR+PLUS and STARKids programs. HHSC shall work with clients, providers, and other relevant stakeholders to develop these measures and establish methods of data collection. Upon stakeholder agreement, HHSC may

begin data collection for measures reporting, and shall publish final data on these measures on the HHSC website on an annual basis.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

52	II-63	<p>Evaluation of Rural Hospital Funding Initiatives. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission shall evaluate Medicaid funding initiatives for rural inpatient and outpatient hospital services, including determining the percentage of estimated allowable hospital cost reimbursed by payments for services provided to managed care clients; the percentage of wrongful denials; the average wait time for final payment; and any remedies taken to improve compliance of vendors. The commission shall submit a progress report on the evaluation to the Legislative Budget Board and the Office of the Governor by August 1, 2018, and submit a report on the evaluation findings to the Legislative Budget Board and the Office of the Governor by August 1, 2019. For purposes of the above evaluations, rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.</p> <p><i>Delete rider. The evaluation and reporting requirements were completed during the 2018-2019 biennium.</i></p>
53	II-63	<p>Program of All-inclusive Care for the - Elderly (PACE).</p> <p>a. Expansion of PACE Sites. The Health and Human Services Commission (HHSC) may use funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the - Elderly (PACE) to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2018<u>2020</u>.</p> <p>b. Funding for Additional Sites and Participants. Notwithstanding HHSC, Rider 181, Transfers: Authority and Limitations and Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, if funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the - Elderly (PACE) are not sufficient to pay for services described in subsection (a), the Health and Human Services Commission (HHSC) shall transfer funds from Goal A, Medicaid Client Services, Strategy A.1.1, Aged and Medicare-related, or Strategy A.1.2, Disability-Related, in an amount not to exceed \$1,784,785 in General Revenue Funds in fiscal year 2019 <u>2020</u> and \$4,980,432 in General Revenue Funds in fiscal year 2019 <u>2021</u>. The Executive Commissioner of HHSC must certify that funds appropriated in Strategy A.3.5, Program of All-inclusive Care for the - Elderly (PACE) were insufficient due to an increase in the number of participants served, not due to an increase in the average cost or rate. The Executive Commissioner of HHSC shall provide written notification to the Legislative Budget Board and the Governor of the certification and the transfer amounts within 30 business days of the date on which any transfer occurs.</p>

3.B. Rider Revisions and Additions Request (continued)

c. **Additional Funding for PACE Program.** Should transfer authority provided in subsection (b) be insufficient to serve the increase in participants described by subsection (a), the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor for approval to transfer additional funds from Strategy A.1.1, Aged and Medicare-related, or Strategy A.1.2, Disability-Related to Strategy A.3.5, Program of All-inclusive Care for the - Elderly (PACE). The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

d. **Average Cost for New PACE Recipients.** Proposed rates related to new sites are subject to the requirements in Special Provisions Relating to All Health and Human Services Agencies, §17, Rate Limitations and Reporting Requirements. The fiscal impact of proposed rates shall be calculated relative to the average cost per recipient for existing PACE sites.

Update year references.

54

II-63

~~**Texas Medicaid Pre-term Births and Low Birthweight Births.** Out of funds appropriated above, the Health and Human Services Commission, with the assistance of the Comptroller of Public Accounts and the Legislative Budget Board, shall study and report on opportunities for cost savings to the Texas Medicaid program from increasing the minimum legal age to access tobacco and electronic nicotine delivery system products from 18 to 21 years. The report shall include, but is not limited to, estimates related to the prevention of pre-term births (PTB) and low birthweight births (LBW) attributable to smoking and the cost of treating PTB and LBW. The report shall be provided to the Legislative Budget Board, Office of the Governor, Chair of~~

~~the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than August 31, 2018.~~

~~*Delete rider. The study and reporting requirements were completed during the 2018-2019 biennium.*~~

3.B. Rider Revisions and Additions Request (continued)

55

II-64

~~**Informational Listing: Expansion of Community-based Services.** Appropriations made above in Goal A, Medicaid Client Services, include \$20,156,364 in General Revenue Funds and \$26,916,316 in Federal Funds for the 2018-19 biennium for the expansion of community-based services as follows:~~

~~a. For the Promoting Independence Initiative, the following additional waiver slots:~~

~~(1) 325 Home and Community-based Services (HCS) slots for persons moving out of large and medium Intermediate Care Facilities for Individuals with Intellectual Disabilities;~~

~~(2) 110 HCS slots for children aging out of foster care;~~

~~b. For the purpose of complying with federal Preadmission Screening and Resident Review requirements, the following additional waiver slots:~~

~~(1) 150 HCS slots for persons with intellectual and developmental disabilities (IDD) moving from nursing facilities; and~~

~~(2) 150 HCS slots for persons with IDD diverted from nursing facility admission.~~

~~All waiver slots identified in subsections (a) and (b) are end-of-year targets for fiscal year 2019. Appropriations assume equal rollout throughout the 2018-19 biennium. The Health and Human Services Commission shall take any action necessary to ensure that persons are enrolled in waiver services as intended by appropriations and shall provide a plan for achieving this goal. The plan shall be submitted by September 1, 2017, and progress reports related to achieving enrollment goals shall be submitted on March 1, 2018; September 1, 2018; and March 1, 2019. Each progress report shall identify the number of persons enrolled in each type of slot and for each purpose identified in subsections (a) and (b); planned enrollment for the remainder of the 2018-19 biennium; any issues with enrollment identified by the agency; and how the agency plans to address those issues to achieve the targets by the end of fiscal year 2019. The plan and subsequent progress reports shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.~~

~~*Delete rider. This Informational rider is dependent on Legislative decisions (usually in Conference Committee) and the funding is included in the 2020-2021 LAR base request.*~~

56

II-64

~~**Exemption from Waiver Rate Reductions.** Included in amounts appropriated above in Goal A, Medicaid Client Services, is \$7,500,000 in General Revenue Funds and \$12,700,000 in Federal Funds for the 2018-19 biennium to exempt consumer directed services from rate reductions for Supported Home Living services in the Home and Community-based Services waiver and Community Support Services in the Texas Home Living waiver.~~

~~*Delete rider. The funding is included in the 2020-2021 LAR base request.*~~

3.B. Rider Revisions and Additions Request (continued)

57	II-64	<p>Medicaid Therapy Services Reporting. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall submit, on a quarterly basis, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) and whether the items below negatively affect access to care:</p> <ul style="list-style-type: none">a. Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;b. Provider and member complaints by disposition reported by Medicaid Managed Care Organizations;c. The number of pediatric acute care therapy provider terminations and the reason for identified terminations;d. The utilization of pediatric acute care therapy services;e. The number of members on a waiting list, unable to access pediatric acute care therapy services due to insufficient network capacity; andf. The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures. <p>HHSC shall submit the quarterly reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board beginning December 1, 2018 <u>2020</u>.</p>
<p><i>Update year reference.</i></p>		
58	II-65	<p>Review of Certain Capitation for Dual Eligible Clients. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall review the capitation amounts paid to health plans for Medicaid dual eligible members, excluding capitation amounts for the STAR+PLUS and dual demonstration programs. By December 31, 2017, HHSC shall report its findings to the Legislative Budget Board.</p>
<p><i>Delete rider. The review and reporting requirements were completed during the 2018-2019 biennium.</i></p>		

3.B. Rider Revisions and Additions Request (continued)

59	II-65	<p>Adjustment of Therapy Rate Reductions. Funds appropriated above in the strategies in Goal A, Medicaid Client Services, include \$11,850,000 in General Revenue Funds and \$15,593,261 in Federal Funds (\$27,443,261 in All Funds) for fiscal year 2018 and \$12,555,500 in General Revenue Funds and \$16,834,045 in Federal Funds (\$29,389,045 in All Funds) for fiscal year 2019 to restore approximately 25 percent of the reductions made to reimbursement rates for acute care therapy services during the 2016-17 biennium. The Health and Human Services Commission is directed to allocate the restorations among provider types and procedure codes to preserve access to care for clients served under Medicaid fee-for-service and managed care models. It is the intent of the Legislature that HHSC shall ensure any funds restored through this rider are fully reflected in reimbursement rates paid to providers of acute care therapy services in both fee-for-service and managed care models. Additionally, funds appropriated above in Goal A, Medicaid Client Services, include \$14,100,000 in General Revenue Funds and \$18,554,006 in Federal Funds (\$32,654,006 in All Funds) for fiscal year 2018 to phase in and delay the reduction of rates for therapy assistants. Appropriated amounts assume the reductions will not begin until December 1, 2017 and that rates will remain at 85 percent of the rate paid to a licensed therapist from that date until September 1, 2018. Appropriated amounts assume rates for therapy assistants will be reduced to 70 percent of the rate paid to a licensed therapist beginning September 1, 2018.</p> <p><i>Delete rider. These changes were implemented and the reductions are included in the 2020-2021 LAR base request.</i></p>
60	II-65	<p>Prescription Drug Benefit Administration in Medicaid, CHIP, and Other Health-Related Services. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall study potential cost savings in the administration of prescription drug benefits. In studying potential cost savings, HHSC may consider savings achieved from, but not limited to: a single statewide claims processor model to deliver prescription drug benefits in the Medicaid, CHIP, Women's Health, Children with Special Health Care Needs, and Kidney Health Care programs; reduction of the Affordable Care Act Health Insurance Providers Fee, guaranteed risk margin, and administrative services fees from decreasing capitation related to pharmacy benefits; and transitioning to a prescription pricing methodology based on National Average Drug Acquisition Cost with a professional dispensing fee commensurate with the most recent study commissioned by HHSC.</p> <p><i>Delete rider. The study was completed during the 2018-2019 biennium.</i></p>

3.B. Rider Revisions and Additions Request (continued)

61

II-65

~~**Evaluation of Medicaid Managed Care-**~~

~~a. **Review of Managed Care System.** From funds appropriated above and pursuant to its authority under general law, the Health and Human Services Commission (HHSC) shall contract with an independent organization to conduct a comprehensive evaluation of managed care in the Texas Medicaid program. The evaluation must include a review of the current delivery system, an assessment of the performance of managed care including analysis of costs, cost savings, cost trends, the impact of caseload growth, cost containment initiatives, and contractual mandates. HHSC shall also include in the evaluation how cost trends for managed care programs in Texas compare to other states and recommendations on additional operational efficiencies, delivery system reforms, and cost containment initiatives.~~

~~b. **Contract Review and Oversight.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, HHSC shall conduct a review of the agency's contract management and oversight function for Medicaid and CHIP managed care contracts. The review should consider the effectiveness and frequency of audits, the data necessary to evaluate existing contract requirements and enforcement, including penalties, and the need for additional training and resources for effective contract management.~~

~~c. **Managed Care Rate Setting.** Out of funds appropriated above, HHSC shall conduct a study of Medicaid managed care rate setting processes and methodologies in other states.~~

~~d. **Managed Care Administrative Expenditure Audit.** Out of funds appropriated above, HHSC shall conduct an audit of administrative expenditures made by managed care~~

~~organizations in Medicaid and the Children's Health Insurance Program. HHSC shall use the audit process to identify opportunities for savings.~~

~~HHSC shall develop and report on its findings from sections (a) through (d) to the Governor, the Legislative Budget Board and members of the House Appropriations Committee, Senate Finance Committee, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than September 1, 2018.~~

Delete rider. The requirements were completed during the 2018-2019 biennium.

Children's Health Insurance Program

Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language

3.B. Rider Revisions and Additions Request (continued)

62

II-66

Use of Additional CHIP Experience Rebates. Included in the amounts appropriated above in Strategy C.1.1, CHIP, are CHIP Experience Rebates. For the purposes of this provision, CHIP Experience Rebates are defined as: 1) refunds/rebates of previously paid CHIP premiums and related interest earnings; and 2) managed care rebates and related interest earnings as described below. Amounts defined as CHIP Experience Rebates are to be deposited into the General Revenue Fund. The Health and Human Services Commission (HHSC) may receive and spend experience rebates generated in accordance with its contractual agreements with managed care organizations and other providers who participate in the CHIP and CHIP Perinatal programs. Expenditures shall be made from CHIP Experience Rebates generated in fiscal years ~~2018 and 2019~~ 2020 and 2021. The method of financing item, Experience Rebates - CHIP No. 8054, for appropriations made above, includes unexpended and unobligated balances of Experience Rebates - CHIP remaining as of August 31, ~~2017~~2019, and receipts earned in fiscal years ~~2018 and 2019~~ 2020 and 2021.

The use of CHIP Experience Rebates is limited to health care services for CHIP clients. CHIP Experience Rebates shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support CHIP-related programs. In the event that these revenues should be greater than the amounts identified in the method of finance above as Experience Rebates - CHIP, HHSC is appropriated and authorized to expend these General Revenue Funds thereby made available, subject to the following requirements:

a. Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and

The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.

Update year references. Also, to promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.

63

II-66

CHIP: Tobacco Settlement Receipts. It is the intent of the Legislature that tobacco settlement receipts appropriations made above in all Strategies in Goal C, CHIP Client Services, include \$64,716,756 for fiscal year ~~2018~~ 2020 and \$64,381,791 for fiscal year ~~2019~~ 2021 in tobacco settlement receipts paid to the State pursuant to the Comprehensive Tobacco Settlement and Release. In the event that the state has not received a tobacco settlements payment for fiscal year ~~2018~~ 2020 and fiscal year ~~2019~~ 2021 by September 1 of each year of the biennium, the Comptroller of Public Accounts is authorized to use general revenue funds as needed for program expenditures for cash flow purposes between the beginning of the fiscal year and the receipt by the state of the tobacco settlement payment for the fiscal year. Upon receipt of the tobacco settlement payment, the General Revenue Fund shall be reimbursed with tobacco settlement receipts for all expenditures made pursuant to this provision.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

64	II-67	<p>CHIP Enrollment. In the event that appropriations are insufficient to sustain enrollment at authorized eligibility and benefit levels in CHIP, it is the intent of the legislature that the Executive Commissioner transfer necessary funds to all Strategies in Goal C, CHIP Client Services, pursuant to the notification and approval requirements contained in other provisions, and request additional appropriation authority from the Legislative Budget Board prior to establishing a waiting list and suspending enrollment pursuant to Health and Safety Code §62.101.</p> <p><i>No change is requested.</i></p>
65	II-67	<p>Children's Health Insurance Program Priority. In the event that the Health and Human Services Commission receives less CHIP Federal Funds than are anticipated above in Goal C, CHIP Client Services, the Commission may prioritize services to recipients of the traditional CHIP program. Serving those eligible for the CHIP Perinatal program may be a secondary priority.</p> <p><i>Delete rider. Congress has authorized CHIP funding through FFY 2027. Further, Federal maintenance of effort (MOE) requirements prohibit HHSC from eliminating CHIP Perinatal (CHIP-P) or instituting enrollment caps or freezes in CHIP-P or traditional CHIP. The only options to reduce costs are to reduce benefits. Because the CHIP-P benefit package is already so focused, staff believe it is unlikely that CMS would approve any reductions in benefits in CHIP-P.</i></p>
66	II-67	<p>CHIP Premium Co-Pays. For purposes of this provision, CHIP Premium Co-Payments are defined as premium co-payments made on behalf of children enrolled in the Children's Health Insurance Program. Amounts defined as premium co-payments for CHIP children are deposited into the General Revenue Fund. The Health and Human Services Commission (HHSC) may receive and expend CHIP Premium Co-Payment revenues. In the event that these revenues should exceed the amounts identified in the method of finance table above as Premium Co-Payments, Low Income Children No. 3643, HHSC is appropriated and authorized to expend these General Revenue Funds, subject to the following requirements:</p> <p>a. Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and</p> <p>b. In the event General Revenue has been expended prior to the receipt of Premium Co- Payments, Low Income Children No. 3643, HHSC shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of program income balances and reported in the Monthly Financial Report required by Rider 197, Other Reporting Requirements.</p> <p>This rider shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.</p> <p><i>To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.</i></p>

**3.B. Rider Revisions and Additions Request
(continued)**

Behavioral Health		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
67	II-67	<p>Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue- Related Funds at the Health and Human Services Commission in Strategies C.1.1, CHIP, D.1.7, Children with Special Needs, D.2.1, Community Mental Health Svcs - Adults, D.2.2, Community Mental Hlth Svcs - Children, D.2.3, Community Mental Health Crisis Svcs, D.2.4, Substance Abuse Prev/Inter/TreatServices, F.1.3, Non-Medicaid IDD Community Services, F.3.2, Child Advocacy Programs, F.3.3, Additional Advocacy Programs, G.2.1, Mental Health State Hospitals, G.2.2, Mental Health Community Hospitals, G.3.1, Other Facilities, G.4.2, Facility Capital Repairs and Renov, I.2.1, Long-Term Care Intake & Access, L.1.1, HHS System Supports and M.1.1, Texas Civil Commitment Office in fiscal year 2018 <u>2020</u> or fiscal year 2019 <u>2021</u>, as identified in Art. IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2018 <u>2020</u> or fiscal year 2019 <u>2021</u> does not satisfy the requirements of Art. IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p> <p><i>Update year references and update title of strategy D.2.4. to correspond to approved budget structure. Also, eliminate the word "contingency" from the title to avoid confusion with Riders that are contingent upon certain legislation passing.</i></p>
68	II-67	<p>Client Services. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) enter into a Memorandum of Understanding for providing outpatient substance abuse treatment services by HHSC to referred DFPS clients.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

69	II-67	<p>Mentally Ill Offender Screening for Offenders with Mental Illness. Pursuant to Health and Safety Code §§614.013 and 614.017, the Health and Human Services Commission (HHSC) and community centers, as defined in the Texas Health and Safety Code §534.001(b), shall, through a memorandum of understanding, identify offenders with mental impairments in the criminal justice system, collect and report prevalence data, and accept and disclose information relating to a special needs offender if the disclosure serves the purpose of Chapter 614, Health and Safety Code.</p> <p>HHSC shall report to the Legislative Budget Board no later than September 1 of each fiscal year its efforts to facilitate the exchange of information between agencies pursuant to Health and Safety Code §614.017. The report shall include, but is not limited to: the manner in which information is exchanged between agencies, the frequency with which information is exchanged, the type of information most frequently exchanged, and the agencies most frequently involved in the exchange of information.</p> <p><i>To align verbiage with person first language.</i></p>
70	II-68	<p>Local Service Area Planning. Pursuant to Health and Safety Code §533.0352, the Health and Human Services Commission (HHSC) shall develop performance agreements with Local Mental Health Authorities (LMHAs) out of funds allocated in Strategies D.2.1, Community Mental Health Svcs-Adults, D.2.2, Community Mental Hlth Svcs- Children, and D.2.3, Community Mental Health Crisis Svcs, that give regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan.</p> <p><i>No change is requested.</i></p>
71	II-68	<p>Mental Health Outcomes and Accountability. Out of funds appropriated above in Goal D, Additional Health-related Services, Strategies D.2.1, Community Mental Health Svcs - Adults, D.2.2, Community Mental Hlth Svcs - Children, and D.2.3, Community Mental Health Crisis Svcs, the Health and Human Services Commission (HHSC) shall place ten percent (10%) of the General Revenue quarterly allocation from each Local Mental Health Authority (LMHA) at risk. Funds placed at risk shall be subject to recoupment for failure to achieve outcome targets set by HHSC. Funds that have been recouped for failure to achieve outcome targets will be used for technical assistance and <u>or</u> redistributed as an incentive payment according to a methodology developed by HHSC. Performance shall be assessed and payments made on a six-month interval.</p> <p><i>To increase the flexibility to allocate recouped dollars as appropriate.</i></p>

3.B. Rider Revisions and Additions Request (continued)

72	II-68	<p>Mental Health Appropriations and the 1115 Medicaid Transformation Waiver. Out of funds appropriated above in Goal D, Additional Health-related Services, Strategies D.2.1, Community Mental Health Svcs - Adults, D.2.2, Community Mental Hlth Svcs - Children, and D.2.3, Community Mental Health Crisis Svcs, the Health and Human Services Commission (HHSC) by contract shall require that General Revenue funds be used to the extent possible to draw down additional federal funds through the 1115 Transformation Waiver or other federal matching opportunities. Nothing in this section shall relieve a Local Mental Health Authority from an obligation to provide mental health services under the terms of a performance contract with HHSC or to reduce the amount of such obligation specified in the contract. HHSC shall report to the Legislative Budget Board and the Governor by December 1 of each fiscal year on efforts to leverage these funds.</p>
<p><i>No change is requested.</i></p>		
73	II-68	<p>Healthy Community Collaboratives. Out of General Revenue appropriated above, the Health and Human Services Commission (HHSC) shall allocate an amount not to exceed \$25,000,000 in General Revenue over the biennium in Strategy D.2.3, Community Mental Health Crisis Svcs, to fund grants to Healthy Community Collaboratives pursuant to Government Code §§539.001-.008. Contingent upon enactment of HB 4142, or similar legislation relating to certain requirements of counties and other governmental entities regarding behavioral health, and the availability of local matching funds pursuant to Government Code §539.002, \$10,000,000 in General Revenue from the amount identified above may be allocated to fund Healthy Community Collaboratives in rural areas. If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then HHSC shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.</p> <p>Any unexpended balances remaining as of August 31, 2018 <u>2020</u> are appropriated to HHSC for the same purposes in the fiscal year beginning September 1, 2018 <u>2020</u>. HHSC shall use funds for these purposes to the extent allowed by state law. HHSC shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2018 <u>2020</u>.</p>
<p><i>Update year references. Also, to delete the legislation contingency verbiage.</i></p>		

3.B. Rider Revisions and Additions Request (continued)

74	II-68	<p>Mental Health Peer Support Re-entry Pilot Program. Out of funds appropriated above, the Health and Human Services Commission (HHSC) through a Memorandum of Understanding shall allocate up to \$1,000,000 in General Revenue for the 2018-19 <u>2020-21</u> biennium from Strategy D.2.1, Community Mental Health Svcs-Adults, to implement <u>maintain</u> a mental health peer support re-entry program- HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall establish a <u>The</u> pilot program that shall uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.</p> <p>HHSC shall submit a report to the Governor's Office and the Legislative Budget Board on the program that includes the total population to be served and client outcome measures by December 1, 2018 <u>2020</u>.</p> <p><i>Update year references and update verbiage to reflect that the pilot has been implemented.</i></p>
75	II-69	<p>Quarterly Reporting of Waiting Lists for Mental Health Services. The Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor, no later than 60 days from the end of each fiscal quarter, the current waiting list and related expenditure data for the following:</p> <ul style="list-style-type: none">a. Community mental health services for adults;b. Community mental health services for children;c. Forensic state hospital beds; andd. Maximum security forensic state hospital beds. <p>The data shall be submitted in a format specified by the Legislative Budget Board and shall, at a minimum, include the number of clients waiting for all services, the number of underserved clients waiting for additional services, the number of individuals removed from the waiting list, and funds expended <u>HHSC disburses to local mental health and behavioral health authorities (LMHAs and LBHAs)</u> to remove individuals on the waiting list in the current fiscal quarter, and the average number of days spent on the waiting list. The information above shall be provided for each Local Mental Health Authority (LMHA) <u>LMHA and LBHA</u>, facility, or other contracted entity. HHSC shall distinguish between waiting lists at LMHAs <u>and LBHAs</u>, state facilities, or other contracted entities that are due to operational or other short-term factors and long-term waiting lists due to insufficient capacity.</p> <p><i>Add LBHAs to rider since they are subject to the same waitlist standards and requirements as LMHAs. Also to clarify the funds being reported.</i></p>
76	II-69	<p>Purchased Psychiatric Hospital Beds. Included in amounts appropriated above in Strategy G.2.2, Mental Health Community Hospitals, is \$3,154,123 in General Revenue for the 2018-19 biennium to increase the daily rates paid for purchased community and private psychiatric beds. This provision may not be construed as directing the Health and Human Services Commission to set a minimum daily rate for all purchased psychiatric beds.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>

3.B. Rider Revisions and Additions Request (continued)

77

11-69

~~**Medicaid Services Capacity for High-Needs Children in the Foster Care System.** Included in amounts appropriated above in Strategy D.2.2, Community Mental Health Services Children, is \$2,000,000 in General Revenue in fiscal year 2018 for the Health and Human Services Commission (HHSC), in collaboration with the Department of Family and Protective Services (DFPS), to establish a statewide grant program to increase access to targeted case management and rehabilitative services for high-needs children in the foster care system. HHSC and DFPS may establish the initiative no later than November 1, 2017.~~

~~This one-time grant program may provide funds to Local Mental Health Authorities (LMHAs) and other nonprofit entities that are making investments to: 1) become targeted case management and rehabilitative services providers for children in foster care in the Intense Service Level or 2) expand their existing capacity to provide targeted case management and rehabilitative services to children in foster care in the Intense Service Level. In order to receive grant funds, the entity must provide local matching funds in an amount defined by HHSC, based on the entity's geographical location. Funds may only be used to pay for costs directly related to developing, implementing, and training teams to provide targeted case management and rehabilitative services to children in foster care in the Intense Service Level.~~

~~HHSC shall provide monthly updates regarding the number of entities who have been credentialed or have expanded services, and the number of children in the foster care system receiving Intense Service Level services from newly credentialed or expanded entities. These updates should be provided ten calendar days after the end of the month in a format prescribed by the Legislative Budget Board.~~

~~HHSC shall gather and report information on any investment of funds made by STAR Health to an entity to assist in expediting services to high-need children in the foster care system.~~

~~HHSC shall enter into an agreement with a qualified nonprofit entity to serve as administrator of the initiative, at no cost to the state. The administrator shall assist, support, and advise HHSC in fulfilling HHSC's responsibilities as well as assist entities in securing local matching funds.~~

Delete rider. This was a one-time grant program

3.B. Rider Revisions and Additions Request (continued)

78	II-70	<p>Mental Health Program for Veterans. Out of funds appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, the Health and Human Services Commission (HHSC) shall allocate \$5,000,000 in General Revenue in each fiscal year of the 2018-19 <u>2020-21</u> biennium for the purpose of administering the mental health program for veterans established pursuant to Health and Safety Code §§1001.221-.224.</p> <p>No later than December 1 of each fiscal year, HHSC shall submit to the Legislature and the Governor's Office a detailed report describing the activities of the program in the preceding year which shall, at minimum, include a description of how the program is operated; the number of veterans served; the number of peers and volunteer coordinators trained; a summary of the contracts issued and services provided through those contracts; and recommendations for program improvements.</p> <p><i>Update year references.</i></p>
79	II-70	<p>Sharing of Non-Individually Identifiable Health Information. Out of funds appropriated above and consistent with all federal and state requirements, the Health and Human Services Commission (HHSC) shall collaborate with a third party entity to identify opportunities to improve the efficiency of behavioral health care delivery. HHSC shall provide necessary non-individually identifiable health information for this purpose including, but not limited to, Medicaid Fee-for-Service claims, Medicaid Managed Care Organization Encounter data, General Revenue funded inpatient and outpatient encounter data, and NorthSTAR claims and encounter data.</p> <p><i>Delete rider. This was a one-time collaboration.</i></p>
80	II-70	<p>Increased Access to Community Mental Health Services. Included in amounts appropriated above is \$27,215,094 in General Revenue and \$3,889,356 in Federal Funds in each fiscal year in Strategy D.2.1, Community Mental Health Svcs-Adults, and \$178,419 in General Revenue and \$53,631 in Federal Funds in each fiscal year in Strategy D.2.2, Community Mental Health Svcs- Children, for the purpose of eliminating the waiting lists for community mental health services for adults and children, increasing capacity to avoid future waitlists, addressing population growth in Local Mental Health Authority service areas, and increasing equity in funding allocations to Local Mental Health Authorities.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>
81	II-70	<p>Contingency for HB 10 Contingent on enactment of House Bill 10, or similar legislation relating to access to and benefits for mental health conditions and substance use disorders, by the Eighty-fifth Legislature, Regular Session, the Health and Human Services Commission shall utilize funds appropriated above to Strategy D.2.3, Community Mental Health Crisis Services, to allocate no more than two Full-time Equivalent positions within the Office of the Ombudsman to implement the provisions of the legislation.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>

3.B. Rider Revisions and Additions Request (continued)

82	II-70	<p>Contingency for HB 12 Contingent on enactment of House Bill 12, or similar legislation relating to individuals who are or may be persons with a mental illness or an intellectual disability and who are or have been involved with the court system and to the eligibility for medical assistance of certain mentally ill inmates, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$12,500,000 in General Revenue in fiscal year 2018 and \$25,000,000 in General Revenue in fiscal year 2019 to implement the provisions of the legislation. Community collaboratives that receive funding under the provisions of the bill shall report twice annually to the Statewide Behavioral Health Coordinating Council as required by subsection (b) of Article IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request and the twice a year reporting requirements are included in Art IX.</i></p>
83	II-70	<p>Contingency for HB 13 Contingent on enactment of House Bill 13, or similar legislation relating to the creation of a matching grant program to support community mental health programs for individuals experiencing mental illness, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$10,000,000 in General Revenue in fiscal year 2018 and \$20,000,000 in General Revenue in fiscal year 2019 to implement the provisions of the legislation. Community collaboratives that receive funding under the provisions of the bill shall report twice annually to the Statewide Behavioral Health Coordinating Council as required by subsection (b) of Article IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request and the twice a year reporting requirements are included in Art IX.</i></p>
84	II-71	<p>Contingency for HB 1486 Contingent on enactment of House Bill 1486, or similar legislation relating to the provision of peer specialists, peer services, and the provision of those services under the medical assistance program, by the Eighty-fifth Legislature, Regular Session, and included in amounts appropriated above is \$360,366 in General Revenue Match for Medicaid No. 758 and \$474,234 in Federal Funds in fiscal year 2018 and \$1,013,257 in General Revenue Match for Medicaid No. 758 and \$1,361,843 in Federal Funds in fiscal year 2019 in Strategy A.1.2, Disability-Related; and \$79,500 in General Revenue in each fiscal year of the biennium in Strategy B.1.1, Medicaid Contracts and Administration, to implement the provisions of the legislation.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request</i></p>

3.B. Rider Revisions and Additions Request (continued)

85	II-71	<p>Reporting of Postpartum Depression Data. The Health and Human Services Commission (HHSC) shall submit a report on the screening and treatment of postpartum depression, and include, wherever possible, claims data and codes for all postpartum depression screenings and any other reported clinical data relevant to postpartum depression in public health programs including the Medicaid program, Local Mental Health Authorities, and women's health programs. No later than February 1, 2019, HHSC shall submit a report to the Legislative Budget Board, the Texas Maternal Mortality and Morbidity Task Force within the Department of State Health Services or its successor agency, and each House and Senate committee with legislative authority over the operation or financing of public health programs.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>
86	II-71	<p>Postpartum Depression Services. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall, to the extent authorized by state and federal law, seek federal funds for the screening and treatment of postpartum depression pursuant to the 21st Century Cures Act.</p> <p><i>Delete rider. This has been completed.</i></p>
87	II-71	<p>Substance Abuse Funding for Guardians of Children. Out of funds appropriated above in Strategy D.2.4, Substance Abuse Prevention, Intervention, and Treatment, the Health and Human Services Commission shall, to the extent authorized by state and federal law, seek federal funds for the provision of substance abuse services to individuals who suffer from substance abuse disorders and are the guardian of a child aged 18 or younger, and who have been identified as needing services through the Department of Family and Protective Services' Family Based Safety Services (FBSS) or Prevention and Early Intervention (PEI) programs, including federal funding pursuant to the 21st Century Cures Act.</p> <p><i>Delete rider. This rider is consistent with federal guidance which is already in place and being followed. To promote efficiency and reduce duplication, deletion is being requested.</i></p>
88	II-71	<p>Prioritization of Behavioral Health Treatment for Pregnant Women. Out of funds appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, D.2.2, Community Mental Health Services for Children, D.2.3, Community Mental Health Crisis Services, D.2.4, Substance Abuse Prevention, Intervention, and Treatment, D.2.5, Behavioral Health Waivers, and Strategy G.2.2, Mental Health Community Hospitals, the Health and Human Services Commission shall seek to educate and inform the public and behavioral health service providers that pregnant women and women with dependent children are a priority population for services funded through the Substance Abuse Prevention and Treatment Block Grant.</p> <p><i>Delete rider. This rider is consistent with federal guidance which is already in place and being followed. To promote efficiency and reduce duplication, deletion is being requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

89	II-71	<p>Funding for Mental Health Programs. Included in amounts appropriated above in Strategy D.2.1, Community Mental Health Services for Adults, is \$871,348 in General Revenue in each fiscal year of the 2018-19 biennium to continue funding for recovery-focused clubhouses at fiscal year 2017 service levels. Also included in amounts appropriated above in Strategy D.2.2, Community Mental Health Services for Children, is \$3,850,744 in General Revenue in each fiscal year of the 2018-19 biennium for relinquishment prevention slots, including \$1,400,000 in General Revenue to fund additional relinquishment slots above fiscal year 2017 service levels.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>
90	II-71	<p>Quarterly Reporting of Mental Health Services in the Former NorthSTAR Service Area. The Health and Human Services Commission, in coordination with the local behavioral health authorities serving individuals in the area previously served by the NorthSTAR program, shall report on the use of funds, including state, local, Medicaid, other federal and other sources of funding to serve former NorthSTAR clients to the Legislative Budget Board and the Governor. The report shall be submitted no later than 60 days from the end of each fiscal quarter, and shall include projections of the current and anticipated waiting list for mental health services in the area, and a projection of any anticipated additional funding need to avoid a future waiting list.</p> <p><i>Delete rider. Reporting on the former NorthSTAR area waitlist and funds is captured in the Rider 75 report. To promote efficiency and reduce duplication, deletion is being requested.</i></p>
91	II-72	<p>Integrated Care Study for Veterans with Post-Traumatic Stress Disorder. Out of funds appropriated above, and in accordance with the requirements of HB 3404, Eighty-fourth Legislature, Regular Session, 2015, and Rider 10, Integrated Care Study for Veterans with Post-Traumatic Stress Disorder, in the University of Texas Health Science Center at Houston's bill pattern, the Health and Human Services Commission shall coordinate with the University of Texas Health Science Center at Houston to conduct a study on the benefits of providing integrated care to veterans with post-traumatic stress disorder.</p> <p><i>Delete rider. This rider requirement is already included in H.B. 3404, 84th Legislative Session. To promote efficiency and reduce duplication, deletion is being requested.</i></p>

**3.B. Rider Revisions and Additions Request
(continued)**

Women's Health		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
92	II-72	<p>Funding for Abstinence <u>Sexual Risk Avoidance</u> Education. It is the intent of the Legislature that funds appropriated for the 2018-19 2020-21 biennium in Strategy D.1.12, Abstinence Education, including \$1,014,680 in General Revenue and \$15,789,152 in Federal Funds, be utilized for the purpose of implementing abstinence <u>sexual risk avoidance</u> education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence-risk avoidance education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:</p> <p>a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and</p> <p>b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.</p> <p>Funds appropriated in Strategy D.1.12, Abstinence Education, must be used to implement sexual education programs that must comply with each of the A-H components of the abstinence education program under §510(b)(2), Social Security Act (42 U.S.C. §710(b)). No later than December 1 of each fiscal year, the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor's Office a report containing contractor compliance issues related to components A-H of §510(b)(2) of the Social Security Act (42 U.S.C. §710(b)).</p> <p><i>Update year references and align the language with the updated Federal language contained in 42 U.S.C. §710.</i></p>
93	II-72	<p>Primary Health Care Program: Providers. No funds appropriated above may be expended by the Health and Human Services Commission for the Primary Health Care Program in Strategy D.1.11, Community Primary Care Services, to contract with providers that would be ineligible to participate <u>in the Healthy Texas Women program</u> pursuant to Texas <u>Human Resources Code §32.024(c-1) Health and Safety Code §31.006.</u></p> <p><i>Update statutory reference.</i></p>

3.B. Rider Revisions and Additions Request (continued)

94	II-72	<p>Breast and Cervical Cancer Services Program: Providers. No funds appropriated above may be expended by the Health and Human Services Commission's Breast and Cervical Cancer Services Program in Strategy D.1.1, Women's Health Program, to compensate providers that would be ineligible to <u>participate in the Healthy Texas Women program</u> receive funding to provide Breast and Cervical Cancer Services pursuant to Texas <u>Human Resources Code §32.024(c-1)</u> Administrative Code §392.607. If HHSC is unable to locate a sufficient number of eligible providers offering services in a permanent setting in a certain region, the agency may compensate other local providers for the provision of breast and cervical cancer screening services.</p> <p><i>Edited to remove last sentence to ensure Breast and Cervical Cancer Services (BCCS) providers are not abortion providers or affiliates of abortion providers, in accordance with legislative direction; and update statutory reference.</i></p>
95	II-72	<p>Prohibition on Abortions.</p> <p>a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect costs (including overhead, rent, phones, and utilities) of abortion procedures provided by contractors of the Health and Human Services Commission.</p> <p>b. It is also the intent of the Legislature that no funds appropriated for Medicaid Family Planning, <u>Healthy Texas Women Program</u>, or the <u>Family Planning Program under Strategy D.1.1, Women's Health Program</u> shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of abortion procedures.</p> <p>c. The commission shall include in its financial audit a review of the use of appropriated funds to ensure compliance with this section.</p> <p><i>To promote efficiency and reduce duplication, edited to consolidate and combine Rider 95 and Rider 99.</i></p>
96	II-73	<p>Funding for Medicaid Family Planning and Family Planning Instruction. Out of funds appropriated above for Medicaid Family Planning, and to Strategy D.1.1, Women's Health Program for the Family Planning Program, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for nonparents and minors pursuant to Texas Family Code §32. None of the funds appropriated above may be used to implement human sexuality instruction or family planning instruction, or to provide instructional materials for use in human sexuality instruction or family planning instruction, if the instruction or instructional materials are provided or prepared by an individual or entity that performs elective abortions or an affiliate of an individual or entity that performs abortions.</p> <p><i>To promote efficiency and reduce duplication, edited to consolidate and combine Rider 96 and Rider 100.</i></p>

3.B. Rider Revisions and Additions Request (continued)

97	II-73	<p>Women's Health Programs: Savings and Performance Reporting. The Health and Human Services Commission shall submit an annual report, due May 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information:</p> <ul style="list-style-type: none">a. Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;b. Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);c. Descriptions of all outreach activities undertaken for the reporting period;d. The total number of providers, by geographic region, enrolled in the Healthy Texas Women Program and Family Planning Program networks, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers;e. The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;f. The count of women in the Healthy Texas Women Program and the Family Planning Program receiving a long-acting reversible contraceptive; andg. The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity. <p>It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.</p> <p><i>No change is requested.</i></p>
98	II-73	<p>Payments to Health Centers for the Healthy Texas Women Program. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) shall, to the extent allowable by federal law, reimburse Federally Qualified Health Centers for family planning services under Strategy D.1.1, Women's Health Program, funding for the Healthy Texas Women Program, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

99	II-73	<p>Prohibition on Abortions: Healthy Texas Women Program and Family Planning Program.</p> <p>a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).</p> <p>b. It is also the intent of the Legislature that no funds appropriated to the Healthy Texas Women Program or the Family Planning Program under Strategy D.1.1, Women's Health Program, shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.</p> <p>c. HHSC shall include in its financial audit a review of the use of appropriated funds to ensure compliance with this section.</p> <p><i>Delete rider. To promote efficiency and reduce duplication, consolidate and combine Rider 95 and Rider 99.</i></p>
100	II-74	<p>Consent for Family Planning: Women's Health Services. Out of funds appropriated above to Strategy D.1.1, Women's Health Program, for the Family Planning Program, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be made for non-parents and minors pursuant to Texas Family Code §32.</p> <p><i>Delete rider. To promote efficiency and reduce duplication, consolidate and combine Rider 96 and Rider 100.</i></p>
101	II-74	<p>Family Planning Services: Allocation of Funds. The Health and Human Services Commission (HHSC) shall allocate funds appropriated above in Strategy D.1.1, Women's Health Program, for the Family Planning Program, using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide comprehensive primary and preventative care as a part of their family planning services; and thirdly, non-public entities that provide family planning services but do not provide comprehensive primary and preventative care. HHSC shall in compliance with federal law ensure the distribution and allocation methodology for funds in Strategy D.1.1, Women's Health Program, for the Family Planning Program, does not severely limit or eliminate access to services to any region.</p> <p>Out of funds appropriated above in Strategy D.1.1, Women's Health Program, for the Family Planning Program, up to \$1,000,000 per year may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

102	II-74	<p>Access to Highly Effective Methods of Contraception. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall expeditiously implement program policies to increase access to long acting contraceptives. HHSC shall develop provider education and training to increase access to the most effective forms of contraception, including vasectomy but excluding abortifacients or any other drug or device that terminates a pregnancy.</p> <p><i>No change is requested.</i></p>
103	II-74	<p>Medical Treatments. The Health and Human Services Commission (HHSC) may distribute funds for medical, dental, psychological or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to §32 of the Texas Family Code <u>Chapter 151 or Chapter 32</u>. In the event that compliance with this rider would result in the loss of Federal Funds to the state, HHSC may modify, or suspend this rider to the extent necessary to prevent such loss of funds, provided that 45-day prior notification is provided to the Governor and the Legislative Budget Board.</p> <p><i>Edited to reflect that parental consent for medical care is based on Texas Family Code 151.001. TFC Chapter 32 addresses when a minor or non-parent may consent to medical care for a minor.</i></p>
104	II-74	<p>Funding for Healthy Texas Women Program. Funds appropriated above in Strategy D.1.1, Women's Health Program, include \$10,000,000 in General Revenue Funds and \$90,000,000 in Federal Funds in fiscal year 2019 for the Healthy Texas Women program. These amounts assume the Health and Human Services Commission (HHSC) will seek approval to receive federal matching funds for the program and those funds will be available beginning in fiscal year 2019. In the event federal matching funds do not become available or are available in a lesser amount in fiscal year 2019, HHSC shall seek direction from the Legislative Budget Board prior to making any reductions to program funding or service levels.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>

3.B. Rider Revisions and Additions Request (continued)

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II-74

~~**Access to Long-Acting Reversible Contraception Strategic Plan.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a five-year strategic plan to reduce barriers for Medicaid recipients and those with and without health benefit plan coverage who may be eligible for Healthy Texas Women, Family Planning Program, or CHIP-Perinatal to access long-acting reversible contraception (LARC). The strategic plan shall include the following:~~

~~a. A review of LARC eligibility identifying the potential costs, challenges, and benefits of eligibility and identify methods for covering, defraying, or minimizing those costs;~~

~~b. The identification of barriers to accessing LARC relating to reimbursement and billing procedures;~~

~~c. Methods for developing and expanding partnerships with public and private entities to increase public and provider education, training, and awareness of LARC; and~~

~~d. Make recommendations to the legislature regarding policy changes and funding needed to implement the strategic plan.~~

~~HHSC shall collaborate with the Texas Collaborative for Healthy Mothers and Babies to develop the five-year strategic plan. HHSC shall submit the five-year strategic plan to the Legislative Budget Board and Governor by November 1, 2018 and post the five-year strategic plan to the agency's webpage.~~

Delete rider. The strategic plan was completed during the 2018-2019 biennium.

106

II-75

~~**Auto-Enrollment in the Healthy Texas Women Program.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, and in Strategy B.1.2, CHIP Contracts and Administration, the Health and Human Services Commission (HHSC) shall prepare and submit a report on the cost-effectiveness and projected savings of automatically enrolling into the Healthy Texas Women Program those female clients who become ineligible for CHIP or the Children's Medicaid Program due to their age. The report shall be submitted to the Legislative Budget Board no later than July 1, 2018. If feasible and cost effective, HHSC, with Legislative Budget Board approval, may consider automatic enrollment of eligible women who meet the criteria identified above into the Healthy Texas Women Program, if not eligible for other programs providing women's health services.~~

Delete rider. The report was completed during the 2018-2019 biennium.

3.B. Rider Revisions and Additions Request (continued)

107

II-75

Alternatives to Abortion. ~~Notwithstanding any other transfer limitations, t~~ The Health and Human Services Commission (HHSC) shall monitor program utilization in Strategy D.1.2, Alternatives to Abortion, and is authorized to expend up to a total of \$38,300,000 in Strategy D.1.2, Alternatives to Abortion, ~~transferred from any appropriated funds, for the 2018-19 biennium if HHSC determines that there is a demand based on program utilization. Any funds transferred to Strategy D.1.2, Alternatives to Abortion, shall be spent on direct client services.~~

HHSC shall submit a report to the Legislative Budget Board (LBB) and the Governor's Office no later than December 1 of each fiscal year ~~on any identified need for additional funds, with explanation on the need for additional funds, for the Alternatives to Abortion Program. HHSC shall also report on the expenditure of funds by grant recipients, and any other information requested by the LBB or the Governor.~~

To edit the Rider by removing the authorization of additional funds and removing the requirement for the annual report to include any identified need for additional funds since the funds are included in the 2020-21 base request.

Other Client Services

Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
108	II-75	<p>Maintenance of Effort (MOE) and Matching Funds Reporting Requirement: ECI Services. The Health and Human Services Commission (HHSC) shall report quarterly to the Legislative Budget Board and the Governor's Office on state funds used for match and maintenance of effort (MOE) for federal Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) funds. Each report shall detail funds for the current fiscal year and at least the two previous fiscal years. The reports shall specify:</p> <p>a. State funds within and outside HHSC's budget used for match and MOE. This includes an estimate of expenditures at HHSC for services provided to Medicaid-eligible children in the Early Childhood Intervention program; and</p>

3.B. Rider Revisions and Additions Request (continued)

b. ~~Federal Funds within and outside HHSC's budget matched by state funds identified in the previous section.~~

The reports shall be prepared in a format specified by the Legislative Budget Board.

Edited to delete reference to Medicaid Therapy funds. These funds should not be part of the ECI MOE since they are Medicaid entitlement funding, not ECI program funds. We are not requesting to backfill these funds with GR. We will work with the Federal entity to refine the MOE calculation methodology.

109

II-76

Reporting on Early Childhood Intervention. The Health and Human Services Commission (HHSC) shall submit the following to the Legislative Budget Board and the Governor's Office as it relates to Strategies D.1.3, ECI Services and D.1.4, ECI Respite & Quality Assurance:

a. Annual report due December 1st of each fiscal year that details by provider and month of service:

(1) Number of children receiving follow along services and total number of children served in comprehensive services;

(2) Total amount reimbursed; and

(3) Number of hours of service delivered by service type and Medicaid versus Non- Medicaid within each service type.

b. Report that provides, for each contractor: the number of children to be served and total ECI program budget, including Medicaid amounts; the HHSC appropriation allocation; the ECI contract amount; and other contractor revenue including actual Medicaid collections for Medicaid Administrative Claiming, Targeted Case Management, and Specialized Skills Training. The report shall be submitted three separate times, as each of the following milestones has been reached:

~~(1) Determination of initial contract amounts;~~

~~(2) 1) Finalization (signing) of contracts; and~~

~~(3) 2) Finalization of mid-year adjustments to the contracts.~~

c. A quarterly report that details by quarter of service: the total amount collected from private insurance and the total family cost share amount.

3.B. Rider Revisions and Additions Request (continued)

d. In the event that notification is given of intent to terminate a contract, HHSC shall provide a report on the date notice was received, the date of when termination is effective, and any termination plans related to the notice. HHSC shall provide the report as soon as all reporting information is available.

e. Any other information requested by the Legislative Budget Board or the Governor's Office.

The reports shall be prepared in a format specified by the Legislative Budget Board.

To promote efficiency and reduce duplication, deletion of b.(1) is being requested. There is very little difference between the initial contract amounts and the amounts on the signed contracts. Therefore, this reporting requirement is essentially redundant.

110

II-76

ECI Respite Care for Families. It is the intent of the Legislature that any General Revenue Funds appropriated for the biennium for the purpose of providing respite care for families shall not be included in the State's maintenance of effort (MOE) for the federal Special Education Grants for Infants and Families with Disabilities (CFDA 84.181) grant.

No change is requested.

111

II-76

Education Funding. Included in the Method of Financing in Other Funds above is \$16,498,102 in fiscal year ~~2018~~ 2020 and \$16,498,102-in fiscal year ~~2019~~ 2021 set aside from the Special Education Allotment and transferred to the Health and Human Services Commission (HHSC).

HHSC is required to enter into a ~~Memorandum of Understanding (MOU)~~ an Interagency Contract (IAC) with the Texas Education Agency for the purpose of providing funds to ECI contractors for eligibility determination and comprehensive and transition services. The ~~MOU~~ IAC shall include a listing of the specific services that the funding will support and other provisions the agencies deem necessary. HHSC shall provide a signed copy of the ~~MOU~~ IAC to the Legislative Budget Board and the Governor, no later than October 1, ~~2018~~ 2020 and October 1, ~~2019~~ 2021.

Update year references and align the document type with actual business practice. Also, the Interagency Contracts are two year contracts. Therefore, submitting them each year of the biennium is duplicative.

3.B. Rider Revisions and Additions Request (continued)

112	II-76	<p>Early Childhood Intervention (ECI) Report on Changes to Improve the Family Cost Share System. Out of funds appropriated above in Strategy D.1.3, ECI Services, the Health and Human Services Commission (HHSC) shall prepare and submit a report on the cost-effectiveness of implementing a monthly participation fee system in lieu of the current family cost share system to the Legislative Budget Board and the Governor's Office by December 1, 2018. If a monthly participation fee system is found to be more cost-effective than the current family cost share system, HHSC shall submit a request to implement the monthly participation fee system to the Legislative Budget Board and the Governor's Office along with the report. Implementation of the monthly participation fee system is contingent upon approval from the Legislative Budget Board and the Governor's Office.</p>
<p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>		
113	II-77	<p>Limitation on Federal Funds Appropriations for Early Childhood Intervention Services. Included in the amounts appropriated above in Strategy D.1.3, ECI Services, is \$42,321,832 \$54,161,399 in fiscal year 2018 2020 and \$46,857,849 \$41,974,675 in fiscal year 2019 2021 from federal Special Education Grants for Infants and Families (IDEA Part C) funds. The Health and Human Services Commission's (HHSC) total expenditures of IDEA Part C federal funds in each fiscal year in Strategy D.1.3, ECI Services, may not exceed the amounts specified in this rider without written approval from the Legislative Budget Board and the Governor.</p> <p>To request approval, HHSC shall submit in a timely manner a written request before expending the funds. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information by fiscal year:</p> <ol style="list-style-type: none">a. A detailed explanation of the proposed use of the additional funds and whether the expenditures will be one-time or ongoing.b. The available balance after the expenditure of the funds; andc. An estimate of the impact to performance levels and/or targets included in this Act.
<p><i>Update year and amount references.</i></p>		

3.B. Rider Revisions and Additions Request (continued)

114

II-77

~~**Early Childhood Intervention (ECI) Services: Medicaid Billing.** Included in amounts appropriated above in Strategy D.1.3, ECI Services, is \$18,911,939 in Federal Funds for Medicaid Targeted Case Management (TCM) reimbursement.~~

~~a. To obtain this level of reimbursement, the Health and Human Services Commission (HHSC) shall provide technical assistance to local ECI service providers regarding Medicaid Targeted Case Management (TCM). This shall include, but not be limited to:~~

~~1) Providing in-depth consultative technical assistance on correct billing and documentation procedures; and~~

~~(2) Disseminating best practices to local ECI providers.~~

~~b. HHSC may also seek federal approval for a Medicaid state plan amendment to authorize Medicaid reimbursement for pooled increments of TCM services.~~

~~Included in amounts appropriated above in Strategy D.1.4, ECI Respite & Quality Assurance, is \$550,000 in Federal Funds for Medicaid Administrative Claiming (MAC) per fiscal year for eligible Medicaid related state office expenditures. Appropriations assume that HHSC will seek MAC reimbursement for state office expenditures to the maximum extent permissible pursuant to 42 C.F.R §433.15(a), 42 C.F.R §432.50(b)(6), and 42 C.F.R §432.50(b)(2) throughout the 2018-19 biennium.~~

~~*Delete rider. ECI program, Medicaid, and Rate Analysis staff met to discuss seeking federal approval for a Medicaid state plan amendment to authorize Medicaid reimbursement for pooled increments of TCM services. Based on prior experience, their initial assessment is that this is unlikely to meet with CMS approval. However, other ideas to improve TCM reimbursement are currently being researched and may need ECI policy updates going forward. The MAC funding is included in the 2020-2021 LAR base request*~~

115

II-77

~~**Cash Flow Contingency for the Specialized Telecommunications Assistance Program (STAP).** Contingent upon the receipt of Universal Services Funds reimbursements, the Health and Human Services Commission may temporarily utilize additional General Revenue Funds in an amount not to exceed the anticipated Universal Services Funds reimbursement. The General Revenue Funds accessed under this provision must be repaid within the biennium they are used upon receipt of Universal Services Funds and shall be utilized only for the purpose of temporary cash flow needs. These transfers and repayments shall be credited to the fiscal year being reimbursed and shall be made in accordance with accounting procedures established by the Comptroller of Public Accounts.~~

~~*Delete rider. This program and rider was transferred from DARS. HHSC utilizes temporary cash flow authority in HHSC Rider 181d for this purpose. Therefore, this rider is not needed.*~~

3.B. Rider Revisions and Additions Request (continued)

116	II-77	<p>State Funding for Assistive Technologies and Devices. Included in the amounts appropriated above in Strategy F.2.1, Independent Living Services, is \$1,000,000 in General Revenue Funds in fiscal year 2018 and \$1,000,000 in General Revenue Funds in fiscal year 2019 for the purpose of providing assistive technologies, devices, and related training to Texans with the most significant disabilities. It is the intent of the legislature that these funds be expended to the greatest degree possible on disabled Texans who, without these technologies and devices, would be placed in nursing homes or otherwise removed from their communities.</p> <p><i>Delete rider. Business processes have changed since this Rider was implemented in the 80th Legislative Session (2007). Per HB 2463, 84th Legislative Session, beginning in fiscal year 2017 the Independent Living Services program, which had previously been performed by Department of Assistive and Rehabilitative Services (DARS) state staff, was outsourced and the services are now performed by contractors. This Rider is obsolete.</i></p>
117	II-78	<p>Autism Program Provisions.</p> <p>a. Out of funds appropriated above for the 2018-19 <u>2020-21</u> biennium to the Health and Human Services Commission (HHSC) in Strategy D.1.6, Autism Program, expenditures for Applied Behavioral Analysis (ABA) treatment services shall be only for children enrolled in the focused program.</p> <p>b. Notwithstanding any other transfer provision in this Act, none of the funds appropriated above to HHSC shall be transferred to Strategy D.1.6, Autism Program; and</p> <p>c. Out of funds appropriated above in Strategy D.1.6, Autism Program, HHSC shall continue to provide support to the Texas Council on Autism and Pervasive Developmental Disorders <u>Texas Autism Council</u> and the Texas Autism Research and Resource Center during the 2018-19 <u>2020-21</u> biennium.</p> <p><i>Update year references and align the name of this council to the current name.</i></p>

3.B. Rider Revisions and Additions Request (continued)

118	II-78	<p>Children with Special Health Care Needs (CSHCN).</p> <p>a. Amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.1.7, Children with Special Needs, may only be transferred if such a transfer would not result in a loss of, or reduction in, services or persons otherwise eligible for CSHCN services, or that results in higher cost projections for the next fiscal biennium.</p> <p>b. HHSC may exceed the performance measure targets identified above for the Average Monthly Caseload of CSHCN Clients Receiving Health Care Benefits to the extent funding is available to do so.</p> <p>c. HHSC is directed to maintain provider reimbursement rates for Title V providers that mirror reductions in provider reimbursement rates for Medicaid providers.</p> <p>d. HHSC shall submit to the Legislative Budget Board and the Governor's Office the following information on an annual basis (no later than December 1 of each fiscal year) regarding the demographics of the clients served by this program and on the program's waitlist, including income levels, insured status and citizenship.</p> <p>e. HHSC shall submit to the Legislative Budget Board and the Governor's Office, at the end of each fiscal quarter, caseload and prescription drug data, and related expenditure data specific to:</p> <ul style="list-style-type: none">(1) Forecast projections for the 36-month period beginning with the first month after the report is due; and(2) Expenditure amounts for at least the preceding 36 months. The data shall be submitted in a format specified by the Legislative Budget Board. <p><i>No change is requested.</i></p>
119	II-78	<p>Medically Fragile Children. Out of funds appropriated above in Strategy D.1.7, Children with Special Needs, the Health and Human Services Commission shall provide appropriate General Revenue funding for programs specifically designed for medically fragile children, the most critical of the children with special health care needs.</p> <p><i>No change is requested.</i></p>
120	II-78	<p>County Indigent Health Care. The Health and Human Services Commission may not allocate more than 10 percent of the total funds appropriated to Strategy D.3.2, County Indigent Health Care Svcs, to any single county. The total distribution of funds to any county may exceed the 10 percent allocation limit if there are no counties below the limit eligible for additional funding.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

121	II-78	<p>Parkland Senior Care Project. It is the intent of the Legislature that a total of \$302,100 for the 2018-19 <u>2020-21</u> biennium appropriated in Strategy D.1.11, Community Primary Care Services, be expended for the Parkland Senior Care Project.</p> <p><i>Update year references.</i></p>
122	II-79	<p>Supplemental Nutritional Assistance Program Funds Appropriated. The Health and Human Services Commission (HHSC) is designated as the state agency to establish and operate a statewide Supplemental Nutritional Assistance Program and to accept all moneys appropriated for this purpose by the federal or state governments, by the Commissioners' Court of any county, by any political subdivisions of the state, or received from any other source as provided for herein and in Chapter 33, Human Resources Code. HHSC may expend such funds for welfare purposes, including the cost of distributing foods to needy people, institutions, school lunch programs, or otherwise as provided by the laws of the United States and the rules and regulations issued pursuant thereto, for the establishment and operation of a statewide Supplemental Nutritional Assistance Program, and for the employment of essential personnel who shall be employed under a merit system basis comparable to the merit principles or standards applicable to all other personnel of the commission.</p> <p><i>No change is requested.</i></p>
123	II-79	<p>High Performance Bonus for Administration of the Supplemental Nutritional Assistance Program (SNAP). High Performance Bonuses are annual incentive payments to state agencies that meet standards for high or most improved performance established by the Secretary of the U.S. Department of Agriculture. The authority to receive and expend high performance bonuses is provided in Article IX, §13.11, Definition, Appropriation, Reporting and Audit of Earned Federal Funds and is subject to the following additional conditions:</p>

3.B. Rider Revisions and Additions Request (continued)

a. A portion of these funds, in each year of the biennium, shall be used by the Health and Human Services Commission (HHSC) for the development and operation of a nutrition education and outreach program, or for activities that otherwise improve low-income consumers' access to basic nutrition and healthy foods.

b. HHSC shall prepare annual reports by October 1 of each year of the biennium summarizing HHSC's progress in implementing the outreach program and file those reports with the standing committees of the Senate and House of Representatives having primary jurisdiction over health and human services.

c. A portion of these funds, in each year of the biennium, shall be used by HHSC to provide bonuses to position classifications whose efforts directly contributed to meeting these performance standards, or to position classifications who meet or exceed customer service performance measures developed by the commission, or whose efforts directly contributed to increasing the percentage of eligible persons who receive SNAP benefits.

(1) Before an employee can be eligible for a bonus, the employee must have been employed in the program for the related twelve months, remain employed in the program, and demonstrate performance that meets expectations.

(2) HHSC has the authority to determine whether employees who have received bonuses under this provision are eligible for merit salary increases during a twelve-month period prior to or after receipt of the bonus.

No change is requested.

124

II-79

Temporary Emergency Assistance for Families at Risk of Welfare Dependency. Out of funds appropriated above in Strategy E.1.1, TANF (Cash Assistance) Grants, the Health and Human Services Commission shall provide a one-time emergency assistance payment to applicants for a TANF (Cash Assistance) grant who are likely to be employed within a short period of time, without referral to the Choices program. It is the intent of the Legislature that the commission expands the use of one-time emergency payments as a cost-effective deterrent from the ongoing cash assistance grant programs.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

125	II-79	<p>Temporary Assistance for Needy Families (TANF) Maintenance of Effort. It is the intent of the Legislature that all General Revenue appropriated above for TANF maintenance of effort (MOE) shall be expended within the appropriate fiscal year for that purpose in order to secure the TANF federal block grant for the state. Out of funds appropriated above in Strategy E.1.1, TANF (Cash Assistance) Grants, \$48,257,311 in General Revenue is appropriated for TANF MOE for fiscal year 2018<u>2020</u>, and \$48,257,311 in General Revenue is appropriated for TANF MOE for fiscal year 2019<u>2021</u>. None of the General Revenue appropriated for TANF MOE in Strategy E.1.1, TANF (Cash Assistance) Grants, may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated, with the following exception: General Revenue appropriated for TANF MOE may be transferred to Strategy I.1.1, Integrated Eligibility & Enrollment, subject to the following conditions and limitations:</p> <p>a. Declines or shifts in TANF caseloads preventing the Health and Human Services Commission (HHSC) from expending all General Revenue appropriated for TANF MOE in Strategy E.1.1, TANF (Cash Assistance) Grants, within the appropriate fiscal year.</p> <p>b. The amount of General Revenue appropriated for TANF MOE transferred from Strategy E.1.1, TANF (Cash Assistance) Grants, shall be expended as TANF MOE within Strategy I.1.1, Integrated Eligibility & Enrollment, for TANF program operating costs, within the appropriate fiscal year; and</p> <p>c. HHSC shall notify the Legislative Budget Board and the Governor's Office at least 30 days prior to transferring General Revenue Funds from Strategy E.1.1, TANF (Cash Assistance) Grants, and Strategy I.1.1, Integrated Eligibility & Enrollment.</p> <p><i>Update year references.</i></p>
126	II-80	<p>TANF (Cash Assistance) Grants. Out of funds appropriated above in Strategy E.1.1, TANF (Cash Assistance) Grants, the Health and Human Services Commission shall adjust the TANF grant amount each year to ensure that the maximum monthly grant for a family of three is at least 17 percent of the federal poverty level and provide a one-time per year grant of up to \$30 for each TANF child on August 1 of each year.</p> <p><i>No change is requested.</i></p>
127	II-80	<p>FTE Authority during Federally-Declared Disasters. In the event the Health and Human Services Commission determines a need for additional staff related to providing services for federally-declared disasters, the commission may increase the number of FTEs and adjust the agency limitation on FTEs for this purpose. This is contingent upon notification to the Legislative Budget Board and the Governor, sent within 30 days of the intent to hire additional staff and quantify the staffing level. Only Federal Funds may be used to pay salaries and benefits for the additional FTEs hired for this purpose.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

128	II-80	<p>Umbilical Cord Blood Bank Funding. Included in appropriations above in Strategy D.1.10, Additional Specialty Care, is \$1,000,000 in General Revenue Funds in fiscal year 2018<u>2020</u> and \$1,000,000 in General Revenue Funds in fiscal year 2019<u>2021</u> for the purpose of entering into a contract with a public cord blood bank in Texas for gathering umbilical cord blood from live births and retaining the blood at an unrelated cord blood bank for the primary purpose of making umbilical cord blood available for transplantation purpose. The contracting blood bank must be accredited by the American Association of Blood Banks and the International Organization for Standardization.</p> <p><i>Update year references.</i></p>
129	II-80	<p>Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.</p> <p>a. Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$16,968,163 in General Revenue and \$10,229,843 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469 for the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.</p> <p>b. Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$16,171,157 in General Revenue, \$10,229,843 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$48,000 in Appropriated Receipts for the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.</p> <p>c. Notwithstanding Article IX, §14.01, Appropriations Transfers, Rider 181, Transfers: Authority and Limitations, and Article II Special Provisions §6, Limitations on Transfer Authority, of this Act, the Health and Human Services Commission (HHSC) may not transfer amounts appropriated in Strategy F.3.2, Child Advocacy Programs, to any other strategy nor use those appropriations for any other purpose. Any unexpended balances in Strategy F.3.2, Child Advocacy Programs, from fiscal year 2018<u>2020</u> are appropriated for the same purpose in fiscal year 2019<u>2021</u>.</p> <p>d. It is the intent of the Legislature that amounts appropriated above in Strategy F.3.2, Child Advocacy Programs, to HHSC provide funding identified by this rider to Child Advocacy Center Programs and Court Appointed Special Advocate Programs to ensure a continuity of services without disruption.</p>

3.B. Rider Revisions and Additions Request (continued)

e. Within 100 days after the close of each fiscal year, HHSC shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Compensation to Victims of Crime Fund Account No. 0469, and oversight activities conducted relating to the child advocacy programs. The report shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

Update year references.

130	II-81	<p>Texas Workforce Commission Partnership. Amounts appropriated above for the 2018-19 <u>2020-21</u> biennium to the Health and Human Services Commission in Strategy F.2.1, Independent Living Services, include \$8,585,826 in fiscal year 2018 <u>2020</u> and \$8,585,826 in fiscal year 2019<u>2021</u> in Interagency Contracts from the Texas Workforce Commission.</p>
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Update year references.

131	II-81	<p>Lifespan Respite Care Program. Included in the amounts appropriated above in Strategy F.1-2, Non-Medicaid Services <u>I.2.1. Long Term Care Intake and Access</u>, is \$500,000 in General Revenue in each fiscal year of the 2018-19<u>2020-2021</u> biennium for the Texas Lifespan Respite Program. The Health and Human Services Commission shall ensure continuity of service for the Texas Lifespan Respite Program from the 2016-17<u>2018-19</u> biennium.</p>
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Update year references and align the strategy with actual business practices.

132	II-81	<p>Contingency for Senate Bill 267 Contingent on the enactment of Senate Bill 267, or similar legislation relating to the licensing and regulation of hospitals in this state, by the Eighty-fifth Legislature, Regular Session, in addition to funds appropriated above, the Health and Human Services Commission is appropriated \$5,000,000 in fiscal year 2018 and \$0 in fiscal year 2019 from the Hospital Perpetual Care Account, as established by the legislation for the purposes identified in the legislation.</p>
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Delete rider. This is a contingency rider for SB 267 which did not pass in the 85th Legislative Session.

3.B. Rider Revisions and Additions Request (continued)

133	II-81	<p>Funding for the Blind Children's Vocational Discovery and Development Program. Included in the amounts appropriated above in Strategy D.1.5, Children's Blindness Services, is \$600,000 in General Revenue in each fiscal year of the 2018-19 biennium for the purpose of providing Blind Children's Vocational Discovery and Development Program services for children 10 to 13 years of age.</p> <p><i>Delete rider. Recommend deletion based on input received from stakeholder who authored this rider. The rider allocates funding to provide services to children who, due to changes in eligibility, are no longer eligible to receive services through the Vocational Rehabilitation program at the Texas Workforce Commission. However, the appropriation amount does not reflect the actual needs of the specified age range. This rider allocates 60 percent of program funding to 24 percent of children served in the program, creating inconsistency in the amount of service delivery funds available to all age ranges.</i></p>
134	II-81	<p>Family Violence Program. Included in amounts appropriated above in Strategy F.3.1, Family Violence Services, is an increase of \$1,000,000 in General Revenue to provide direct client services for survivors in the Family Violence Program.</p> <p><i>Delete rider. The funding is included in the 2020-2021 LAR base request.</i></p>
135	II-81	<p>Office of Minority Health Statistics and Engagement. Included in amounts appropriated above in Strategy F.3.3, Additional Advocacy Programs, is \$394,037 in General Revenue Related Funds, \$629,476 in Federal Funds, and \$1,093,295 in Interagency Contracts for the Office of Minority Health Statistics and Engagement (Office) for fiscal year 2018 to provide cultural competency training and develop partnerships with community groups to support the delivery of culturally appropriate services to children and families. The Office shall also research, evaluate, develop, and recommend policies that address minority health, including education, juvenile justice, child welfare, workforce, and mental health systems to ensure equitable policies and practices statewide.</p> <p>The Office, in coordination with the Maternal Mortality and Morbidity Task Force, shall study and review trends, rates, or disparities in pregnancy-related deaths, evaluate options for reducing maternal mortality, focusing on the most prevalent causes identified in the Task Force's biennial report required under Health and Safety Code §34.015, and for treating postpartum depression in economically disadvantaged women.</p> <p>Effective September 1, 2017, the Health and Human Services Commission shall explore and seek opportunities for collaboration with universities to perform functions similar to those described above beginning fiscal year 2019. If HHSC is unsuccessful in transferring the functions to a university, then the Office shall be solely funded through federal grants, interagency contracts, and gifts and donations received through the authority provided by Article IX, §8.01, Acceptance of Gifts of Money.</p> <p><i>Delete rider. This program has ended.</i></p>

3.B. Rider Revisions and Additions Request (continued)

Facilities		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language

136

II-82

~~**State Supported Living Centers: Proportionality of Funds.** Pursuant to Article IX, §6.08, Benefits Paid Proportional by Method of Finance, payment for salaries, wages, and benefits for ICF/IID state supported living center employees shall be proportional to the source of funds. The Health and Human Services Commission (HHSC) shall develop a plan for the 2018-19 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/IID state supported living center employees. This plan is subject to review by the Comptroller of Public Accounts and the Legislative Budget Board and shall be certified by the Chief Financial Officer of HHSC by October 1, 2017 prior to submission to the Legislative Budget Board.~~

~~HHSC shall report quarterly to the Legislative Budget Board and the Governor on the distribution of ICF/IID state supported living center revenues to other state agencies. This report shall be submitted no later than 25 days after the close of each quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.~~

Delete rider. These reporting requirements are already included in the Comptroller's Office Accounting Policy Statement (APS) 011.

3.B. Rider Revisions and Additions Request (continued)

137

II-82

Disposition of Construction Appropriation ~~Related to Intellectual Disability.~~ Construction appropriations made above may be used ~~for construction related purposes that include: to pay salaries and travel expenses of engineers and architects employed by the Health and Human Services Commission administrative expenses of construction projects, architect's and engineer's fees, and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the commission during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. No more than \$300,000 per fiscal year may be paid out of General Obligation Bond Proceeds for administrative expenses.~~

~~Job titles and rates of pay for such salaried positions of personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.~~

- 1) Salaries for Health and Human Services Commission employees,
- 2) Administrative expenses and salaries,
- 3) architect's and engineer's fees, and
- 4) travel expenses incurred, at the discretion of the commission during construction, renovation, or repair of buildings and systems or the installation of fixed equipment.

No more than 10 percent of the appropriated funds may be paid out of General Obligation Bond Proceeds for administrative expenses per fiscal year.

The requested changes are meant to clarify that salaries, travel expenses and administrative expenses, along with architectural and engineering fees, needed to complete these projects timely are among the approved uses of these funds.

A fixed amount of funding for administrative expenses, such as the current \$300,000 limit, could be problematic if an appropriation is large. A percentage would provide greater flexibility. 10 percent is commonly used as an administrative cost cap and would be considered moderate. Federal grants caps, for example, have a wide range, usually falling within the 5% to 25% range.

138

II-82

Behavioral Support Specialists in Educational Settings. Out of funds appropriated above in Strategy G.1.1, State Supported Living Centers, Mexia State Supported Living Center shall provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

139

II-82

State Supported Living Center Oversight.

~~**a. Department of Justice Settlement Agreement.** Not later than August 31, 2018 and August 31, 2019, the Health and Human Services Commission (HHSC) shall provide a status report on compliance with the Department of Justice Settlement Agreement to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report shall identify completed actions contained in the plan required under subsection (a)(1) of Department of Aging and Disability Services Rider 36, State Supported Living Center Oversight, in the 2014-15 General Appropriations Act and any changes in the timeline of projected completion for remaining actions.~~

b. Cost Reporting.

(1) HHSC shall provide actual monthly expenditure data by state supported living center to the Legislative Budget Board, on a quarterly basis, and in a format approved by the Legislative Budget Board.

3.B. Rider Revisions and Additions Request (continued)

~~(2) On a quarterly basis HHSC shall provide data on cost reductions that have occurred as a result of reductions in the State Supported Living Center system census trends in areas including, but not limited to, staffing and employee benefits, acute care/prescription drugs, resident support (dietary, laundry, transportation, and maintenance services), and data on the impact of the declining census on collection of Quality Assurance Fee revenue.~~

~~e. Staffing.~~

~~(1) On an annual basis, HHSC shall provide a staffing report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that includes data on turnover, fill rates, use of contractors by state supported living center and position type, initiatives undertaken during the reporting period to improve staff recruitment and retention, resources expended on the initiatives, and outcomes quantifying the impact of the initiatives.~~

~~(2) Not later than August 31, 2018, HHSC shall provide a report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that analyzes data regarding the reasons for staff turnover at state supported living centers, identifies patterns in turnover, and makes recommendations for specific interventions to address identified concerns. The report shall include analysis on the fiscal and policy impact of establishing a career ladder at state supported living centers for certain positions.~~

d. State Supported Living Center Expenditures.

(1) Notwithstanding any other provisions in this Act, HHSC is authorized to expend additional funds above appropriations in Strategy G.1.1, State Supported Living Centers, only upon prior written approval from the Legislative Budget Board and the Governor. Additional funds include (1) funds related to collection of ID Medicare Receipts, ID Appropriated Receipts, ID Collections for Patient Support and Maintenance, and fees collected pursuant to the provision of SSLC services to community members, and (2) funds necessary to avoid loss of federal funding or to preserve the health, safety, and quality of life of residents.

To request authorization to expend additional funds, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

3.B. Rider Revisions and Additions Request (continued)

- (i) a detailed explanation of the reason for the need to spend additional funds; and
- (ii) an estimate of the available funding to transfer to Strategy G.1.1, State Supported Living Centers, and the strategy(ies) in which the funds will be made available for transfer.

This request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to spend additional funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.

The Comptroller of Public Accounts shall not allow the expenditure of additional funds for this purpose if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been met.

(2) By December 31, ~~2017~~2019, HHSC shall provide a plan to the Legislative Budget Board and the Governor demonstrating how the agency will manage the expenditures in Strategy G.1.1, State Supported Living Centers, to remain within appropriated levels.

Update year references.

Delete part a. HHSC sends a monitoring report for each facility following each visit. Centers are each visited every 9 months, so at least 2 reports for each center is sent biennially, potentially up to 3 depending on a center's schedule. Reports are sent to leadership and oversight (which includes the members required by the rider) as well as the local delegation and other members who have expressed interest in the settlement agreement. The LBB will be added to this d-list if the rider is removed.

Each report includes an in-depth analysis of the DOJ independent monitors' visit, with status reports on each domain. These status reports include an overall score for each indicator in the agreement. Therefore, these reports have more detail on settlement agreement compliance and current status of each facility than a consolidated summary report.

All reports are also posted on the HHSC website.

Edit part b. SSLC census is not declining as fast as in years past, so cost reductions due to declining census may not be feasible. The suggested change more accurately describes the data that can be reported on a quarterly basis.

Delete part c. To promote efficiency and reduce duplication, consolidate and combine the staffing reporting requirements with Rider 143. The efforts aimed at workforce recruitment and retention are a

3.B. Rider Revisions and Additions Request (continued)

division-wide project and would be better provided as a comprehensive report rather than separate SSLC and SH reports.

140 II-84 **State Health Care Facility Provisions.** Out of funds appropriated above in Strategy G.3.1, Other ~~State Medical Facilities~~, the Rio Grande State Center Outpatient Clinic shall support medical education through the South Texas Family Practice Residency Program-McAllen with the cooperation of the University of Texas Health Science Center at San Antonio. Third party collections (Appropriated Receipts) collected by the Rio Grande State Center are appropriated to Strategy G.3.1, Other State Medical Facilities, for the provision of services.

Update title of strategy G.3.1. to correspond to approved budget structure.

141 II-84 **Maximum Security Salaries.** As a specific exception to the General Provisions of this Act governing salary rates of classified positions, funds are included elsewhere in this Act for the Health and Human Services Commission to pay employees working in designated Maximum Security Units or designated specialized Behavioral Management Units of state hospitals and state supported living centers up to a 6.8 percent increase over those salary rates provided by Article IX, §3.01, Salary Rates.

No change is requested.

142 II-84 **Fire Prevention and Safety.** In instances in which regular employees of state hospitals and state supported living centers located in remote areas are assigned extra duties in fire prevention programs, the following payments are authorized in addition to the salary rates stipulated by Article IX, §3.01, Salary Rates, relating to the position classifications and assigned salary ranges:

Fire Chief	\$ 75 per month
Assistant Fire Chief	\$ 65 per month
Fire Brigade Member	\$ 50 per month

No change is requested.

143 II-84 **State Hospital and State Supported Living Center Workforce.** ~~Out of funds appropriated above in Strategy G.2.1, Mental Health State Hospitals, the Health and Human Services Commission (HHSC) shall evaluate compensation levels, turnover and vacancy rates, and recruiting efforts at the ten state hospitals and develop recommendations to reduce turnover and vacancy rates. Not later than August 31, 2018~~2020 HHSC shall ~~submit~~ provide a report to the Legislative Budget Board and the Governor's Office ~~a report on the recommendations to address these workforce issues that analyzes data regarding the reasons for staff turnover at state hospitals and state supported living centers, identifies patterns in turnover, and makes recommendations to address these workforce issues.~~

To promote efficiency and reduce duplication, consolidate and combine Rider 139 and Rider 143. The efforts aimed at workforce recruitment and retention are a division-wide project and would be better provided as a comprehensive report rather than separate SSL and SH reports.

3.B. Rider Revisions and Additions Request (continued)

- 144 II-84 **State Hospital Land and Facilities.** No provision of this Act shall be construed to limit the ability for the Health and Human Services Commission to enter into a lease or other agreement with other state, local, or private entities for the use of land or facilities owned or operated by a State Hospital, consistent with all other laws and limitations.
- No change is requested.*
- 145 II-84 ~~**State Hospital Planning.** Contingent on the appropriation of funds to the Health and Human Services Commission (HHSC) for the purpose of repair and replacement of state hospitals, HHSC may partner with public or private entities, including Health Related Institutions, other neuropsychiatric care institutions, and other health care providers in the catchment area of each state hospital, to develop a master plan for the design of neuropsychiatric healthcare delivery systems in the area served by each facility. Where feasible, the development of the master plan shall be led by the public or private entity with which HHSC has partnered. The master plan may also address the provision of a continuum of inpatient and outpatient brain health services on the site of the state hospital. Local partners may provide matching funds in various amounts and in-kind services to support the development of the master plan.~~
- ~~Planning activities may include an evaluation of patient needs, a program map, proposals for the development of optimal care models, a proposal for the design of leading-edge facilities, including engineering and architectural work required to initiate construction, and the implementation of preliminary pilot projects to guide new care design principles.~~
- ~~The master plan may consider research and reports required by Department of State Health Services Rider 86, State Hospital System Report, in the 2016-17 General Appropriations Act and the State Hospital System Long term Plan required by Department of State Health Services Rider 83, State Hospital System Long Term Plan, in the 2016-17 General Appropriations Act, as well as support the strategic goals identified in the Statewide Behavioral Health Strategic Plan required by Article IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, in the 2016-17 General Appropriations Act.~~
- ~~*Delete rider. The plan was completed during the 2018-2019 biennium.*~~
- 146 II-85 **State Hospital Contracting for Physician and Professional Services.** Out of funds appropriated above in Strategy Strategies G.1.1, State Supported Living Centers and G.2.1, Mental Health State Hospitals, the Health and Human Services Commission may contract with state universities to provide physician and professional services at the state hospitals and state supported living centers, where feasible and cost-effective.
- To provide authority for State Supported Livings Centers, in addition to State Hospitals, to contract with state universities.*

3.B. Rider Revisions and Additions Request (continued)

147

II-85

~~**New Construction of State Hospitals.** It is the intent of the Legislature to implement a three-phased approach to improve the state hospital system in the current and future biennia, beginning with initial planning and implementation of projects in the 2018-19 biennium. Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy G.4.2, Facility Capital Repairs and Renovations, is \$300,000,000 in Economic Stabilization Funds for the planning of new construction projects at the state hospitals and other state-funded inpatient mental health facilities in current and future biennia, and for implementation of new construction projects at the state hospitals and other state-funded inpatient mental health facilities in the 2018-19 biennium.~~

~~**a. Comprehensive Inpatient Mental Health Plan.** Out of funds appropriated above in Strategy G.4.2, Facility Capital Repairs and Renovations, HHSC shall develop a comprehensive inpatient mental health plan for the replacement or significant repair of state hospitals or other state-funded inpatient mental health facilities to expand inpatient mental health capacity over the next three biennia. The goals of the plan shall be to accomplish the following objectives:~~

- ~~(1) Ensure the safety and security of patients, employees, and visitors;~~
- ~~(2) Ensure state hospitals and other inpatient mental health facilities provide care in a setting that meet the standards of mental health care;~~
- ~~(3) Expand maximum security forensic capacity, where deemed appropriate;~~
- ~~(4) Reduce recidivism and waiting lists in the state hospital system;~~
- ~~(5) Expand or establish partnerships with health-related, state-sponsored institutions of higher education and other healthcare entities to educate and grow the state's mental health workforce and improve behavioral health service delivery;~~
- ~~(6) Continue the efforts of previous planning documents and other materials developed to plan for the rebuilding or renovation of state hospital facilities, including the State Hospital System Long-Term Plan required by Department of State Health Services Rider 83, State Hospital System Long-Term Plan in the 2016-17 General Appropriations Act; and~~
- ~~(7) Incorporate stakeholder input.~~

~~HHSC shall submit the comprehensive inpatient mental health plan to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services before submitting any requests for approval to expend funds appropriated above in Strategy G.4.2;~~

3.B. Rider Revisions and Additions Request (continued)

~~Facility Capital Repairs and Renovations, on construction projects pursuant to the requirements of subsection (b).~~

~~**b. New Construction Expenditures.** Authority for all projects funded herein is contingent upon prior written approval from the Legislative Budget Board and the Governor. To request approval for new construction projects or significant repairs, HHSC shall submit a written request to the Legislative Budget Board and the Governor which includes the following information:~~

~~(1) A summary of the new construction project or projects that HHSC proposes to begin in the 2018-19 biennium;~~

~~(2) An estimate of total costs for the project or projects and the time frame for completion;~~

~~(3) Anticipated collaborations with the private sector, institutions of higher education, or other health care institutions to reduce costs and improve outcomes associated with new construction;~~

~~(4) An evaluation of the extent to which a new construction project would address total state hospital system capacity; ensure the safety and security of patients, employees, and visitors; ensure timely access to patient care; reduce recidivism and waiting lists for services; address the need for forensic and maximum security forensic inpatient bed capacity; and allow for the efficient use of state resources;~~

~~(5) An estimate of the total project cost for planning activities including architectural and engineering design, bid proposal, and other costs prior to actual construction;~~

~~(6) An evaluation of the total infrastructure needs of existing inpatient mental health facilities;~~

~~(7) How HHSC incorporated stakeholder input; and~~

~~(8) Such other information as may be requested by the Legislative Budget Board or the Governor.~~

~~The request shall be considered approved unless the Legislative Budget Board issues a written disapproval within 30 business days after the date Legislative Budget Board staff concludes its~~

~~review of the proposal to expend the funds and forward its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and the Lieutenant Governor. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days. The Comptroller of Public Accounts shall not allow the expenditure by HHSC of the funds restricted by this provision (New Construction of State Hospitals) if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements~~

3.B. Rider Revisions and Additions Request (continued)

~~of this provision have not been satisfied. No funds restricted by this provision shall be expended for any purpose other than for planning and implementation of new construction projects or significant repairs related to state hospitals and state-funded inpatient mental health facilities.~~

Delete rider. This rider was for the 2018-2019 biennium and is not applicable to 2020-2021 biennium.

Office of Inspector General

Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
148	II-86	<p>Dental and Orthodontia Providers in the Texas Medicaid Program. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) use funds appropriated above in Strategy K.1.1, Client and Provider Accountability, to strengthen the capacity of the HHSC Office of Inspector General to detect, investigate, and prosecute abuse by dentists and orthodontists who participate in the Texas Medicaid program. Further, it is the intent of the Legislature that HHSC conduct more extensive reviews of medical necessity for orthodontia services in the Medicaid program.</p> <p style="text-align: center;"><i>No change is requested.</i></p>
149	II-86	<p>Office of Inspector General Report. Out of funds appropriated above in Strategy K.1.1, Client and Provider Accountability, the Office of Inspector General shall submit, on a quarterly basis, the following information related to the expansion of managed care to the Legislative Budget Board and the Governor:</p> <ul style="list-style-type: none"> a. The challenges the Office of Inspector General is encountering in preventing, detecting, and investigating fraud, waste, and abuse throughout the entire health and human services system, including verification of services, compliance of Managed Care Organizations with program integrity requirements, quality and accuracy of encounter data, collaborative efforts with Special Investigation Units, audits of Managed Care Organizations, and any deficiencies in the agency's statutory authority. b. Strategies the Office of Inspector General is implementing to address the challenges encountered in combating fraud, waste, and abuse throughout the entire health and human services system. <p>The Office of Inspector General may submit the above information in an individual report prepared in a format specified by the Legislative Budget Board or include the information in the quarterly report required pursuant to Government Code, §531.102.</p> <p style="text-align: center;"><i>Update title of strategy K.1.1. to correspond to approved budget structure.</i></p>

3.B. Rider Revisions and Additions Request (continued)

150	II-86	<p>Lock-In for Controlled Substances. Out of funds appropriated above and consistent with Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter K, the Office of Inspector General shall collaborate with managed care organizations to expand appropriate use of a lock-in program related to controlled substances to maximize savings and prevent substance abuse.</p> <p><i>No change is requested.</i></p>
151	II-86	<p>Office of Inspector General: Managed Care Organization Performance, Reporting Requirement. Out of funds appropriated above in Strategy K.1.1, Client and Provider Accountability, the Office of Inspector General shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to conduct a review of cost avoidance and waste prevention activities employed by MCOs throughout the state. The review shall include the strategies MCOs are implementing to prevent waste, including, but not limited to recovering overpayments, reducing Potentially Preventable Events (PPE), and conducting internal monitoring and audits. The review shall also consider the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions.</p> <p>The Office of Inspector General shall submit a report to the Legislative Budget Board and the Governor by March 1, 2018, detailing its findings and recommendations for performance measures related to cost avoidance and waste prevention activities employed by MCOs. The recommended performance measures should be applicable to all MCOs throughout the state.</p> <p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>
152	II-87	<p>Lock-In for Controlled Substances. Out of funds appropriated above and consistent with Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter K, the Office of Inspector General shall collaborate with managed care organizations to expand appropriate use of a lock-in program related to controlled substances to maximize savings and prevent substance abuse.</p> <p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>

3.B. Rider Revisions and Additions Request (continued)

153

II-87

~~Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.~~

~~Out of funds appropriated above in Strategy K.1.1, Client and Provider Accountability, the Office of Inspector General shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to conduct a review of cost avoidance and waste prevention activities employed by MCOs throughout the state. The review shall include the strategies MCOs are implementing to prevent waste, including, but not limited to recovering overpayments, reducing Potentially Preventable Events (PPE), and conducting internal monitoring and audits. The review shall also consider the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions.~~

~~The Office of Inspector General shall submit a report to the Legislative Budget Board and the Governor by March 1, 2018, detailing its findings and recommendations for performance measures related to cost avoidance and waste prevention activities employed by MCOs. The recommended performance measures should be applicable to all MCOs throughout the state.~~

Delete rider. The report was completed during the 2018-2019 biennium.

**3.B. Rider Revisions and Additions Request
(continued)**

Texas Civil Commitment Office		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
154	II-87	<p>Administrative Attachment: Texas Civil Commitment Office. Amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, are to be used by the Texas Civil Commitment Office (TCCO), an independent agency which is administratively attached to the Health and Human Services Commission. The FTE cap for TCCO is 35.0 in each fiscal year of the 2018-19 <u>2020-21</u> biennium. Any unexpended balances remaining on August 31, 2018<u>2020</u>, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, 2018<u>2020</u>, contingent upon the agency providing written notification to the Legislative Budget Board and the Governor at least 30 days prior to making the transfer.</p> <p>Notwithstanding the limitations of Article IX, §14.01, Appropriation Transfers, TCCO may transfer appropriations made for the fiscal year ending August 31, 2019<u>2021</u>, to the fiscal year ending August 31, 2018<u>2020</u>, subject to the following conditions:</p> <p>a. Transfers under this section may be made only if expenditures to supervise and treat civilly committed individuals exceed the funds appropriated for these services due to higher than anticipated caseloads in fiscal year 2018<u>2020</u>;</p> <p>b. A transfer authorized by this section must receive prior written approval of the Legislative Budget Board and the Governor;</p> <p>c. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p> <p><i>Update year references.</i></p>

3.B. Rider Revisions and Additions Request (continued)

155	II-88	<p>Texas Civil Commitment Office Healthcare Costs.</p> <p>a. Included in amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, is \$561,000 in General Revenue in fiscal year 2018<u>2020</u> for the Texas Civil Commitment Office (TCCO) to provide uncompensated healthcare costs not covered under contract to civilly committed residents of a housing facility either operated by or contracted for by TCCO.</p> <p>b. TCCO shall submit a report to the Legislative Budget Board and the Governor on medical costs covered under contract for the Texas Civil Commitment Center, and uncompensated health care costs that are not covered under contract within 60 days of the end of each fiscal quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.</p> <p style="text-align: center;"><i>Update year reference.</i></p>
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Revenue		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
156	II-88	<p>Appropriation: License Plate Trust Fund No. 0802. Included in amounts appropriated above in Strategies F.1.3, Non-Medicaid IDD Community Svcs, F.2.4, Deaf and Hard of Hearing Services, and F.3.2, Child Advocacy Programs, is all license plate revenue collected on or after September 1, 2017<u>2019</u> from the sale of Special Olympics Texas license plates (estimated to be \$3,000 each fiscal year of the 2018-19<u>2020-21</u> biennium), the I Love Texas license plates (estimated to be \$10,000 each fiscal year of the 2018-19<u>2020-21</u> biennium), and the Volunteer Advocate Program license plates (estimated to be \$24,000<u>13,500</u> each fiscal year of the 2018-19<u>2020-21</u> biennium) and deposited to the credit of the License Plate Trust Fund</p> <p>No. 0802 for the purpose of providing training, service programs, and grants to eligible organizations and individuals.</p> <p>The license plates are authorized pursuant to Texas Transportation Code, §§504.611 (Volunteer Advocate Program), 504.621 (Special Olympics Texas), and 504.619 (I Love Texas).</p> <p>Any unexpended balances remaining as of August 31, 2018<u>2020</u>, in the appropriation made herein are appropriated for the fiscal year beginning September 1, 2018<u>2020</u>, for the same purpose.</p> <p style="text-align: center;"><i>Update year and amount references.</i></p>

3.B. Rider Revisions and Additions Request (continued)

157	II-88	<p>Appropriation: Quality Assurance Fees. Informational Item. Appropriations from General Revenue Dedicated - Quality Assurance Account No. 5080 in this Act total \$80,500,000 in each fiscal year in Strategy A.2.7, Intermediate Care Facilities-IID, for intellectual disability services. Estimated amounts of \$42,895 in fiscal year 2018<u>2020</u> and \$42,895 in fiscal year 2019<u>2021</u> are appropriated elsewhere in this Act for employee benefits of employees of community-based intermediate care facilities for individuals with intellectual disabilities also known as bond homes, that are operated by the Health and Human Services Commission (HHSC). Pursuant to Article IX, §6.08, Benefits Paid Proportional by Method of Finance, benefits for bond home employees reflect the proportion by fund type as used for salaries.</p> <p><i>Update year references.</i></p>
158	II-88	<p>Expenditure of Settlement Funds. The Health and Human Services Commission (HHSC) shall notify the Governor and the Legislative Budget Board 30 business days prior to expenditure of any settlement funds (General Revenue) during fiscal years 2018 and 2019. HHSC shall provide a detailed plan outlining the expenditure of the settlement funds in a format approved by the Legislative Budget Board.</p> <p>Settlement funds may include, but are not limited to, the difference between allowable costs and the reimbursement paid under the interim rate, including applied income.</p> <p><i>Delete rider. This rider is not reflective of actual practices. Settlement funds are used to reimburse General Revenue that was expended on eligible expenditures prior to receiving the federal revenue.</i></p>

3.B. Rider Revisions and Additions Request (continued)

159

II-88

Vendor Drug Rebates and Report. All references in this rider to rebate revenue refer to vendor drug rebates as well as supplemental rebates earned via the preferred drug lists (methods of finance include Vendor Drug Rebates-Medicaid No. 706, Vendor Drug Rebates-CHIP No. 8070, Vendor Drug Rebates-Supplemental Rebates No. 8081, and Vendor Drug Rebates-Public Health No. 8046).

a. **Medicaid.** Medicaid rebate revenues and related interest are appropriated above in Strategy A.1.6, Medicaid Prescription Drugs.

b. **CHIP.** CHIP rebate revenues and related interest are appropriated above in Strategy C.1.3, CHIP Prescription Drugs.

c. **Children with Special Health Care Needs (CSHCN).** CSHCN rebate revenue and related interest is appropriated above in D.1.7, Children with Special Needs.

d. **Kidney Health Care Program (KHP).** KHP rebate revenue and related interest is appropriated above in D.1.9, Kidney Health Care.

e. **Rebates as a First Source of Funding.** Expenditures for Prescription Drugs in Medicaid, CHIP, CSHCN, and KHP shall be made from rebate revenue and related interest received in fiscal years 2018 and 2019. As rebates are generated, expenditures to support Prescription Drugs in Medicaid, CHIP, CSHCN, and KHP shall be made from rebate revenues. In the event rebate revenues are not available for expenditure, General Revenue may be used to support Prescription Drugs expenditures until rebate revenues are available.

f. **Appropriation.** In addition to rebate revenues appropriated above in Strategies A.1.6, Medicaid Prescription Drugs, and C.1.3, CHIP Prescription Drugs, the Health and Human Services Commission (HHSC) is appropriated Medicaid and CHIP vendor drug rebates generated in excess of those amounts, subject to the following requirements:

(1) Vendor drug rebates shall be expended prior to utilization of any General Revenue available for the purpose of Medicaid and CHIP Prescription Drugs.

(2) In the event General Revenue has been expended prior to the receipt of vendor drug rebates, HHSC shall reimburse General Revenue. HHSC shall reimburse the General Revenue Fund with vendor drug rebates on a monthly basis.

3.B. Rider Revisions and Additions Request (continued)

(3) Program Benefit Agreement revenues collected in lieu of state supplemental rebates will be expended prior to utilization of any General Revenue available for the purpose of the Medicaid program specified in the Agreement.

g. **Limited Use of Rebates.** Rebates generated by a specific program shall only be used for that specific program.

h. **Performance Reporting for the Prescription Drug Rebate Program.** HHSC shall report on an annual basis the following information to the Legislative Budget Board, the State Auditor's Office, the Comptroller of Public Accounts and the Governor: the outstanding prescription drug rebate balances for the Medicaid, CHIP, CSHCN, and KHP. The report shall include rebate principal and interest outstanding, age of receivables, and annual collection rates. The reports shall specify amounts billed, dollar value of pricing and utilization adjustments, and dollars collected. HHSC shall report these data on each fiscal year for which the Prescription Drug Rebate program has collected rebates and also on a cumulative basis for the last five years.

No change is requested.

160

II-89

Subrogation Receipts.

a. **Medicaid Subrogation Receipts (State Share).** Included in the amounts appropriated above in Strategy A.1.5, Children, are Medicaid Subrogation Receipts. For the purposes of this provision, Medicaid Subrogation Receipts are defined as tort settlements related to the Medicaid program and are to be deposited into the General Revenue Fund, as third party reimbursements. The use of the state's share of Medicaid Subrogation Receipts is limited to funding services for Medicaid clients. Medicaid Subrogation Receipts shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that these revenues should be greater than the amounts identified in the method of finance above as Other Funds-Medicaid Subrogation Receipts (State Share) No. 8044, the commission is appropriated and authorized to expend these Other Funds, subject to the following requirements:

(1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes.

(2) In the event General Revenue has been expended prior to the receipt of the state's share of Medicaid Subrogation Receipts, the commission shall reimburse General

3.B. Rider Revisions and Additions Request (continued)

Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of Medicaid Subrogation Receipt balances.

b. **Comprehensive Rehabilitation Subrogation Receipts.** Included in the amounts appropriated above in Strategy F.2.3, Comprehensive Rehabilitation (CRS), are Subrogation Receipts. For the purposes of this provision, Subrogation Receipts are defined as tort settlements related to the Comprehensive Rehabilitation program and are to be deposited into the General Revenue Fund, as third party reimbursements. The use of Subrogation Receipts is limited to funding services for Comprehensive Rehabilitation clients. Subrogation Receipts shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support the Comprehensive Rehabilitation program. In the event that these revenues should be greater than the amounts identified in the method of finance above as Other Funds-Subrogation Receipts No. 8052, the commission is appropriated and authorized to expend these Other Funds, subject to the following requirements:

(1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes.

(2) In the event General Revenue has been expended prior to the receipt of the state's share of Comprehensive Rehabilitation Subrogation Receipts, the commission shall reimburse General Revenue. This process shall be completed on a monthly basis.

The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources, and none of these receipts shall be appropriated by a provision of Article IX of this Act.

No change is requested.

161

II-90

Federal Provider Enrollment and Screening Fee. For the purpose of this provision, Provider Screening and Enrollment Fees are defined as payments from medical providers and suppliers required by the U.S. Centers for Medicare and Medicaid Services as a condition for enrolling as a provider in the Medicaid and CHIP programs but collected and received by the Health and Human Services Commission. The method of finance Other Funds—Appropriated Receipts-Match for Medicaid No. 8062, for appropriations made above, includes unexpended and unobligated balances of Provider Enrollment and Screening Fees remaining as of August 31, ~~2017~~ 2019, and receipts collected in fiscal years ~~2018 and 2019~~ 2020 and 2021.

3.B. Rider Revisions and Additions Request (continued)

The Provider Screening and Enrollment Fees may be expended only as authorized by federal law. In the event that these revenues should be greater than the amounts identified above as Other Funds—Appropriated Receipts-Match for Medicaid No. 8062, the commission is appropriated and authorized to expend these receipts, subject to the following requirements:

- a. Amounts available shall be expended prior to utilization of any other appropriated funds required to support provider enrollment;
- b. Amounts collected shall also be used to fund applicable employee benefits pursuant to Article IX provisions elsewhere in this Act; and
- c. Any unused fee balances shall be disbursed to the federal government, as required by federal law.

This rider shall be the exclusive appropriation authority for receipts from the above identified sources, and none of these receipts shall be appropriated by a provision of Article IX of this Act.

Update year references.

162	II-90	<p>Budget Authority for Estimated Pass-through Funds. In addition to the amounts appropriated above to the Health and Human Services Commission, the commission may establish additional budget authority with the Comptroller of Public Accounts to reflect other estimated funds that will pass through the commission to other governmental entities or service providers except from the General Revenue Fund.</p>
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No change is requested.

163	II-90	<p>Fees for Community Services at State Supported Living Centers (SSLCs). Included in amounts appropriated above is an estimated \$242,500 in General Revenue Funds in fiscal year 2018<u>2020</u> and \$242,500 in General Revenue Funds in fiscal year 2019<u>2021</u> in Strategy G.1.1, State Supported Living Centers, for the purpose of providing medical, behavioral, and other state supported living center services to community members who meet certain eligibility requirements, and contingent on the Health and Human Services Commission (HHSC) generating sufficient collections from the provision of these services. In the event actual collections are less than these amounts identified above, the Legislative Budget Board may direct the Comptroller of Public Accounts to reduce the appropriation authority provided above to be within the amount of revenue expected to be available. In the event actual collections are greater than these amounts, HHSC is authorized to expend the funds, subject to approval through Rider 139, State Supported Living Center Oversight.</p>
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Update year references.

3.B. Rider Revisions and Additions Request (continued)

164

II-91

Use of Additional Medicaid Program Income. Included in the amount appropriated above in Strategy A.1.5, Children, is Medicaid program income. For the purposes of this provision, Medicaid program income is defined as: 1) refunds/rebates of previously paid premiums and interest earnings generated in relationship to accounts listed below; 2) refunds/rebates received from the Medicaid claims payment contractor or other sources; and 3) managed care rebates as described below and are to be deposited into the General Revenue Fund as Medicaid Program Premium Credits. The Health and Human Services Commission (HHSC) may receive and expend program income and interest earnings generated from fund balances with the Disbursement Account, and the STAR (Managed Care) Account, as defined in the contractual agreement with the fiscal agent and/or insurance carrier for purchased health services except for those interest earnings related to the Cash Management Improvement Act (CMIA). The commission may also receive and expend experience rebates generated in accordance with its contractual agreements with health maintenance organizations who participate in Medicaid managed care. The use of the credits, managed care rebates, and interest earnings is limited to funding services for Medicaid clients. Medicaid program income shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that these revenues should be greater than the amounts identified in the method of finance above as General Revenue Fund-Medicaid Program Income No. 705, the commission is appropriated and authorized to expend these General Revenue Funds, subject to the following requirements:

- a. Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and
- b. In the event General Revenue has been expended prior to the receipt of program income, the commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of program income balances ~~and reported in the Monthly Financial Report required by Rider 197, Other Reporting Requirements.~~

The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.

To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.

3.B. Rider Revisions and Additions Request (continued)

165	II-91	<p>Authorization to Receive, Administer, and Disburse Disaster-related Federal Funds. In the event of a disaster proclamation by the Governor under the Texas Disaster Act of 1975 (Government Code, Chapter 418), the appropriations made above in Strategy I.1.1, Integrated Eligibility and Enrollment, may be used for the state share of planned expenditures or meet maintenance of effort requirements for Federal Funds granted to the state to respond to the disaster. With the exception of Temporary Assistance for Needy Families (TANF) Federal Funds and Social Services Block Grant (SSBG) Federal Funds governed by Article IX, §13.10, Temporary Assistance for Needy Families (TANF) or Social Services Block Grant (SSBG), Federal Funds granted to the state for the purpose of responding to a disaster are appropriated to the Health and Human Services Commission. Earned Federal Funds are not considered to be Federal Funds for the purpose of this section.</p> <p><i>Delete rider. The Federal Assistance to Individuals and Households Program (IHP) provision for Other Needs Assistance (ONA) was established by a congressional amendment to the Stafford Act in October 2000. HHSC administers the ONA provision of the IHP in major disasters declared by the President in accordance with 44 CFR, Part 206, Subpart D.</i></p> <p><i>Other Needs Assistance is 75 percent federally funded. The State's matching share is 25 percent paid from the General Revenue Fund.</i></p> <p><i>The General Appropriations Act, Article IX, Section 14, provides provisions allowing for funds transfer to address disasters sent within 30 days of intent to hire staff contingent upon notification to the Governor and Legislative Budget Board.</i></p>
166	II-91	<p>Cost Sharing - Medicaid Clients. Included in the amounts appropriated above in Strategy A.1.2, Disability-Related, are all cost sharing revenues generated by Medicaid clients as authorized in §32.064 of the Human Resources Code. These revenues may include enrollment fees, deductibles, coinsurance, and portions of the managed care plan premiums and are identified in the method of finance above as General Revenue Fund - Cost Sharing-Medicaid Clients No. 8075.</p> <p><i>No change is requested.</i></p>
167	II-91	<p>Revolving Fund Services: Canteen Services and Sheltered Workshops <u>Work Centers</u>. Out of funds appropriated above, \$795,000 each fiscal year in General Revenue in Strategy G.2.1, Mental Health State Hospitals, and \$2,724,957 each fiscal year in General Revenue in Strategy G.1.1, State Supported Living Centers, shall be allocated for the operation of canteen and sheltered workshops <u>on-campus work centers</u>. The Health and Human Services Commission shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts. These revenues, expenditures and balances shall be reported and included in agency Operating Budgets, Legislative Appropriation Requests, and Annual Financial Reports. The timetable, format and content for additional monthly reports related to canteen operations and sheltered workshops <u>work centers</u> shall be prescribed by the Legislative Budget Board.</p> <p><i>Update the program name to the currently correct verbiage.</i></p>

3.B. Rider Revisions and Additions Request (continued)

168

II-92

Appropriation of Donations: Blindness Education Screening and Treatment. Included in the amounts above in Strategy F.2.2, Blindness Education, Screening, and Treatment (BEST) Program, is ~~\$393,763,430,000~~ in General Revenue in fiscal year ~~2018~~2020 and ~~\$393,763,430,000~~ in General Revenue in fiscal year ~~2019~~2021 for the BEST Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year ~~2018~~2020 and fiscal year ~~2019~~2021, in amounts not to exceed \$787,526 as provided by §521.421 (j) or §521.422 (b), Transportation Code, are appropriated to the Health and Human Services Commission (HHSC) for purposes related to the BEST Program. Any revenue collected in the BEST Program above the amount appropriated each fiscal year is appropriated to HHSC for the same purpose. Any unexpended and unobligated balances remaining ~~in an amount not to exceed \$60,000~~ as of August 31, ~~2017~~2019 are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, ~~2017~~2019, and any unexpended balances remaining as of August 31, ~~2018~~2020 are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, ~~2018~~2020. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

Update year and amount references. Also, delete the \$60,000 UB limit since these revenues are collected specifically for this program.

3.B. Rider Revisions and Additions Request (continued)

169

II-92

Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance.

a. **Definition.** For the purposes of this section and appropriation authority for the Health and Human Services Commission (HHSC):

(1) MH Collections for Patient Support and Maintenance are defined as reimbursements received for health and other services provided to individuals in state hospitals from third party payers including insurance companies, clients, relatives, trusts and estates, and government retirement benefit programs including the U.S. Civil Service, Federal Railroad, State, Social Security, Teacher and Veteran's Administration and

(2) ID Collections for Patient Support and Maintenance are defined as reimbursements received for health and other services provided to individuals in state operated intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and state supported living centers from third party payers including insurance companies, clients, relatives, trusts and estates, and government retirement benefit programs including the U.S. Civil Service, Federal Railroad, State, Social Security, Teacher and Veteran's Administration.

b. **Classification for depositing revenues and reporting of expenditures.** For the purpose of revenue classification for depositing and expending certain collections related to the support and maintenance of patients in state hospitals and state operated ICF/IID and state supported living centers, the following Revenue Object Codes as defined by the Comptroller of Public Accounts shall be used for recording collections, reporting expenditures, and requesting legislative appropriations by HHSC:

(1) Revenue Object Codes 3595, 3606, 3614, and 3618 as defined by the Comptroller of Public Accounts shall be used to record collections and deposits from the above defined sources into the General Revenue Fund:

- (i) 3595: Medical Assistance Cost Recovery
- (ii) 3606: Support and Maintenance of Patients
- (iii) 3614: Counseling, Care and Treatment of Outpatients
- (iv) 3618: Welfare/MHMR Service Fees (Child Support)

(2) Automated Budget and Evaluation System of Texas (ABEST) Method of Financing Code 8031- MH Collections for Patient Support and Maintenance, and ABEST Method of Financing Code 8095 - ID Collections for Patient Support and Maintenance, shall be used to report expenditures and request legislative appropriations from collections/deposits related to the

support and maintenance of patients in state hospitals and state operated ICF/IID and state supported living centers made to Revenue Object Codes 3595, 3606, 3614, and 3618.

c. **Appropriation authority and accounting for expenditures of MH and ID Collections for Patient**

3.B. Rider Revisions and Additions Request (continued)

Support and Maintenance. HHSC may receive and expend MH and ID Collections for Patient Support and Maintenance as a first source, and General Revenue shall be used as a second source, to support state hospitals and state-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IID). In the event that these revenues should be greater than the amounts identified in the method of financing above as MH and ID Collections for Patient Support and Maintenance, the commission is appropriated and authorized to expend these state funds hereby made available, subject to approval through Rider 139, State Supported Living Center Oversight. The expenditure of MH and ID Collections for Patient Support and Maintenance is subject to the following requirements:

(1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purpose;

(2) In the event General Revenue has been expended prior to the receipt of MH and ID Collections for Patient Support and Maintenance, the commission shall reimburse General Revenue upon receipt of the revenue. This process shall be completed on a monthly basis in order to maintain a minimum balance on hand in excess MH and ID Collections for Patient Support and Maintenance; and

~~(3) The commission shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts, and Governor on MH and ID Collections for Patient Support and Maintenance, expenditures and anticipated revenues and balances.~~

d. **Responsibility for proportionate share of indirect costs and benefits.** HHSC shall ensure that MH and ID Collections for Patient Support and Maintenance fund their proportionate share of benefits and statewide allocated indirect costs as required and directed in Article IX of this act.

e. **Exclusive appropriation authority.** The preceding subsections of this rider shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.

To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.

3.B. Rider Revisions and Additions Request (continued)

170

II-93

Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts.

a. **Definition.** For the purposes of this section and appropriation authority for the Health and Human Services Commission (HHSC), MH Appropriated Receipts are defined as revenues from state hospitals deposited by the commission into the following Revenue Object Codes as defined by the Comptroller of Public Accounts, and ID Appropriated Receipts are defined as revenues from state supported living centers deposited by the commission into the following Revenue Object Codes as defined by the Comptroller of Public Accounts:

- (1) 3628: Dormitory, Cafeteria and Merchandise Sales
- (2) 3719: Fees for Copies or Filing of Records
- (3) 3722: Conference, Seminar, and Training Registration Fees
- (4) 3738: Grants - Cities/Counties
- (5) 3739: Grants - Other Political Subdivisions
- (6) 3740: Gifts/Grants/Donations-Non-Operating Revenue/Program Revenue - Operating Grants and Contributions
- (7) 3747: Rental - Other
- (8) 3750: Sale of Furniture and Equipment
- (9) 3752: Sale of Publications/Advertising (General)
- (10) 3754: Other Surplus or Salvage Property/Material Sales
- (11) 3767: Supplies/Equipment/Services - Federal/Other (General)
- (12) 3769: Forfeitures
- (13) 3773: Insurance Recovery in Subsequent Years
- (14) 3802: Reimbursements-Third Party
- (15) 3806: Rental of Housing to State Employees

b. **Reporting.** ABEST Method of Financing Code 8033 - MH Appropriated Receipts, and ABEST Method of Financing Code 8096 - ID Appropriated Receipts, shall be used to report expenditures and request legislative appropriations for state mental health and state supported living centers from the Revenue Object Codes identified above.

c. **Appropriation authority and accounting for MH and ID Appropriated Receipts.** Amounts defined as MH and ID Appropriated Receipts shall be deposited into the General Revenue Fund according to the identified Revenue Object Codes above. HHSC may receive and expend MH and ID Appropriated Receipts as a first source, and General Revenue shall be used as a second source. In the event that these revenues should be greater than the amounts identified in the method of financing above as MH and ID Appropriated Receipts, the commission is appropriated and authorized to expend these state funds hereby made available,

subject to approval through Rider 139, State Supported Living Center Oversight. The expenditure of MH and ID Appropriated Receipts is subject to the following requirements:

- (1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purpose. In the event General Revenue must be expended, the agency will provide prior notification

3.B. Rider Revisions and Additions Request (continued)

to the Legislative Budget Board and the Governor;

(2) In the event General Revenue has been expended prior to the receipt of MH and ID Appropriated Receipts as defined above, the commission shall reimburse General Revenue upon receipt of the revenue. This process shall be completed on a monthly basis in order to maintain a minimum balance on hand in excess MH and ID Appropriated Receipts; and

~~(3) The commission shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on MH and ID Appropriated Receipts collections by Revenue Object Code, expenditures and anticipated revenues and balances.~~

d. **Exclusive appropriation authority.** The preceding subsections of this provision shall be the exclusive appropriation authority for Appropriated Receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.

To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements.

171

II-94

Mental Health (MH) and Intellectual Disability (ID) Medicare Receipts.

a. **Definition.** For the purposes of this section and appropriation authority, MH and ID Medicare Receipts are classified as deposits in Revenue Object Code 3634 that are collected by the Health and Human Services Commission (HHSC) as payment for:

(1) hospital, physician and other services rendered to Medicare-eligible individuals in state hospitals and state supported living centers operated by the commission;

(2) cost settlements for services rendered in state hospitals and state supported living centers operated by the commission as authorized by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA); and

(3) prescription drugs reimbursed through the Medicare, Part D, prescription drug program.

3.B. Rider Revisions and Additions Request (continued)

b. **Accounting and Reporting.** Amounts defined as MH and ID Medicare Receipts shall be deposited into the General Revenue Fund according to the identified Comptroller Revenue Object Code above. ~~The commission shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on MH and ID Medicare Receipts collections by Comptroller Revenue Object Code, expenditures and anticipated revenues and balances.~~

Mental Health Medicare Receipts. Included in the General Revenue Funds appropriated above to HHSC in Strategy G.2.1, Mental Health State Hospitals, is ~~\$22,946,617~~13,000,000 per year for the ~~2018-19~~2020-2021 biennium, contingent upon generation of funds from MH Medicare Receipts collections. These funds shall be expended as collected and only within Strategy G.2.1, Mental Health State Hospitals. Appropriations made elsewhere in this Act for employee benefits include approximately ~~\$3,553,383~~1,777,000 per year from MH Medicare Receipts. MH Medicare Receipts collections above ~~\$26,500,000~~13,172,000 per year (excluding any amounts needed to comply with Article IX, §6.08, Benefits Paid Proportional by Method of Finance) are appropriated as Method of Financing Code 8034 - MH Medicare Receipts (General Revenue Funds) to the commission for expenditures in Strategy G.2.1, Mental Health State Hospitals, pursuant to the limitations of this provision.

d. **Intellectual Disability Medicare Receipts.** Included in the GR Match for Medicaid Funds appropriated above to HHSC in Strategy G.1.1, State Supported Living Centers, is \$16,350,000 for each fiscal year of the ~~2018-19~~2020-2021 biennium, contingent upon generation of funds from ID Medicare Receipts collections. These funds shall be expended as collected and only within Strategy G.1.1, State Supported Living Centers. Appropriations made elsewhere in this Act for employee benefits include approximately \$2,336,698 per year from ID Medicare Receipts. ID Medicare Receipts collections above \$18,686,698 per year (excluding any amounts needed to comply with Article IX, §6.08, Benefits Paid Proportional by Method of Finance) are appropriated as Method of Financing Code 8097 - ID Medicare Receipts (General Revenue Funds) to HHSC for expenditures in Strategy G.1.1, State Supported Living Centers, pursuant to the limitations of this provision, and subject to approval through Rider 139, State Supported Living Center Oversight.

To promote efficiency, move the monthly reporting requirements to Rider 197 with the Monthly Financial Report (MFR) requirements. In addition, to change the amounts to reflect historical yearly collection trends for Mental Health Medicare Receipts.

3.B. Rider Revisions and Additions Request (continued)

172	II-95	<p>Texas Capital Trust Fund Account No. 543.</p> <p>a. Definition. For the purposes of this section and appropriation authority, General Revenue- Dedicated Funds referred to as Texas Capital Trust Fund Account No. 543 (Chapter 2201, Government Code) are defined as revenues deposited by the Health and Human Services Commission into the following Revenue Object Codes as defined by the Comptroller of Public Accounts:</p> <ul style="list-style-type: none">(1) 3340: Land Easements(2) 3341: Grazing Lease Rental(3) 3344: Sand, Shell, Gravel, Timber Sales(4) 3349: Land Sales(5) 3746: Rental of Lands/Miscellaneous Land Income(6) 3747: Rental - Other(7) 3851: Interest on State Deposits and Treasury Investments - General, Non-Program <p>b. Appropriation authority and accounting for Texas Capital Trust Fund Account No. 543. For the purpose of revenue classification for expending and depositing certain collections related to the Texas Capital Trust Fund Account No. 543, ABEST Method of Finance Code 543 shall be used to report expenditures and request legislative appropriations from collections/deposits made by the commission to the identified Revenue Object Codes above. Appropriations of the Texas Capital Trust Fund Account No. 543 are limited to the amounts identified above.</p> <p><i>No change is requested.</i></p>
173	II-95	<p>Collection of Fees from the Copyright of Training Materials and Patent of Technologies Developed. Pursuant to §12.020 of the Health and Safety Code, the Health and Human Services Commission (HHSC) may collect the following fees relating to mental health and intellectual disability program activities:</p> <p>a. Fees from the sale of written training materials, video tapes, audio tapes and in the form of electronic media, such materials having been developed in part or whole by HHSC; and</p> <p>b. Licensing fees collected by HHSC in exchange for allowing individuals and companies to use any patented technology developed, in part or in whole, by HHSC. HHSC may license the use of any copyright-protected material, trademark, trade secrets, and any patented technology relating to mental health or intellectual disability program activities. The authorization provided under this provision does not include any mineral royalties. Fees collected in the sale of training materials described under (a) above may be in excess of the actual reproduction cost incurred</p> <hr/> <p>by HHSC and shall be used to recoup the costs associated with developing the training materials. Fifty percent of the fees collected in licensing of any patented technology shall be devoted to further research and development of technologies reasonably believed to be of assistance to priority populations. The remaining 50 percent shall be deposited to the General Revenue Fund.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

174

II-96

Appropriation: Contingent Revenue.

a. The Health and Human Services Commission (HHSC) is appropriated any additional revenue generated by HHSC above the amounts identified in fiscal year ~~2018~~ 2020 or fiscal year ~~2019~~ 2021 in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue objects identified below.

(1) Revenue Objects 3616 and 3562 in the General Revenue Fund for the purpose of regulating health professionals.

(2) Account No. 129, Hospital Licensing, for the purpose of regulating health care facilities.

b. HHSC is appropriated any additional revenue generated above the amounts identified in fiscal year ~~2018~~2020 or fiscal year ~~2019~~2021 in the Comptroller of Public Account's BRE for the revenue object identified below. Any unexpended balances remaining as of August 31, ~~2018~~2020 are appropriated for the fiscal year beginning September 1, ~~2018~~2020.

(1) Revenue Object Code 3562 in the General Revenue Fund for the purpose of interpreter testing and certification.

c. An appropriation from an account or revenue object listed in (a) and (b) shall be made available to the commission once certified by a Comptroller's finding of fact that the amount in the BRE for the account or revenue object for the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year ~~2018~~2020 or fiscal year ~~2019~~2021.

d. By March of each year, HHSC may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that the commission projects will be received in excess of the amounts contained in the BRE for each of the commission's accounts listed below, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available for each account.

Update years referenced.

3.B. Rider Revisions and Additions Request (continued)

175

II-96

Appropriations Limited to Revenue Collections. Fees, fines, and other miscellaneous revenues as authorized and generated by the operation of the programs listed in the table below shall cover, at a minimum, the cost of appropriations made above in Strategies F.2.4, Deaf and Hard of Hearing Services, H.1.1, Facility/Community-Based Regulation, and H.4-23.1, Health Care Professionals & Other, as well as the "other direct and indirect costs" made elsewhere in this Act associated with these programs. Direct costs for these programs are estimated to be ~~\$18,931,758~~ \$17,155,758 for fiscal year ~~2018~~ 2020 and ~~\$19,299,063~~ \$16,755,758 for fiscal year ~~2019~~ 2021 and "other direct and indirect costs" are estimated to be ~~\$7,601,942~~ \$6,826,859 for fiscal year ~~2018~~ 2020 and ~~\$7,709,151~~ \$6,630,239 for fiscal year ~~2019~~ 2021.

a. This rider shall apply to revenue generated in the following strategies and deposited under the following revenue codes or account numbers.

Strategy -- Revenue Object Code

F.2.4 Deaf and Hard of Hearing Services

Fees deposited into General Revenue to support the Interpreter Certification Program in Strategy F.2.4, Deaf and Hard of Hearing Services, including fees deposited under the following Revenue Code: 3562 (Interpreter Testing and certification).

H.1.1 Facility/Community-Based Regulation.

Fees deposited into General Revenue and General Revenue - Dedicated Account No. 129, Hospital Licensing, to support the Health Care Facilities Program in Strategy H.1.1, Facility/Community- Based Regulation, including fees deposited under the following Revenue Codes: 3180 (Health Regulation Fees, for Special Care Facilities); and 3557 (Health Care Facilities Fees, for Abortion Clinics, Ambulatory Surgical Centers, Birthing Centers, End Stage Renal Disease Facilities, Chemical Dependency Facilities, Free Standing Emergency Medical Facilities, Drug Abuse Treatment Facilities).

Fees deposited into General Revenue to support the Nursing Facility Administrator Program in Strategy H.1.1, Facility/ Community-Based Regulation.

3.B. Rider Revisions and Additions Request (continued)

H.4-23.1. Health Care Professionals & Other.

Fees deposited into General Revenue to support Strategy H.4-23.1, Health Care Professionals and Other, including fees deposited under the following Revenue Codes: 3175 (Professional Fees, for Health Services Providers); 3562 (Health Related Professional Fees, for Marriage and Family Therapists, Professional Counselors, and Chemical Dependency Counselors); 3616 (Social Worker Regulation).

b. This appropriation is contingent upon the agency assessing fees sufficient to generate revenue to cover the General Revenue appropriations for the programs identified above as well as the related "other direct and indirect costs". In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

c. All fees collected in excess of the Comptroller of Public Accounts Biennial Revenue Estimate are appropriated to the Health and Human Services Commission to be spent on the program that generated the fees.

Update year and amount references. Update the strategy number to H.3.1. to correspond to the approved budget structure.

176

II-97

Texas.Gov Authority Appropriation.

a. The Health and Human Services Commission (HHSC) is authorized in accordance with §2054.252 of the Government Code to increase the occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by the Texas.Gov Authority.

b. Amounts appropriated above to HHSC include \$5,250 in fiscal year ~~2018~~ 2020 and \$5,250 in fiscal year ~~2019~~ 2021 in revenue in Goal H, Regulatory, Licensing and Consumer Protection Services, for the purpose of paying Texas.Gov subscription fees.

c. In the event that actual and/or projected revenue collections from fee increases to cover the cost of Texas.Gov subscription fees are insufficient to offset the costs identified above, the Comptroller is directed to reduce the appropriation authority provided by this Act to HHSC to be within the amount of fee revenue expected to be available.

3.B. Rider Revisions and Additions Request (continued)

d. For new licensing applications, HHSC is appropriated the additional revenue generated from occupational license, permit, or registration fees in excess of the Comptroller's biennial revenue estimate for the ~~2018-19~~ 2020-21 biennium for the sole purpose of payment to the Texas.Gov Authority contractor of subscription fees for implementing and maintaining electronic services for the commission. HHSC, upon completion of necessary actions to access or increase fees, shall furnish an annual schedule of the number of license issuances or renewals and associated annual fee total, and any other supporting documentation to the Comptroller. If the Comptroller finds the information sufficient to support the projection of increased revenues, a notification letter will be issued and the contingent appropriation made available for the intended purposes.

e. HHSC shall notify the Legislative Budget Board and the Comptroller of Public Accounts in writing upon receiving an exemption from participating in Texas.Gov. Within 45 days of receiving an exemption, the commission shall provide the Legislative Budget Board and the Comptroller with a report of the effective date, the reason for exemption, and all estimated expenditures for Texas.Gov costs in the fiscal year in which the exemption is made.

Update year references.

Transfers		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
177	II-98	<p>Appropriation of Local Funds. All funds received by the Health and Human Services Commission from counties, cities, and from any other local source and all balances from such sources as of August 31, 2017<u>2019</u>, are appropriated for the biennium ending August 31, 2019 <u>2021</u>, for the purpose of carrying out the provisions of this Act.</p> <p><i>Delete rider. Move to Special Provisions since DSHS Rider 21 is identical to HHSC Rider 177.</i></p>
178	II-98	<p>Fund Transfers for Funds Consolidation. For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from the Health and Human Services Commission Fund No. 117, pursuant to Human Resource Code, §22.002. The initial deposit of federal funds shall be made into Fund No. 117 and no direct expenditures shall be made from this fund.</p> <p><i>Delete rider. This is a legacy DADS rider that is not needed at HHSC. All of HHSC's Federal Funds are in Fund 001 and Fund 117 is not used. Using Fund 117 would cause delays in client service payments.</i></p>

3.B. Rider Revisions and Additions Request (continued)

179	II-98	<p>Appropriation and Unexpended Balances: Affordable Housing for the Elderly. Included in the amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, are fees collected pursuant to Local Government Code, §394.902, for the purpose of promoting affordable housing for the elderly (\$454,000 <u>\$500,000</u> for the biennium).</p> <p>Any unexpended balances in fees collected to promote affordable housing for the elderly remaining as of August 31, 2018 <u>2020</u>, in the appropriation made in Strategy F.1.2, Non-Medicaid Services, are appropriated for the fiscal year beginning September 1, 2018 <u>2020</u>.</p> <p>In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.</p> <p><i>Update year and amount references.</i></p>
180	II-98	<p>Appropriation Transfers between Fiscal Years. In addition to the transfer authority provided in Article IX, §14.01, Appropriation Transfers and Article II, Special Provisions §6, Limitations on Transfer Authority, and in order to provide for unanticipated events that increase costs associated with providing services to eligible clients in Goal A, Medicaid Client Services, or Goal C, CHIP Client Services, the Health and Human Services Commission (HHSC) is authorized to transfer General Revenue from funds appropriated in all Strategies in Goals A or C in fiscal year 2019 <u>2021</u> to fiscal year 2018 <u>2020</u> for the purpose of providing services to eligible clients. Such transfers may only be made subject to the following:</p>

3.B. Rider Revisions and Additions Request (continued)

a. Transfers under this section may be made only: (1) if costs associated with providing client services in Goal A, Medicaid Client Services or Goal C, CHIP Client Services, exceed the funds appropriated for these services for fiscal year ~~2018~~ 2020, or (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity.

b. A transfer authorized by this section must receive the prior written approval of the Governor and the Legislative Budget Board. The request must be received by August 31, ~~2018~~ 2020. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to transfer the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

c. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.

d. HHSC is authorized and required to make a one-time adjustment to transfers made under this section if funds moved from fiscal year ~~2019~~ 2021 exceed the amount needed in fiscal year ~~2018~~ 2020. HHSC shall provide prior notification to the Legislative Budget Board, the Comptroller of Public Accounts, and the Governor by ~~October 31, 2018~~ November 30, 2020, if a one-time adjustment described in this section is made or not made.

e. A one-time adjustment as described in section (d) may occur after ~~October 31, 2018~~ November 30, 2020 only upon prior written approval by the Governor and the Legislative Budget Board. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

Update year references. Also, change the notification and approval dates to allow sufficient time for analysis.

3.B. Rider Revisions and Additions Request (continued)

181

II-99

Transfers: Authority and Limitations.

a. **Limitations on Transfers within/ between Goals.** Notwithstanding Article IX, §14.01, Appropriation Transfers; Article IX, §14.03, Limitation on Expenditures-Capital Budget; and Article II, Special Provisions §6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this provision.

(1) **Goal A, Medicaid Client Services.** Transfers may be made between Medicaid appropriation items in Goal A (excluding Strategies A.3.1, Home and Community-based Services, A.3.2, Community Living Assistance (CLASS), A.3.3, Deaf-Blind Multiple Disabilities, A.3.4, Texas Home Living Waiver, and A.3.5, All-Inclusive Care-Elderly). Transfers may not be made from appropriation items in Goal A to appropriation items in other goals, nor to appropriation items in Goal A from appropriation items in other goals, without prior written approval from the Legislative Budget Board and the Governor. HHSC shall provide notification of all transfers pursuant to Subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to Subsection (c) of this provision.

(2) **Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A).** Transfers may ~~not~~ be made between appropriation items listed in this Subsection, ~~and Transfers~~ may not be made to or from appropriation items listed in this Subsection to or from appropriation items not listed in this Subsection, without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to Subsection (c) of this provision.

A.3.1, Home and Community-based Services;
A.3.2, Community Living Assistance (CLASS);
A.3.3, Deaf-Blind Multiple Disabilities;
A.3.4, Texas Home Living Waiver; and
A.3.5, All-Inclusive Care-Elderly.

(3) **Goal C, CHIP Client Services.** Transfers may be made between CHIP appropriation items in Goal C. Transfers may not be made from appropriation items in Goal C to appropriation items in other goals, nor to appropriations items in Goal C from appropriation items in other goals, without prior written approval from the Legislative Budget Board and the Governor. HHSC shall provide notification of all transfers pursuant to Subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to Subsection (c) of this provision.

(4) **Goal L, HHS Enterprise Oversight and Policy.** Transfers may be made between appropriation items in Goal L. Transfers may not be made from appropriation items in Goal L to appropriation items in other goals, nor to appropriation items in Goal L from appropriation items in other goals, without prior written approval from the Legislative Budget Board and the Governor. HHSC shall provide notification of all transfers pursuant to Subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to Subsection (c) of this provision.

3.B. Rider Revisions and Additions Request (continued)

b. **Notification Regarding Transfers that Do Not Require Approval.** Authority granted by this provision to transfer funds is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 business days prior to the transfer, which includes the following information:

(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(2) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;

(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

(4) the capital budget impact.

c. **Requests for Transfers that Require Approval.** To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts (CPA). The request shall include the following information:

(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(2) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;

(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

(4) the capital budget impact.

Requests for transfers for appropriation items listed in Subsection (a)(2), Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A), shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for transfer and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days. A transfer request for appropriation items not listed in Subsection (a)(2), Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A), shall be considered to be approved only upon receipt of

3.B. Rider Revisions and Additions Request (continued)

written approval from the Legislative Budget Board and the Governor.

d. **Cash Management.** Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in ~~Goals A, Medicaid Client Services and C, CHIP Client Services~~, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

The CPA shall not allow the transfer of funds authorized by any of the above Subsections if the Legislative Budget Board provides notification to the CPA that the requirements of this provision have not been satisfied.

Edit verbiage to ensure there is sufficient cash flow for cost allocation purposes and to allow transferability between waiver services so that waiver service levels can be managed as a whole.

182

II-101

Unexpended Balance Authority within the Biennium for Eligibility Determination Services and Community Mental Health Crisis Services. Unexpended balances in General Revenue Funds appropriated in Strategies I.1.1, Integrated Eligibility & Enrollment, and D.2.3, Community Mental Health Crisis Svcs, remaining as of August 31, ~~2018~~ 2020, are appropriated for the fiscal year beginning September 1, ~~2018~~ 2020, only upon prior written approval by the Legislative Budget Board and the Governor.

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy

3.B. Rider Revisions and Additions Request (continued)

of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

a. The following information shall be provided for the fiscal year with an unexpended balance:

(1) an explanation of the causes of the unexpended balance(s);

(2) the amount of the unexpended balance(s) by strategy; and

(3) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.

b. The following information shall be provided for the fiscal year receiving the funds:

(1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;

(2) the amount of the expenditure by strategy;

(3) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and

(4) the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

183

II-101

Limitation: Transfer Authority for Early Childhood Intervention (ECI) Strategies.

Notwithstanding the transfer provisions in the general provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following ECI strategies shall be governed by the specific limitations included in this provision.

D.1.3 ECI Services

D.1.4 ECI Respite & Quality Assurance

a. **Limitations on Transfers.** Transfers may not be made between appropriation items listed above. Transfers may not be made from appropriation items listed above to appropriation items not listed in this provision, nor to appropriation items listed above from appropriation items not listed in this provision, without prior written approval from the Legislative Budget Board and the Governor's Office. HHSC shall provide notification of all transfers pursuant to subsection (b) of this provision.

b. **Notification Regarding Transfers that Do Not Require Approval.** Authority granted by this provision to transfer funds between appropriation items listed above is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;

(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;

(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

(4) the capital budget impact.

The Comptroller of Public Accounts shall not allow the transfer of funds in any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

184	II-102	<p>Unexpended Balances: Deaf and Hard of Hearing Services. Any unexpended and unobligated balances remaining as of August 31, 2017 <u>2019</u>, in the appropriation made to the Health and Human Services Commission (HHSC) by House Bill 1, Eighty-fourth Legislature, Regular Session, 2015 in Strategy F.2.4, Deaf and Hard of Hearing Services, for the purposes listed below, are appropriated to HHSC for the same purpose and included in the amounts above.</p> <p>a. Interagency Contracts for Administrative Fees for the purpose of specialized projects for individuals who are hard of hearing;</p> <p>b. Article IX, §8.01, Acceptance of Gifts of Money, for the purpose of expenses related to the Summer Camp Program; and</p> <p>c. Interpreter certification fees for the purpose of developing evaluation materials, validating interpreter evaluation materials, and expenses related to the Board for Evaluation of Interpreters.</p> <p>Any unexpended balances remaining as of August 31, 2018 <u>2020</u> are appropriated for the same purpose for the fiscal year beginning September 1, 2018 <u>2020</u> (estimated to be \$0).</p> <p><i>Update year references. Also, delete the reference to the specific Legislative Session since it is not needed.</i></p>
185	II-103	<p>Unexpended Balances within the Biennium: ECI Respite Services. Any unexpended and unobligated balances remaining in an amount not to exceed \$60,000 in General Revenue as of August 31, 2018 <u>2020</u> from appropriations made to the Health and Human Services Commission (HHSC) in Strategy D.1.4, ECI Respite & Quality Assurance, are appropriated to HHSC for the fiscal year beginning September 1, 2018 <u>2020</u> for the same purposes related to providing respite services.</p> <p><i>Update year references. Also, delete the \$60,000 UB limit to allow more flexibility for the Respite contracts.</i></p>

3.B. Rider Revisions and Additions Request (continued)

186

II-103

Unexpended Construction Balances.

a. Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$0 from fiscal year ~~2017~~2019 to fiscal year ~~2018~~2020 and included in the method of finance above as ~~General Obligation Bond proceeds~~ Other in Strategy G.4.2, Facility Capital Repairs and Renovation, are appropriated to the Health and Human Services Commission for the same purposes.

b. Any unexpended balances in ~~General Obligation Bond proceeds~~ Other funds described herein and remaining as of August 31, ~~2018~~2020, are appropriated for the same purposes for the fiscal year beginning September 1, ~~2018~~2020.

c. **Authorization.** Authorization to expend the unexpended construction balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts.

(1) a report by September 1, ~~2017~~2019 providing actual expenditures for fiscal years ~~2016~~2018 and ~~2017~~2019, and planned expenditures for fiscal years ~~2018~~2020 and ~~2019~~2021 at the project or facility; and

(2) a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/facility for the previous six months. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

Update year references. Also, this method of finance (MOF) language is obsolete. Prior to this biennium, the primary MOF used for construction projects were General Obligation Bonds. There are now other funds appropriated for this purpose as well.

3.B. Rider Revisions and Additions Request (continued)

187

II-103

Mental Health Appropriation Transfer Between Fiscal Years. Notwithstanding the limitations of Article IX, §14.01, Appropriation Transfers, the Health and Human Services Commission (HHSC) may transfer appropriations made for the fiscal year ending August 31, ~~2019~~2021, to the fiscal year ending August 31, ~~2018~~2020, subject to the following conditions provided by this section:

a. Transfers under this section may be made only:

(1) if costs associated with managing the Mental Health State Hospitals exceed the funds appropriated for these services for fiscal year ~~2018~~2020; or

(2) for any emergency expenditure requirements, including expenditures necessary to ensure the continuation of Medicaid client services to maintain fiscal year ~~2017~~2019 Medicaid caseloads; or

(3) if appropriated receipts generated through MH hospital-related programs required to fund appropriations contained in this Act for fiscal year ~~2018~~2020 are less than those contained in the method of financing for HHSC for fiscal year ~~2018~~2020.

b. Transfers may not exceed \$15,000,000 in General Revenue.

c. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor.

d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

188

II-104

Unexpended Balances: Consumer Protection Services. All unexpended balances, including General Revenue and All Funds, not otherwise restricted from appropriations to Strategy H.1-2H.3.1., Health Care Professionals & Other, at the close of the fiscal year ending August 31, ~~2018~~2020, are appropriated for the fiscal year beginning September 1, ~~2018~~2020 only upon prior written approval by the Legislative Budget Board and Governor.

For authorization to expend the funds, the agency shall submit a written request to the Legislative Budget Board and the Governor by ~~August~~ October 1, ~~2018~~2020. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

a. The following information shall be provided for the fiscal year with an unexpended balance:

- (1) an explanation of the causes of the unexpended balance(s);
- (2) the amount of the unexpended balance(s) by strategy; and
- (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act.

b. The following information shall be provided for the fiscal year receiving the funds:

- (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;
 - (2) the amount of the expenditure by strategy;
 - (3) an estimate of performance levels, and where relevant, a comparison to targets in this Act;
- and

- (4) the capital budget impact.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue written disapprovals within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to transfer the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional

3.B. Rider Revisions and Additions Request (continued)

information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

Update year references and the strategy number to H.3.1. to correspond to the approved budget structure. Also, change the due date to allow sufficient time for analysis and submission.

189

II-104

State Owned Multicategorical Teaching Hospital Account.

a. Out of funds appropriated above in Strategy D.3.1, Indigent Health Care Reimbursement (UTMB), from the General Revenue - Dedicated State Owned Multicategorical Teaching Hospital Account No. 5049 ("Account"), and contingent upon \$878,886 being collected and deposited in the Account for the ~~2018-~~192020-21 biennium, the amount of \$878,886 is allocated to the Health and Human Services Commission (HHSC) for reimbursement to the University of Texas Medical Branch at Galveston (UTMB) for the provision of health care services provided to indigent patients according to the terms set out in subsection (b). Any additional unexpended balances on hand in the accounts as of August 31, ~~2018~~2020 are appropriated to the agency for the fiscal year beginning September 1, ~~2018~~2020 for the same purpose, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

b. Funds in the Account may be used to reimburse UTMB for the provision of health care services provided to indigent patients from all counties, except that it may be used for indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties only if those counties' County Indigent Health Care income eligibility levels, or those counties' hospital district income eligibility levels, exceed the statutory minimum set for the County Indigent Health Care Program.

c. Upon presentation of information supporting UTMB's claim, HHSC shall reimburse UTMB for the health care services provided to indigent patients from the Account established for this purpose. The reimbursement from the Account shall be based upon a rate equal to 90 percent of the Medicaid fee-for-service rate in effect at the time of service for UTMB. This reimbursement shall be made monthly upon the submission to HHSC of a statement of the care provided by UTMB to indigent patients, according to the terms set out in subsection (b). UTMB is authorized to charge patient co-payment amounts for providing health care services,

however, UTMB is not entitled to reimbursement from the Account for these copayment amounts. The Office of the State Auditor may periodically review the statements submitted to HHSC for reimbursement from the Account, as well as the disbursement there from, to verify compliance with the criteria established herein.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

190

II-105

~~Disposition of Appropriation Transfers from State-owned Hospitals:~~

~~a. The Health and Human Services Commission (HHSC) shall use the sums transferred from state-owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue.~~

~~b. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.~~

~~c. By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.~~

~~d. The Comptroller of Public Accounts shall process all payments and transfers, unless disapproved or modified by the Legislative Budget Board or the Governor.~~

Delete rider and replace with NEW Rider 711. The new rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33 and 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.

191

II-105

Unexpended Balances: Social Services Block Grant Funds. As the single state agency for the Social Services Block Grant, the Health and Human Services Commission shall coordinate with other agencies appropriated Social Services Block Grant funds and shall report ~~to the Legislative Budget Board and the Governor by October 15 of each fiscal year of the 2018-19 biennium~~ the actual amount of federal Social Services Block Grant funds expended and the actual amount of unexpended and unobligated balances to the Legislative Budget Board and the Governor by October 15 of each fiscal year of the 2020-2021 biennium.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided shall be prepared in a format specified by the Legislative Budget Board.

Update year references and reorganize the sentence to improve flow and understanding of the intent.

3.B. Rider Revisions and Additions Request (continued)

192	II-105	<p>Mental Health for Veterans Grant Program. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall allocate \$20,000,000 in fiscal year 2018<u>2020</u> in General Revenue to operate a grant program to provide mental health services for veterans <u>and their families</u>. HHSC shall submit a report on the effectiveness of the grants, the number of grants awarded, and the number of veterans served to the Legislative Budget Board and the Governor by December 1, 2018<u>2020</u>. Any unexpended balances in the Mental Health for Veterans Grant Program remaining on August 31, 2018<u>2020</u> in Strategy L.1.1, HHS System Supports, are appropriated for the same purpose for the fiscal year beginning September 1, 2018<u>2020</u>, contingent upon prior written notification to the Legislative Budget Board and the Governor.</p> <p><i>Update year references. Also, to change the verbiage to be consistent with Texas Government Code Sec. 531.0992. GRANT PROGRAM FOR MENTAL HEALTH SERVICES FOR VETERANS AND THEIR FAMILIES and SB55, 84th Session, 2015.</i></p>
193	II-106	<p>Appropriation of Unexpended Balances: Funds Recouped from Local Authorities. Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year 2018<u>2020</u> recouped by the Health and Human Services Commission from a local authority for failing to fulfill its performance contract with the State, are appropriated for the same strategy, to reallocate to other local authorities in fiscal year 2019<u>2021</u>.</p> <p>HHSC shall provide a report to the Legislative Budget Board and the Governor by June 1, 2018 <u>December 15, 2020</u> that includes the amount of the recoupment by strategy, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p> <p><i>Update year references. Also, change the report date to allow the report to capture the full fiscal year data. The current report due date falls before the end of the fiscal year.</i></p>
194	II-106	<p>Unexpended Balances within the Biennium: Print Shop. Any unexpended balances in Strategy L.2.1, Central Program Support, for the Print Shop maintained by the Health and Human Services Commission remaining as of August 31, 2018<u>2020</u>, are appropriated for the fiscal year beginning September 1, 2018<u>2020</u>, for the purpose of providing cash flow stability for Print Shop activities.</p> <p><i>Update year references.</i></p>

3.B. Rider Revisions and Additions Request (continued)

195

II-106

Limitation on Transfer Authority-Medicaid & CHIP Contracts and Administration. Notwithstanding Article IX §14.01, Appropriation Transfers, and §14.03, Limitation on Expenditures - Capital Budget, and Special Provisions, §6, Limitations on Transfer Authority, the Health and Human Services Commission shall not make transfers of funding, full-time equivalents (FTEs), and capital budget authority into or out of Strategies B.1.1, Medicaid Contracts and Administration, and B.1.2, CHIP Contracts and Administration, without prior written approval of the Legislative Budget Board and the Governor.

To request a transfer, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

a. A detailed explanation of the purpose(s) of the transfer, including the following:

(1) a description of each request with funding and FTE information by fiscal year; and

(2) an indication of whether the expenditure will be one-time or ongoing;

b. The names of the originating and receiving strategies and the methods of finance and FTEs for each strategy by fiscal year;

c. An estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

d. The capital budget impact.

Additional information requested from the Legislative Budget Board related to this approval shall be provided in a timely manner and shall be prepared in a format specified by the Legislative Budget Board. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the LBB shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

No change is requested.

**3.B. Rider Revisions and Additions Request
(continued)**

Administration		
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
196	II-107	<p>Accounting of Indirect Support Costs. The Comptroller of Public Accounts shall establish separate accounts from which certain indirect support costs shall be paid. The Health and Human Services Commission may make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs</p>

not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs and salary and travel costs of staff whose function supports several programs. The commission shall be responsible for quarterly allocations of these costs to the original strategies.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

197

II-107

Other Reporting Requirements.

a. **Federal Reports.** The Health and Human Services Commission (HHSC) shall submit the following information to the Legislative Budget Board, the Governor, and all Members of the Texas Legislature no later than the date the respective report is submitted to the federal government:

(1) Notification of proposed State Plan amendments or waivers for Medicaid, CHIP, TANF, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Substance Abuse, Prevention, and Treatment Block Grant, the Community Mental Health Services Block Grant, Early Childhood Intervention Services, and any other federal grant requiring a state plan. State Plan amendments and waiver submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.

(2) A copy of each report or petition submitted to the federal government relating to Medicaid, CHIP, and TANF, Long-Term Services and Supports, WIC, the Substance Abuse Prevention, and Treatment Block Grant, the Community Mental Health Services Block Grant, Early Childhood Intervention Services, and Specialized Skills Training (SST).

b. **Federal Issues.** HHSC shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in ~~the loss of more than \$1 million~~ a significant loss in federal revenue assumed in the appropriations act.

c. **Monthly Financial Reports.** HHSC shall submit the following information to the Legislative Budget Board and the Governor no later than ~~30~~45 calendar days after the ~~close~~ last day of each month:

3.B. Rider Revisions and Additions Request (continued)

(1) Information on appropriated, budgeted, expended, and projected funds and full-time-equivalents, by strategy and method of finance. The information shall include the allocations of indirect support costs by strategy and method of finance;

(2) Information on appropriated, budgeted, expended, and projected revenues, including program income, interest earnings, experience rebates, vendor drug rebates (Medicaid, CHIP and supplemental), Medicaid subrogation receipts, premium co-payments, Earned Federal Funds, cost sharing - Medicaid clients, and appropriated receipts used as match for Federal Funds;

(3) Information on expenditures of General Revenue for Medicaid federal matching purposes by the method of financing codes identified in Rider 30 and the amounts of local, non-profit expenditures certified as state match for Medicaid Federal Funds by HHSC for services provided by Mental Health Authorities and IDD Local Authorities.

(4) Information on the amounts of Medicaid Federal Funds drawn and expended for Medicaid Mental Health and Intellectual Disability Services referenced in Rider 30.

(5) Information on Medicaid Program Income referenced in Rider 164.

(6) Information on expenditures, anticipated revenue and balances for MH and ID Collections for Patient Support and Maintenance referenced in Rider 169, MH and ID Appropriated Receipts referenced in Rider 170, and MH and ID Medicare Receipts referenced in Rider 171.

~~(37)~~ Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate;

~~(48)~~ Description of specific provisions of managed care contracts and resulting increases or decreases in revenue;

~~(59)~~ Narrative and tabular explanation of adjustments made to translate actuarial forecasts of incurred claims into budgeted/expended amounts on a cash basis for the Medicaid program; and

~~(610)~~ Any other information requested by the Legislative Budget Board or the Governor.

d. **Additional Monthly Reports.** HHSC shall provide monthly enrollment totals in all the programs for which there is a performance measure target for the commission.

e. **Notification.** HHSC shall electronically notify the Members of the Legislature that information provided in the sections above is available on the agency's website and shall provide copies as requested.

3.B. Rider Revisions and Additions Request (continued)

The monthly financial reports shall be prepared and submitted in a format specified by the Legislative Budget Board.

To promote efficiency, move the monthly reporting requirements from Riders 30, 164, 169, 170 and 171 to this Monthly Financial Report (MFR) rider. Also, change due date to allow sufficient time for submission and clarify the language to better align with correct accounting verbiage. In addition, change verbiage to require HHSC to notify the LBB and Governor when an emerging issue might cause a significant loss in federal revenue. HHSC's funding includes numerous federal funding streams. Each federal funding source has a different level of available funding and each issue's level of financial impact may be different for each source.

3.B. Rider Revisions and Additions Request (continued)

198	II-108	<p>Reimbursement of Advisory Committee Members. Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed \$190,000 <u>\$287,000</u> per year, is limited to the following advisory committees:</p> <ul style="list-style-type: none"> • Hospital Payment Advisory Committee, • Medical Care Advisory Committee, • e-Health Advisory Committee, • State Medicaid Managed Care Advisory Committee, • Intellectual and Developmental Disability System Redesign Advisory Committee, • Drug Utilization Review, • Behavioral Health Advisory Committee, • Perinatal Advisory Council, • Policy Council for Children and Families, • Texas Council on Consumer Direction, • Texas <u>Council on Autism and Pervasive Developmental Disorders</u> Council, • Nursing <u>Facility Family Administrator Advisory Committee</u> Council, • Early Childhood Intervention Advisory Council, • Board for Evaluation of Interpreters, • Joint Committee on Access and Forensic Services, and • Palliative Care Interdisciplinary Advisory Council, • <u>Texas Medical Disclosure Panel,</u> • <u>Texas State Board of Examiners of Professional Counselors,</u> • <u>Texas State Board of Social Worker Examiners,</u> • <u>Council on Sex Offender Treatment, and</u> • <u>Texas State Board of Examiners of Marriage and Family Therapists.</u> <p>To the maximum extent possible, the Health and Human Services Commission shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.</p> <p><i>To update HHSC's rider with all Advisory Committees and to reflect the correct names.</i></p>
199	II-108	<p>Reimbursement of Advisory Council Members. Pursuant to Government Code §531.0051, reimbursement of travel expenses for Health and Human Services Committee Commission-Executive Council members, out of funds appropriated above in Strategy L.2.1, Central Program Support, is authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$13,200 per fiscal year, at the rates specified in the general provisions of this Act.</p> <p><i>To correct the name of the Advisory Council.</i></p>

3.B. Rider Revisions and Additions Request (continued)

200	II-108	<p>Guardianship Services. Out of the funds appropriated above, the Health and Human Services Commission shall pay guardianship program caseworkers, supervisors and directors an amount not to exceed \$50 per month for work-related use of personal cellular telephones.</p> <p><i>No change is requested.</i></p>
201	II-108	<p>Revolving Account for the Consolidated Health and Human Services Print Shop. It is the intent of the Legislature that the Health and Human Services Commission (HHSC) establish and maintain the "Revolving Account for the Consolidated Health and Human Services Print Shop" to account for the expenditures, revenues, and balances of managing a full-cost recovery Consolidated Print Shop. The expenditures, revenues, and balances included above for this operation shall be maintained separately by HHSC within its accounting system. These funds can only be used for the purpose of managing the consolidated print shop. For the purpose of meeting cash flow needs, HHSC may temporarily transfer funds from Strategy G.4.1, Facility Program Support, to the revolving account. Transfers must be returned by the end of the fiscal year.</p> <p><i>No change is requested.</i></p>
202	II-108	<p>Capital Purchases on Behalf of other Governmental Entities or Service Providers. Any capital items purchased by the Health and Human Services Commission (HHSC) for use by local governmental entities or service providers for which the commission is reimbursed do not apply to the commission for the purpose of the capital budget rider limitations specified in Article IX, §14.03, Limitation on Expenditures - Capital Budget, of the General Provisions of this Act, nor to HHSC Rider 2, Capital Budget.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

203	II-108	<p>Staffing and Capital Authorization in Lieu of Contracted Responsibilities. Notwithstanding the provisions in Article IX, §6.10, Limitation on State Employment Levels, if the executive commissioner of the Health and Human Services Commission (HHSC) determines that a service performed under a contract as of the effective date of this Act would be more effectively performed by state personnel, the executive commissioner may adjust the agency's full-time equivalent (FTE) and/or capital authority limitation to the extent necessary to ensure the successful assumption of such contracted duties and to comply with federal performance standards.</p> <p>Authority granted by this provision is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 days prior to adjusting budgeted FTE levels and/or acquiring capital equipment that includes the following information:</p> <ul style="list-style-type: none">a. a detailed explanation of the adjustments to the affected contract and the reason(s) for the adjustment;b. the estimated reduction in spending in All Funds on the contract by fiscal year;c. the increase in both the annual average and end-of-year FTEs by fiscal year;d. the estimated increase in expenditures by object of expense and method of financing for each fiscal year; ande. the estimated increase in capital expenditures by method of financing by fiscal year for each increased or new project. <p>The Comptroller of Public Accounts shall not allow the adjustment of FTE or capital authority limitations authorized by this provision if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>No change is requested.</i></p>
204	II-109	<p>Prevent Eligibility Determination Fraud. It is the intent of the Legislature that the Health and Human Services Commission shall use technology to identify the risk for fraud associated with applications for benefits to prevent fraud. Within the parameters of state and federal law, the commission shall set appropriate verification and documentation requirements based on the application's risk to ensure agency resources are targeted to maximize fraud reduction and case accuracy.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

205	II-109	<p>Improve Efficiencies in Benefit Applications. Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall promote submission of applications online for benefits administered by the agency. HHSC shall develop standards and technical requirements to allow organizations to electronically submit applications and it is the intent of the Legislature that HHSC only expend agency resources to partner with entities whose role in submitting benefit applications has been statutorily established, or with entities that provide in-person assistance using the agency's website for clients.</p> <p><i>No change is requested.</i></p>
206	II-109	<p>Federally Qualified Health Center (FQHC) Affiliate Agreements. To the extent allowable by law, no funds appropriated under this Act may be expended to reimburse the costs of a federally qualified health center (FQHC) for services performed or provided by a provider or group of providers pursuant to an affiliation agreement executed between the FQHC and provider unless the Health and Human Services Commission determines the reimbursement complies with criteria promulgated by the Secretary of Health and Human Services, the Centers for Medicare and Medicaid Services, or administrative rules adopted by the commission.</p> <p><i>No change is requested.</i></p>
207	II-109	<p>Recruitment and Retention Strategies. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop recruitment and retention strategies for community attendants. HHSC shall submit an annual report by August 31 to the Legislative Budget Board and the Governor reflecting actual expenditures, cost savings, and accomplishments implementing recruitment and retention strategies for community attendants.</p> <p><i>No change is requested.</i></p>
208	II-109	<p>Blind Endowment Trust Fund Reporting. Out of funds appropriated above, the Health and Human Services Commission and the Texas Workforce Commission shall submit a joint annual report by October 1 of each fiscal year to the Legislative Budget Board and the Governor's Office that identifies donations to the Blind Endowment Fund No. 493 (Other Funds). The report shall include the intended purpose of each donation if specified by the donor, actual expenditures and uses, and remaining balances. The report shall be prepared in a format specified by the Legislative Budget Board and the Governor's Office.</p> <p><i>Delete rider. There are minimal endowment collections from programs that transferred to HHSC. TWC receives the vast majority of these endowment donations for the programs that transferred to them. Of the total \$13.2K donations collected and reported in AY 2017, only about \$900 were collected at HHSC. The rest were collected at TWC. Due to the immateriality, deletion of the reporting requirement for HHSC is being requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

209	II-110	<p>Palliative Care Program. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Commissioner shall allocate \$142,182 <u>\$135,309</u> in fiscal year 2018 <u>2020</u> and \$135,309 in fiscal year 2019 <u>2021</u> in General Revenue to establish the Palliative Care Interdisciplinary Advisory Council and a statewide palliative care consumer and healthcare professional information and education program. The Council shall be made up of health care professionals with experience in palliative care delivery in an inpatient, outpatient or community setting or expertise in interdisciplinary palliative care. The Health and Human Services Commission shall consult with the Advisory Council on the implementation of the information and education program. Any unexpended balances as of August 31, 2018<u>2020</u> are appropriated for the fiscal year beginning September 1, 2018<u>2020</u> for the same purpose.</p> <p><i>To update amount and year references.</i></p>
210	II-110	<p>Limitation: Reclassification of General Revenue Associated with Maintenance of Effort. The Health and Human Services Commission (HHSC) shall not increase the state's Maintenance of Effort (MOE) requirement for any federal grant without prior approval of the Legislative Budget Board and the Governor. Authority to reclassify HHSC General Revenue associated with MOEs for the Community Mental Health Services, Maternal and Child Health Services, and Substance Abuse Prevention and Treatment block grants from amounts specified above is contingent upon submission and approval of a written request to the Legislative Budget Board and the Governor. The request shall include the following information:</p> <ul style="list-style-type: none"> a. a detailed explanation of the need for reclassification of the funds; and b. the impact the reclassification will have on current and future MOE requirements <p>HHSC shall provide annual federal reports associated with the MOEs for the aforementioned block grants to the Legislative Budget Board and the Governor.</p> <p><i>No change is requested.</i></p>
211	II-110	<p>Financial Monitoring of Community Centers. The Health and Human Services Commission shall monitor the expenditure by community centers, as defined in the Texas Health and Safety Code §534.001, of funds appropriated by this Act. The agency shall require community centers to account for state funds separately from other sources of funds.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

212	II-110	<p>Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission (HHSC) shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to HHSC in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services.</p> <p><i>No change is requested.</i></p>
213	II-110	<p>Community Centers. If the Health and Human Services Commission determines that a community center, as defined in the Texas Health and Safety Code §534.001(b), is unable or unwilling to fulfill its contractual obligations to provide services or to exercise adequate control over expenditures and assets, the commission may take necessary steps, including the appointment of a management team as authorized by Health and Safety Code, §§534.038 through 534.040 and recoupment of funds, to protect the funds appropriated under this Act and ensure the continued provision of services. Any recouped funds shall be used to achieve equity. In conjunction with the reallocation of funds, the commission shall provide a report to the Legislative Budget Board and the Governor on the amount of funds, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p> <p><i>No change is requested.</i></p>
214	II-111	<p>Transfer for Health Professions Council. Out of funds appropriated above in Strategy H.1.2H.3.1, Credentialing/Certification of Health Care Professionals & Other, an amount equal to \$11,599 in General Revenue in each fiscal year of the 2018-19<u>2020-21</u> biennium shall be used for transfer to, and expenditure by, the Health Professions Council as the pro-rated assessment of the Professional Licensing and Certification Unit of the Health and Human Services Commission.</p> <p><i>Update year references and update the strategy number to H.3.1. to correspond to the approved budget structure.</i></p>

3.B. Rider Revisions and Additions Request (continued)

215	II-111	<p>Reporting of Child Abuse. The Texas Health and Human Services Commission may distribute or provide appropriated funds only to recipients who show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.</p> <p><i>Delete rider. Move to Special Provisions since DSHS Rider 24 is identical to HHSC Rider 215.</i></p>
216	II-111	<p>Enterprise Data Governance. Included in the amounts appropriated above in Strategy L.1.2, IT Oversight & Program Support, is \$6,740,700 <u>\$5,460,700</u> in All Funds (\$920,175 <u>\$792,175</u> in General Revenue) in fiscal year 2018<u>2020</u> and \$6,420,700 <u>\$5,457,572</u> in All Funds (\$888,175 <u>\$791,393</u> in General Revenue) in fiscal year 2019<u>2021</u> for development and implementation of the Enterprise Data Governance project.</p> <p>The Health and Human Services Commission (HHSC) shall submit quarterly reports to the Legislative Budget Board and the Governor reflecting actual expenditures, cost savings, and accomplishments implementing the Enterprise Data Governance project. The report shall include a detailed plan for the project, a proposed schedule of expenditures, and the status of implementation for a comprehensive Medicaid focused Enterprise Master Data Management system, Metadata Repository, and Information Management Program. Additionally, the report shall include detailed strategies developed and implemented by HHSC to restrict the Enterprise Data Governance project to those items presented and approved by the Eighty-fifth <u>Eighty-sixth</u> Legislature, 2017<u>2019</u>.</p> <p><i>Update year and amount references.</i></p>

3.B. Rider Revisions and Additions Request (continued)

217	II-111	<p>Texas Integrated Eligibility Redesign System (TIERS). Included in the amounts appropriated above in Strategy I.3.2, TIERS Capital Projects, is \$53,358,062 <u>\$54,030,194</u> in All Funds (\$14,380,037 <u>\$19,894,802</u> in General Revenue) in fiscal year 2018<u>2020</u> and \$61,010,290 <u>\$54,095,843</u> in All Funds (\$16,592,431 <u>\$20,476,542</u> in General Revenue) in fiscal year 2019<u>2021</u> for capital enhancements and maintenance of TIERS.</p> <p>The Health and Human Services Commission (HHSC) shall submit quarterly reports to the Legislative Budget Board and the Governor reflecting actual expenditures, cost savings, and accomplishments implementing the TIERS project. The report shall include a detailed plan for the project, a proposed schedule of expenditures, and the status of capital enhancement and maintenance activities for the TIERS project. Additionally, the report shall include detailed strategies developed and implemented by HHSC to restrict the TIERS project to those items presented and approved by the Eighty-fifth <u>Eighty-sixth</u> Legislature, 2017<u>2019</u>.</p> <p>Notwithstanding Article IX, §14.03, Limitation on Expenditures -Capital Budget, or Article II, Special Provisions Related to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, HHSC may not expend funds in excess of the amounts identified in this section on the TIERS capital project without written approval from the Legislative Budget Board and Governor. A request to exceed the amounts identified in this section shall be considered approved unless the Legislative Budget Board issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forward its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days.</p> <p><i>Update year and amount references.</i></p>
218	II-111	<p>Ensure Network Adequacy. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall seek to ensure that contracted managed care organizations maintain an adequate network of providers, especially with respect to community attendants.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

219	II-111	<p>Study Relating to Enhanced Criminal Background Check Standards for Certain Health and Human Services Commission Contractors. It is the intent of the Legislature that, out of General Revenue funds appropriated above, the Health and Human Services Commission (HHSC) conduct study on the feasibility and necessity of developing enhanced criminal background check standards for individuals who provide services to or otherwise work with children and the elderly as an employee of an entity that contracts with HHSC.</p> <p>Not later than March 1, 2018, HHSC shall submit a report on the findings of the study together with the recommendations to the Legislative Budget Board, the Governor, members of the House Appropriations Committee, Senate Finance Committee, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.</p> <p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>
220	II-112	<p>Enhanced Eligibility Screening Tools. It is the intent of the Legislature that, using funds appropriated above, the Health and Human Services Commission:</p> <p>a. Cross match, on a quarterly basis beginning September 1, 2017, statistically significant samples of recipient enrollment records from the medical assistance, financial assistance, supplemental nutrition assistance, and children's health insurance programs against death records, employment and wage records, records of lottery winnings, residency checks, child support enforcement records, out-of-state electronic benefits transactions, the enrollment status of persons in other state administered public assistance programs, and any other data the commission considers appropriate in order to strengthen program integrity, reduce fraud, waste, and abuse, and achieve cost savings in the programs;</p> <p>b. Not later than September 1, 2018, prepare and submit a written report to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and any legislative committees with jurisdiction over the commission containing the findings from the cross matches conducted under Subsection (a) of this rider, including findings of incidents of fraud, waste, or abuse in the programs listed in that subdivision; and</p> <p>c. Based on the findings from the samples of cross matches, conduct a cross match of all recipient enrollment records for the programs listed in Subsection (a) of this rider not later than December 1, 2018.</p> <p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>

3.B. Rider Revisions and Additions Request (continued)

221	II-112	<p>Clear Process for Including Prescription Drugs on the Texas Drug Code Index. The Texas Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children's Health Insurance Programs. In implementing the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board (LBB) notification, and making the product available, does not extend past the 90th day of receipt of the completed application for coverage on the Texas Drug Code Index (TDCI). After the applicable DUR board meeting and approval by the HHSC Executive Commissioner, HHSC will complete the public posting of medical policies associated with the product. Prior to December 1, 2017, HHSC shall report to the LBB and the Governor the steps taken to streamline their process.</p> <p><i>Delete rider. The report was completed during the 2018-2019 biennium.</i></p>
222	II-112	<p>Operational and Administrative Efficiencies Related to Technology and Electronic Visit Verification. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall conduct a review of technology usage and Electronic Visit Verification (EVV). The review shall include the following:</p> <p>a. Programmatic and administrative areas where HHSC can maximize current investments in technology and automation to achieve operational efficiencies, generate cost savings and cost avoidance, and create opportunities to share services within the health and human services system;</p> <p>b. Strategies to improve the collection and maintenance of current and accurate contact information for individuals receiving health and human services benefits;</p> <p>c. Operational efficiencies and cost savings achieved by HHSC through improvements in collection and maintenance of current and accurate contact information for individuals receiving health and human services benefits; and</p> <p>d. Strategies to streamline the administrative requirements imposed on health care providers that are required to use EVV, including a review of:</p> <p>(1) minimum state and federal statutory requirements relating to EVV;</p> <p>(2) state program and policy requirements requiring health care providers to make unnecessary visits or incur unnecessary costs; and</p>

3.B. Rider Revisions and Additions Request (continued)

~~(3) differences in compliance requirements between fee-for-service and managed care.~~

~~HHSC shall submit a report detailing the agency's findings to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House of Representatives, members of the House Appropriations Committee, Senate Finance Committee, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than March 31, 2018.~~

~~Delete rider. The report was completed during the 2018-2019 biennium.~~

223

II-113

~~**Anesthesiology Supervision Reimbursement.** The Health and Human Services Commission shall review and evaluate the reimbursement methodology and payment rate for anesthesiology supervision. Appropriations in this act are based on a reimbursement methodology and rate that is cost neutral with the reimbursement structure in place in fiscal year 2016.~~

~~Delete rider. The review and evaluation were completed during the 2018-2019 biennium.~~

DSHS
Rider 17
701

NEW

Appropriation: WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) Rebates. The Department of State Health Services (DSHS) Health and Human Services Commission (HHSC) is authorized to receive and expend WIC rebates and interest earnings associated with WIC rebates and such funds are appropriated to ~~DSHS~~HHSC. The ~~department~~commission shall only expend WIC rebates and interest earnings for the purposes of the WIC program.

WIC rebate revenue is considered "other program income" and is restricted for use by the WIC Program per 7 C.F.R 246.15 and 246.16a. Therefore, this rider needs to be moved to HHSC from DSHS.

702

NEW

OIG Capital IT Projects Unexpended Balances - any unexpended and unobligated balances remaining as of August 31, 2019 from appropriations made to the Health and Human Services Commission (HHSC) in the Capital Budget for the Medical Fraud Detection System are hereby appropriated to HHSC for the same purpose for the fiscal year beginning September 1, 2019.

OIG IT projects that develop systems typically take longer than 2 years (biennium). The ability to move remaining OIG Capital Budget for IT projects that are complex systems, not just the acquisition of Information Resource Technologies, to a subsequent biennium will make the best

use of the appropriation. Appropriations for construction projects contemplate that a construction project lasts longer than a biennium and are good for 5 years. OIG IT projects that are building systems should be give the same consideration.

3.B. Rider Revisions and Additions Request (continued)

703	NEW	<u>OIG: Unexpended Balances Between Fiscal Years Within the Biennium</u> - Any unexpended and unobligated balances as of August 31, 2020, in the appropriations made herein to HHSC in Strategy K.1.1, Office of Inspector General are hereby appropriated for the same purpose for the fiscal year beginning September 1, 2020. <i>Unexpended balances in the first year of a biennium are typically lapsed unless specific authority is provided to transfer those balances to the next year. The OIG's unexpended balances should be authorized to move forward within a biennium.</i>
SP-8 <u>704</u>	NEW	Caseload and Expenditure Reporting Requirements. a. Quarterly Forecasts. The Health and Human Services Commission, in cooperation with operating agencies, shall submit to the Legislative Budget Board and the Governor, at the end of each fiscal quarter, reports projecting anticipated caseload data and related expenditure amounts for the 36-month period beginning with the first month after the reports are due, for the following programs: <ul style="list-style-type: none">(1) Medicaid;(2) Children's Health Insurance Program (CHIP) and related programs;(3) Temporary Assistance for Needy Families cash assistance;(4) Women's Health Programs;(5) State Facilities;(6) Behavioral Health Waivers;(7) Foster care, adoption assistance, permanency care assistance, relative caregiver, and day care;(8) Early Childhood Intervention services; and(9) Other programs upon request of the Legislative Budget Board or the Governor. <p>The reports shall be prepared in a format specified by the Legislative Budget Board.</p> b. Monthly Data. The Health and Human Services Commission, or its designated operating agency, shall submit to the Legislative Budget Board and the Governor, at the end of each month, caseload and related expenditure amounts for the programs identified in subsection (a)

3.B. Rider Revisions and Additions Request (continued)

for at least the preceding 36 months. The data shall be submitted in a format specified by the Legislative Budget Board.

c. At the request of the Legislative Budget Board or the Governor, supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in the report and any other supporting material must be provided.

d. Each report submitted pursuant to this provision must contain ~~a certification by the person submitting the report that the information provided~~ that is true and correct based upon information and belief together with supporting documentation.

e. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Health and Human Services Commission if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Health and Human Services Commission is not in compliance with this provision.

In the event that the forecasting function is transferred to another health and human services agency listed in Chapter 531, Government Code, the requirement for the Health and Human Services Commission to provide quarterly forecasts under subsection (a) shall apply to the other health and human services agency.

Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions. Delete Item 7 since it was determined to be a DFPS responsibility during the Transformation process. Also, delete verbiage relating to certification in Part d since a single approver cannot truly attest to that due to the scope and breadth of information provided.

SP-15 705

NEW

Transfer Authority Related to the Texas Home Living Waiver. Notwithstanding the limitations on transfer authority in Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, and Article IX, §14.01, Appropriation Transfers, and contingent on the transition of Medicaid program benefits for persons enrolled in the Texas Home Living Waiver to the STAR+PLUS program, or other capitated managed care program, the Executive Commissioner of the Health and Human Services Commission (HHSC) may transfer General Revenue Funds and Federal Funds appropriated in fiscal year ~~2019~~2021 in Strategy A.3.4, Texas Home Living Waiver to Strategy A.1.1, Aged and Medicare-Related and Strategy A.1.2, Disability-Related. Transfer is limited to amounts necessary to provide services previously available from the Texas Home Living Waiver through a capitated managed care program. Should HHSC decide to continue operation of the Texas Home Living Waiver for

3.B. Rider Revisions and Additions Request (continued)

purposes of providing services not available under managed care, amounts sufficient to provide those services should be retained in Strategy A.3.4, Texas Home Living Waiver. HHSC shall notify the Legislative Budget Board and Governor's Office of the actual transfer amounts and estimated impact on performance measures at least 60 days prior to transferring funds. Transfers are contingent upon HHSC submitting documentation describing any analyses conducted to determine the cost-effectiveness of the managed care delivery model chosen for the persons transitioning from Texas Home Living Waiver pursuant to Government Code §534.201(b). This information shall be submitted at the same time as the notification of transfer amounts.

Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions. Update year reference.

SP-20 706

NEW

Health Insurance Providers Fee. Included in amounts appropriated elsewhere in this Act for fiscal year ~~2019~~2021 is ~~\$179,540,106~~ in General Revenue Funds (~~\$435,594,869~~ in All Funds) to reimburse managed care organizations for payment of the Health Insurance Providers Fee pursuant to Section 9010 of the Affordable Care Act and associated federal income tax. Contingent upon a judgment of the Supreme Court of the United States declaring Section 9010 unconstitutional, enactment of federal law repealing Section 9010, or judgment of the Supreme Court of the United States or enactment of federal law amending Section 9010 to make reimbursement of the fee optional for states, the Health and Human Services Commission shall cease any reimbursements to managed care organizations for payment of the fee and tax. Unless the Commission obtains prior written approval from the Legislative Budget Board and the Governor to use these funds for an alternate purpose, any amounts identified in this section that remain unexpended shall lapse to the treasury at the end of the fiscal year.

Because this pertains to HHSC only (since NorthStar has been eliminated), move it to HHSC's rider section from Article II Special Provisions. Update year reference. The 2018-2019 bill only contains one year because Congress enacted a one-year moratorium on the tax. A one-year moratorium has been enacted again. Update year references. Amounts to be updated with appropriations.

SP-31 707

NEW

New or Additional Facilities. No funds appropriated may be spent for constructing new or additional facilities or for the purchase of sites without specific authorization of the Legislature. All facilities shall be kept where they are located by the Legislature, and all new buildings to

be constructed shall be on these sites unless otherwise specifically authorized by the Legislature. For the purpose of this subsection, specific authorization may be granted either by basic statute or special authorization in this Act.

Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions.

3.B. Rider Revisions and Additions Request (continued)

SP-35 <u>708</u>	NEW	<p>Barber and Cosmetology Services. The Health and Human Services Commission (HHSC) or the Department of State Health Services (DSHS) may be reimbursed for barber and cosmetology services in state hospitals and state supported living centers provided the reimbursement is consistent with an individual's ability to pay. These reimbursements are appropriated above to the agencies to offset the cost of providing barber and cosmetology services. The agencies may also use patient benefit funds to offset the cost of these services for indigent clients.</p> <p><i>Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions and remove the reference to DSHS.</i></p>
SP-36 <u>709</u>	NEW	<p>State-Owned Housing. The Superintendent, Medical Director, Assistant Superintendent for Programs, and Director of Plant Maintenance at each state hospital and the Director, Medical Director Assistant <u>Director of Administration</u>, Assistant Director for <u>of</u> Programs, and Director of Plant Maintenance at each state supported living center are authorized to live in state-owned housing at a rate determined by the Health and Human Services Commission (HHSC) or the Department of State Health Services (DSHS). Other HHSC or DSHS employees may live in state-owned housing as set forth in Article IX, §11.02, Reporting Related to State Owned Housing, of this Act. Fees for employee housing are appropriated above to be used for maintaining employee housing.</p> <p><i>Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions and remove the reference to DSHS. Also to reflect current terminology.</i></p>
SP-29 <u>710</u>	NEW	<p>Prohibition on Use of Appropriations for the Private Operation of a State Hospital. No funds appropriated above shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.</p> <p><i>Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions. Also, delete redundancy.</i></p>

3.B. Rider Revisions and Additions Request (continued)

711

NEW

Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental Transfers

The Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program, and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, and any successor programs.

a) HHSC shall report quarterly

1. Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and
2. Expenditures made in the previous quarter, aligning expenditure reporting with the CMS-64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
 - i. the recipients of funds by program.
 - ii. the amount distributed to each recipient; and
 - iii. the date such payments were made.

b) HHSC is appropriated authority to collect intergovernmental transfers (IGTs) of funds from institutions of higher education as the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.

c) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.

d) HHSC will have an independent audit conducted of DSH and UC, including a review of regional affiliations, uncompensated care claims for both uninsured and insured individuals, and

3.B. Rider Revisions and Additions Request (continued)

contractual agreements. A report with findings will be completed and distributed annually on June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.

e) HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue.

1. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.

By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.

New rider unifies reporting requirements from deleted riders (13, 15, 17, 18, 22, 27, 31, 33, 190) to better align existing language and reporting requirements for all supplemental payment programs with similar federal reporting to reduce duplication and administrative burden. The rider is intended to provide a higher level of transparency into anticipated payments as well as actual expenditures across multiple programs. Additionally, modifying the reporting requirements to a quarterly basis will provide consistent information but will allow reports to be made on a schedule that more closely aligns with the financial management and reporting that is required to maintain federal funding. The appropriation authority granted in this rider is necessary for HHSC to continue to administer these programs.

3.B. Rider Revisions and Additions Request (continued)

712	NEW	<p><u>Rural Hospital Definition</u> <u>For purposes of any funds appropriated within Article II of this Act and for any supplemental payment programs administered by the Health and Human Services Commission, rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. Payments to rural hospitals from funds in this Act may include a combination of general outpatient reimbursement rates, general inpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, the outpatient clinical laboratory services fee schedule, and any add-ons or increases including supplemental payments. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.</u></p> <p><i>New rider defines rural hospitals to clarify that the definition of rural hospital applies to all funds and programs.</i></p>
DSHS-9 713	NEW	<p>Synar Results Notification for Local Communities. Out of funds appropriated above in Strategy D.2.4, Substance Abuse, Prevention, Intervention, and Treatment, the Department of State Health Services <u>Health and Human Services Commission</u> or the contracted vendor conducting the federally-required Synar survey shall notify the applicable Comptroller of Public Accounts tobacco law enforcement grantee and the applicable local sheriff's department in writing when a Synar violation occurs during the administration of the annual federal Synar survey. The notification shall include a copy of the Synar survey document with documentation of the violation and any additional details of the violation, such as the name of the clerk and actual cigarettes and/or tobacco product sold. Notification shall occur no later than 30 days after the last Synar survey inspection is conducted for the current Synar survey year.</p> <p><i>This survey has moved from the Department of State Health Services (DSHS) to the Health and Human Services Commission (HHSC). DSHS Rider 9 should be moved to HHSC.</i></p>

3.B. Rider Revisions and Additions Request (continued)

Special Provisions

SP Sec. 2

II-116

Night Shift and Weekend Differential.

a. **Clinical and Support Personnel.** The Department of State Health Services and the Health and Human Services Commission are authorized to pay an additional night shift salary differential not to exceed 15 percent of the monthly pay rate to personnel who work the 3:00 p.m. to 11:00 p.m. or the 11:00 p.m. to 7:00 a.m. shift or its equivalent. A weekend shift salary differential not to exceed 5 percent of the monthly pay rate may be paid to persons who work weekend shifts. The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working weekend, evening, or night shifts.

b. **Data Processing Personnel.** The Department of State Health Services, the Department of Family and Protective Services, the Health and Human Services Commission, and the Health and Human Services Consolidated Print Shop may pay an evening or night shift salary differential not to exceed 15 percent of the monthly pay rate to personnel in data processing salary differential may be paid in addition to the weekend shift salary differential for persons working weekend, evening, or night shifts.

c. **Statewide Intake Personnel.** The Department of Family and Protective Services is authorized to pay an evening or night shift salary differential not to exceed 15 percent of the monthly pay rate to Statewide Intake personnel who work the 3:00 p.m. to 11:00 p.m. shift or 11:00 p.m. to 7:00 a.m. shift, or their equivalents. A weekend shift salary differential not to exceed 5 percent of the monthly pay rate may be paid to persons who work weekend shifts. The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working weekend, evening, or night shifts.

No change is requested.

SP Sec. 3

II-116

Services to Employees. The Department of State Health Services, Department of Family and Protective Services and Health and Human Services Commission may expend funds for the provision of first aid or other minor medical attention for employees injured in the course and scope of their employment and for the repair and/or replacement of employees' items of personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed equipment. Expenditures for such equipment may not exceed \$500 per employee per incident.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 4

II-116

Federal Match Assumptions and Limitations on Use of Available General Revenue Funds.

a. Federal Match Assumptions. The following percentages reflect federal match assumptions used in Article II of this Act. The Enhanced Federal Medical Assistance Percentages for Federal Fiscal Year 2020 includes ~~the 23~~ an 11.5 percentage point increase as a transition year from the prior 23-point increase pursuant to the Affordable Care Act, which is only available for certain expenditures.

Federal Medical Assistance Percentage (FMAP) ~~2018-2019~~ 2020 2021

Federal Fiscal Year ~~56.88% 57.32%~~ 59.79% 59.79% State Fiscal Year ~~56.82% 57.28%~~ 59.66% 59.79%

Enhanced Federal Medical Assistance Percentage (EFMAP) ~~2018-2019~~ 2020 2021

Federal Fiscal Year ~~92.82% 93.12%~~ 83.35% 71.85% State Fiscal Year ~~92.78% 93.10%~~ 84.22% 72.81%

b. Enhanced Match Assumptions and Reporting. Health and human services agencies listed in Article II of this Act shall submit to the Legislative Budget Board and the Governor the monthly number of clients receiving services eligible for any enhanced federal match as well as the amount of eligible expenditures subject to an enhanced match, by strategy. The data shall be submitted on a monthly basis in a format specified by the Legislative Budget Board. For purposes of this section, enhanced federal matches are defined as an increase to the usual matching rate (regardless of what the usual match is) that are, or become, available under Medicaid or another federally-matched program. Enhanced federal matches include, but are not limited to, those made available through the Money Follows the Person demonstration and the Community First Choice Program. Whether or not a match meets the definition of enhanced federal match for purposes of this section will be at the discretion of the Legislative Budget Board.

~~Appropriations to the Health and Human Services Commission in Article II of this Act have been adjusted to reflect \$165,427,345 increased Federal Funds and reduced General Revenue Funds due to enhanced matches under the Money Follows the Person demonstration and the Community First Choice program.~~

~~Any other~~ All Article II agencies are ~~is still~~ subject to the requirements of subsections (b) and (c) of this provision if any agency expenditures receive an enhanced federal match.

3.B. Rider Revisions and Additions Request (continued)

c. Limitations on Use of Available General Revenue Funds. In the event the actual FMAP and EFMAP should be greater than shown in subsection (a), or the amount of increased Federal Funds and reduced General Revenue Funds due to the enhanced matches should be greater than shown in subsection (b), or if any other matching rate becomes more favorable than the rate assumed in the General Appropriations Act, the health and human services agencies in Article II of this Act are authorized to expend the General Revenue Funds thereby made available only upon authorization from the Legislative Budget Board and Governor.

To request authorization to expend available General Revenue Funds, an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information, by fiscal year:

(1) a detailed explanation of the proposed use(s) of the available General Revenue Funds and whether the expenditure(s) will be one-time or ongoing;

(2) the amount available by strategy;

(3) the strategy(ies) in which the funds will be expended and the associated amounts, including any matching Federal Funds;

(4) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and

(5) the capital budget and/or full-time equivalent impact.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

3.B. Rider Revisions and Additions Request (continued)

The Comptroller of Public Accounts shall not allow the expenditure of General Revenue Funds made available if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied

Verbiage is updated for the FMAPs to reflect the 11.5 phase down to EFMAP in FFY20. FMAP changes are based on the preliminary projections for FFY20 released by FFIS on March 23, 2018. In addition, delete the reference to the increase in Federal Funds and reduction to General Revenue since these changes are reflected in the 2020-2021 LAR base request.

SP Sec. 5	II-118	Attorney General Representation. The Attorney General and the respective head of the Health and Human Services Commission or a health and human services agency listed in Chapter 531, Government Code, are hereby authorized to use the funds appropriated above to jointly select one or more Assistant Attorneys General to be assigned to the respective agency.
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No change is requested.

SP Sec. 6	II-118	Limitations on Transfer Authority. Notwithstanding Article IX, §14.01, Appropriation Transfers and §14.03, Limitation on Expenditures -Capital Budget of this Act, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority within and between health and human services agencies listed in Article II of this Act, subject to the following requirements. Transfers that exceed \$1,000,000 in General Revenue, capital authority in excess of \$100,000, or FTE adjustments of more than 10 FTEs are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor within 30 days of the transfer and a A report on transfers of all amounts should be submitted to the Legislative Budget Board quarterly. No single transfer, or the total of all transfers from a strategy, may exceed 20.0 percent of the originating strategy's appropriation for funding or FTEs for the fiscal year without the prior written approval of the Legislative Budget Board and the Governor.
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To request a transfer, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- a. a detailed explanation of the purpose(s) of the transfer, including the following:

3.B. Rider Revisions and Additions Request (continued)

(1) a description of each initiative with funding and FTE information by fiscal year; and

(2) an indication of whether the expenditure will be one-time or ongoing;

b. the names of the originating and receiving agencies and/or strategies and the method of financing and FTEs for each strategy by fiscal year;

c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving agencies and/or strategies; and

d. the capital budget impact.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

Delete the notification requirement for transfers below the threshold. This requirement is redundant since these transfers will be reported in the quarterly report.

SP Sec. 7

II-119

Medicaid Informational Rider. This rider is informational only and does not make any appropriations. The Health and Human Services Commission (HHSC) is the single state agency for Title XIX, the Medical Assistance Program (Medicaid) in Texas. In addition to Medicaid program client services at HHSC, other health and human services agencies and HHSC receive appropriations for programs where Medicaid is a source of funding, categorized below as Programs Providing Client Services with Medicaid Funding. Additionally, Medicaid funds are used to support administrative functions of the agencies, categorized below as Medicaid Funding for Administration. Appropriations made elsewhere in Article II, Health and Human Services, of this Act related to the Medicaid program include the following amounts by agency and category:

3.B. Rider Revisions and Additions Request (continued)

Agency Name	FY 2018 2020	FY2019 2021
Department of Family and Protective Services:		
Medicaid Funding for Administration:	\$3,700,825	\$3,711,598
Programs Providing Client Services with Medicaid Funding:	\$17,067,762	\$17,249,486
Department of State Health Services		
Medicaid Funding for Administration:	\$18,361,991	\$18,361,991
Health and Human Services Commission		
Medicaid Program Client Services:	\$28,672,056,627	\$28,189,263,350
Medicaid Funding for Administration:	\$1,591,618,569	\$1,613,357,512
Programs Providing Client Services with Medicaid Funding:	\$817,304,188	\$868,996,601
Total, All Agencies:	\$31,120,109,962	\$30,710,940,538
Method of Financing:		
General Revenue Funds	\$12,769,523,095	\$12,226,991,602
General Revenue-Dedicated Funds	\$89,840,871	\$89,840,871
Federal Funds	\$17,968,130,879	\$18,100,349,413
Other Funds	\$292,615,117	\$293,758,652
All Funds	\$31,120,109,962	\$30,710,940,538

Update year references. Amounts to be updated with appropriations.

SP Sec. 8

II-119

~~**Caseload and Expenditure Reporting Requirements**~~

~~a. Quarterly Forecasts. The Health and Human Services Commission, in cooperation with operating agencies, shall submit to the Legislative Budget Board and the Governor, at the end of each fiscal quarter, reports projecting anticipated caseload data and related expenditure amounts for the 36-month period beginning with the first month after the reports are due, for the following programs:~~

3.B. Rider Revisions and Additions Request (continued)

- ~~(1) Medicaid;~~
- ~~(2) Children's Health Insurance Program (CHIP) and related programs;~~
- ~~(3) Temporary Assistance for Needy Families cash assistance;~~
- ~~(4) Women's Health Programs;~~
- ~~(5) State Facilities;~~
- ~~(6) Behavioral Health Waivers;~~
- ~~(7) Foster care, adoption assistance, permanency care assistance, relative caregiver, and day care;~~
- ~~(8) Early Childhood Intervention services; and~~
- ~~(9) Other programs upon request of the Legislative Budget Board or the Governor.~~

~~The reports shall be prepared in a format specified by the Legislative Budget Board.~~

~~b. Monthly Data. The Health and Human Services Commission, or its designated operating agency, shall submit to the Legislative Budget Board and the Governor, at the end of each month, caseload and related expenditure amounts for the programs identified in subsection (a) for at least the preceding 36 months. The data shall be submitted in a format specified by the Legislative Budget Board.~~

~~e. At the request of the Legislative Budget Board or the Governor, supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in the report and any other supporting material must be provided.~~

~~d. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.~~

~~e. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Health and Human Services Commission if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Health and Human Services Commission is not in compliance with this provision.~~

~~In the event that the forecasting function is transferred to another health and human services agency listed in Chapter 531, Government Code, the requirement for the Health and Human Services Commission to provide quarterly forecasts under subsection (a) shall apply to the other health and human services agency.~~

Delete Special Provision and move to HHSC's rider section since this pertains to HHSC only.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 9 II-120 **Audit of Medicaid Funds.** All transactions involving the payment, transfer, or investment of any funds of the Title XIX Medicaid program for the state by any non-governmental entity shall be subject to audit by the State Auditor's Office.

No change is requested.

SP Sec. 10 II-120 **Enterprise Support Services.** None of the funds appropriated above shall be budgeted, assessed, or expended for enterprise support services unless the following requirements are met:

a. Annual Assessments. The Executive Commissioner of the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor, by September 1 of each fiscal year, a report that indicates the amounts assessed for enterprise support services for the new and two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:

(1) amounts by service category; and

(2) amounts by major fund type.

b. Annual Expenditures. No later than October 1 of each year, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual annual expenditures for enterprise support services for the two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:

(1) amounts by service category; and

(2) amounts by major fund type.

The reports shall be prepared in a format approved by the Legislative Budget Board.

c. Anticipated Increases. The Executive Commissioner shall notify the Legislative Budget Board and the Governor in a timely manner about anticipated increases that would exceed the amounts reported in section (a) by more than \$1,000,000 during the fiscal year.

d. Requests-to-Exceed. The Executive Commissioner shall notify the Legislative Budget Board and the Governor about the anticipated impact of requests-to-exceed on enterprise support service category assessments, by agency and method-of-financing.

The information requested above shall be prepared and submitted in a format approved by the Legislative Budget Board. The Comptroller of Public Accounts shall not allow the expenditure of funds for an increased assessment if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 11	II-121	Language Interpreter Services. In order to compensate employees of health and human service agencies for assuming the duty of providing interpreter services to consumers whose primary language is not English, health and human service agencies, upon written authorization of the appropriate agency commissioner or his/her designee, may, from funds appropriated above, increase the salary of classified employees by an amount equal to a one step increase, or 3.25 percent, so long as the resulting salary rate does not exceed the rate designated as the maximum rate for the applicable salary group. This increase shall be granted only for the regular provision of interpreter services above and beyond the regular duties of the position, and shall be removed when these services are, for whatever reason, no longer provided by the employee or when they are no longer needed by the facility. Salary increases provided for this purpose are not merit increases and shall not affect an employee's eligibility to receive a merit increase. This authorization also includes employees who provide interpreter services in American Sign Language.
<i>No change is requested.</i>		
SP Sec. 12	II-121	Professional Trainees and Interns. The Department of State Health Services and the Health and Human Services Commission may compensate professional trainees or interns in recognized educational programs related to the provision of mental health or intellectual disability services, Radiation control, or any critical health care profession as determined by the Health and Human Services Executive Commissioner at any salary rate not to exceed the following amounts:
<hr/> <p>Psychiatrist Interns \$3,548 per month Physician Interns \$3,042 per month Psychologist Trainees \$2,859 per month Registered Nurse Trainees \$2,387 per month Chaplain Interns \$2,247 per month Physical, Occupational, or Registered Therapist Trainees \$2,117 per month Social Worker Trainees \$1,998 per month Medical Technologist Trainees \$1,998 per month Licensed Vocational Nurse Trainees \$1,785 per month Health Physicist Interns \$2,247 per month Health Physicist Trainees \$1,686 per month</p>		
<i>Delete the Medical Technologist profession, transferred to the Texas Medical Board on 9/1/2015.</i>		

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 13

II-121

Limitation on Unexpended Balances: General Revenue for Medicaid. Unexpended balances in General Revenue Funds appropriated for the Medicaid program to the Health and Human Services Commission and the Department of State Health Services for fiscal year ~~2018~~ 2020 are appropriated for the same purposes to the respective agencies for fiscal year ~~2019~~ 2021 only upon prior written approval by the Legislative Budget Board and the Governor.

For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor by August 31, ~~2018~~2020. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:

a. The following information shall be provided for fiscal year ~~2018~~2020:

- (1) a detailed explanation of the cause(s) of the unexpended balance(s);
- (2) the amount of the unexpended balance(s) by strategy; and
- (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act.

3.B. Rider Revisions and Additions Request (continued)

b. The following information shall be provided for fiscal year ~~2019~~2021:

(1) a detailed explanation of the purpose(s) for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;

(2) the amount of the expenditure by strategy;

(3) an estimate of performance levels and, where relevant, a comparison to targets in this Act;
and

(4) the capital budget impact.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 15 business days.

The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

The agencies are authorized to make a one-time adjustment to the amount of the unexpended balance, contingent on providing prior notification to the Legislative Budget Board and the Governor by October 31, ~~2018~~2020.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 14

II-122

Appropriation of Receipts: Civil Monetary Damages and Penalties. Included in the amounts appropriated above for the ~~2018-19~~ 2020-21 biennium are the following:

a. \$1,414,870 in General Revenue Match for Medicaid for the Health and Human Services Commission (HHSC);

b. \$780,000 in General Revenue for the Department of State Health Services.

These amounts are contingent upon the collection of civil monetary damages and penalties under Human Resources Code §§32.021 and 32.039, and Health and Safety Code §431.0585. Any amounts collected above these amounts by the respective agency are appropriated to the respective agency in amounts equal to the costs of the investigation and collection proceedings conducted under those sections, and any amounts collected as reimbursement for claims paid by the agency. For HHSC, any amount collected above this amount is to be applied to the protection of health and property of residents in nursing facilities in accordance with 42 U.S. Code §1396r(h)(2)(a)(ii) and Human Resources Code §32.021(g) subject to the approval of the Centers for Medicare and Medicaid Services.

Update year references.

SP Sec. 15

II-122

~~**Transfer Authority Related to the Texas Home Living Waiver.** Notwithstanding the limitations on transfer authority in Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, and Article IX, §14.01, Appropriation Transfers, and contingent on the transition of Medicaid program benefits for persons enrolled in the Texas Home Living Waiver to the STAR+PLUS program, or other capitated managed care program, the Executive Commissioner of the Health and Human Services Commission (HHSC) may transfer General Revenue Funds and Federal Funds appropriated in fiscal year 2019 in Strategy A.3.4, Texas Home Living Waiver to Strategy A.1.1, Aged and Medicare-Related and Strategy A.1.2, Disability-Related. Transfer is limited to amounts necessary to provide services previously available from the Texas Home Living Waiver through a capitated managed care program. Should HHSC decide to continue operation of the Texas Home Living Waiver for purposes of providing services not available under managed care, amounts sufficient to provide those services should be retained in Strategy A.3.4, Texas Home Living Waiver. HHSC shall notify the Legislative Budget Board and Governor's Office of the actual transfer amounts and estimated impact on performance measures at least 60 days prior to transferring funds. Transfers are contingent upon HHSC submitting documentation describing any analyses conducted to determine the cost-effectiveness of the managed care delivery model chosen for the persons transitioning from Texas Home Living Waiver pursuant to Government Code §534.201(b).~~

Delete Special Provision and move to HHSC's rider section since this pertains to HHSC only.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 16

II-123

HHS Office Consolidation and Co-location. No funds appropriated under this Act may be expended for Health and Human Services Commission or health and human services agencies listed in Chapter 531, Government Code, for office or building space leased by the Texas Facilities Commission (TFC) on behalf of these agencies where the determination has been made that the leased space is no longer needed due to: 1) a change in client demographics resulting in the ability to relocate staff to other locations, 2) a change in service delivery model or improvement in business processes, or 3) consolidations of office or building space to achieve cost or operational efficiencies. Prior to vacating any space and asking TFC to cancel a lease, HHSC will perform actions in subsections (a) and (b) below:

a. Conduct an evaluation of the space to be vacated and document the factors that substantiate the decision to vacate the space. This evaluation may include client demographics, employee usage and travel status, facility costs, facility location, facility condition, Texas Accessibility Standards, and safety.

b. Provide written notification to the Texas Facility Commission at least 270 days prior to the date of the lease cancellation. At the same time, HHSC shall provide notification to the Legislative Budget Board and the Governor's office of the intent to terminate a lease and the anticipated savings to be realized from consolidation and efficiencies.

c. The Executive Commissioner is authorized, contingent upon approval from the Legislative Budget Board and the Governor, to utilize any of the freed-up General Revenue Funds or Other Funds reported under section (b) or funds freed up because of business process improvements or cost saving initiatives within eligibility operations for the purposes of reinvesting in improved business practices, eligibility staff retention and incentive programs, and technology modernization projects that promote more efficient use of space, state staff, and resources across the HHS system. To encourage retention and additional efficiencies, HHSC is authorized to reinvest a portion of savings to implement staff pay for performance incentives to help increase retention of high-performing eligibility staff. HHSC has the authority to determine whether employees who receive such performance-related incentives under this provision are eligible for merit salary increases during a twelve-month period prior to or after receipt of a performance incentive.

3.B. Rider Revisions and Additions Request (continued)

d. To request approval to utilize the freed-up funding for purposes under section (c), HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

(1) a detailed explanation of the project to be undertaken and the efficiencies to be realized;

(2) the names of the originating and receiving strategies and agencies and the method of financing for each strategy by fiscal year;

(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

(4) the capital budget impact.

e. The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

f. The Comptroller of Public Accounts shall not allow the transfer of funds authorized by the above subsection if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

To encourage staff retention among high-performing eligibility staff, HHSC requests authority to use general revenue freed up through business process redesign and other cost savings initiatives to implement staff pay for performance initiatives.

SP Sec. 17

II-124

Rate Limitations and Reporting Requirements. Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency in Article II of this Act shall be governed by the specific limitations included in this provision. For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology), including for oral medications, that account for significant expenditures made

3.B. Rider Revisions and Additions Request (continued)

by a health and human services agency in Article II of this Act. "Fiscal impact" is defined as an increase in expenditures due to either a rate change or establishment of a new rate, including the impact on all affected programs. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission (HHSC) pursuant to other provisions in this Act and should specify General Revenue-Related Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be reported at an aggregate level and acute care services may be reported by rate category.

a. Notification of Change to Managed Care Rates.

(1) Within seven calendar days of the establishment of preliminary premium rates for managed care organizations (MCOs) contracting with HHSC, the Executive Commissioner of the HHSC shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:

(i) a schedule showing the previous fiscal year's rate and the proposed rate, which should include information on the rate basis for the MCO reimbursements to providers;

(ii) a schedule and description of the rate-setting process for all rates listed for subsection (1), which should include:

(a) a thorough explanation of all formulas and rounding methodologies used in the rate setting process;

(b) reasoning and basis for all trends used in the rate-setting process;

(c) all analyses conducted by the Data Analysis Unit (established pursuant to Government Code §531.0082) that are pertinent to the rate-setting process; and

(d) all documentation submitted to the Centers for Medicare and Medicaid Services (CMS) pursuant to 42 C.F.R. §438.7.

(iii) an estimate of the fiscal impact, by agency and by fiscal year, including the amount of General Revenue Funds, TANF Federal Funds, and All Funds for each rate change listed for subsection (1).

3.B. Rider Revisions and Additions Request (continued)

(2) The Executive Commissioner of HHSC shall submit all available information identified in subsection (1) if the preliminary rates are changed and shall also submit the reason for these changes. The Executive Commissioner of HHSC shall submit the final proposed rates along with the information listed in subsection (1) no later than 45 calendar days prior to implementation.

(3) Within seven days of the submission requirements listed above in subsections (i) through (iii), the Executive Commissioner of the HHSC shall submit a schedule identifying an estimate of the amount of General Revenue Funds, TANF Federal Funds, and All Funds by which expenditures at such rate levels would exceed appropriated funding.

b. **Orphan Drug Notification.** HHSC shall provide notification of a new or increased rate for an orphan drug within 60 calendar days following expenditures for this purpose. An orphan drug must meet criteria specified in the federal Orphan Drug Act and regulations at 21 C.F.R. §316, and be required to be covered by the Medicaid program under federal law. With the notification, HHSC shall provide the fiscal impact including the amount of General Revenue Funds, and All Funds, by fiscal year; the amount of drug rebates projected; and an estimate of the population to be served.

c. **Quarterly Notification.** With the exception of statutorily required pricing updates on oral medications, and on a quarterly basis, HHSC shall provide notice of changed rates for:

- (1) new procedure codes required to conform to Federal Healthcare Common Procedure Coding System (HCPCS) updates;
- (2) revised rates occurring as a result of a biennial calendar fee review;
- (3) any rate change estimated to have an annual fiscal impact of less than \$500,000 in General Revenue-Related Funds or TANF Federal Funds; and
- (4) Any rate change for which approval is obtained under section (d).

d. **Limitation on Rates that Exceed Appropriated Funding.** With the exception of those rates specified in section (b), Orphan Drug Notification, and in subsections (1) -(3) of section (c), Quarterly Notification, no health and human services agency in Article II of this Act, may pay a rate that would result in expenditures that exceed, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies without the prior written approval of the Legislative Budget Board and the Governor.

To request authorization for such a rate, the Executive Commissioner of the HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

-
- (1) a list of each new rate and/or the existing rate and the proposed changed rate;

3.B. Rider Revisions and Additions Request (continued)

(2) an estimate of the fiscal impacts of the new rate and/or rate change, by agency and by fiscal year; and

(3) the amount of General Revenue Funds, TANF Federal Funds, and All Funds, by fiscal year, by which each rate would exceed appropriated funding for each fiscal year.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for authorization for the rate and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 15 business days.

e. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests, and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

f. The Office of the State Auditor may review the fiscal impact information provided under sections (a) through (d) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.

g. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 18	II-126	<p>Early Elective Deliveries. Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission and the Department of State Health Services shall take steps to improve data and oversight to reduce the rate of early elective deliveries in Texas, including:</p> <p>a. The Department of State Health Services shall modify the methodology they use to estimate the rate of early elective deliveries in Texas to include the use of administrative claims data for all payer types contained in the Texas Health Care Information Collection data combined with birth certificate data.</p> <p>b. The Texas Health and Human Services Commission shall regularly audit claims submitted in the Texas Medicaid fee-for-service and managed care programs for obstetric delivery procedures that include a modifier indicating that the delivery was medically necessary and prior to 39 weeks of gestation.</p> <p>c. The Texas Health and Human Services Commission and the Department of State Health Services shall evaluate the effectiveness of strategies to reduce early elective deliveries using improved data and audit results and submit a report to the Legislative Budget Board and the Governor by December 1, 2017<u>2019</u>.</p>
<i>Update year reference.</i>		
SP Sec. 19	II-126	<p>Locality Pay. Out of funds appropriated above, the health and human services agencies listed in Chapter 531, Government Code are authorized to pay a salary supplement, not to exceed \$1,200 per month, to agency-determined employees whose duty station is located in an area of the state in which the high cost of living is causing excessive employee turnover, as determined by the agency. This salary supplement shall be in addition to the maximum salary rate authorized for that position elsewhere in this Act. In the event that an employee so assigned works on a less than full-time basis, the maximum salary supplement shall be set on a basis proportionate to the number of hours paid.</p>
<i>No change is requested.</i>		
SP Sec. 20	II-126	<p>Health Insurance Providers Fee. Included in amounts appropriated elsewhere in this Act for fiscal year 2019 is \$179,540,106 in General Revenue Funds (\$435,594,869 in All Funds) to reimburse managed care organizations for payment of the Health Insurance Providers Fee pursuant to Section 9010 of the Affordable Care Act and associated federal income tax. Contingent upon a judgment of the Supreme Court of the United States declaring Section 9010 unconstitutional, enactment of federal law repealing Section 9010, or judgment of the Supreme Court of the United States or enactment of federal law amending</p> <p>Section 9010 to make reimbursement of the fee optional for states, the Health and Human Services Commission shall cease any reimbursements to managed care organizations for payment of the fee and tax. Unless the Commission obtains prior written approval from the Legislative Budget Board and the Governor to use these funds for an alternate purpose, any amounts identified in this section that remain unexpended shall lapse to the treasury at the end of the fiscal year.</p>
<i>Delete Special Provision and move to HHSC's rider section because this pertains to HHSC only since NorthStar was eliminated.</i>		

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 21

II-126

Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements.

a. **Appropriations.** Included in the amounts appropriated above for the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) are the following amounts of Public Health Medicaid Reimbursements (Account No. 709):

(1) Department of State Health Services:

~~I. Strategy A.2.1, Immunize Children and Adults in Texas: \$341,686 in each fiscal year;~~

~~II. Strategy A.4.1, Laboratory Services: \$20,276,033 in each fiscal year ;~~

~~III. Strategy D.1.1, Agency Wide IT Projects: \$46,612,548 in fiscal year 2018 and \$46,612 in fiscal year 2019;~~ and

~~IV. Strategy E.1.1, Central Administration: \$366,935 in each fiscal year.~~

(2) Health and Human Services Commission:

~~I. Strategy A.4.1, Non-Full Benefit Payments: \$39,443,879 in fiscal year 2018 and \$39,541,331 in fiscal year 2019;~~

~~II. Strategy G.2.1, Mental Health State Hospitals: \$50,243,886 in each fiscal year; and~~

~~III. Strategy G.2.2, Mental Health Community Hospitals: \$10,120,700 in each fiscal year.~~

b. **Limitation on Use of Public Health Medicaid Reimbursements (Account 709).**

(1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, DSHS or HHSC may expend the Public Health Medicaid Reimbursement funds thereby made available only upon prior written approval from the Legislative Budget Board and the

3.B. Rider Revisions and Additions Request (continued)

Governor. Notwithstanding Article IX, §14.01, Appropriation Transfers, and Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, transfers of Public Health Medicaid Reimbursement revenues may be made only upon prior written approval from the Legislative Budget Board and the Governor. A request to expend additional Public Health Medicaid Reimbursement funds or transfer Public Health Medicaid Reimbursement funds shall include the following information:

- I. the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts in section (a) above, and whether this additional revenue will continue in future years;
- II. the reason for and the amount of any transfer of Public Health Medicaid Reimbursement revenue;
- III. a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;
- IV. the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;
- V. the impact of the expenditure on performance levels, and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and
- VI. the impact of the expenditure on the capital budget.

The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

(2) In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a),

Update year references.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 22

II-127

Use of Trauma Fund Receipts. In an effort to maximize the availability of Federal Funds under Medicaid for the purposes of providing reimbursement for uncompensated trauma care at designated facilities and providing increases in Medicaid inpatient provider rates, the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) shall enter into an interagency contract to allow for the transfer of funds from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111, from DSHS to HHSC for this purpose. This interagency contract would allow for the transfer of the Account No. 5111 funds to the extent that the use of these funds in this manner would not reduce reimbursements that otherwise would have been provided for uncompensated trauma care to designated facilities.

Appropriations include \$116,212,000 in fiscal year ~~2018~~ 2020 and \$116,212,001 in fiscal year ~~2019~~2021 out of the General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 to the Department of State Health Services, Strategy B.2.1, EMS and Trauma Care Systems. Of that amount, ~~\$101,660,775~~ \$99,881,693 in fiscal year ~~2018~~ 2020 and ~~\$101,660,775~~ \$99,881,692 in fiscal year ~~2019~~2021 is to be transferred through the interagency contract to HHSC to provide add-on payments for trauma care and safety-net hospitals in Medicaid.

If funds are not available in the amount appropriated from General Revenue-Dedicated Designated Trauma Facility and EMS Account No. 5111 in this Act, the amounts identified for transfer through interagency contract to HHSC shall be reduced by the amount that funds are less than appropriations and an equal amount of General Revenue Funds is appropriated to HHSC.

Update year references. Amounts updated based on revenue projections.

SP Sec. 23

II-128

Waiver Program Cost Limits.

a. Individual Cost Limits for Waiver Programs. It is the intent of the Legislature that the Health and Human Services Commission comply with the cost-effectiveness requirements of the Centers for Medicare and Medicaid Services and set the individual cost limit for each waiver program as follows:

(1) Medically Dependent Children Program (MDCP): 50 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility on ~~August 31, 2010~~;

(2) Community Living Assistance and Support Services Program (CLASS): The fixed amount of \$114,736.07 based on historical annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;

(3) Deaf-Blind with Multiple Disabilities Program (DBMD): The fixed amount of \$114,736.07 based on historical annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;

3.B. Rider Revisions and Additions Request (continued)

(4) Home and Community-based Services Program (HCS): 200 percent of the reimbursement rate that would have been paid for that same individual to receive services in an ICF/IID on August 31, 2010; and

(5) STAR+PLUS Community-Based Alternatives: 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

b. Use of General Revenue Funds for Services.

(1) Out of funds appropriated for the waiver programs identified above, and subject to the terms of subsection (3) below, the commission is authorized to use General Revenue Funds to pay for services if:

(i) the cost of such services exceeds the individual cost limit specified in a medical assistance waiver program listed above;

(ii) federal financial participation is not available to pay for such services; and

(iii) the commission determines that:

(a) the person's health and safety cannot be protected by the services provided within the individual cost limit established for the program; and

(b) there is no other available living arrangement in which the person's health and safety can be protected at that time, as evidenced by:

(i) an assessment conducted by clinical staff of the commission;
and

(ii) supporting documentation, including the person's medical and service records.

(2) Out of funds appropriated under this Article for the waiver programs identified above, and subject to the terms of subsection (3) below, the commission is authorized to use General Revenue Funds to continue to provide services to a person who was receiving medical assistance waiver program services on September 1, 2005, at a cost that exceeded the individual cost limit specified in the medical assistance waiver program if:

(i) federal financial participation is not available to pay for such services; and

3.B. Rider Revisions and Additions Request (continued)

(ii) continuation of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.

(3) Authority provided in subsections (b)(1) and (b)(2) above is contingent upon the agency submitting a report in writing to the Legislative Budget Board and Governor on October 1 of each year of the biennium. The report shall include the number of clients by program which exceeds cost limits and the unmatched General Revenue associated with each by fiscal year.

c. HHSC shall evaluate the possible incorporation of the limitations described in section (a) above into the Texas Administrative Code.

Originally, the cost caps were expressed as a percentage of the institutional reimbursement rates. The date specific language was included beginning with the FY 12-13 biennium because rate reductions for institutional services were implemented in FYs 11, 12 and 13, which would have caused the individual cost caps to drop, which would have resulted in some individuals experiencing a service reduction.

Even though there have been some recent rate increases, the current rates for ICF-ID are still less than what the rates were on August 31, 2010. Therefore, the date-specific/amount specific language needs to remain the same for CLASS, DBMD, and HCS.

The current nursing facility rates are now higher than the rates were on August 31, 2010. So for MDCP, the date-specific reference can be removed.

Also, add abbreviations for clarification.

SP Sec. 24

II-129

~~**Nurse Home Visiting Programs.** In an effort to leverage federal matching funds to support nurse home visiting services, including Nurse Family Partnership services, the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) may explore the feasibility and cost-effectiveness of securing federal funds for nurse home visiting services. HHSC may consider all potential options, including existing coverage categories and delivery system models.~~

Delete Special Provision. The program was transferred to DFPS.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 25

II-129

~~**Review and Report: Health and Human Services System and Managed Care.** Out of funds appropriated elsewhere in Article II of the Act in Strategy L.1.1, HHS System Support, in the Health and Human Services Commission (HHSC) bill pattern, HHSC shall conduct a review of health and human services in the state to evaluate opportunities to streamline case management services. The review shall be done in collaboration with the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) and shall:~~

~~a. Evaluate whether reductions to capitation rates are necessary for Medicaid members receiving case management services independent of care coordination provided by managed care staff, such as the provision of targeted case management services by local providers;~~

~~b. Evaluate administrative efficiencies and potential reductions in duplication from streamlining related benefits such as MCO home health services and MCO provided care coordination;~~

~~c. Identify opportunities to clarify the division of responsibilities for case management services provided to children in STAR Health MCOs, DFPS contracted entities, and other providers of case management services; and~~

~~d. If feasible, identify opportunities for ensuring that a single entity is designated as the primary case manager for Medicaid clients.~~

~~HHSC shall submit a report to the Legislative Budget Board and the Governor by May 1, 2018, detailing its findings concerning the costs associated with duplicative effort, inefficiencies, and ineffective care in health and human services in the state.~~

~~*Delete Special Provision. The report was submitted in the 2018-2019 biennium.*~~

SP Sec. 26

II-129

~~**Administrative Savings in the Health and Human Services System.** Out of funds appropriated elsewhere in Article II of the Act in Strategy L.1.1, HHS System Support, in the Health and Human Services Commission (HHSC) bill pattern, HHSC shall collaborate with the Department of Family and Protective Services (DFPS) and the Department of State Health Services (DSHS) to conduct a review of the administrative functions of the health and human services agencies listed in Article II of this Act. The review shall include the identification of potential General Revenue savings related to increased administrative efficiencies and the elimination of duplicative administrative functions. The review shall also consider the effectiveness of staffing levels dedicated to administrative functions.~~

~~HHSC, DFPS, and DSHS shall develop a plan to achieve the potential General Revenue savings identified above and submit a report to the Transition Legislative Oversight Committee, established pursuant Government Code, §531.0203, Legislative Budget Board, and the Governor no later than September 1, 2018. The report shall include information regarding the consolidation of administrative functions~~

3.B. Rider Revisions and Additions Request (continued)

pursuant to Senate Bill 200, Eighty-fourth Legislature, 2015, and the savings identified above by strategy, fiscal year, full-time equivalents, and method of finance.

HHSC, DFPS, and DSHS may submit the above information in an individual report prepared in a format specified by the Legislative Budget Board or include the information in the report required pursuant to Government Code, §531.02031.

Delete Special Provision. The report was submitted in the 2018-2019 biennium.

SP Sec. 27 II-130

~~**Medicaid and Medicare Collections.** The Health and Human Services Commission and the Department of State Health Services shall use the funds appropriated by this Act to maximize reimbursement of Medicare and Medicaid funding for all eligible individuals and for all expenditures at the state hospitals, state-supported living centers, and state centers.~~

Delete Special Provision. The Special Provision is not necessary for agencies to pursue collections and the direction to maximize reimbursement of Medicare and Medicaid can be subject to multiple interpretations which may not be consistent with state policy.

SP Sec. 28 II-130

Performance Reporting for Texas Center for Infectious Disease and Rio Grande State Center. The Health and Human Services Commission and the Department of State Health Services shall submit to the Legislative Budget Board and the Governor not later than December 1 of each fiscal year the following information regarding performance of the Texas Center for Infectious Disease and the Rio Grande State Center: revenue collections at the hospital, by payor mix; direct and non-direct patient care expenditures; number of inpatient patients served on a monthly basis by type of service provided; and number of outpatient patients served on a monthly basis by type of service provided.

No change is requested.

SP Sec. 29 II-130

~~**Prohibition on Use of Appropriations for the Private Operation of a State Hospital.** No funds appropriated above shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.~~

Delete Special Provision and move to HHSC's rider section since this pertains to HHSC only.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 30	II-130	<p>Charges to Employees and Guests. Collections for services rendered to employees and guests shall be made by a deduction from the recipient's salary or by cash payment in advance. Such deductions and other receipts for these services from employees and guests are appropriated to the facility. Refunds of excess collections shall be made from the appropriation to which the collection was deposited.</p> <p>As compensation for services rendered and notwithstanding any other provision in this Act, any facility under the jurisdiction of the Health and Human Services Commission or the Department of State Health Services may provide free meals for food service personnel and volunteer workers, and may furnish housing facilities, meals, and laundry service in exchange for services rendered by interns, chaplains in training, and student nurses.</p> <p><i>No change is requested.</i></p>
SP Sec. 31	II-130	<p>New or Additional Facilities. No funds appropriated may be spent for constructing new or additional facilities or for the purchase of sites without specific authorization of the Legislature. All facilities shall be kept where they are located by the Legislature, and all new buildings to be constructed shall be on these sites unless otherwise specifically authorized by the Legislature. For the purpose of this subsection, specific authorization may be granted either by basic statute or special authorization in this Act.</p> <p><i>Delete Special Provision and move to HHSC's rider section since this pertains to HHSC only.</i></p>
SP Sec. 32	II-130	<p>Revolving Petty Cash Funds. Each facility under the jurisdiction of the Health and Human Services Commission or the Department of State Health Services may establish a petty cash fund to be maintained in cash or at a local bank. The petty cash fund, not to exceed \$25,000 shall be used only for making emergency payments and small purchases which will increase the efficiency of the operation; for payments to client workers on a regular payday basis; for use as change funds in specific locations where financial activities of the agency require a change fund; and for supplies and equipment purchases for sheltered workshops <u>work centers</u>.</p> <p><i>Update the program name to the currently correct verbiage.</i></p>
SP Sec. 33	II-130	<p>Surplus Property. Notwithstanding Article IX, §8.03 of this Act, in order to conserve funds appropriated, surplus personal property may be transferred from one state hospital or state supported living center to another with or without reimbursement. The Health and Human Services Commission or the Department of State Health Services may transfer surplus personal property from a state hospital or state supported living center to a community center, as defined in the Texas Health and Safety Code §534.001(b), with or without reimbursement. Surplus personal property belonging to any state hospital or state supported living center may be sold; provided, however, that such transfers or sales shall be made under the same procedure as provided by Government Code, Chapter 2175.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 34	II-131	<p>Patient or Client Assistance. Subject to the approval of rules and regulations of the Health and Human Services Commission or the Department of State Health Services, patients or clients in any state hospital or state supported living center who are assisting in the operation of the facility as part of their therapy, may receive compensation out of any funds available to the respective facilities.</p> <p><i>No change is requested.</i></p>
SP Sec. 35	II-131	<p>Barber and Cosmetology Services. The Health and Human Services Commission (HHSC) or the Department of State Health Services (DSHS) may be reimbursed for barber and cosmetology services in state hospitals and state supported living centers provided the reimbursement is consistent with an individual's ability to pay. These reimbursements are appropriated above to the agencies to offset the cost of providing barber and cosmetology services. The agencies may also use patient benefit funds to offset the cost of these services for indigent clients.</p> <p><i>Delete Special Provision. Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions and remove the reference to DSHS.</i></p>
SP Sec. 36	II-131	<p>State-Owned Housing. The Superintendent, Medical Director, Assistant Superintendent for Programs, and Director of Plant Maintenance at each state hospital and the Director, Medical Director, Assistant Director for Programs, and Director of Plant Maintenance at each state supported living center are authorized to live in state-owned housing at a rate determined by the Health and Human Services Commission (HHSC) or the Department of State Health Services (DSHS). Other HHSC or DSHS employees may live in state-owned housing as set forth in Article IX, §11.02, Reporting Related to State Owned Housing, of this Act. Fees for employee housing are appropriated above to be used for maintaining employee housing.</p> <p><i>Delete Special Provision. Since this pertains to HHSC only, move it to HHSC's rider section from Article II Special Provisions and remove the reference to DSHS.</i></p>
SP Sec. 37	II-131	<p>Donations from Individuals, Community Groups and Volunteer Services Councils. It is expressly provided that the Department of State Health Services and the Health and Human Services Commission, in accordance with §533.001 of the Health and Safety Code and to the extent permitted by law, may accept donations for permanent improvements at the state hospitals and the state supported living centers from individuals, community groups and local Volunteer Services Councils. Such funds are not subject to limitations on capital budget expenditures as contained in Article IX or any other similar provisions in this Act. Permanent improvements are defined as an improvement to a state facility that involves construction, building system(s), and/or landscaping.</p> <p><i>No change is requested.</i></p>

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 38

II-131

Transfers of Appropriation -State Owned Hospitals. The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) shall transfer from non-Medicaid state appropriated funds the following amounts from HHSC Strategy G.2.1, Mental Health State Hospitals and DSHS Strategy A.2.5, TX Center of Infectious Disease to HHSC Goal B, Medicaid and CHIP Support, for the Disproportionate Share Hospital Reimbursement Program:

	2018 2020	2019 2021
State Mental Health Hospitals	\$158,038,231	\$158,038,231
Texas Center for Infectious Disease	<u>\$5,862,342</u>	<u>\$5,862,342</u>
	\$163,900,573	\$163,900,573

The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with HHSC. The Legislative Budget Board may adjust the amounts of such transfers as necessary to match available federal funds. HHSC and DSHS shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals including mental health community hospitals. HHSC and DSHS shall monitor Medicaid utilization rates at these state-owned hospitals to ensure their qualification for the Disproportionate Share Hospital Reimbursement Program.

Update year references.

SP Sec. 39

II-131

Payment for Compensatory Time. The Health and Human Services Commission and the Department of State Health Services, to the extent permitted by law, may pay FLSA non-exempt employees of state hospitals and state supported living centers on a straight-time basis for work on a holiday or for regular compensatory time hours when the taking of regular compensatory time off would be disruptive to normal business functions. In addition, any health and human service agency, with the explicit approval of the Health and Human Services Executive Commissioner, to the extent permitted by law, may pay FLSA non-exempt employees required to provide support during a federally declared disaster on a straight-time basis for work on a holiday or for regular compensatory time hours when the taking of regular compensatory time off would be disruptive to normal business functions.

No change is requested.

3.B. Rider Revisions and Additions Request (continued)

SP Sec. 40	II-132	<p>Transfer Authority Related to Health and Human Services Consolidation. Notwithstanding the limitations on transfer authority in Special Provisions Relating to All Health and Human Services Agencies, §6, Limitations on Transfer Authority, the Executive Commissioner of the Health and Human Services Commission (HHSC) is authorized to make transfers of full-time equivalents (FTEs) within and between health and human services agencies listed in Article II of this Act, solely to consolidate administrative support services functions pursuant to Government Code §531.02012. Authority granted by this provision to transfer FTEs is contingent upon a written notification from HHSC to the Legislative Budget Board, the State Auditor's Office, the Comptroller of Public Accounts, and the Governor 30 days prior to the transfer. The written notification shall include the following information:</p> <ol style="list-style-type: none">a. A detailed explanation of the purpose(s) of the transfer;b. The names of the strategies/programs impacted with the FTEs detailed by strategy/program, position, and fiscal year;c. The amount that each agency would be required to provide through an Interagency Contract for administrative support services functions performed by the transferred FTEs and the method of financing that would be used to support the Interagency Contract.
<i>No change is requested.</i>		
SP Sec. 41	II-132	<p>Office of the Ombudsman. Out of the total Full-time Equivalents (FTEs) listed for the Article II agency overseeing the Office of the Ombudsman related to foster care services, the relevant agency shall allocate an additional 3.0 FTEs in each fiscal year of the biennium for the Office of the Ombudsman to increase the number of youth in conservatorship of the state served by this office.</p>
<i>Delete Special Provision. This has been completed.</i>		
NEW SP		<p>Federally Funded Capital Projects. Notwithstanding the limitations in Article IX, Section 14.03, Limitations on Expenditures - Capital Budget, the Department of State Health Services, <u>the Health and Human Services Commission and the Department of Family and Protective Services</u> are is authorized to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item not present in the agency's bill pattern contingent upon:</p> <ol style="list-style-type: none">a. implementation of a new, unanticipated project that is 100 percent federally funded; orb. the unanticipated expansion of an existing project that is 100 percent federally funded; andc. notification to the State Auditor's Office and the Comptroller of Public Accounts, and approval from the Legislative Budget Board and Governor. <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes</p>

3.B. Rider Revisions and Additions Request (continued)

its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

Move DSHS Rider 20 to Article II Special Provisions and include HHSC and DFPS.

NEW SP

Gift and Donation Funded Capital Budget Expenditures. To comply with the legislative intent to maximize the use of non-general revenue funds, the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS) and the Health and Human Service Commission (HHSC) are exempted from the Capital Budget Rider provisions within Article IX of this Act when funds are received in the form of gifts or donations to the agency in excess of amounts identified in the agency's Capital Budget Rider and such funds are designated solely for the purchase of specific capital items. Upon receipt of such gift or donation proceeds, DSHS, DFPS and HHSC shall notify the Legislative Budget Board and the Governor of the amount received and the capital projects impacted.

Health and Human Services agencies occasionally received gifts and donated funds with specific requirements that impact capital authority. Article IX limitations have caused the agencies to decline the gifts/donations due to their inability to make use of these funds under capital restrictions.

NEW SP

Unexpended Balance Authority - Interagency Contracts for Capital Projects.

Any unexpended balances remaining on August 31, 2020 at the Department of Family and Protective Services (DFPS) or the Department of State Health Services (DSHS) related to the Interagency Contracts (IAC) for the capital projects listed in the Health and Human Services Commission (HHSC) Rider 2, Capital Budget, are hereby appropriated for the same purpose in fiscal year 2021. The amount of the unexpended balances is limited to the amount of the unexpended balances in IAC authority appropriated to HHSC in fiscal year 2021 for each project.

HHSC has unexpended balance (UB) authority for capital budget projects, but many of the projects are funded with IACs from other Article II agencies. Those agencies do not currently have UB authority for these funds. They need that authority to pay HHSC for the projects that are moved from AY 2020 to AY 2021. The amount of the unexpended balance for DFPS and DSHS would be limited to the amount of IAC funds that HHSC moves into AY 2021 for these projects.

NEW SP
215

Reporting of Child Abuse. The Texas Health and Human Services Commission and the Department of State Health Services may distribute or provide appropriated funds only to recipients who show good-faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.

HHSC Rider 215 and DSHS Rider 24 are identical; move to Special Provisions.

3.B. Rider Revisions and Additions Request (continued)

NEW SP
477

Appropriation of Local Funds. All funds received by the Health and Human Services Commission and the Department of State Health Services from counties, cities, and from any other local source and all balances from such sources as of August 31, 2017-2019, are appropriated for the biennium ending August 31, 2019-2021, for the purpose of carrying out the provisions of this Act.

HHSC Rider 177 and DSHS Rider 21 are identical; move to Special Provisions.

Article IX

Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language
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~~Sec. 10.06~~

IX-58

~~**Analysis of Certain Healthcare Data.**~~

~~(a) Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission shall coordinate with the Department of State Health Services, the Employees Retirement System of Texas, the Texas Department of Criminal Justice, and the Teacher Retirement System to develop recommendations and a comprehensive plan for an integrated health care information system that can be used to compare data related to the healthcare systems funded by appropriations made to these agencies. The integrated system should allow the state to collect and analyze data on utilization, cost, reimbursement rates, and quality in order to identify improvements for efficiency and quality that can be implemented within each healthcare system. In the development of recommendations and comprehensive plan, the agencies shall consider differences in population, acuity, and other necessary factors between systems, potential for expansion of existing healthcare data integration initiatives, the use of existing health claims data sources, and the collection of new inpatient and outpatient claims data.~~

~~(b) The agencies shall meet at least bi-monthly to develop these recommendations and shall consult with the Department of Information Resources and the Legislative Budget Board. The agencies shall submit a report to the Legislative Budget Board and the Governor no later than May 1, 2018 that includes the cost of the recommendations and comprehensive plan as well as any necessary statutory changes and potential impacts to data governance planning at each agency.~~

Delete section. The workgroup completed the required report.

3.B. Rider Revisions and Additions Request (continued)

Sec. 10.07	IX-58	<p>Cross-agency <u>Healthcare Collaboration on Value-based Payment Strategies</u>. The Health and Human Services Commission, the Employees Retirement System of Texas, and the Teacher Retirement System, and University of Texas and Texas A&M University Systems shall meet quarterly to compare information related to state funded health plan cost drivers and identify opportunities for quality and efficiency improvements. The agencies shall collaborate on the development and implementation of potential value-based payment strategies, including opportunities for episode-based bundling and pay for quality initiatives. To the extent possible, these agencies shall <u>should</u> work toward <u>developing</u> similar outcome measures.</p> <p><i>The proposed changes increase agency flexibility to accomplish the intent of the rider, memorialize existing collaboration efforts, and recommend inclusion of the UT and A&M Systems, which also have employee-based health plans, due to their previous partnerships with ERS and TRS.</i></p>
Art. IX, 14.04	IX-70	<p>Disaster <u>and Repatriation</u> Related Transfer Authority.</p> <p>(a) Policy and Procedure: In the event of a disaster proclamation by the governor under the Texas Disaster Act of 1975, Chapter 418, Government Code, transfers of appropriations made in this Act, if necessary to respond to the disaster and if made according to the terms of this §14.04, are permitted. This section is intended to serve as a means for quickly, effectively, and efficiently transferring appropriations in the event of a disaster. This §14.04 provides an exception to any other provision of this Act which might otherwise limit transfers of appropriations such as by imposing a limit on the amount of a transfer or which might otherwise limit transfers of appropriations by causing a delay in making a transfer because of the need to take actions such as preparing reports or obtaining approvals prior to transferring appropriations necessary for responding to a disaster. No part of this §14.04 shall be read to limit, modify, or abridge the authority of the Governor to proclaim an emergency, disaster, or martial law or exercise any other powers vested in the governor under the constitution or other laws of this state.</p> <p>(b) Health and Human Services Agencies: For a health and human services agency listed in Chapter 531, Government Code, that directly responds to the disaster, the Commissioner of Health and Human Services is authorized to transfer funds from another health and human services agency listed in Chapter 531, Government Code, to the responding agency, and may transfer funds between the strategies of each agency for the purpose of funding the disaster response subject to the prior notification of the Legislative Budget Board and Governor as provided by Subsection (g) of this §14.04. <u>If these funds are reimbursed, the funds may be transferred back to the originating strategy.</u></p> <p><u>In addition, the Health and Human Services Commission, as the state agency designated to collaborate with the U.S. Repatriation Program on emergency and non-emergency repatriation services for U.S. citizens and their dependents, is authorized to utilize the same processes outlined for disasters in this Section for repatriation services and activities.</u></p> <p>(c) Other Agencies: An agency other than a health and human services agency listed in Chapter 531, Government Code that directly responds to a disaster may transfer appropriations within the agency,</p>

3.B. Rider Revisions and Additions Request (continued)

without regard to any limits on transfer of appropriations between strategies, subject to the prior notification of the Legislative Budget Board and Governor as provided by Subsection (g) of this §14.04.

(d) Transfers Between Agencies: In the event that a transfer involving at least one agency not listed in Chapter 531, Government Code is necessary in order to respond to a disaster, the agencies involved in the transfer shall request approval from the Legislative Budget Board and the Governor for the emergency transfer of funds, pursuant to Article XVI, §69, Texas

Constitution. Any request under this Subsection (d) of this §14.04 shall include the same information required in the recommended plan of transfer below, and a copy shall be provided to the Comptroller. A request made under this Subsection (d) of this §14.04 is subject to the prior notification of the Legislative Budget Board and Governor as provided by Subsection (g) of this §14.04.

(e) Appropriation Transfers between Fiscal Years: Agencies responding to a disaster are authorized to transfer funds appropriated in fiscal year 2019 to fiscal year 2018, subject to the prior notification of the Legislative Budget Board and Governor as provided by Subsection (g) of this §14.04.

(f) Unexpended Balances: Any unobligated balances from transfers made under Subsection (e) of this §14.04 as of August 31, 2018, are appropriated to the agency for the same purpose for the fiscal year beginning September 1, 2018.

(g) Notification of Recommended Plan of Transfer.

(1) Recommended Plan of Transfer: A recommended plan of transfer submitted by an agency to the Governor and Legislative Budget Board under this §14.04 must include the following information:

(A) a copy of the appropriate disaster proclamation made under Chapter 418, Government Code;

(B) the amounts to be transferred (listed by method of finance);

(C) the agency or agencies affected;

(D) the programs affected by the transfer; and

(E) any other information requested by the Legislative Budget Board.

(2) Notification: An agency must notify the Legislative Budget Board, the Comptroller, the Governor, and any other agency involved in the transfer prior to the date of recommended transfers. The Comptroller shall transfer the funds as recommended.

Add language to HHSC's Section to include authority to transfer funds back to the originating strategies where funds were expended up front prior to receiving federal reimbursement. Also add Repatriation to HHSC's Section to clarify authority.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)						
STRATEGY: 5 Children						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Ages up to 1	\$2,235,315,442	\$2,099,244,153	\$2,147,905,844	\$2,045,493,171	\$2,086,723,747
2	Ages 1 to 5	\$1,677,354,200	\$1,555,027,750	\$1,519,222,806	\$1,446,375,398	\$1,487,042,702
3	Ages 6 - 14	\$1,691,563,442	\$1,692,326,660	\$1,737,045,867	\$1,656,268,317	\$1,702,824,164
4	Ages 15 - 18	\$618,102,038	\$666,540,222	\$705,924,093	\$679,310,719	\$702,639,854
5	Ages 19 and Up	\$32,028,319	\$11,594,282	\$10,770,108	\$9,998,612	\$10,281,705
6	Foster Care Children	\$317,687,139	\$339,481,980	\$344,603,309	\$329,294,603	\$344,216,287
Total, Sub-strategies		\$6,572,050,580	\$6,364,215,047	\$6,465,472,027	\$6,166,740,820	\$6,333,728,459

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 1 Ages up to 1

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$2,235,315,442	\$2,099,244,153	\$2,147,905,844	\$2,045,493,171	\$2,086,723,747
TOTAL, OBJECT OF EXPENSE	\$2,235,315,442	\$2,099,244,153	\$2,147,905,844	\$2,045,493,171	\$2,086,723,747
Method of Financing:					
0705 Medicaid Program Income	\$10,196,233	\$14,413,892	\$3,203,053	\$3,193,699	\$3,109,587
0758 GR Match for Medicaid Account No. 758	\$597,502,662	\$643,714,030	\$339,199,734	\$607,011,824	\$625,917,462
8024 Tobacco Receipts Match for Medicaid	\$151,253,780	\$141,836,028	\$142,851,057	\$148,012,589	\$144,580,329
8137 GR Match: Medicaid Entitlement Demand	\$29,757,664	\$0	\$305,284,191	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$788,710,339	\$799,963,950	\$790,538,035	\$758,218,112	\$773,607,378
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$2,386,537	\$238,146	\$240,114	\$205,417	\$181,478
93.778.000 XIX FMAP	\$1,194,166,966	\$1,234,193,468	\$820,980,563	\$1,222,388,651	\$1,248,689,816
93.778.007 XIX ADM @ 100	\$123,584,224	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$1,320,137,727	\$1,234,431,614	\$821,220,677	\$1,222,594,068	\$1,248,871,294
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$38,275,404	\$0	\$470,834,465	\$0	\$0
CFDA Subtotal, Fund 8059	\$38,275,404	\$0	\$470,834,465	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$1,358,413,131	\$1,234,431,614	\$1,292,055,142	\$1,222,594,068	\$1,248,871,294
Method of Financing:					
0777 Interagency Contracts	\$52,107,898	\$33,677,647	\$33,918,656	\$33,335,567	\$33,110,902
8044 Medicaid Subrogation Receipts (State Share), estimated	\$34,530,695	\$29,686,611	\$29,899,058	\$29,852,785	\$29,651,593
8062 Appropriated Receipts - Match for Medicaid	\$1,553,379	\$1,484,331	\$1,494,953	\$1,492,639	\$1,482,580
SUBTOTAL, MOF (Other Funds)	\$88,191,972	\$64,848,589	\$65,312,667	\$64,680,991	\$64,245,075
TOTAL, METHOD OF FINANCE	\$2,235,315,442	\$2,099,244,153	\$2,147,905,844	\$2,045,493,171	\$2,086,723,747

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 1 Ages up to 1

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the newborns under age 1 up to 185% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. This sub-strategy also includes newborns of Medicaid-eligible mothers who are deemed eligible for 12 months. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 2 Ages 1 to 5

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$1,677,354,200	\$1,555,027,750	\$1,519,222,806	\$1,446,375,398	\$1,487,042,702
TOTAL, OBJECT OF EXPENSE	\$1,677,354,200	\$1,555,027,750	\$1,519,222,806	\$1,446,375,398	\$1,487,042,702
Method of Financing:					
0705 Medicaid Program Income	\$7,651,133	\$10,677,177	\$2,265,533	\$2,254,377	\$2,213,930
0758 GR Match for Medicaid Account No. 758	\$448,358,912	\$476,835,045	\$239,917,394	\$428,479,235	\$445,634,067
8024 Tobacco Receipts Match for Medicaid	\$113,499,043	\$105,065,892	\$101,039,151	\$104,479,548	\$102,936,767
8137 GR Match: Medicaid Entitlement Demand	\$22,329,798	\$0	\$215,928,788	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$591,838,886	\$592,578,114	\$559,150,866	\$535,213,160	\$550,784,764
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$38,740,952	\$4,264,298	\$4,183,010	\$3,571,441	\$3,162,029
93.778.000 XIX FMAP	\$859,138,607	\$910,148,356	\$576,669,818	\$861,854,642	\$887,313,534
93.778.007 XIX ADM @ 100	\$92,736,136	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$990,615,695	\$914,412,654	\$580,852,828	\$865,426,083	\$890,475,563
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$28,721,409	\$0	\$333,023,190	\$0	\$0
CFDA Subtotal, Fund 8059	\$28,721,409	\$0	\$333,023,190	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$1,019,337,104	\$914,412,654	\$913,876,018	\$865,426,083	\$890,475,563
Method of Financing:					
0777 Interagency Contracts	\$39,101,149	\$24,946,919	\$23,990,807	\$23,571,696	\$23,595,517
8044 Medicaid Subrogation Receipts (State Share), estimated	\$25,911,424	\$21,990,536	\$21,147,729	\$21,109,009	\$21,130,341
8062 Appropriated Receipts - Match for Medicaid	\$1,165,637	\$1,099,527	\$1,057,386	\$1,055,450	\$1,056,517
SUBTOTAL, MOF (Other Funds)	\$66,178,210	\$48,036,982	\$46,195,922	\$45,736,155	\$45,782,375
TOTAL, METHOD OF FINANCE	\$1,677,354,200	\$1,555,027,750	\$1,519,222,806	\$1,446,375,398	\$1,487,042,702

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 2 Ages 1 to 5

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the expansion children ages 1-5 up to 133% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 3 Ages 6 - 14

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$1,691,563,442	\$1,692,326,660	\$1,737,045,867	\$1,656,268,317	\$1,702,824,164
TOTAL, OBJECT OF EXPENSE	\$1,691,563,442	\$1,692,326,660	\$1,737,045,867	\$1,656,268,317	\$1,702,824,164
Method of Financing:					
0705 Medicaid Program Income	\$7,715,947	\$11,619,903	\$2,590,360	\$2,351,037	\$2,412,150
0758 GR Match for Medicaid Account No. 758	\$452,157,060	\$518,936,501	\$274,316,259	\$446,850,921	\$485,533,003
8024 Tobacco Receipts Match for Medicaid	\$114,460,519	\$114,342,532	\$115,525,938	\$108,959,264	\$112,153,001
8137 GR Match: Medicaid Entitlement Demand	\$22,518,959	\$0	\$246,888,216	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$596,852,485	\$644,898,936	\$639,320,773	\$558,161,222	\$600,098,154
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$139,706,370	\$222,195,535	\$235,730,877	\$203,779,280	\$183,026,146
93.778.000 XIX FMAP	\$763,344,712	\$770,612,434	\$425,939,148	\$839,465,070	\$864,712,439
93.778.005 XIX FMAP @ 90%	\$2,434,615	\$2,341,418	\$2,464,294	\$2,489,519	\$2,561,671
93.778.007 XIX ADM @ 100	\$93,521,725	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$999,007,422	\$995,149,387	\$664,134,319	\$1,045,733,869	\$1,050,300,256
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$28,964,715	\$0	\$380,771,375	\$0	\$0
CFDA Subtotal, Fund 8059	\$28,964,715	\$0	\$380,771,375	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$1,027,972,137	\$995,149,387	\$1,044,905,694	\$1,045,733,869	\$1,050,300,256
Method of Financing:					
0777 Interagency Contracts	\$39,432,383	\$27,149,571	\$27,430,560	\$26,992,338	\$27,019,410
8044 Medicaid Subrogation Receipts (State Share), estimated	\$26,130,926	\$23,932,158	\$24,179,848	\$24,172,274	\$24,196,518
8062 Appropriated Receipts - Match for Medicaid	\$1,175,511	\$1,196,608	\$1,208,992	\$1,208,614	\$1,209,826
SUBTOTAL, MOF (Other Funds)	\$66,738,820	\$52,278,337	\$52,819,400	\$52,373,226	\$52,425,754
TOTAL, METHOD OF FINANCE	\$1,691,563,442	\$1,692,326,660	\$1,737,045,867	\$1,656,268,317	\$1,702,824,164

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 3 Ages 6 - 14

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the federally mandated children ages 6-14 up to 133% (formerly 100%) of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 4 Ages 15 - 18

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$618,102,038	\$666,540,222	\$705,924,093	\$679,310,719	\$702,639,854
TOTAL, OBJECT OF EXPENSE	\$618,102,038	\$666,540,222	\$705,924,093	\$679,310,719	\$702,639,854
Method of Financing:					
0705 Medicaid Program Income	\$2,819,429	\$4,576,618	\$1,052,705	\$950,172	\$985,199
0758 GR Match for Medicaid Account No. 758	\$165,219,461	\$204,388,466	\$111,480,336	\$180,594,877	\$198,307,160
8024 Tobacco Receipts Match for Medicaid	\$41,824,195	\$45,034,980	\$46,948,987	\$44,035,905	\$45,806,862
8137 GR Match: Medicaid Entitlement Demand	\$8,228,491	\$0	\$100,333,758	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$218,091,576	\$254,000,064	\$259,815,786	\$225,580,954	\$245,099,221
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$129,546,444	\$96,495,437	\$104,332,779	\$90,090,346	\$80,816,618
93.778.000 XIX FMAP	\$194,562,353	\$289,869,880	\$159,579,517	\$336,054,493	\$348,773,848
93.778.005 XIX FMAP @ 90%	\$6,758,223	\$5,584,482	\$5,987,553	\$6,104,293	\$6,317,620
93.778.007 XIX ADM @ 100	\$34,173,101	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$365,040,121	\$391,949,799	\$269,899,849	\$432,249,132	\$435,908,086
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$10,583,788	\$0	\$154,742,999	\$0	\$0
CFDA Subtotal, Fund 8059	\$10,583,788	\$0	\$154,742,999	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$375,623,909	\$391,949,799	\$424,642,848	\$432,249,132	\$435,908,086
Method of Financing:					
0777 Interagency Contracts	\$14,408,704	\$10,693,137	\$11,147,600	\$11,070,781	\$11,149,075
8044 Medicaid Subrogation Receipts (State Share), estimated	\$9,548,314	\$9,425,926	\$9,826,532	\$9,914,145	\$9,984,259
8062 Appropriated Receipts - Match for Medicaid	\$429,535	\$471,296	\$491,327	\$495,707	\$499,213
SUBTOTAL, MOF (Other Funds)	\$24,386,553	\$20,590,359	\$21,465,459	\$21,480,633	\$21,632,547
TOTAL, METHOD OF FINANCE	\$618,102,038	\$666,540,222	\$705,924,093	\$679,310,719	\$702,639,854

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 4 Ages 15 - 18

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the federally mandated children ages 15-18 up to 100% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 5 Ages 19 and Up

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$32,028,319	\$11,594,282	\$10,770,108	\$9,998,612	\$10,281,705
TOTAL, OBJECT OF EXPENSE	\$32,028,319	\$11,594,282	\$10,770,108	\$9,998,612	\$10,281,705
Method of Financing:					
0705 Medicaid Program Income	\$146,095	\$79,609	\$16,061	\$15,466	\$15,179
0758 GR Match for Medicaid Account No. 758	\$8,561,210	\$3,555,281	\$1,700,828	\$2,939,495	\$3,055,385
8024 Tobacco Receipts Match for Medicaid	\$2,167,213	\$783,371	\$716,289	\$716,761	\$705,762
8137 GR Match: Medicaid Entitlement Demand	\$426,377	\$0	\$1,530,767	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$11,300,895	\$4,418,261	\$3,963,945	\$3,671,722	\$3,776,326
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$91,824	\$2,920	\$1,777	\$1,523	\$1,342
93.778.000 XIX FMAP	\$16,871,571	\$6,701,371	\$4,005,618	\$5,899,044	\$6,074,256
93.778.005 XIX FMAP @ 90%	\$181,209	\$113,567	\$110,400	\$110,155	\$113,233
93.778.007 XIX ADM @ 100	\$1,770,755	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$18,915,359	\$6,817,858	\$4,117,795	\$6,010,722	\$6,188,831
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$548,422	\$0	\$2,360,875	\$0	\$0
CFDA Subtotal, Fund 8059	\$548,422	\$0	\$2,360,875	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$19,463,781	\$6,817,858	\$6,478,670	\$6,010,722	\$6,188,831
Method of Financing:					
0777 Interagency Contracts	\$746,619	\$186,004	\$170,076	\$162,948	\$163,144
8044 Medicaid Subrogation Receipts (State Share), estimated	\$494,767	\$163,961	\$149,921	\$145,924	\$146,099
8062 Appropriated Receipts - Match for Medicaid	\$22,257	\$8,198	\$7,496	\$7,296	\$7,305
SUBTOTAL, MOF (Other Funds)	\$1,263,643	\$358,163	\$327,493	\$316,168	\$316,548
TOTAL, METHOD OF FINANCE	\$32,028,319	\$11,594,282	\$10,770,108	\$9,998,612	\$10,281,705

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 5 Ages 19 and Up

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

There are a very small number of children in this sub-strategy (approximately 0.7% of the Children’s strategy), and include clients who are in foster care or adoption subsidy but not in STAR Health, or clients who are eligible based on TANF level of income (until they reach age 21). It may also include clients who turn 19 during a month who are not TANF eligible, and this would be their last month of Medicaid eligibility.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas’ three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General’s investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 6 Foster Care Children

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$317,687,139	\$339,481,980	\$344,603,309	\$329,294,603	\$344,216,287
TOTAL, OBJECT OF EXPENSE	\$317,687,139	\$339,481,980	\$344,603,309	\$329,294,603	\$344,216,287
Method of Financing:					
0705 Medicaid Program Income	\$1,449,107	\$2,330,961	\$513,888	\$513,449	\$512,255
0758 GR Match for Medicaid Account No. 758	\$84,918,177	\$104,099,046	\$54,420,146	\$97,589,082	\$103,109,815
8024 Tobacco Receipts Match for Medicaid	\$21,496,465	\$22,937,197	\$22,918,578	\$23,795,933	\$23,817,279
8137 GR Match: Medicaid Entitlement Demand	\$4,229,214	\$0	\$48,978,842	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$112,092,963	\$129,367,204	\$126,831,454	\$121,898,464	\$127,439,349
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$169,659,570	\$199,372,757	\$131,428,533	\$196,653,753	\$205,834,472
93.778.005 XIX FMAP @ 90%	\$396,816	\$254,946	\$325,547	\$329,688	\$344,895
93.778.007 XIX ADM @ 100	\$17,564,016	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$187,620,402	\$199,627,703	\$131,754,080	\$196,983,441	\$206,179,367
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$5,439,771	\$0	\$75,539,213	\$0	\$0
CFDA Subtotal, Fund 8059	\$5,439,771	\$0	\$75,539,213	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$193,060,173	\$199,627,703	\$207,293,293	\$196,983,441	\$206,179,367
Method of Financing:					
0777 Interagency Contracts	\$7,405,669	\$5,446,225	\$5,441,804	\$5,366,541	\$5,461,822
8044 Medicaid Subrogation Receipts (State Share), estimated	\$4,907,565	\$4,800,808	\$4,796,912	\$4,805,863	\$4,891,190
8062 Appropriated Receipts - Match for Medicaid	\$220,769	\$240,040	\$239,846	\$240,294	\$244,559
SUBTOTAL, MOF (Other Funds)	\$12,534,003	\$10,487,073	\$10,478,562	\$10,412,698	\$10,597,571
TOTAL, METHOD OF FINANCE	\$317,687,139	\$339,481,980	\$344,603,309	\$329,294,603	\$344,216,287

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 5 Children
 SUB-STRATEGY: 6 Foster Care Children

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Texas Legislature directed HHSC to create a comprehensive, cost effective health care delivery model to meet the needs of children in foster care receiving Medicaid. The managed care delivery model, called STAR Health, began providing services to children on April 1, 2008. Previously, children in foster care received fee-for-service Medicaid. STAR Health is a statewide managed care program that provides health services to children in foster care and kinship care.

STAR Health eligible populations are:

- children in DFPS conservatorship (under age 18),
- youth in DFPS extended foster care (ages 18 to 22),
- youth (Former Foster Care Children/FFCC) who were previously under DFPS conservatorship and have returned to foster care (ages 18 to 22) through voluntary foster care agreements,
- youth ages 18-21 who were previously in foster care and are living independently and receive Medicaid for Transitioning Youth (MTFCY), and
- former foster care youth (ages 21 to 23) enrolled in an institution of higher education located in Texas enrolled in the Former Foster Care in Higher Education (FFCHE) program.

Many children move in and out of foster care state conservatorship and many come into foster care with unique physical and behavioral health care needs. These children are a high-risk population with a greater need for comprehensive services and better coordinated care. STAR Health features include: immediate enrollment into the program as soon as the child enters foster care; access to a statewide provider network, including dental; increased focus on behavioral health services; service management and service coordination; and access to an electronic Health Passport, a web-based summary of each child’s medical information which can be accessed by health care providers and caregivers.

Beginning November 1, 2016, the STAR Health managed care organization began providing 1915(c) Medically Dependent Children’s Program services to enrolled and eligible members. Dual eligibles, individuals receiving hospice services, individuals receiving other 1915(c) waiver services (e.g., CLASS, DBMD, HCS, TxHmL, and YES), and individuals in an intermediate care facility who meet the above eligibility criteria also are enrolled into STAR Health. Hospice and other 1915(c) waiver services are reimbursed through FFS Medicaid.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas’ three year average of per capita income to the National three-year average of per capita income. On January 22, 2018, CHIP funding was reauthorized until 2023. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General’s investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)						
STRATEGY: 8 Medical Transportation						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Capitated Models	\$166,910,954	\$164,247,261	\$169,473,607	\$155,914,281	\$153,706,519
2	Fee for Service	\$5,654,850	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
	Total, Sub-strategies	\$172,565,804	\$166,747,424	\$172,675,718	\$158,914,744	\$156,706,858

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 8 Medical Transportation
 SUB-STRATEGY: 1 Capitated Models

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$166,910,954	\$164,247,261	\$169,473,607	\$155,914,281	\$153,706,519
TOTAL, OBJECT OF EXPENSE	\$166,910,954	\$164,247,261	\$169,473,607	\$155,914,281	\$153,706,519
Method of Financing:					
0001 General Revenue	\$2,542	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$88,394,702	\$68,499,704	\$66,437,077	\$61,818,041	\$61,133,872
8137 GR Match: Medicaid Entitlement Demand	\$5,586,019	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$93,983,263	\$68,499,704	\$66,437,077	\$61,818,041	\$61,133,872
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$3,595,877	\$3,838,197	\$3,031,043	\$2,675,207
93.778.000 XIX FMAP	\$62,021,339	\$91,050,590	\$96,159,133	\$90,863,497	\$89,696,390
CFDA Subtotal, Fund 0555	\$62,021,339	\$94,646,467	\$99,997,330	\$93,894,540	\$92,371,597
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$7,184,943	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$7,184,943	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$69,206,282	\$94,646,467	\$99,997,330	\$93,894,540	\$92,371,597
Method of Financing:					
8062 Appropriated Receipts - Match for Medicaid	\$3,721,409	\$1,101,090	\$3,039,200	\$201,700	\$201,050
SUBTOTAL, MOF (Other Funds)	\$3,721,409	\$1,101,090	\$3,039,200	\$201,700	\$201,050
TOTAL, METHOD OF FINANCE	\$166,910,954	\$164,247,261	\$169,473,607	\$155,914,281	\$153,706,519

FULL TIME EQUIVALENT POSITIONS: 0.0 0.0 0.0 0.0 0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

NEMT services on a regional basis are coordinated through two types of managed transportation capitated models: Full Risk Brokers and Managed Transportation Organization (MTO). This sub-strategy includes payments made to MTOs and FRBs who manage NEMT services. Government Code, Section 533.00257 requires HHSC to provide medical transportation

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 8 Medical Transportation
 SUB-STRATEGY: 1 Capitated Models

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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program (MTP) services on a regional basis through MTOs. FRBs provide services in the Houston/Beaumont and Dallas/Fort Worth service delivery areas. MTOs provide services in the rest of the state. Both the FRBs and MTOs arrange NEMT services on a full-risk basis. HHSC pays each vendor a set per-member-per-month rate each month. The vendor arranges NEMT services for program eligible clients.

FRBs and MTOs provide for: demand response transportation; mass transit tickets; mileage reimbursement for Individual Transportation Participants (ITP); meals and lodging; advanced funds; out-of-state travel; commercial airline transportation services; attendant services; and call center operations. Client ages birth to 20 years old and their attendant may be eligible for meals and lodging, when an overnight stay at a facility beyond the client's county of residence is medically necessary. Children who are 14 and younger can never travel without an adult. Children who are 15 to 17 years old can travel without an adult if their parent or guardian has filled out a consent form before setting up the trip or the covered health care services in cases where law requires complete confidentiality.

Services in the Dallas/Fort Worth & Houston/Beaumont areas are delivered through a FRB. Services for the rest of the state are delivered through a MTO. MTP services under the capitated model are eligible for federal reimbursement at the FMAP rate. CSHCN and TICP are not eligible for FMAP unless they are dual eligible as these programs are not Medicaid programs.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2020-21 holds costs at FY 2019 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Fuel costs may impact the cost of providing MTP services to eligible clients. The Frew Consent Decree specifies written and oral outreach and informing about Early and Periodic Screening, Diagnostic, and Treatment benefits (known as Texas Health Steps) to individuals with Medicaid who are 20 years of age or younger. The court ordered outreach and informing exceed the informing requirements contained in federal Medicaid rules.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan or Medicaid waivers along with the timing of federal approval, deferrals, & disallowances impact the authority to utilize federal funds for changes in programs, services, & rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud & overpayments could also impact total Medicaid expenditures.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
 STRATEGY: 8 Medical Transportation
 SUB-STRATEGY: 2 Fee for Service

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$5,654,850	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
TOTAL, OBJECT OF EXPENSE	\$5,654,850	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
Method of Financing:					
0001 General Revenue	\$86	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$3,097,531	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
8137 GR Match: Medicaid Entitlement Demand	\$189,251	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$3,286,868	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$1,947,806	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$176,754	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$2,124,560	\$0	\$0	\$0	\$0
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$243,422	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$243,422	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$2,367,982	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$5,654,850	\$2,500,163	\$3,202,111	\$3,000,463	\$3,000,339
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This MTP sub-strategy includes Fee-For-Service costs for cost-effective non-emergency medical transportation (NEMT) services for categorically eligible Medicaid clients. Only clients who have no other means of transportation available to access Medicaid-covered-healthcare services and meet all eligibility criteria are eligible for NEMT services. States are federally required to provide NEMT services for clients to and from their Medicaid covered healthcare visits provided by a Medicaid-enrolled qualified service provider. NEMT services are also available to people who are identified by either the Children with Special Health Care Needs program or people in the Transportation of Indigent Cancer Patients program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
OBJECTIVE: 1 Acute Care Svcs (Incl STARPLUS LTC)
STRATEGY: 8 Medical Transportation
SUB-STRATEGY: 2 Fee for Service

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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As of September 1, 2014, NEMT services on a regional basis will be coordinated through two types of managed transportation capitated models: Full Risk Brokers & Managed Transportation Organization (MTO).

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 2 Long-Term Care - Entitlement						
STRATEGY: 4 Nursing Facility Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Nursing Facilites	\$269,262,900	\$228,211,846	\$307,268,453	\$298,745,271	\$298,151,883
2	Nursing Facilities Other Services	\$8,345,354	\$5,363,407	\$6,975,993	\$10,061,176	\$10,049,096
3	PASRR	\$3,785,220	\$8,543,340	\$8,543,340	\$8,472,632	\$8,472,632
Total, Sub-strategies		\$281,393,474	\$242,118,593	\$322,787,786	\$317,279,079	\$316,673,611

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 2 Long-Term Care - Entitlement
 STRATEGY: 4 Nursing Facility Payments
 SUB-STRATEGY: 1 Nursing Facilites

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$269,262,900	\$228,211,846	\$307,268,453	\$298,745,271	\$298,151,883
TOTAL, OBJECT OF EXPENSE	\$269,262,900	\$228,211,846	\$307,268,453	\$298,745,271	\$298,151,883
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$124,759,691	\$96,605,770	\$106,079,802	\$121,776,970	\$121,152,860
8137 GR Match: Medicaid Entitlement Demand	\$0	\$0	\$20,994,147	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$124,759,691	\$96,605,770	\$127,073,949	\$121,776,970	\$121,152,860
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$144,503,209	\$131,606,076	\$138,272,972	\$176,968,301	\$176,999,023
CFDA Subtotal, Fund 0555	\$144,503,209	\$131,606,076	\$138,272,972	\$176,968,301	\$176,999,023
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$0	\$0	\$41,921,532	\$0	\$0
CFDA Subtotal, Fund 8059	\$0	\$0	\$41,921,532	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$144,503,209	\$131,606,076	\$180,194,504	\$176,968,301	\$176,999,023
TOTAL, METHOD OF FINANCE	\$269,262,900	\$228,211,846	\$307,268,453	\$298,745,271	\$298,151,883
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides payments to promote quality of care for individuals with medical problems that require nursing facility or hospice care.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 2 Long-Term Care - Entitlement
 STRATEGY: 4 Nursing Facility Payments
 SUB-STRATEGY: 2 Nursing Facilities Other Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$8,345,354	\$5,363,407	\$6,975,993	\$10,061,176	\$10,049,096
TOTAL, OBJECT OF EXPENSE	\$8,345,354	\$5,363,407	\$6,975,993	\$10,061,176	\$10,049,096
Method of Financing:					
0001 General Revenue	\$2,863,754	\$674,016	\$674,016	\$3,935,880	\$3,935,880
0758 GR Match for Medicaid Account No. 758	\$2,539,833	\$1,966,681	\$2,159,551	\$2,479,111	\$2,466,406
8137 GR Match: Medicaid Entitlement Demand	\$0	\$0	\$428,452	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$5,403,587	\$2,640,697	\$3,262,019	\$6,414,991	\$6,402,286
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$2,941,767	\$2,679,210	\$2,814,933	\$3,602,685	\$3,603,310
93.778.003 XIX 50%	\$0	\$43,500	\$43,500	\$43,500	\$43,500
CFDA Subtotal, Fund 0555	\$2,941,767	\$2,722,710	\$2,858,433	\$3,646,185	\$3,646,810
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$0	\$0	\$855,541	\$0	\$0
CFDA Subtotal, Fund 8059	\$0	\$0	\$855,541	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$2,941,767	\$2,722,710	\$3,713,974	\$3,646,185	\$3,646,810
TOTAL, METHOD OF FINANCE	\$8,345,354	\$5,363,407	\$6,975,993	\$10,061,176	\$10,049,096
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides payments for medical supplies and equipment, personal needs items, and rehabilitative therapies. The types of payments include Medicaid Swing Bed Program, Augmented Communication Device Systems, Customized Power Wheelchairs, Emergency Dental services, and Specialized and Rehabilitative services.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 2 Long-Term Care - Entitlement
 STRATEGY: 4 Nursing Facility Payments
 SUB-STRATEGY: 3 PASRR

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$3,785,220	\$8,543,340	\$8,543,340	\$8,472,632	\$8,472,632
TOTAL, OBJECT OF EXPENSE	\$3,785,220	\$8,543,340	\$8,543,340	\$8,472,632	\$8,472,632
Method of Financing:					
0001 General Revenue	\$2,463,526	\$3,261,864	\$3,261,864	\$4,536,752	\$4,536,752
0758 GR Match for Medicaid Account No. 758	\$577,609	\$2,277,372	\$2,277,372	\$1,587,734	\$1,582,617
SUBTOTAL, MOF (General Revenue)	\$3,041,135	\$5,539,236	\$5,539,236	\$6,124,486	\$6,119,369
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$744,085	\$3,004,104	\$3,004,104	\$2,348,146	\$2,353,263
CFDA Subtotal, Fund 0555	\$744,085	\$3,004,104	\$3,004,104	\$2,348,146	\$2,353,263
SUBTOTAL, MOF (Federal Funds)	\$744,085	\$3,004,104	\$3,004,104	\$2,348,146	\$2,353,263
TOTAL, METHOD OF FINANCE	\$3,785,220	\$8,543,340	\$8,543,340	\$8,472,632	\$8,472,632
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides services for Preadmission Screening and Resident Review (PASRR). PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 3 Long-Term Care - Non-Entitlement						
STRATEGY: 2 Community Living Assistance (CLASS)						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Non-PI Class	\$265,834,014	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
2	Promoting Independence	\$26,586	\$0	\$0	\$0	\$0
	Total, Sub-strategies	\$265,860,600	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 3 Long-Term Care - Non-Entitlement
 STRATEGY: 2 Community Living Assistance (CLASS)
 SUB-STRATEGY: 1 Non-PI Class

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$265,834,014	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
TOTAL, OBJECT OF EXPENSE	\$265,834,014	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$106,586,754	\$102,818,977	\$106,000,932	\$101,815,332	\$101,357,405
SUBTOTAL, MOF (General Revenue)	\$106,586,754	\$102,818,977	\$106,000,932	\$101,815,332	\$101,357,405
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$159,247,260	\$161,832,940	\$172,519,504	\$180,401,403	\$180,606,055
CFDA Subtotal, Fund 0555	\$159,247,260	\$161,832,940	\$172,519,504	\$180,401,403	\$180,606,055
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$0	\$0	\$3,467,094	\$0	\$0
CFDA Subtotal, Fund 8059	\$0	\$0	\$3,467,094	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$159,247,260	\$161,832,940	\$175,986,598	\$180,401,403	\$180,606,055
TOTAL, METHOD OF FINANCE	\$265,834,014	\$264,651,917	\$281,987,530	\$282,216,735	\$281,963,460
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides home and community-based services and supports for individuals with related conditions as an alternative to residing in an ICF/IID.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 3 Long-Term Care - Non-Entitlement
 STRATEGY: 2 Community Living Assistance (CLASS)
 SUB-STRATEGY: 2 Promoting Independence

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$26,586	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$26,586	\$0	\$0	\$0	\$0
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$10,660	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$10,660	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$15,926	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$15,926	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$15,926	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$26,586	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides home and community-based services and supports to allow an individual with a disability to live in the most appropriate care setting available.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 3 Long-Term Care - Non-Entitlement						
STRATEGY: 6 Medically Dependent Children Program (MDCP)						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Non-PI MDCP	\$19,977,141	\$0	\$0	\$0	\$0
2	Promoting Independence	\$21,366,280	\$0	\$0	\$0	\$0
	Total, Sub-strategies	\$41,343,421	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 3 Long-Term Care - Non-Entitlement
 STRATEGY: 6 Medically Dependent Children Program (MDCP)
 SUB-STRATEGY: 1 Non-PI MDCP

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$19,977,141	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$19,977,141	\$0	\$0	\$0	\$0
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$9,512,574	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$9,512,574	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$10,464,567	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$10,464,567	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$10,464,567	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$19,977,141	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides services and supports for families caring for children who are medically dependent as an alternative to residing in a nursing facility. Specific services include adaptive aids, adjunct support services, minor home modifications, respite, financial management services, and transition assistance services.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 3 Long-Term Care - Non-Entitlement
 STRATEGY: 6 Medically Dependent Children Program (MDCP)
 SUB-STRATEGY: 2 Promoting Independence

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$21,366,280	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$21,366,280	\$0	\$0	\$0	\$0
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$10,174,044	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$10,174,044	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$11,192,236	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$11,192,236	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$11,192,236	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$21,366,280	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides support services to allow an individual with a disability to live in the most appropriate care setting available.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 4 Other Medicaid Services						
STRATEGY: 1 Non-Full Benefit Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	SHARS	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
2	Emergency Services	\$493,512,118	\$371,041,162	\$377,008,954	\$363,979,464	\$365,395,070
3	Graduate Medical Education	\$30,133,610	\$32,116,855	\$32,984,010	\$33,199,705	\$34,096,098
4	Newborn Screening	\$120,682,014	\$91,883,990	\$97,203,194	\$94,461,249	\$94,455,960
5	Other	\$6,362,141	\$4,763,048	\$4,898,583	\$4,760,402	\$4,760,136
Total, Sub-strategies		\$829,990,155	\$778,338,318	\$820,287,544	\$797,656,839	\$799,963,283

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 1 SHARS

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
TOTAL, OBJECT OF EXPENSE	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
Method of Financing:					
0555 Federal Funds					
93.778.009 SCHOOL HEALTH AND RELATED S	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
CFDA Subtotal, Fund 0555	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
SUBTOTAL, MOF (Federal Funds)	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
TOTAL, METHOD OF FINANCE	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy, which contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services, includes the following Medicaid services that are provided to eligible Medicaid recipients by independent contractors on a cost reimbursed basis: School Health and Related Services (SHARS). SHARS reimburses Medicaid-enrolled independent school districts and public charter schools the federal share of state plan services that are determined to be medically necessary and reasonable for children who have been deemed eligible for special education services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 2 Emergency Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$493,512,118	\$371,041,162	\$377,008,954	\$363,979,464	\$365,395,070
TOTAL, OBJECT OF EXPENSE	\$493,512,118	\$371,041,162	\$377,008,954	\$363,979,464	\$365,395,070
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$176,452,172	\$160,215,574	\$121,112,801	\$146,829,316	\$146,925,358
8137 GR Match: Medicaid Entitlement Demand	\$18,656,144	\$0	\$36,929,353	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$195,108,316	\$160,215,574	\$158,042,154	\$146,829,316	\$146,925,358
Method of Financing:					
0369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$10	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0369	\$10	\$0	\$0	\$0	\$0
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$8,697,611	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$265,672,077	\$210,825,588	\$90,115,745	\$217,150,148	\$218,469,712
93.778.005 XIX FMAP @ 90%	\$37,883	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$274,407,571	\$210,825,588	\$90,115,745	\$217,150,148	\$218,469,712
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$23,996,221	\$0	\$128,851,055	\$0	\$0
CFDA Subtotal, Fund 8059	\$23,996,221	\$0	\$128,851,055	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$298,403,802	\$210,825,588	\$218,966,800	\$217,150,148	\$218,469,712
TOTAL, METHOD OF FINANCE	\$493,512,118	\$371,041,162	\$377,008,954	\$363,979,464	\$365,395,070
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides services in accordance with the Omnibus Reconciliation Act of 1986, which mandates Medicaid coverage for non-citizens residing illegally in the U.S. who have an emergency condition. An applicant must meet all Medicaid eligibility criteria, except citizenship, and have an emergency medical condition. Medicaid coverage is limited to

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 2 Emergency Services

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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services related to the emergency condition.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Since services covered under this sub-strategy are mandated under State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 3 Graduate Medical Education

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$30,133,610	\$32,116,855	\$32,984,010	\$33,199,705	\$34,096,098
TOTAL, OBJECT OF EXPENSE	\$30,133,610	\$32,116,855	\$32,984,010	\$33,199,705	\$34,096,098
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$16,953,169	\$18,248,797	\$19,157,113	\$19,806,944	\$20,386,057
CFDA Subtotal, Fund 0555	\$16,953,169	\$18,248,797	\$19,157,113	\$19,806,944	\$20,386,057
SUBTOTAL, MOF (Federal Funds)	\$16,953,169	\$18,248,797	\$19,157,113	\$19,806,944	\$20,386,057
Method of Financing:					
8062 Appropriated Receipts - Match for Medicaid	\$13,180,441	\$13,868,058	\$13,826,897	\$13,392,761	\$13,710,041
SUBTOTAL, MOF (Other Funds)	\$13,180,441	\$13,868,058	\$13,826,897	\$13,392,761	\$13,710,041
TOTAL, METHOD OF FINANCE	\$30,133,610	\$32,116,855	\$32,984,010	\$33,199,705	\$34,096,098
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes payments made to hospitals for the Medicaid Graduate Medical Education program.

The Graduate Medical Education (GME) sub-strategy includes payments that cover the costs of residents' and teaching physicians' salaries and fringe benefits, program administrative staff, and allocated facility overhead costs for hospitals that operate medical residency training programs. In recent years the share of state match has been provided by public state teaching hospitals as an intergovernmental transfer.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Since the elimination of state funding as the match for GME payments, only public state teaching hospitals have provided intergovernmental transfers as the "state match" to receive these payments.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 4 Newborn Screening

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$120,682,014	\$91,883,990	\$97,203,194	\$94,461,249	\$94,455,960
TOTAL, OBJECT OF EXPENSE	\$120,682,014	\$91,883,990	\$97,203,194	\$94,461,249	\$94,455,960
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$52,786,313	\$39,675,507	\$31,226,184	\$38,105,668	\$37,980,742
8137 GR Match: Medicaid Entitlement Demand	\$4,562,119	\$0	\$9,521,395	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$57,348,432	\$39,675,507	\$40,747,579	\$38,105,668	\$37,980,742
Method of Financing:					
0369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$3	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0369	\$3	\$0	\$0	\$0	\$0
0555 Federal Funds					
93.778.000 XIX FMAP	\$57,465,613	\$52,208,483	\$23,234,298	\$56,355,581	\$56,475,218
CFDA Subtotal, Fund 0555	\$57,465,613	\$52,208,483	\$23,234,298	\$56,355,581	\$56,475,218
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$5,867,966	\$0	\$33,221,317	\$0	\$0
CFDA Subtotal, Fund 8059	\$5,867,966	\$0	\$33,221,317	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$63,333,582	\$52,208,483	\$56,455,615	\$56,355,581	\$56,475,218
TOTAL, METHOD OF FINANCE	\$120,682,014	\$91,883,990	\$97,203,194	\$94,461,249	\$94,455,960
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes payments that cover the costs of the Department of State Health Services laboratory to perform newborn screening services for HHSC's clients participating in Medicaid, including Medicaid managed care programs. In accordance with 25 T.A.C. §37.53, all newborns born in Texas shall receive at least two screens. The initial newborn screen (the ""Initial Screen"") is generally conducted at a hospital within 72 hours of birth, and a follow-up newborn screen (the ""Follow-up Screen"") is generally conducted one to two weeks later during a ""well-child"" visit in a medical

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
OBJECTIVE: 4 Other Medicaid Services
STRATEGY: 1 Non-Full Benefit Payments
SUB-STRATEGY: 4 Newborn Screening

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	service provider's office or clinic.					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 1 Non-Full Benefit Payments
 SUB-STRATEGY: 5 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$6,362,141	\$4,763,048	\$4,898,583	\$4,760,402	\$4,760,136
TOTAL, OBJECT OF EXPENSE	\$6,362,141	\$4,763,048	\$4,898,583	\$4,760,402	\$4,760,136
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$2,782,800	\$2,056,684	\$1,573,653	\$1,920,346	\$1,914,050
8137 GR Match: Medicaid Entitlement Demand	\$240,507	\$0	\$479,833	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$3,023,307	\$2,056,684	\$2,053,486	\$1,920,346	\$1,914,050
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$3,029,486	\$2,706,364	\$1,170,899	\$2,840,056	\$2,846,086
CFDA Subtotal, Fund 0555	\$3,029,486	\$2,706,364	\$1,170,899	\$2,840,056	\$2,846,086
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$309,348	\$0	\$1,674,198	\$0	\$0
CFDA Subtotal, Fund 8059	\$309,348	\$0	\$1,674,198	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$3,338,834	\$2,706,364	\$2,845,097	\$2,840,056	\$2,846,086
TOTAL, METHOD OF FINANCE	\$6,362,141	\$4,763,048	\$4,898,583	\$4,760,402	\$4,760,136
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes Fee for Service, Substance Abuse, Rural Health Clinics, and Tuberculosis Clinics.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 4 Other Medicaid Services						
STRATEGY: 2 Medicare Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Medicare Part A	\$264,859,791	\$249,652,582	\$259,920,619	\$245,657,702	\$277,782,545
2	Medicare Part B including Qualified Individuals	\$986,772,740	\$1,041,164,986	\$1,087,925,038	\$1,141,011,954	\$1,139,875,135
3	Qualified Medicare Beneficiary	\$93,666,703	\$95,898,471	\$97,210,245	\$91,759,512	\$104,750,280
4	Medicare Part D (Clawback)	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
Total, Sub-strategies		\$1,804,759,158	\$1,872,826,953	\$1,925,480,201	\$1,960,432,466	\$2,009,053,244

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 1 Medicare Part A

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$264,859,791	\$249,652,582	\$259,920,619	\$245,657,702	\$277,782,545
TOTAL, OBJECT OF EXPENSE	\$264,859,791	\$249,652,582	\$259,920,619	\$245,657,702	\$277,782,545
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$66,730,926	\$107,799,985	\$97,325,742	\$107,499,810	\$121,529,863
8137 GR Match: Medicaid Entitlement Demand	\$29,285,390	\$0	\$16,363,537	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$96,016,316	\$107,799,985	\$113,689,279	\$107,499,810	\$121,529,863
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$131,175,526	\$141,852,597	\$111,965,339	\$138,157,892	\$156,252,682
CFDA Subtotal, Fund 0555	\$131,175,526	\$141,852,597	\$111,965,339	\$138,157,892	\$156,252,682
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$37,667,949	\$0	\$34,266,001	\$0	\$0
CFDA Subtotal, Fund 8059	\$37,667,949	\$0	\$34,266,001	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$168,843,475	\$141,852,597	\$146,231,340	\$138,157,892	\$156,252,682
TOTAL, METHOD OF FINANCE	\$264,859,791	\$249,652,582	\$259,920,619	\$245,657,702	\$277,782,545
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the payment of Medicare Part A premiums to the Social Security Administration for certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. Part A is hospital insurance which generally covers inpatient hospital services (excluding physician services provided in the hospital), skilled nursing facility costs when a nursing facility is required after a hospital visit, and hospice care. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 1 Medicare Part A

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.

The federal Medicaid match rate determines the required state match and is the basis of the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 2 Medicare Part B including Qualified Individuals

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$986,772,740	\$1,041,164,986	\$1,087,925,038	\$1,141,011,954	\$1,139,875,135
TOTAL, OBJECT OF EXPENSE	\$986,772,740	\$1,041,164,986	\$1,087,925,038	\$1,141,011,954	\$1,139,875,135
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$235,591,846	\$403,198,155	\$332,680,860	\$421,002,123	\$416,477,109
8137 GR Match: Medicaid Entitlement Demand	\$109,106,879	\$0	\$68,491,304	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$344,698,725	\$403,198,155	\$401,172,164	\$421,002,123	\$416,477,109
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$450,044,776	\$530,563,205	\$427,903,762	\$651,238,311	\$652,955,299
93.778.007 XIX ADM @ 100	\$51,691,951	\$107,403,626	\$115,425,169	\$68,771,520	\$70,442,727
CFDA Subtotal, Fund 0555	\$501,736,727	\$637,966,831	\$543,328,931	\$720,009,831	\$723,398,026
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$140,337,288	\$0	\$143,423,943	\$0	\$0
CFDA Subtotal, Fund 8059	\$140,337,288	\$0	\$143,423,943	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$642,074,015	\$637,966,831	\$686,752,874	\$720,009,831	\$723,398,026
TOTAL, METHOD OF FINANCE	\$986,772,740	\$1,041,164,986	\$1,087,925,038	\$1,141,011,954	\$1,139,875,135
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the payment of Medicare Part B premiums to the Social Security Administration for certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. The federal government sets the rate for Part B premiums. Part B is supplementary medical insurance, which covers services such as physician services (both inpatient and outpatient), clinical laboratory tests, durable medical equipment, diagnostic tests, and ambulance services. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.

This sub-strategy represents payments for a group of Medicare beneficiaries known as Qualified Individuals (QI-1s). QI-1s are Medicare beneficiaries with income less than 135 percent of the federal poverty level (FPL) who do not qualify for full Medicaid benefits. Medicaid pays a portion of the Medicare Part B premium. This population is funded with an annual allotment of 100 percent federal funding, subject to federal appropriations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 2 Medicare Part B including Qualified Individuals

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

In recent years Congress has been providing federal funding incrementally for this population. When decisions on federal appropriations have been untimely, the State has had to prepare communications and decide if state funding will be used in the interim until federal appropriations are made or deny payments and coverage. Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.

The federal Medicaid match rate determines the required state match and is the basis of the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 3 Qualified Medicare Beneficiary

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$93,666,703	\$95,898,471	\$97,210,245	\$91,759,512	\$104,750,280
TOTAL, OBJECT OF EXPENSE	\$93,666,703	\$95,898,471	\$97,210,245	\$91,759,512	\$104,750,280
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$23,599,150	\$41,408,960	\$36,399,802	\$40,153,962	\$45,828,248
8137 GR Match: Medicaid Entitlement Demand	\$10,356,672	\$0	\$6,119,959	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$33,955,822	\$41,408,960	\$42,519,761	\$40,153,962	\$45,828,248
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$46,389,748	\$54,489,511	\$41,875,009	\$51,605,550	\$58,922,032
CFDA Subtotal, Fund 0555	\$46,389,748	\$54,489,511	\$41,875,009	\$51,605,550	\$58,922,032
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$13,321,133	\$0	\$12,815,475	\$0	\$0
CFDA Subtotal, Fund 8059	\$13,321,133	\$0	\$12,815,475	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$59,710,881	\$54,489,511	\$54,690,484	\$51,605,550	\$58,922,032
TOTAL, METHOD OF FINANCE	\$93,666,703	\$95,898,471	\$97,210,245	\$91,759,512	\$104,750,280
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the payment of deductible and co-insurance payments for medical services provided to certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. For dual eligible Medicare/Medicaid clients who are in fee-for-service Medicare, services are provided through the payment of Medicare co-insurance and deductibles by an independent contractor. For dual eligible Medicare/Medicaid clients enrolled in a Medicare managed care plan, HHSC has been coordinating with the Medicare plans to pay a fixed monthly rate to the plans for deductible and co-insurance payments. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 3 Qualified Medicare Beneficiary

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.

The federal Medicaid match rate determines the required state match and is the basis of the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 2 Medicare Payments
 SUB-STRATEGY: 4 Medicare Part D (Clawback)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
TOTAL, OBJECT OF EXPENSE	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
Method of Financing:					
8092 Medicare Giveback Provision	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
SUBTOTAL, MOF (General Revenue)	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
TOTAL, METHOD OF FINANCE	\$459,459,924	\$486,110,914	\$480,424,299	\$482,003,298	\$486,645,284
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Medicare Part D (Clawback) sub-strategy includes the payments to the federal government for federally-mandated pharmacy costs for dual eligible recipients.

Federal law requires the Medicaid program to assume responsibility for drug coverage for certain Medicare-eligible Medicaid recipients who previously received their drug coverage through the Medicaid program. The Medicare Part D program assumed financial responsibility for this drug coverage in January 2006 but state Medicaid programs are required to provide part of the funding for this Medicare benefit in the form of payments to the federal government based upon a federal formula. This formula is based upon 2003 Medicaid drug costs and an inflation factor, resulting in a state per capita cost. The State's monthly payment to the federal government multiplies the monthly per capita cost by the number of monthly dual eligibles caseload or those Medicaid clients enrolled in Medicare Part D. The State's payment percentage phases down over time, from 90 percent in 2006 to 75 percent in 2015.

Although the Medicaid Part D payments are 100 percent state funds, they are federally mandated and are included in the maintenance of effort requirements for the state Medicaid program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The number of dual eligible individuals in Texas is part of payment formula. The state's payment percentage remains at 75 percent.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 1 Medicaid Client Services						
OBJECTIVE: 4 Other Medicaid Services						
STRATEGY: 3 Transformation Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Delivery System Reform Incentive Payment On-Budget	\$22,470,338	\$8,372,239	\$27,150,468	\$21,694,231	\$24,963,225
2	Uncompensated Care On-Budget	\$31,988,006	\$114,387,070	\$117,825,231	\$89,529,968	\$89,529,968
3	DSRIP Audit/Monitoring	\$0	\$87,506	\$87,506	\$93,962	\$93,962
Total, Sub-strategies		\$54,458,344	\$122,846,815	\$145,063,205	\$111,318,161	\$114,587,155

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 3 Transformation Payments
 SUB-STRATEGY: 1 Delivery System Reform Incentive Payment On-Budget

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$22,470,338	\$8,372,239	\$27,150,468	\$21,694,231	\$24,963,225
TOTAL, OBJECT OF EXPENSE	\$22,470,338	\$8,372,239	\$27,150,468	\$21,694,231	\$24,963,225
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$12,623,836	\$4,757,106	\$15,768,992	\$12,970,981	\$14,925,512
CFDA Subtotal, Fund 0555	\$12,623,836	\$4,757,106	\$15,768,992	\$12,970,981	\$14,925,512
SUBTOTAL, MOF (Federal Funds)	\$12,623,836	\$4,757,106	\$15,768,992	\$12,970,981	\$14,925,512
Method of Financing:					
0777 Interagency Contracts	\$9,846,502	\$3,615,133	\$11,381,476	\$8,723,250	\$10,037,713
SUBTOTAL, MOF (Other Funds)	\$9,846,502	\$3,615,133	\$11,381,476	\$8,723,250	\$10,037,713
TOTAL, METHOD OF FINANCE	\$22,470,338	\$8,372,239	\$27,150,468	\$21,694,231	\$24,963,225
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments. UPL payments were supplemental payments to offset the difference between what Medicaid pays for a service and what Medicare would pay for the same service. The 1115 Transformation Waiver provides new means, through regional collaboration and coordination, for local entities to access additional federal match funds.

The 1115 Transformation Waiver contains two funding pools: the Uncompensated Care (UC) and the Delivery System Reform Incentive Payment (DSRIP) pools. DSRIP funding provides financial incentives that encourage hospitals and other providers to focus on achieving quality health outcomes. This sub-strategy represents DSRIP expenditures associated with state agency appropriated funds used as the state funding for the federal match.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 3 Transformation Payments
 SUB-STRATEGY: 2 Uncompensated Care On-Budget

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$31,988,006	\$114,387,070	\$117,825,231	\$89,529,968	\$89,529,968
TOTAL, OBJECT OF EXPENSE	\$31,988,006	\$114,387,070	\$117,825,231	\$89,529,968	\$89,529,968
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$17,970,862	\$64,994,733	\$68,432,894	\$53,529,968	\$53,529,968
CFDA Subtotal, Fund 0555	\$17,970,862	\$64,994,733	\$68,432,894	\$53,529,968	\$53,529,968
SUBTOTAL, MOF (Federal Funds)	\$17,970,862	\$64,994,733	\$68,432,894	\$53,529,968	\$53,529,968
Method of Financing:					
0777 Interagency Contracts	\$14,017,144	\$49,392,337	\$49,392,337	\$36,000,000	\$36,000,000
SUBTOTAL, MOF (Other Funds)	\$14,017,144	\$49,392,337	\$49,392,337	\$36,000,000	\$36,000,000
TOTAL, METHOD OF FINANCE	\$31,988,006	\$114,387,070	\$117,825,231	\$89,529,968	\$89,529,968
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, is a five-year demonstration waiver running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments. UPL payments were supplemental payments to offset the difference between what Medicaid pays for a service and what Medicare would pay for the same service. The 1115 Transformation Waiver provides new means, through regional collaboration and coordination, for local entities to access additional federal match funds. In December 2017, the Centers for Medicare and Medicaid Services (CMS) approved an extension of the waiver through September 30, 2022.

The 1115 Transformation Waiver contains two funding pools: the Uncompensated Care (UC) and the Delivery System Reform Incentive Payment (DSRIP) pools. UC pool payments are cost-based and help offset the costs of uncompensated care provided by hospitals and other providers. UC payments will be based on each provider's UC costs as reported on a UC application. This sub-strategy represents UC expenditures associated with state agency appropriated funds used as the state funding for the federal match. The non-federal share of funding for UC and DSRIP is provided by local governmental entities through intergovernmental transfers to the State.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 3 Transformation Payments
 SUB-STRATEGY: 2 Uncompensated Care On-Budget

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The amount of the non-federal share of funding provided by local governmental entities will impact the potential and amount of any Transformation Waiver payments to hospitals expenditure from this strategy during the 2020-21 biennium. Under the waiver extension, the state is directed to develop a new formula for UC calculations. Only hospital costs related to charity care will be included for purposes of determining the size of the UC pool in FY 2020. The FY 2020 UC pool size, which will also establish the UC pool size for FY 2021 and 2022, may be greater or smaller than the FY 2019 amount - \$3.1 billion. The pool size will be determined in September 2019.

Under terms of the waiver extension, the DSRIP pool will be reduced and phased-out. In FY 2020, the DSRIP pool will be reduced to \$2.91 billion and reduced again in FY 2021 to \$2.49 billion. No DSRIP funds will be available in FY 2022.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 1 Medicaid Client Services
 OBJECTIVE: 4 Other Medicaid Services
 STRATEGY: 3 Transformation Payments
 SUB-STRATEGY: 3 DSRIP Audit/Monitoring

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$87,506	\$87,506	\$93,962	\$93,962
TOTAL, OBJECT OF EXPENSE	\$0	\$87,506	\$87,506	\$93,962	\$93,962
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$43,753	\$43,753	\$46,981	\$46,981
CFDA Subtotal, Fund 0555	\$0	\$43,753	\$43,753	\$46,981	\$46,981
SUBTOTAL, MOF (Federal Funds)	\$0	\$43,753	\$43,753	\$46,981	\$46,981
Method of Financing:					
0777 Interagency Contracts	\$0	\$43,753	\$43,753	\$46,981	\$46,981
SUBTOTAL, MOF (Other Funds)	\$0	\$43,753	\$43,753	\$46,981	\$46,981
TOTAL, METHOD OF FINANCE	\$0	\$87,506	\$87,506	\$93,962	\$93,962
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, is a five-year demonstration waiver running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments.

The Federal government requires states to conduct compliance monitoring. This sub-strategy represents the monitoring costs to conduct midpoint assessments and compliance monitoring for DSRIP projects.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match and is the basis of the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 2 Medicaid & CHIP Support						
OBJECTIVE: 1 Contracts & Administration						
STRATEGY: 1 Medicaid Contracts & Administration						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Medicaid Administrative Claiming (MAC)	\$57,516,230	\$60,834,180	\$60,870,432	\$60,869,772	\$60,869,772
2	Informal Dispute Resolution	\$552,962	\$1,338,296	\$1,395,287	\$1,394,719	\$1,394,719
3	Enrollment Broker	\$73,517,773	\$69,407,664	\$69,794,034	\$69,048,080	\$69,070,398
4	Claims Administrator Support	\$248,911,656	\$232,861,673	\$235,770,216	\$237,050,813	\$276,321,226
5	Health Information Technology	\$43,034,755	\$55,013,540	\$55,057,004	\$55,056,066	\$55,056,066
6	Client Benefit Related Payments	\$33,650,452	\$33,480,227	\$33,480,228	\$33,480,228	\$33,480,228
7	Other	\$94,902,932	\$102,062,083	\$108,762,511	\$110,091,368	\$109,894,565
Total, Sub-strategies		\$552,086,760	\$554,997,663	\$565,129,712	\$566,991,046	\$606,086,974

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 1 Medicaid Administrative Claiming (MAC)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$345,090	\$361,284	\$395,540	\$395,540	\$395,540
1002 - Other Personnel Costs	\$6,500	\$7,162	\$7,840	\$7,840	\$7,840
2001 - Professional Fees & Services	\$57,159,556	\$60,450,000	\$60,450,000	\$60,450,000	\$60,450,000
2005 - Travel	\$0	\$1,250	\$1,250	\$1,250	\$1,250
2009 - Other Operating Expense	\$5,084	\$14,484	\$15,802	\$15,142	\$15,142
TOTAL, OBJECT OF EXPENSE	\$57,516,230	\$60,834,180	\$60,870,432	\$60,869,772	\$60,869,772
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$178,337	\$192,090	\$210,216	\$209,886	\$209,886
SUBTOTAL, MOF (General Revenue)	\$178,337	\$192,090	\$210,216	\$209,886	\$209,886
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$178,337	\$192,090	\$210,216	\$209,886	\$209,886
93.778.007 XIX ADM @ 100	\$57,159,556	\$60,450,000	\$60,450,000	\$60,450,000	\$60,450,000
CFDA Subtotal, Fund 0555	\$57,337,893	\$60,642,090	\$60,660,216	\$60,659,886	\$60,659,886
SUBTOTAL, MOF (Federal Funds)	\$57,337,893	\$60,642,090	\$60,660,216	\$60,659,886	\$60,659,886
TOTAL, METHOD OF FINANCE	\$57,516,230	\$60,834,180	\$60,870,432	\$60,869,772	\$60,869,772
FULL TIME EQUIVALENT POSITIONS:	4.8	5.6	5.6	5.6	5.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy represents the funding of directly administering the Texas Medicaid program. Federal regulations mandate that the Medicaid program must be administered by a single state agency that has final policy making authority for the program. Under Texas law, HHSC is the designated single state agency. HHSC directs the program, administers and supervises the Medicaid State Plan, and is the final approval on Medicaid rules. Policy changes in the Medicaid program often require state plan amendments or waiver of federal requirements which are subject to an extensive review and approval process by the Federal Centers for Medicaid and Medicare.

Expenditures include staffing costs as well as contracted costs for the claims administrator and fiscal agent, managed care quality monitoring support, prior authorization services, enrollment broker services, the assessment of client and provider satisfaction, and an informal dispute resolution process for long-term care facilities and administration of pharmacy rebates. The claims administrator maintains the State's Medicaid Management Information System; processes and adjudicates all claims for Medicaid Acute Care; long-term care, and CSHCN program services that are outside the scope of capitated arrangements; and collects encounter data from MCOs to use in the evaluation of quality and utilization of services

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 1 Medicaid Administrative Claiming (MAC)

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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and administers pharmacy rebate functions. For Medicaid Managed Care, the Enrollment Broker provides outreach, education, and enrollment of eligible individuals into health and dental plans.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

An external factor that could impact this sub-strategy is a change in federal Medicaid legislation related to Medicaid Administrative Claiming. During the past few years, the federal government has scrutinized state Medicaid Administrative Claiming programs and the Centers for Medicare and Medicaid Services (CMS) has imposed new requirements on them. Some of the federal changes likely will reduce the federal funds coming to Texas for Medicaid administrative services. HHSC has worked with CMS to update Texas' Medicaid Administrative Claiming program for school districts, and anticipates similar changes to other Medicaid Administrative Claiming programs in the near future.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 2 Informal Dispute Resolution

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$519,416	\$210,211	\$264,835	\$264,835	\$264,835
1002 - Other Personnel Costs	\$16,140	\$4,732	\$5,963	\$5,963	\$5,963
2001 - Professional Fees & Services	\$0	\$1,112,596	\$1,112,596	\$1,112,596	\$1,112,596
2003 - Consumable Supplies	\$987	\$0	\$0	\$0	\$0
2004 - Utilities	\$762	\$1,200	\$1,200	\$1,200	\$1,200
2005 - Travel	\$3,312	\$3,319	\$3,319	\$3,319	\$3,319
2009 - Other Operating Expense	\$12,345	\$6,238	\$7,374	\$6,806	\$6,806
TOTAL, OBJECT OF EXPENSE	\$552,962	\$1,338,296	\$1,395,287	\$1,394,719	\$1,394,719
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$276,481	\$612,724	\$626,972	\$626,830	\$626,830
SUBTOTAL, MOF (General Revenue)	\$276,481	\$612,724	\$626,972	\$626,830	\$626,830
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$276,481	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$0	\$725,572	\$768,315	\$767,889	\$767,889
CFDA Subtotal, Fund 0555	\$276,481	\$725,572	\$768,315	\$767,889	\$767,889
SUBTOTAL, MOF (Federal Funds)	\$276,481	\$725,572	\$768,315	\$767,889	\$767,889
TOTAL, METHOD OF FINANCE	\$552,962	\$1,338,296	\$1,395,287	\$1,394,719	\$1,394,719
FULL TIME EQUIVALENT POSITIONS:	7.9	8.9	8.9	8.9	8.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the federal dollars that are reimbursed to local providers such as independent school districts, local health departments, local authorities for mental health and for individuals with intellectual disabilities, and early childhood intervention providers participating in the Medicaid Administrative Claiming project. These federal dollars represent the federal share of Medicaid outreach and allowable administrative activities performed by providers under contract with HHSC.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Internal factors that affect this sub-strategy include program and policy changes.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 3 Enrollment Broker

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$896,972	\$1,372,461	\$1,740,314	\$1,690,824	\$1,690,824
1002 - Other Personnel Costs	\$26,578	\$39,233	\$49,421	\$48,004	\$48,006
2001 - Professional Fees & Services	\$67,404,948	\$65,204,148	\$65,204,148	\$65,204,062	\$65,204,062
2003 - Consumable Supplies	\$0	\$12,169	\$12,169	\$11,876	\$11,876
2004 - Utilities	\$1,447	\$5,861	\$5,865	\$5,700	\$5,700
2005 - Travel	\$3,980	\$26,122	\$26,122	\$25,436	\$25,436
2009 - Other Operating Expense	\$5,183,848	\$2,747,670	\$2,755,995	\$2,062,178	\$2,084,494
TOTAL, OBJECT OF EXPENSE	\$73,517,773	\$69,407,664	\$69,794,034	\$69,048,080	\$69,070,398
Method of Financing:					
0001 General Revenue	\$84,371	\$189,556	\$192,219	\$167,142	\$167,142
0758 GR Match for Medicaid Account No. 758	\$36,716,701	\$34,472,515	\$34,647,823	\$34,440,469	\$34,451,628
SUBTOTAL, MOF (General Revenue)	\$36,801,072	\$34,662,071	\$34,840,042	\$34,607,611	\$34,618,770
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$36,716,701	\$34,745,593	\$34,953,992	\$34,440,469	\$34,451,628
CFDA Subtotal, Fund 0555	\$36,716,701	\$34,745,593	\$34,953,992	\$34,440,469	\$34,451,628
SUBTOTAL, MOF (Federal Funds)	\$36,716,701	\$34,745,593	\$34,953,992	\$34,440,469	\$34,451,628
TOTAL, METHOD OF FINANCE	\$73,517,773	\$69,407,664	\$69,794,034	\$69,048,080	\$69,070,398
FULL TIME EQUIVALENT POSITIONS:	13.6	14.9	14.9	14.9	14.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Enrollment Broker sub-strategy represents the costs associated with the enrollment of Medicaid and CHIP clients into managed care arrangements (medical and dental). The contracted enrollment broker serves as an intermediary between the Managed Care Organizations, the clients, and HHSC. Enrollment broker functions include maintaining updated enrollment files for the Medicaid and Medicare recipients participating in the STAR, STAR Health, STAR+PLUS, STAR Kids, Children's Medicaid Dental Services and CHIP programs; issuing enrollment packets through its mail subcontractor in order educate and enroll the recipients; and maintaining an operations center dedicated to completing the enrollments whether by mail phone, or portal. Outreach efforts educate and assist recipients on a one-on-one basis with the completion of their enrollment. Additionally, the contracted enrollment broker provides specialized outreach and informing services for the Texas Health Steps (THSteps) program. In addition to the contracted vendor costs, funding includes the related postage expense.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
OBJECTIVE: 1 Contracts & Administration
STRATEGY: 1 Medicaid Contracts & Administration
SUB-STRATEGY: 3 Enrollment Broker

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors impacting enrollment broker services include: 1) changes in caseload; 2) changes in caseload mix; 3) changes in managed care programs and populations covered; and 4) changes in federal statutes and regulations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 4 Claims Administrator Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$248,874,909	\$232,724,636	\$235,610,653	\$237,050,813	\$276,321,226
2009 - Other Operating Expense	\$36,747	\$137,037	\$159,563	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$248,911,656	\$232,861,673	\$235,770,216	\$237,050,813	\$276,321,226
Method of Financing:					
0001 General Revenue	\$156,597	\$5,063,105	\$5,100,000	\$4,138,957	\$136,875
0758 GR Match for Medicaid Account No. 758	\$73,830,558	\$74,830,833	\$74,793,938	\$75,754,981	\$79,757,063
SUBTOTAL, MOF (General Revenue)	\$73,987,155	\$79,893,938	\$79,893,938	\$79,893,938	\$79,893,938
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$28,237,819	\$39,202,788	\$39,124,018	\$40,063,974	\$39,633,953
93.778.004 XIX ADM @ 75%	\$131,823,978	\$103,443,729	\$102,138,509	\$102,063,088	\$102,157,332
93.778.005 XIX FMAP @ 90%	\$14,862,704	\$10,321,218	\$14,613,751	\$15,029,813	\$54,636,003
CFDA Subtotal, Fund 0555	\$174,924,501	\$152,967,735	\$155,876,278	\$157,156,875	\$196,427,288
SUBTOTAL, MOF (Federal Funds)	\$174,924,501	\$152,967,735	\$155,876,278	\$157,156,875	\$196,427,288
TOTAL, METHOD OF FINANCE	\$248,911,656	\$232,861,673	\$235,770,216	\$237,050,813	\$276,321,226
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The claims administrator maintains the State's Medicaid Management Information System (MMIS); processes and adjudicates all claims for Medicaid Acute Care, Long-Term Care, and CSHCN program services that are outside the scope of capitated arrangements between the health plans and the state; enrolls acute care providers into Texas Medicaid; and processes prior authorizations. The claims administrator also collects encounter data from MCOs or Managed Transportation Organization (MTO) to use in the evaluation of quality and utilization of services and administers pharmacy rebate functions. The function is provided by a private contractor. The contract has both fixed and variable fee components.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors impacting Claims Administrator costs include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload, including moving clients from FFS to managed care; 3) changes to Federal and/or State regulations and statutes such as Affordable Care Act and Medicaid Information Technology Architecture (MITA) initiative, a national framework to support improved systems development and health care management for the Medicaid enterprise; 4) costs of implementing technical system and business operation changes; 5) re-procurement of contract services; 6) contract management and monitoring staffing needs; 7) removing functions to modularize

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
OBJECTIVE: 1 Contracts & Administration
STRATEGY: 1 Medicaid Contracts & Administration
SUB-STRATEGY: 4 Claims Administrator Support

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	contracted services; and 7) new contract amendments necessary to implement legislative mandates.					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 5 Health Information Technology

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$240,460	\$439,479	\$480,392	\$480,392	\$480,392
1002 - Other Personnel Costs	\$1,580	\$9,937	\$10,611	\$10,611	\$10,611
2001 - Professional Fees & Services	\$3,902,579	\$12,837,546	\$12,837,547	\$12,837,547	\$12,837,547
2003 - Consumable Supplies	\$39	\$0	\$0	\$0	\$0
2004 - Utilities	\$502	\$4,000	\$4,000	\$4,000	\$4,000
2005 - Travel	\$185	\$7,000	\$7,000	\$7,000	\$7,000
2009 - Other Operating Expense	\$38,889,409	\$41,715,578	\$41,717,454	\$41,716,516	\$41,716,516
TOTAL, OBJECT OF EXPENSE	\$43,034,754	\$55,013,540	\$55,057,004	\$55,056,066	\$55,056,066
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$52,292	\$1,438,617	\$1,448,478	\$1,448,192	\$1,448,192
SUBTOTAL, MOF (General Revenue)	\$52,292	\$1,438,617	\$1,448,478	\$1,448,192	\$1,448,192
Method of Financing:					
0369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$42,930,171	\$51,384,376	\$51,411,087	\$51,410,675	\$51,410,675
CFDA Subtotal, Fund 0369	\$42,930,171	\$51,384,376	\$51,411,087	\$51,410,675	\$51,410,675
0555 Federal Funds					
93.778.003 XIX 50%	\$52,292	\$129,911	\$136,803	\$136,563	\$136,563
93.778.005 XIX FMAP @ 90%	\$0	\$2,060,636	\$2,060,636	\$2,060,636	\$2,060,636
CFDA Subtotal, Fund 0555	\$52,292	\$2,190,547	\$2,197,439	\$2,197,199	\$2,197,199
SUBTOTAL, MOF (Federal Funds)	\$42,982,463	\$53,574,923	\$53,608,526	\$53,607,874	\$53,607,874
TOTAL, METHOD OF FINANCE	\$43,034,755	\$55,013,540	\$55,057,004	\$55,056,066	\$55,056,066
FULL TIME EQUIVALENT POSITIONS:	6.4	7.5	7.5	7.5	7.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

House Bill 1218, 81st Legislature, Regular Session, 2009, directed HHSC to develop a Medicaid electronic health information system to support improved quality of care by giving providers access to more information about their Medicaid patients via claims-based health histories. At the federal level, significant new Health Information Technology (HIT) policy was established through the American Recovery and Reinvestment Act (ARRA) of 2009 that includes the disbursement of incentive funds to eligible hospitals and providers for

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
OBJECTIVE: 1 Contracts & Administration
STRATEGY: 1 Medicaid Contracts & Administration
SUB-STRATEGY: 5 Health Information Technology

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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adopting, implementing, and upgrading certified electronic health record (EHR) technology and for achievement of meaningful use of those systems. Additionally, funds supported an e-prescribing project that enables providers and hospitals to access Medicaid client prescription histories through EHR systems.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Funding reductions from the Federal sources as well as a decrease in the number of hospitals and providers serving the Medicaid population could impact the effectiveness of electronic health information systems. Program and policy changes could also have an impact.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 6 Client Benefit Related Payments

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$33,650,452	\$33,005,253	\$33,005,254	\$33,005,254	\$33,005,254
2009 - Other Operating Expense	\$0	\$474,974	\$474,974	\$474,974	\$474,974
TOTAL, OBJECT OF EXPENSE	\$33,650,452	\$33,480,227	\$33,480,228	\$33,480,228	\$33,480,228
Method of Financing:					
0001 General Revenue	\$8,331,203	\$33,480,227	\$33,480,228	\$33,480,228	\$33,480,228
0758 GR Match for Medicaid Account No. 758	\$25,319,249	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$33,650,452	\$33,480,227	\$33,480,228	\$33,480,228	\$33,480,228
TOTAL, METHOD OF FINANCE	\$33,650,452	\$33,480,227	\$33,480,228	\$33,480,228	\$33,480,228
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy reflects the general revenue for administrative payments made to other state agencies providing client services for Medicaid clients as well as incentive payments.

- Incentive payments to the Attorney General's Office for monitoring and reviewing medical support provisions of child support orders

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors impacting Other Medicaid Contracts and Administration services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes; 4) costs of implementing technical system and business operation changes; 5) re-procurement of contract services; 6) contract management and monitoring staffing needs; and 7) new contract amendments necessary to implement legislative mandates.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 7 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$40,508,093	\$37,587,447	\$46,830,379	\$47,047,624	\$47,145,613
1002 - Other Personnel Costs	\$1,604,398	\$1,053,863	\$1,627,649	\$1,651,357	\$1,653,441
2001 - Professional Fees & Services	\$40,018,675	\$55,717,990	\$51,228,025	\$52,364,679	\$52,065,059
2002 - Fuels & Lubricants	\$4,593	\$17,376	\$15,713	\$18,403	\$18,403
2003 - Consumable Supplies	\$199,385	\$165,989	\$151,684	\$179,535	\$179,539
2004 - Utilities	\$638,110	\$562,989	\$707,352	\$659,505	\$659,977
2005 - Travel	\$454,495	\$748,812	\$719,462	\$714,464	\$715,128
2006 - Rent - Building	\$3,179,260	\$1,263,062	\$1,253,565	\$1,258,313	\$1,258,313
2007 - Rent - Machine and Other	\$433,993	\$151,527	\$138,139	\$215,661	\$215,661
2009 - Other Operating Expense	\$7,861,930	\$4,793,028	\$6,090,543	\$5,981,827	\$5,983,431
TOTAL, OBJECT OF EXPENSE	\$94,902,932	\$102,062,083	\$108,762,511	\$110,091,368	\$109,894,565
Method of Financing:					
0001 General Revenue	\$4,604,003	\$3,472,913	\$3,410,002	\$1,350,900	\$1,350,887
0758 GR Match for Medicaid Account No. 758	\$36,423,434	\$40,935,277	\$43,440,559	\$45,833,121	\$45,639,897
SUBTOTAL, MOF (General Revenue)	\$41,027,437	\$44,408,190	\$46,850,561	\$47,184,021	\$46,990,784
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$30,838,963	\$33,909,286	\$34,901,656	\$35,862,398	\$35,858,831
93.778.004 XIX ADM @ 75%	\$15,951,959	\$17,962,567	\$19,236,504	\$20,155,031	\$20,155,032
93.778.005 XIX FMAP @ 90%	\$5,782,709	\$4,991,093	\$7,171,565	\$6,172,101	\$6,172,101
93.791.000 Money Follows Person Reblncng D	\$132,636	\$73,034	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75 ⁰	\$574,454	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$53,280,721	\$56,935,980	\$61,309,725	\$62,189,530	\$62,185,964
SUBTOTAL, MOF (Federal Funds)	\$53,280,721	\$56,935,980	\$61,309,725	\$62,189,530	\$62,185,964
Method of Financing:					
8062 Appropriated Receipts - Match for Medicaid	\$594,774	\$717,913	\$602,225	\$717,817	\$717,817
SUBTOTAL, MOF (Other Funds)	\$594,774	\$717,913	\$602,225	\$717,817	\$717,817
TOTAL, METHOD OF FINANCE	\$94,902,932	\$102,062,083	\$108,762,511	\$110,091,368	\$109,894,565

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 2 Medicaid & CHIP Support
 OBJECTIVE: 1 Contracts & Administration
 STRATEGY: 1 Medicaid Contracts & Administration
 SUB-STRATEGY: 7 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	662.4	867.2	867.2	867.2	867.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy represents other departments in the B.1.1. Medicaid Contracts and Administration strategy that are not a part of a specific sub-strategy. This includes general administrative cost for the Medicaid program, such as administrative salaries, travel, supplies, the agency's cost pool expenses that are allocated to supporting the Medicaid program, and other contracted support that is not associated with the claims administrator, such as the quality monitoring.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors impacting Other Medicaid Contracts and Administration services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes; 4) re-procurement of contract services; 5) contract management and monitoring staffing needs; and 6) new contract amendments necessary to implement legislative mandates.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 1 Primary Health & Specialty Care						
STRATEGY: 1 Women's Health Program						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Healthy Texas Women	\$74,022,515	\$86,866,342	\$87,168,216	\$48,584,062	\$46,967,140
2	Family Planning	\$37,816,670	\$40,938,064	\$41,150,457	\$50,722,668	\$52,339,590
3	Breast and Cervical Cancer Screening Program	\$9,521,835	\$11,210,602	\$11,083,335	\$11,644,526	\$11,644,526
4	Title V Women's Dental and Health Services	\$2,004,826	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
Total, Sub-strategies		\$123,365,846	\$140,596,478	\$140,983,478	\$112,532,726	\$112,532,726

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 1 Healthy Texas Women

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$2,011,326	\$921,416	\$1,236,431	\$1,235,383	\$1,235,383
1002 - Other Personnel Costs	\$38,929	\$20,677	\$33,176	\$33,179	\$33,179
2001 - Professional Fees & Services	\$5,902,163	\$4,979,991	\$4,931,535	\$5,689,863	\$5,733,776
2002 - Fuels & Lubricants	\$0	\$1,198	\$1,004	\$1,101	\$1,101
2003 - Consumable Supplies	\$2,082	\$7,006	\$7,040	\$7,023	\$7,023
2004 - Utilities	\$16,565	\$27,136	\$31,592	\$29,364	\$29,364
2005 - Travel	\$5,791	\$7,935	\$1,281	\$4,608	\$4,608
2006 - Rent - Building	\$30	\$152,616	\$132,754	\$142,685	\$142,685
2007 - Rent - Machine and Other	\$0	\$16,663	\$20,106	\$18,384	\$18,384
2009 - Other Operating Expense	\$2,670,318	\$78,234	\$79,773	\$79,004	\$79,004
3001 - Client Services	\$51,514,069	\$62,466,476	\$67,832,381	\$26,343,468	\$24,682,633
4000 - Grants	\$11,861,242	\$18,186,994	\$12,861,143	\$15,000,000	\$15,000,000
TOTAL, OBJECT OF EXPENSE	\$74,022,515	\$86,866,342	\$87,168,216	\$48,584,062	\$46,967,140
Method of Financing:					
0001 General Revenue	\$74,022,515	\$86,866,342	\$13,347,497	\$48,584,062	\$46,967,140
0758 GR Match for Medicaid Account No. 758	\$0	\$0	\$16,697,301	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$74,022,515	\$86,866,342	\$30,044,798	\$48,584,062	\$46,967,140
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$0	\$12,822,376	\$0	\$0
93.778.003 XIX 50%	\$0	\$0	\$2,835,275	\$0	\$0
93.778.005 XIX FMAP @ 90%	\$0	\$0	\$41,465,767	\$0	\$0
CFDA Subtotal, Fund 0555	\$0	\$0	\$57,123,418	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$0	\$0	\$57,123,418	\$0	\$0
TOTAL, METHOD OF FINANCE	\$74,022,515	\$86,866,342	\$87,168,216	\$48,584,062	\$46,967,140
FULL TIME EQUIVALENT POSITIONS:	49.4	32.5	32.5	32.5	32.5
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 1 Healthy Texas Women

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	<p>Launched on July 1, 2016, the Healthy Texas Women Program (HTW) is a consolidation of the Texas Women's Health Program (TWHP) and the Expanded Primary Health Care Program (EPHC).</p> <p>HTW serves women 15 through 44 years of age that are a U.S. citizen or eligible immigrant, a resident of Texas and have household income at or below 200% of the Federal Poverty Level. HTW services include pregnancy testing, pelvic examinations, sexually transmitted infection services, breast and cervical cancer screenings, screening and treatment for cholesterol, diabetes, and high blood pressure, contraceptive services, and screening and treatment for postpartum depression.</p> <p>HTW is paid either as fee-for-service or cost reimbursement. Direct client health care services are billed to the Texas Medicaid & Healthcare Partnership (TMHP) on a fee-for-service basis. A provider does not have to contract with HHSC to provide HTW direct services on a fee-for-service basis. Under cost reimbursement, providers may choose to contract with the state to provide additional services that support the overall outcome of clients provided services through the program (e.g. assisting with program enrollment, client outreach, provider training). These payments are processed and reimbursed through a voucher process.</p> <p>HTW is funded through State GR and does not provide funding for abortion related services or emergency contraception.</p>					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 2 Family Planning

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$377,967	\$579,555	\$579,555	\$579,555
1002 - Other Personnel Costs	\$0	\$15,506	\$14,400	\$14,400	\$14,400
2001 - Professional Fees & Services	\$0	\$144,591	\$156,502	\$174,958	\$178,457
3001 - Client Services	\$27,344,613	\$32,040,142	\$32,040,142	\$36,168,775	\$37,782,198
4000 - Grants	\$10,472,057	\$8,359,858	\$8,359,858	\$13,784,980	\$13,784,980
TOTAL, OBJECT OF EXPENSE	\$37,816,670	\$40,938,064	\$41,150,457	\$50,722,668	\$52,339,590
Method of Financing:					
0001 General Revenue	\$35,935,942	\$39,057,336	\$39,269,729	\$48,841,940	\$50,458,862
SUBTOTAL, MOF (General Revenue)	\$35,935,942	\$39,057,336	\$39,269,729	\$48,841,940	\$50,458,862
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$340,981	\$340,981	\$340,981	\$340,981	\$340,981
93.667.000 Social Svcs Block Grants	\$1,539,747	\$1,539,747	\$1,539,747	\$1,539,747	\$1,539,747
CFDA Subtotal, Fund 0555	\$1,880,728	\$1,880,728	\$1,880,728	\$1,880,728	\$1,880,728
SUBTOTAL, MOF (Federal Funds)	\$1,880,728	\$1,880,728	\$1,880,728	\$1,880,728	\$1,880,728
TOTAL, METHOD OF FINANCE	\$37,816,670	\$40,938,064	\$41,150,457	\$50,722,668	\$52,339,590
FULL TIME EQUIVALENT POSITIONS:	0.0	10.0	10.0	10.0	10.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Family Planning Program (FPP) provides family planning services to women and men at little to no cost. The program is dedicated to helping clients determine the number and spacing of their children, reducing unintended pregnancies, improving future pregnancy and birth outcomes, and improving general health. The program is funded through State General Revenue.

The program serves women and men who are age 64 and younger, live in Texas and have a family income at or below 250% of the Federal Poverty Level. The TANF to XX funds are used for clients with eligibility of 200% FPL and the Title XX funds are used for clients with eligibility at 250% FPL. FPP services include pregnancy testing, pelvic examinations, sexually transmitted infection services, breast and cervical cancer screenings, screening for cholesterol, diabetes, and high blood pressure, contraceptive services, and limited prenatal benefits.

FPP includes a fee-for-service component as well as a cost reimbursement component, if desired by the provider. FPP funds are allocated through an open enrollment process where

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
OBJECTIVE: 1 Primary Health & Specialty Care
STRATEGY: 1 Women's Health Program
SUB-STRATEGY: 2 Family Planning

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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selected applicants negotiate contracts to provide FPP services. HHSC contracts with a variety of organizations to provide FPP services including local health departments, medical schools, hospitals, private non-profit agencies, community-based clinics, federally qualified health centers, and rural health clinics.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 3 Breast and Cervical Cancer Screening Program

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$131,630	\$373,041	\$313,431	\$314,009	\$314,009
1002 - Other Personnel Costs	\$3,994	\$15,521	\$4,258	\$4,258	\$4,258
2001 - Professional Fees & Services	\$0	\$360,515	\$304,790	\$227,785	\$227,785
2004 - Utilities	\$1,005	\$0	\$0	\$0	\$0
2005 - Travel	\$0	\$45,669	\$45,000	\$45,334	\$45,334
2009 - Other Operating Expense	\$591,711	\$351,789	\$351,789	\$351,789	\$351,789
4000 - Grants	\$8,793,495	\$10,064,067	\$10,064,067	\$10,701,351	\$10,701,351
TOTAL, OBJECT OF EXPENSE	\$9,521,835	\$11,210,602	\$11,083,335	\$11,644,526	\$11,644,526
Method of Financing:					
0001 General Revenue	\$2,484,171	\$2,370,533	\$2,243,266	\$2,500,000	\$2,500,000
SUBTOTAL, MOF (General Revenue)	\$2,484,171	\$2,370,533	\$2,243,266	\$2,500,000	\$2,500,000
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$3,315,629	\$3,140,069	\$3,140,069	\$3,140,069	\$3,140,069
93.752.001 Texas Cancer Prevention and Cont	\$3,622,035	\$5,700,000	\$5,700,000	\$6,004,457	\$6,004,457
CFDA Subtotal, Fund 0555	\$6,937,664	\$8,840,069	\$8,840,069	\$9,144,526	\$9,144,526
SUBTOTAL, MOF (Federal Funds)	\$6,937,664	\$8,840,069	\$8,840,069	\$9,144,526	\$9,144,526
Method of Financing:					
0666 Appropriated Receipts	\$100,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$100,000	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$9,521,835	\$11,210,602	\$11,083,335	\$11,644,526	\$11,644,526
FULL TIME EQUIVALENT POSITIONS:	2.6	8.0	8.0	8.0	8.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Breast and Cervical Cancer Services (BCCS) program helps fund clinic sites across the state to provide quality, low-cost, and accessible breast and cervical cancer screening and diagnostic services to women. BCCS contractors are the point of access for the Medicaid for Breast and Cervical Cancer (MBCC) program, regardless of how the client was diagnosed with cancer.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 3 Breast and Cervical Cancer Screening Program

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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BCCS provides clinical breast examinations, mammograms, pelvic examinations and Pap tests, diagnostic services, cervical dysplasia management and treatment, and assistance applying for MBCC.

BCCS is funded by federal and state funding (GR and TANF/CDC), and the federal CDC grant requires a state match of funds by vendors.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

On July 1, 2017, ownership and administration of the federal Centers for Disease Control and Prevention's Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations Grant transferred from DSHS to HHSC. This grant covers three programs: HHSC BCCS, DSHS Texas Cancer Registry and DSHS Texas Comprehensive Cancer Control Program (TCCCP).

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 1 Women's Health Program
 SUB-STRATEGY: 4 Title V Women's Dental and Health Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$178,509	\$178,509	\$178,509	\$178,509
1002 - Other Personnel Costs	\$0	\$1,803	\$1,803	\$1,803	\$1,803
4000 - Grants	\$2,004,826	\$1,401,158	\$1,401,158	\$1,401,158	\$1,401,158
TOTAL, OBJECT OF EXPENSE	\$2,004,826	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
Method of Financing:					
8003 GR for Maternal and Child Health Block Grant Account No. 8003	\$1,549,755	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
SUBTOTAL, MOF (General Revenue)	\$1,549,755	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
Method of Financing:					
0555 Federal Funds 93.994.000 Maternal and Child Health	\$455,071	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$455,071	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$455,071	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$2,004,826	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
FULL TIME EQUIVALENT POSITIONS:	0.0	4.5	4.5	4.5	4.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Maternal and Child Health Services Title V Block Grant provides infrastructure and support for maternal and child-focused health services, including the Title V Prenatal Health and Dental Fee for Service Program. This program provides pregnant women with prenatal medical services for up to 60 days during the CHIP Perinatal program enrollment process and prenatal preventive and therapeutic dental services up to three months post-partum. To be eligible, pregnant women must have a gross family income at or below 185% of the Federal Poverty Level, be a Texas resident, and must not be eligible for insurance and/or other programs/benefits providing the same services.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 1 Primary Health & Specialty Care						
STRATEGY: 6 Autism Program						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Autism Services - Comprehensive	\$0	\$0	\$0	\$0	\$0
2	Autism Services - Focused	\$4,031,227	\$7,033,691	\$7,083,413	\$7,085,889	\$7,085,889
3	Texas Autism Research and Resource Center (TARRC)	\$28,000	\$102,583	\$102,720	\$102,546	\$102,546
Total, Sub-strategies		\$4,059,227	\$7,136,274	\$7,186,133	\$7,188,435	\$7,188,435

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
OBJECTIVE: 1 Primary Health & Specialty Care
STRATEGY: 6 Autism Program
SUB-STRATEGY: 1 Autism Services - Comprehensive

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The 84th Texas Legislature increased funding for the HHSC Autism Program and required changes to the services provided in the program. The Comprehensive ABA treatment services were phased out during the 2016-2017 biennium. As of September 1, 2015 the program began only enrolling new children in Focused ABA treatment services.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 6 Autism Program
 SUB-STRATEGY: 2 Autism Services - Focused

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$184,488	\$167,006	\$219,337	\$219,336	\$219,336
1002 - Other Personnel Costs	\$3,620	\$2,882	\$4,725	\$4,725	\$4,725
2001 - Professional Fees & Services	\$0	\$216,639	\$208,255	\$212,447	\$212,447
2002 - Fuels & Lubricants	\$0	\$63	\$45	\$54	\$54
2003 - Consumable Supplies	\$0	\$6,275	\$6,183	\$6,229	\$6,229
2004 - Utilities	\$602	\$1,103	\$699	\$901	\$901
2005 - Travel	\$13,047	\$43,275	\$42,563	\$42,919	\$42,919
2006 - Rent - Building	\$0	\$451	\$350	\$401	\$401
2007 - Rent - Machine and Other	\$0	\$106	\$83	\$95	\$95
2009 - Other Operating Expense	\$3,773	\$20,820	\$26,103	\$23,712	\$23,712
4000 - Grants	\$3,825,697	\$6,575,070	\$6,575,070	\$6,575,070	\$6,575,070
TOTAL, OBJECT OF EXPENSE	\$4,031,227	\$7,033,691	\$7,083,413	\$7,085,889	\$7,085,889
Method of Financing:					
0001 General Revenue	\$4,031,227	\$7,033,691	\$7,083,413	\$7,085,889	\$7,085,889
SUBTOTAL, MOF (General Revenue)	\$4,031,227	\$7,033,691	\$7,083,413	\$7,085,889	\$7,085,889
TOTAL, METHOD OF FINANCE	\$4,031,227	\$7,033,691	\$7,083,413	\$7,085,889	\$7,085,889
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Children's Autism Program provides applied behavior analysis (ABA) treatment services to children with an autism spectrum disorder (ASD). ABA is a treatment that uses behavioral principles to evaluate and teach socially relevant behavior and new skills and increase desirable behaviors through positive reinforcement. To be eligible for focused services, a child must be 3 through 15 years of age, have an ASD diagnosed by a physician or psychologist, and be a Texas resident. Services are provided through contracts with local community agencies and organizations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 6 Autism Program
 SUB-STRATEGY: 3 Texas Autism Research and Resource Center (TARRC)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$59,380	\$58,734	\$58,734	\$58,734
1002 - Other Personnel Costs	\$0	\$670	\$1,105	\$1,105	\$1,105
2001 - Professional Fees & Services	\$0	\$33,500	\$33,500	\$33,500	\$33,500
2004 - Utilities	\$0	\$5,000	\$5,000	\$5,000	\$5,000
2005 - Travel	\$0	\$3,500	\$3,500	\$3,500	\$3,500
2009 - Other Operating Expense	\$0	\$533	\$880	\$707	\$707
4000 - Grants	\$28,000	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$28,000	\$102,583	\$102,720	\$102,546	\$102,546
Method of Financing:					
0001 General Revenue	\$0	\$60,583	\$60,720	\$60,546	\$60,546
SUBTOTAL, MOF (General Revenue)	\$0	\$60,583	\$60,720	\$60,546	\$60,546
Method of Financing:					
0777 Interagency Contracts	\$28,000	\$42,000	\$42,000	\$42,000	\$42,000
SUBTOTAL, MOF (Other Funds)	\$28,000	\$42,000	\$42,000	\$42,000	\$42,000
TOTAL, METHOD OF FINANCE	\$28,000	\$102,583	\$102,720	\$102,546	\$102,546
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The purpose of TARRC is to provide information and support to people with autism spectrum disorder (ASD) and their families (Human Resources Code, Section 114.013). TARRC is required to: disseminate information and research on autism and other pervasive developmental disorders; conduct training and development activities; coordinate with local entities that provide services; and provide support to people affected by autism spectrum disorder.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

TEA, DFPS and TWC contribute funding for the TARRC through an interagency contract.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 1 Primary Health & Specialty Care						
STRATEGY: 7 Children with Special Needs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Medical Services	\$7,311,467	\$5,255,329	\$5,255,327	\$5,180,061	\$5,201,056
2	Family Support Services	\$24,255,480	\$25,245,489	\$25,245,488	\$25,320,756	\$25,299,761
	Total, Sub-strategies	\$31,566,947	\$30,500,818	\$30,500,815	\$30,500,817	\$30,500,817

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 7 Children with Special Needs
 SUB-STRATEGY: 1 Medical Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$607,977	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$22,020	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$316,198	\$0	\$0	\$0	\$0
2004 - Utilities	\$430	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$13,763	\$0	\$0	\$0	\$0
3001 - Client Services	\$6,351,079	\$5,255,329	\$5,255,327	\$5,180,061	\$5,201,056
TOTAL, OBJECT OF EXPENSE	\$7,311,467	\$5,255,329	\$5,255,327	\$5,180,061	\$5,201,056
Method of Financing:					
0001 General Revenue	\$4,967,191	\$4,564,427	\$4,564,425	\$4,489,159	\$4,510,154
8003 GR for Maternal and Child Health Block Grant Account No. 8003	\$1,505,520	\$0	\$0	\$0	\$0
8046 Vendor Drug Rebates--Public Health	\$838,756	\$690,902	\$690,902	\$690,902	\$690,902
SUBTOTAL, MOF (General Revenue)	\$7,311,467	\$5,255,329	\$5,255,327	\$5,180,061	\$5,201,056
TOTAL, METHOD OF FINANCE	\$7,311,467	\$5,255,329	\$5,255,327	\$5,180,061	\$5,201,056
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Under the authority of Chapter 35, Health and Safety Code, the Children with Special Health Care Needs Services Program is required to provide eligible children with early identification, diagnosis and evaluation, and rehabilitation services. Medical services include, but are not limited to, inpatient and outpatient care, physician services, therapies, durable medical equipment and supplies, drugs, home health, skilled nursing, lab, radiology, and dental services. This sub-strategy supports the statewide goal for promoting the overall physical and mental health of Texans.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 7 Children with Special Needs
 SUB-STRATEGY: 2 Family Support Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$731,610	\$1,762,366	\$1,750,767	\$1,750,767	\$1,750,767
1002 - Other Personnel Costs	\$27,800	\$38,292	\$38,210	\$38,210	\$38,210
2001 - Professional Fees & Services	\$978,510	\$1,525,241	\$1,479,814	\$1,481,533	\$1,481,533
2002 - Fuels & Lubricants	\$0	\$36	\$56	\$46	\$46
2003 - Consumable Supplies	\$9	\$128	\$123	\$125	\$125
2004 - Utilities	\$726	\$1,797	\$1,797	\$1,797	\$1,797
2005 - Travel	\$0	\$2,292	\$1,987	\$2,140	\$2,140
2006 - Rent - Building	\$0	\$325	\$345	\$335	\$334
2007 - Rent - Machine and Other	\$0	\$40	\$45	\$43	\$43
2009 - Other Operating Expense	\$15,570	\$28,395	\$23,545	\$25,970	\$25,969
3001 - Client Services	\$22,501,253	\$21,886,577	\$21,948,799	\$22,019,792	\$21,998,798
TOTAL, OBJECT OF EXPENSE	\$24,255,480	\$25,245,489	\$25,245,488	\$25,320,756	\$25,299,761
Method of Financing:					
0001 General Revenue	\$0	\$91,307	\$91,307	\$95,580	\$74,585
8003 GR for Maternal and Child Health Block Grant Account No. 8003	\$17,751,371	\$19,154,182	\$19,154,181	\$19,225,176	\$19,225,176
SUBTOTAL, MOF (General Revenue)	\$17,751,371	\$19,245,489	\$19,245,488	\$19,320,756	\$19,299,761
Method of Financing:					
0555 Federal Funds					
00.000.001 Comptroller Misc Claims Fed Fnd F	\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
CFDA Subtotal, Fund 0555	\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
SUBTOTAL, MOF (Federal Funds)	\$6,504,109	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
TOTAL, METHOD OF FINANCE	\$24,255,480	\$25,245,489	\$25,245,488	\$25,320,756	\$25,299,761
FULL TIME EQUIVALENT POSITIONS:	25.3	26.5	26.5	26.5	26.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

Health and Safety Code, Chapter 35, provides statutory authority for the Children with Special Health Care Needs Services Program. The program The program provides family support services (FSS), including disability-related supports such as respite care, home modifications, and vehicle modifications.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 1 Primary Health & Specialty Care						
STRATEGY: 10 Additional Specialty Care						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Hemophilia Services	\$0	\$125,000	\$125,000	\$125,000	\$125,000
2	Epilepsy	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
3	Umbilical cord blood bank	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
4	Office of e-Health	\$3,016,125	\$585,716	\$585,715	\$586,308	\$586,307
Total, Sub-strategies		\$3,016,125	\$3,583,710	\$3,583,710	\$3,583,712	\$3,583,711

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 10 Additional Specialty Care
 SUB-STRATEGY: 1 Hemophilia Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$0	\$125,000	\$125,000	\$125,000	\$125,000
TOTAL, OBJECT OF EXPENSE	\$0	\$125,000	\$125,000	\$125,000	\$125,000
Method of Financing:					
0001 General Revenue	\$0	\$125,000	\$125,000	\$125,000	\$125,000
SUBTOTAL, MOF (General Revenue)	\$0	\$125,000	\$125,000	\$125,000	\$125,000
TOTAL, METHOD OF FINANCE	\$0	\$125,000	\$125,000	\$125,000	\$125,000
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Hemophilia Assistance Program (HAP) provides a limited range of benefits to individuals diagnosed with hemophilia. The program is funded with General Revenue and serves Texas residents with a diagnosis of hemophilia who are 18 years or older and without any other public or private health care benefits.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 10 Additional Specialty Care
 SUB-STRATEGY: 2 Epilepsy

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
TOTAL, OBJECT OF EXPENSE	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
Method of Financing:					
0001 General Revenue	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
SUBTOTAL, MOF (General Revenue)	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
TOTAL, METHOD OF FINANCE	\$0	\$1,872,995	\$1,872,995	\$1,872,404	\$1,872,404
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Epilepsy Program provides comprehensive outpatient care (diagnostic, treatment and support services) to eligible persons who have epilepsy and/or seizure-like symptoms through sub-recipient providers. The program serves Texas residents who have been diagnosed with epilepsy and/or seizure-like symptoms and have an income at or below 200% of the Federal Poverty Level.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 10 Additional Specialty Care
 SUB-STRATEGY: 3 Umbilical cord blood bank

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
TOTAL, OBJECT OF EXPENSE	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Method of Financing:					
0001 General Revenue	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
SUBTOTAL, MOF (General Revenue)	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
TOTAL, METHOD OF FINANCE	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Contract funds are used for the gathering and retention of umbilical cord blood from live births for the primary purpose of making umbilical cord blood available for recipients of transplants who are unrelated to the donors of the blood.

Previously through rider authority, HHSC has funded an umbilical cord blood contract that was initially based on H.B. 3572, 77th Legislature. During the 2018-19 biennium, \$1,000,000 in General Revenue funding was provided in each year of the biennium.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 10 Additional Specialty Care
 SUB-STRATEGY: 4 Office of e-Health

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$138,813	\$300,377	\$301,558	\$301,559	\$301,559
1002 - Other Personnel Costs	\$3,820	\$4,886	\$4,886	\$4,886	\$4,886
2001 - Professional Fees & Services	\$1,000,000	\$269,038	\$269,238	\$269,138	\$269,138
2002 - Fuels & Lubricants	\$0	\$36	\$24	\$30	\$30
2003 - Consumable Supplies	\$24	\$97	\$17	\$57	\$57
2004 - Utilities	\$851	\$237	\$58	\$148	\$148
2005 - Travel	\$1,269	\$6,082	\$5,793	\$5,938	\$5,938
2006 - Rent - Building	\$0	\$10	\$7	\$8	\$8
2007 - Rent - Machine and Other	\$0	\$4	\$3	\$4	\$4
2009 - Other Operating Expense	\$2,162	\$4,949	\$4,132	\$4,541	\$4,541
3001 - Client Services	\$46,385	\$0	\$0	\$0	\$0
4000 - Grants	\$1,822,802	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$3,016,125	\$585,716	\$585,716	\$586,307	\$586,307
Method of Financing:					
0001 General Revenue	\$2,868,764	\$262,245	\$262,245	\$262,750	\$262,750
0758 GR Match for Medicaid Account No. 758	\$67,197	\$143,894	\$143,894	\$143,894	\$143,894
8010 GR Match for Title XXI (CHIP)	\$1,000	\$1,757	\$1,670	\$1,757	\$1,757
SUBTOTAL, MOF (General Revenue)	\$2,936,961	\$407,896	\$407,809	\$408,400	\$408,400
Method of Financing:					
0555 Federal Funds					
93.767.000 CHIP	\$11,967	\$22,583	\$22,670	\$22,670	\$22,670
93.778.003 XIX 50%	\$67,197	\$143,894	\$143,894	\$143,894	\$143,894
CFDA Subtotal, Fund 0555	\$79,164	\$166,477	\$166,564	\$166,564	\$166,564
SUBTOTAL, MOF (Federal Funds)	\$79,164	\$166,477	\$166,564	\$166,564	\$166,564
Method of Financing:					
0777 Interagency Contracts	\$0	\$11,342	\$11,342	\$11,343	\$11,342
SUBTOTAL, MOF (Other Funds)	\$0	\$11,342	\$11,342	\$11,343	\$11,342
TOTAL, METHOD OF FINANCE	\$3,016,125	\$585,716	\$585,715	\$586,308	\$586,307

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 1 Primary Health & Specialty Care
 STRATEGY: 10 Additional Specialty Care
 SUB-STRATEGY: 4 Office of e-Health

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	3.1	10.1	10.1	10.1	10.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of e-Health Coordination provides leadership to and acts as a single point of coordination for health information technology initiatives in the State of Texas. The office ensures that health information technology projects and programs are coordinated across the State's health and human svcs agencies, facilitates coordination between Texas and federal or multi-state projects, and to provide assistance to local and regional health IT projects. This includes (1) creating a collaboration and coordination infrastructure on related health information policy and technology, (2) identifying and prioritizing health information technology initiatives that can help improve health outcomes, (3) supporting the state-level infrastructure efforts of the Texas Health svcs Authority, and (4) collaborating with the Electronic Health Information Exchange System Advisory Committee and other state-level health information technology leadership bodies.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 2 Provide Behavioral Health Services						
STRATEGY: 1 Community Mental Health Svcs-Adults						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	MHS Adult-Outpatient Services	\$299,234,621	\$320,633,813	\$321,957,553	\$321,965,710	\$321,965,710
2	MHS Adult-Inpatient Services	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
3	MHS Adult-All Others	\$24,588,828	\$28,556,141	\$27,073,576	\$25,115,649	\$25,115,649
Total, Sub-strategies		\$328,381,109	\$353,747,614	\$353,588,789	\$351,639,019	\$351,639,019

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 1 Community Mental Health Svcs-Adults
 SUB-STRATEGY: 1 MHS Adult-Outpatient Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$1,385,898	\$1,385,898	\$1,385,897	\$1,385,897	\$1,385,897
4000 - Grants	\$297,848,723	\$319,247,915	\$320,571,656	\$320,579,813	\$320,579,813
TOTAL, OBJECT OF EXPENSE	\$299,234,621	\$320,633,813	\$321,957,553	\$321,965,710	\$321,965,710
Method of Financing:					
0001 General Revenue	\$89,486,088	\$107,138,156	\$107,149,806	\$107,132,610	\$107,132,610
8001 GR for Mental Health Block Grant	\$170,393,087	\$179,410,296	\$179,398,646	\$179,398,646	\$179,398,646
SUBTOTAL, MOF (General Revenue)	\$259,879,175	\$286,548,452	\$286,548,452	\$286,531,256	\$286,531,256
Method of Financing:					
0555 Federal Funds					
93.150.000 Projects for Assistance	\$4,686,641	\$4,955,491	\$4,955,491	\$4,955,844	\$4,955,844
93.558.667 TANF to Title XX	\$4,307,719	\$4,365,721	\$4,365,721	\$4,365,721	\$4,365,721
93.667.000 Social Svcs Block Grants	\$3,251,041	\$3,266,042	\$3,266,042	\$3,266,042	\$3,266,042
93.958.000 Block Grants for Communi	\$27,110,045	\$21,498,107	\$22,821,847	\$22,846,847	\$22,846,847
CFDA Subtotal, Fund 0555	\$39,355,446	\$34,085,361	\$35,409,101	\$35,434,454	\$35,434,454
SUBTOTAL, MOF (Federal Funds)	\$39,355,446	\$34,085,361	\$35,409,101	\$35,434,454	\$35,434,454
TOTAL, METHOD OF FINANCE	\$299,234,621	\$320,633,813	\$321,957,553	\$321,965,710	\$321,965,710
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Outpatient svcs sub-strategy includes several activities provided by the local mental health authorities as resources allow. Texas Resilience and Recovery offers Levels of Care for children's mental health (CMH) svcs which focus on a wraparound planning approach which stresses the importance of building on strengths, addressing needs as defined by the family and child, use of flexible svcs and supports, family support svcs, and the use of natural and informal community supports. Additional svcs to appropriately address CMH behavioral health needs include counseling and psychotherapy, skills training (training activities within a natural setting whenever possible that promote community inclusion and maintains the consumer's quality of life by addressing the illness or symptom-related problems and behaviors that mental illness creates), crisis resolution, and medication related svcs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include: population growth which may increase the need for outpatient mental health svcs. Medical inflation may also result in an increase in cost to provide svcs, and may therefore lead to fewer people being served. Natural, as well as, manmade disasters, may also impact this sub-strategy. Examples of natural disasters

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 1 Community Mental Health Svcs-Adults
 SUB-STRATEGY: 1 MHS Adult-Outpatient Services

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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include, but are not limited to hurricanes, and tornados. Hurricanes and tornados can be devastating environmental stressors that lead to an increased need for outpatient mental health svcs. This sub-strategy may also be impacted by incidence of community violence, local priorities, and other community factors that may place children and families at increased risk of mental illness. Internal factors impacting this sub-strategy include changes in funding for outpatient mental health svcs (both General Revenue and Federal Funding sources). Outpatient mental health svcs are provided through Local Mental Health Authorities (LMHAs). Therefore, changes in funding may mean changes in staffing levels at LMHAs. Furthermore, since many LMHAs are currently operating at capacity, the number of clients waiting for outpatient mental health svcs may also increase with any decreases in funding.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 1 Community Mental Health Svcs-Adults
 SUB-STRATEGY: 2 MHS Adult-Inpatient Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
TOTAL, OBJECT OF EXPENSE	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
Method of Financing:					
0001 General Revenue	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
SUBTOTAL, MOF (General Revenue)	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
TOTAL, METHOD OF FINANCE	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Inpatient svcs are hospital svcs staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provides intensive interventions designed to relieve acute psychiatric symptomatology and restore the consumer's ability to function in a less restrictive setting. These svcs are provided in a local general hospital or a private psychiatric hospital. This sub-strategy does not include state mental health facilities or a legislatively authorized Community Hospital.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include: population growth which may increase the need for outpatient mental health svcs and medical inflation may also result in an increase in cost to provide svcs, and may therefore lead to fewer people being served. Natural, as well as, manmade disasters may also impact this sub-strategy. Examples of natural disasters include, but are not limited to hurricanes, and tornados. Hurricanes and tornados can be devastating environmental stressors that lead to an increased need for inpatient mental health svcs. Internal factors impacting this sub-strategy include variations in the State's allocation for inpatient mental health svcs. Furthermore, many state mental health facilities and legislatively authorized Community Hospitals are currently operating at capacity. Thus, any further capacity limitations at state mental health facilities and legislatively authorized Community Hospitals will result in increased need for inpatient mental health svcs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 1 Community Mental Health Svcs-Adults
 SUB-STRATEGY: 3 MHS Adult-All Others

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,530,601	\$5,035,477	\$5,035,477	\$5,035,477	\$5,035,477
1002 - Other Personnel Costs	\$198,074	\$216,526	\$216,526	\$216,526	\$216,526
2001 - Professional Fees & Services	\$1,473,773	\$1,473,773	\$1,473,773	\$1,473,773	\$1,473,773
2003 - Consumable Supplies	\$29,921	\$15,546	\$15,546	\$15,546	\$15,546
2004 - Utilities	\$20,104	\$21,687	\$21,687	\$21,687	\$21,687
2005 - Travel	\$74,018	\$99,880	\$99,880	\$99,880	\$99,880
2006 - Rent - Building	\$15,408	\$30,318	\$30,318	\$30,318	\$30,318
2007 - Rent - Machine and Other	\$9,515	\$7,396	\$7,396	\$7,396	\$7,396
2009 - Other Operating Expense	\$4,938,699	\$4,938,699	\$4,783,451	\$2,791,524	\$2,791,524
3001 - Client Services	\$2,661,833	\$0	\$0	\$0	\$0
4000 - Grants	\$10,636,882	\$16,716,839	\$15,389,522	\$15,423,522	\$15,423,522
TOTAL, OBJECT OF EXPENSE	\$24,588,828	\$28,556,141	\$27,073,576	\$25,115,649	\$25,115,649
Method of Financing:					
0001 General Revenue	\$12,039,977	\$12,039,977	\$12,036,404	\$12,036,404	\$12,036,404
0758 GR Match for Medicaid Account No. 758	\$0	\$551,475	\$547,373	\$562,581	\$562,581
8001 GR for Mental Health Block Grant	\$438,245	\$816,129	\$827,781	\$827,781	\$827,781
SUBTOTAL, MOF (General Revenue)	\$12,478,222	\$13,407,581	\$13,411,558	\$13,426,766	\$13,426,766
Method of Financing:					
0555 Federal Funds					
93.150.000 Projects for Assistance	\$35,634	\$35,634	\$35,634	\$35,281	\$35,281
93.230.003 Mental Health Data Infrastructure	\$0	\$126,469	\$126,469	\$0	\$0
93.778.000 XIX FMAP	\$1,322,088	\$542,860	\$542,860	\$650,553	\$650,553
93.778.003 XIX 50%	\$0	\$80,003	\$80,003	\$80,003	\$80,003
93.778.004 XIX ADM @ 75%	\$0	\$64,806	\$64,806	\$64,806	\$64,806
93.778.005 XIX FMAP @ 90%	\$576,666	\$0	\$0	\$0	\$0
93.788.000 Opioid STR	\$207,743	\$2,068,168	\$1,905,370	\$1,905,371	\$1,905,371
93.791.000 Money Follows Person Reblncng D	\$1,361,779	\$1,276,772	\$1,276,772	\$1,276,772	\$1,276,772
93.958.000 Block Grants for Communi	\$5,918,506	\$8,887,479	\$7,563,735	\$7,538,735	\$7,538,735
CFDA Subtotal, Fund 0555	\$9,422,416	\$13,082,191	\$11,595,649	\$11,551,521	\$11,551,521
SUBTOTAL, MOF (Federal Funds)	\$9,422,416	\$13,082,191	\$11,595,649	\$11,551,521	\$11,551,521

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 1 Community Mental Health Svcs-Adults
 SUB-STRATEGY: 3 MHS Adult-All Others

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:					
0777 Interagency Contracts	\$982,203	\$765,378	\$765,378	\$0	\$0
8033 MH Appropriated Receipts	\$1,705,987	\$1,300,991	\$1,300,991	\$137,362	\$137,362
SUBTOTAL, MOF (Other Funds)	\$2,688,190	\$2,066,369	\$2,066,369	\$137,362	\$137,362
TOTAL, METHOD OF FINANCE	\$24,588,828	\$28,556,141	\$27,073,576	\$25,115,649	\$25,115,649
FULL TIME EQUIVALENT POSITIONS:	68.2	75.8	75.8	75.8	75.8

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes costs for community center training, contracted activities that directly relate to mental health community svcs, allocated cost of statewide claims processing, centralized program support, and performance contract management and quality management support costs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Continuous training and education is necessary for HHSC program staff and community centers to stay abreast of current best practices for adult mental health svcs. Additionally, continuous improvements to information systems to benefit from current technology and obtain better client data for analysis and reporting for the overall behavioral health programs is necessary.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 2 Provide Behavioral Health Services						
STRATEGY: 2 Community Mental Health Svcs-Children						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	MHS Children-Outpatient Services	\$67,218,805	\$71,416,690	\$69,351,433	\$70,009,774	\$70,009,774
2	MHS Children-Inpatient Services	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
3	MHS Children-All Others	\$23,232,151	\$12,010,875	\$12,072,158	\$11,081,500	\$11,081,500
Total, Sub-strategies		\$91,212,166	\$84,188,775	\$82,184,801	\$81,852,484	\$81,852,484

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 2 Community Mental Health Svcs-Children
 SUB-STRATEGY: 1 MHS Children-Outpatient Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$1,826,916	\$14,000	\$14,000	\$14,000	\$14,000
2009 - Other Operating Expense	\$248,783	\$0	\$0	\$0	\$0
4000 - Grants	\$65,143,106	\$71,402,690	\$69,337,433	\$69,995,774	\$69,995,774
TOTAL, OBJECT OF EXPENSE	\$67,218,805	\$71,416,690	\$69,351,433	\$70,009,774	\$70,009,774
Method of Financing:					
0001 General Revenue	\$9,452,896	\$11,294,312	\$9,290,338	\$9,948,679	\$9,948,679
8001 GR for Mental Health Block Grant	\$38,856,152	\$42,687,849	\$42,687,849	\$42,687,849	\$42,687,849
SUBTOTAL, MOF (General Revenue)	\$48,309,048	\$53,982,161	\$51,978,187	\$52,636,528	\$52,636,528
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$145,168	\$0	\$0	\$0	\$0
93.558.667 TANF to Title XX	\$8,884,095	\$8,844,654	\$8,844,654	\$8,844,654	\$8,844,654
93.667.000 Social Svcs Block Grants	\$63,297	\$0	\$0	\$0	\$0
93.958.000 Block Grants for Communi	\$9,817,197	\$8,589,875	\$8,528,592	\$8,528,592	\$8,528,592
CFDA Subtotal, Fund 0555	\$18,909,757	\$17,434,529	\$17,373,246	\$17,373,246	\$17,373,246
SUBTOTAL, MOF (Federal Funds)	\$18,909,757	\$17,434,529	\$17,373,246	\$17,373,246	\$17,373,246
TOTAL, METHOD OF FINANCE	\$67,218,805	\$71,416,690	\$69,351,433	\$70,009,774	\$70,009,774

FULL TIME EQUIVALENT POSITIONS: 0.0 0.0 0.0 0.0 0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Outpatient svcs sub-strategy includes several activities provided by the local mental health authorities as resources allow. Texas Resilience and Recovery offers Levels of Care for children's mental health (CMH) svcs which focus on a wraparound planning approach which stresses the importance of building on strengths, addressing needs as defined by the family and child, use of flexible svcs and supports, family support svcs, and the use of natural and informal community supports. Additional svcs to appropriately address CMH behavioral health needs include counseling and psychotherapy, skills training (training activities within a natural setting whenever possible that promote community inclusion and maintains the consumer's quality of life by addressing the illness or symptom-related problems and behaviors that mental illness creates), crisis resolution, and medication related svcs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include: population growth which may increase the need for outpatient mental health svcs. Medical inflation may also result in an increase

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 2 Community Mental Health Svcs-Children
 SUB-STRATEGY: 1 MHS Children-Outpatient Services

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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in cost to provide svcs, and may therefore lead to fewer people being served. Natural, as well as, manmade disasters, may also impact this sub-strategy. Examples of natural disasters include, but are not limited to hurricanes, and tornados. Hurricanes and tornados can be devastating environmental stressors that lead to an increased need for outpatient mental health svcs. This sub-strategy may also be impacted by incidence of community violence, local priorities, and other community factors that may place children and families at increased risk of mental illness. Internal factors impacting this sub-strategy include changes in funding for outpatient mental health svcs (both General Revenue and Federal Funding sources). Outpatient mental health svcs are provided through Local Mental Health Authorities (LMHAs). Therefore, changes in funding may mean changes in staffing levels at LMHAs. Furthermore, since many LMHAs are currently operating at capacity, the number of clients waiting for outpatient mental health svcs may also increase with any decreases in funding.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 2 Community Mental Health Svcs-Children
 SUB-STRATEGY: 2 MHS Children-Inpatient Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
TOTAL, OBJECT OF EXPENSE	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
Method of Financing:					
0001 General Revenue	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
SUBTOTAL, MOF (General Revenue)	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
TOTAL, METHOD OF FINANCE	\$761,210	\$761,210	\$761,210	\$761,210	\$761,210
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Inpatient svcs are hospital svcs staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provides intensive interventions designed to relieve acute psychiatric symptomatology and restore the child's ability to function in a less restrictive setting. These svcs are provided in a local general hospital or a private psychiatric hospital. This sub-strategy does not include state mental health facilities or a legislatively authorized Community Hospital.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include: population growth which may increase the need for outpatient mental health svcs and medical inflation may also result in an increase in cost to provide svcs, and may therefore lead to fewer people being served. Natural, as well as, manmade disasters, may also impact this sub-strategy. Examples of natural disasters include, but are not limited to hurricanes, and tornados. Hurricanes and tornados can be devastating environmental stressors that lead to an increased need for inpatient mental health svcs. This sub-strategy may also be impacted by incidence of community violence, local priorities, and other community factors that may place children and families at increased risk of mental illness. Internal factors impacting this sub-strategy include variations in the State's allocation for inpatient mental health svcs. Furthermore, many state mental health facilities and legislatively authorized Community Hospitals are currently operating at capacity. Thus, any further capacity limitations at state mental health facilities and legislatively authorized Community Hospitals will result in increased need for inpatient mental health svcs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 2 Community Mental Health Svcs-Children
 SUB-STRATEGY: 3 MHS Children-All Others

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$2,080,261	\$628,701	\$628,701	\$628,701	\$628,701
1002 - Other Personnel Costs	\$83,210	\$25,148	\$25,148	\$25,148	\$25,148
2001 - Professional Fees & Services	\$2,063,952	\$936,065	\$921,604	\$921,604	\$921,604
2003 - Consumable Supplies	\$2,680	\$2,937	\$2,937	\$2,937	\$2,937
2004 - Utilities	\$5,952	\$3,606	\$3,581	\$3,581	\$3,581
2005 - Travel	\$48,632	\$14,698	\$14,698	\$14,698	\$14,698
2006 - Rent - Building	\$0	\$1,154,454	\$1,147,048	\$1,147,048	\$1,147,048
2007 - Rent - Machine and Other	\$0	\$892	\$835	\$835	\$835
2009 - Other Operating Expense	\$128,398	\$275,118	\$263,497	\$263,497	\$263,497
3001 - Client Services	\$11,427,058	\$0	\$0	\$0	\$0
4000 - Grants	\$7,392,008	\$8,969,256	\$9,064,109	\$8,073,451	\$8,073,451
TOTAL, OBJECT OF EXPENSE	\$23,232,151	\$12,010,875	\$12,072,158	\$11,081,500	\$11,081,500
Method of Financing:					
0001 General Revenue	\$4,050,613	\$7,589,010	\$7,594,446	\$7,923,238	\$7,923,238
0758 GR Match for Medicaid Account No. 758	\$9,029,763	\$730,695	\$725,259	\$740,113	\$740,113
SUBTOTAL, MOF (General Revenue)	\$13,080,376	\$8,319,705	\$8,319,705	\$8,663,351	\$8,663,351
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$5,748,032	\$473,860	\$473,860	\$0	\$0
93.778.003 XIX 50%	\$948,421	\$399,938	\$399,938	\$846,417	\$846,417
93.778.005 XIX FMAP @ 90%	\$2,146,210	\$0	\$0	\$0	\$0
93.958.000 Block Grants for Communi	\$527,014	\$1,510,449	\$1,571,732	\$1,571,732	\$1,571,732
CFDA Subtotal, Fund 0555	\$9,369,677	\$2,384,247	\$2,445,530	\$2,418,149	\$2,418,149
SUBTOTAL, MOF (Federal Funds)	\$9,369,677	\$2,384,247	\$2,445,530	\$2,418,149	\$2,418,149
Method of Financing:					
0777 Interagency Contracts	\$647,099	\$0	\$0	\$0	\$0
8033 MH Appropriated Receipts	\$134,999	\$1,306,923	\$1,306,923	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$782,098	\$1,306,923	\$1,306,923	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 2 Community Mental Health Svcs-Children
 SUB-STRATEGY: 3 MHS Children-All Others

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE	\$23,232,151	\$12,010,875	\$12,072,158	\$11,081,500	\$11,081,500
FULL TIME EQUIVALENT POSITIONS:	45.0	13.6	13.6	13.6	13.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy contains costs for community center training, contracted activities that directly relate to children’s mental health community svcs, centralized program supports and allocated costs of statewide claims processing.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Continuous training and education is necessary for HHSC program staff and community centers to stay abreast of current best practices for children mental health svcs. Additionally, continuous improvements to information systems to benefit from current technology and obtain better client data for analysis and reporting for the overall behavioral health programs is necessary.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 2 Provide Behavioral Health Services						
STRATEGY: 3 Community Mental Health Crisis Svcs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	CMHCS-Residential Services	\$43,219,238	\$45,843,285	\$45,736,309	\$45,683,274	\$45,683,274
2	CMHCS-Outpatient Services	\$60,599,062	\$61,883,314	\$61,212,404	\$61,265,439	\$61,265,439
3	CMHCS-Competency Restoration	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
5	CMHCS-Other	\$20,853,824	\$37,170,617	\$59,343,566	\$48,093,566	\$48,093,566
Total, Sub-strategies		\$128,906,781	\$149,131,873	\$171,631,873	\$160,381,873	\$160,381,873

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Svcs
 SUB-STRATEGY: 1 CMHCS-Residential Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$43,219,238	\$45,843,285	\$45,736,309	\$45,683,274	\$45,683,274
TOTAL, OBJECT OF EXPENSE	\$43,219,238	\$45,843,285	\$45,736,309	\$45,683,274	\$45,683,274
Method of Financing:					
0001 General Revenue	\$10,211,556	\$10,211,556	\$11,375,082	\$11,375,082	\$11,375,082
8001 GR for Mental Health Block Grant	\$33,007,682	\$35,631,729	\$34,361,227	\$34,308,192	\$34,308,192
SUBTOTAL, MOF (General Revenue)	\$43,219,238	\$45,843,285	\$45,736,309	\$45,683,274	\$45,683,274
TOTAL, METHOD OF FINANCE	\$43,219,238	\$45,843,285	\$45,736,309	\$45,683,274	\$45,683,274
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Based on guidance by the 80th Legislature and in response to Rider 69, HHSC was empowered to improve the crisis response capacity across the state using new crisis funding. Residential svcs for crisis are part of an array of crisis svcs will improve crisis response in communities, and divert individuals with mental illness from unnecessary incarceration or state hospitalization. Each residential service has a defined set of standards and defined acuity level.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC has used this funding to implement a consistent array of crisis svcs across the state. In several program types, local match is required. The continued availability of local match funds is one external factor that may affect availability and consistency of residential svcs statewide. Other external factors impacting this sub-strategy include population growth, the growth of uninsured and underinsured individuals, disasters, as well as, shortages of licensed mental health professionals including psychiatrists, registered nurses, licensed counselors and social workers. Internal factors impacting this sub-strategy include changes in funding for crisis mental health svcs (both General Revenue and Federal Funding Sources) and changes in departmental rules related to standards of care.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Svcs
 SUB-STRATEGY: 2 CMHCS-Outpatient Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$606,419	\$606,419	\$606,419	\$606,419	\$606,419
4000 - Grants	\$59,992,643	\$61,276,895	\$60,605,985	\$60,659,020	\$60,659,020
TOTAL, OBJECT OF EXPENSE	\$60,599,062	\$61,883,314	\$61,212,404	\$61,265,439	\$61,265,439
Method of Financing:					
0001 General Revenue	\$20,239,980	\$21,518,193	\$20,681,719	\$20,681,719	\$20,681,719
8001 GR for Mental Health Block Grant	\$38,727,485	\$38,727,485	\$38,893,049	\$38,946,084	\$38,946,084
SUBTOTAL, MOF (General Revenue)	\$58,967,465	\$60,245,678	\$59,574,768	\$59,627,803	\$59,627,803
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$1,631,597	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636
CFDA Subtotal, Fund 0555	\$1,631,597	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636
SUBTOTAL, MOF (Federal Funds)	\$1,631,597	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636
TOTAL, METHOD OF FINANCE	\$60,599,062	\$61,883,314	\$61,212,404	\$61,265,439	\$61,265,439
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Crisis outpatient svcs are immediately accessible svcs for adults, children, and adolescents that serve two purposes: ready access to psychiatric assessment and treatment for new individuals with urgent needs, and access to same-day psychiatric assessment and treatment for existing clients within the system. For persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment, rapid transfer to a higher level of care is facilitated. If extreme risk of harm is ruled out, brief crisis intervention svcs are provided on-site and crisis follow-up is provided. Crisis outpatient svcs are designed to be intensive and time-limited, and are provided until the crisis is resolved or the person is referred to another level of care.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC has used this funding to implement a consistent array of crisis svcs across the state, and in many cases, these svcs have been supplemented through community match contributions. The continued availability of local match funds is one external factor that may affect availability and consistency of outpatient svcs statewide. Other external factors impacting this sub-strategy include population growth, the growth of uninsured and underinsured individuals, disasters, as well as, shortages of licensed mental health professionals including psychiatrists, registered nurses, licensed counselors and social workers. Internal factors impacting this sub-strategy include changes in funding for crisis mental health svcs (both General Revenue and Federal Funding sources) and changes in departmental rules related to standards of care.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Svcs
 SUB-STRATEGY: 3 CMHCS-Competency Restoration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
TOTAL, OBJECT OF EXPENSE	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
Method of Financing:					
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
SUBTOTAL, MOF (General Revenue)	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
TOTAL, METHOD OF FINANCE	\$4,234,657	\$4,234,657	\$5,339,594	\$5,339,594	\$5,339,594
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Based on guidance by the 80th Legislature, HHSC has implemented an outpatient competency restoration program to extend the ability to provide competency restoration svcs beyond State Mental Health Hospital (SMHH) based programs. The outpatient competency restoration program enhances the ability of communities to provide effective community-based treatments to individuals with mental illness involved in the legal system while reducing unnecessary burdens on jails and State psychiatric hospitals. Competency restoration svcs provide psychiatric stabilization in conjunction with legal education and skills training.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include the local judiciary process, the criminal court's willingness to order outpatient competency restoration svcs, and the consumer's ability to participate in the curriculum, successfully complete the program, and refrain from repeating criminal offenses in the future. The lack of available housing resources in a community is also a factor.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Svcs
 SUB-STRATEGY: 5 CMHCS-Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,492,359	\$1,492,359	\$1,645,955	\$1,645,955	\$1,645,955
1002 - Other Personnel Costs	\$29,933	\$29,933	\$39,185	\$39,185	\$39,185
2001 - Professional Fees & Services	\$1,293,397	\$1,290,746	\$1,343,654	\$1,343,654	\$1,343,654
2003 - Consumable Supplies	\$166	\$1,448	\$2,133	\$1,791	\$1,791
2004 - Utilities	\$2,758	\$3,054	\$2,906	\$2,906	\$2,906
2005 - Travel	\$9,237	\$24,075	\$31,245	\$27,659	\$27,659
2006 - Rent - Building	\$4,448	\$4,448	\$4,047	\$4,248	\$4,248
2007 - Rent - Machine and Other	\$28,366	\$28,366	\$25,320	\$28,317	\$28,317
2009 - Other Operating Expense	\$186,395	\$141,713	\$148,211	\$144,961	\$144,961
4000 - Grants	\$14,695,675	\$34,154,475	\$56,100,910	\$44,854,890	\$44,854,890
5000 - Capital Expenditures	\$3,111,090	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$20,853,824	\$37,170,617	\$59,343,566	\$48,093,566	\$48,093,566
Method of Financing:					
0001 General Revenue	\$17,460,998	\$36,563,881	\$58,736,830	\$47,486,830	\$47,486,830
0758 GR Match for Medicaid Account No. 758	\$48,616	\$0	\$0	\$0	\$0
8001 GR for Mental Health Block Grant	\$281,736	\$281,736	\$281,736	\$281,736	\$281,736
SUBTOTAL, MOF (General Revenue)	\$17,791,350	\$36,845,617	\$59,018,566	\$47,768,566	\$47,768,566
Method of Financing:					
0555 Federal Funds					
93.778.005 XIX FMAP @ 90%	\$3,062,474	\$0	\$0	\$0	\$0
93.788.000 Opioid STR	\$0	\$325,000	\$325,000	\$325,000	\$325,000
CFDA Subtotal, Fund 0555	\$3,062,474	\$325,000	\$325,000	\$325,000	\$325,000
SUBTOTAL, MOF (Federal Funds)	\$3,062,474	\$325,000	\$325,000	\$325,000	\$325,000
TOTAL, METHOD OF FINANCE	\$20,853,824	\$37,170,617	\$59,343,566	\$48,093,566	\$48,093,566
FULL TIME EQUIVALENT POSITIONS:	25.0	25.0	25.0	25.0	25.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes crisis transportation and crisis flexible benefits. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or,

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 3 Community Mental Health Crisis Svcs
 SUB-STRATEGY: 5 CMHCS-Other

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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when appropriate, by ambulance or qualified staff. Crisis flexible benefits include the provision of, or the payment of costs related to the provision of non-clinical support svcs that reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home or community.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting crisis transportation and crisis flexible benefits may be impacted by economic factors such as gasoline prices and increased living costs. Population growth will also impact the number of individuals in crisis who may need crisis svcs. Internal factors impacting this sub-strategy may include any changes in funding for crisis mental health svcs.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 2 Provide Behavioral Health Services						
STRATEGY: 4 Substance Abuse Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Substance Abuse Prevention Services	\$42,181,430	\$51,096,674	\$51,176,131	\$51,042,488	\$51,043,488
2	Substance Abuse Intervention Services	\$18,578,636	\$25,709,507	\$25,804,966	\$25,802,631	\$25,802,631
3	Substance Abuse Treatment Services	\$101,475,630	\$137,176,026	\$136,842,532	\$137,053,427	\$137,052,426
4	Substance Abuse-Other	\$1,639,702	\$3,725,852	\$4,047,227	\$4,098,875	\$4,098,875
Total, Sub-strategies		\$163,875,398	\$217,708,059	\$217,870,856	\$217,997,421	\$217,997,420

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 1 Substance Abuse Prevention Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,326,000	\$1,326,000	\$1,228,500	\$1,228,500	\$1,228,500
1002 - Other Personnel Costs	\$21,520	\$21,520	\$21,520	\$21,520	\$21,520
2001 - Professional Fees & Services	\$785,822	\$785,822	\$785,822	\$785,822	\$785,822
2002 - Fuels & Lubricants	\$426	\$426	\$426	\$426	\$426
2003 - Consumable Supplies	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779
2004 - Utilities	\$34,759	\$34,759	\$34,759	\$34,759	\$34,759
2005 - Travel	\$10,792	\$10,792	\$10,792	\$10,792	\$10,792
2009 - Other Operating Expense	\$313,072	\$313,072	\$313,072	\$313,072	\$313,072
4000 - Grants	\$39,687,260	\$48,602,504	\$48,779,461	\$48,645,818	\$48,646,818
TOTAL, OBJECT OF EXPENSE	\$42,181,430	\$51,096,674	\$51,176,131	\$51,042,488	\$51,043,488
Method of Financing:					
0001 General Revenue	\$10,583,109	\$10,583,109	\$10,809,704	\$10,799,976	\$10,799,976
SUBTOTAL, MOF (General Revenue)	\$10,583,109	\$10,583,109	\$10,809,704	\$10,799,976	\$10,799,976
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$639,306	\$639,306	\$494,247	\$398,900	\$399,890
93.788.000 Opiod STR	\$0	\$1,915,244	\$1,915,246	\$1,915,244	\$1,915,254
93.791.000 Money Follows Person Reblncng D	\$28,625	\$28,625	\$28,625	\$0	\$0
93.958.000 Block Grants for Communi	\$498,031	\$498,031	\$495,950	\$496,009	\$496,009
93.959.000 Block Grants for Prevent	\$30,432,359	\$37,432,359	\$37,432,359	\$37,432,359	\$37,432,359
CFDA Subtotal, Fund 0555	\$31,598,321	\$40,513,565	\$40,366,427	\$40,242,512	\$40,243,512
SUBTOTAL, MOF (Federal Funds)	\$31,598,321	\$40,513,565	\$40,366,427	\$40,242,512	\$40,243,512
TOTAL, METHOD OF FINANCE	\$42,181,430	\$51,096,674	\$51,176,131	\$51,042,488	\$51,043,488
FULL TIME EQUIVALENT POSITIONS:	30.4	30.4	18.9	18.9	18.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

Prevention programs are aimed at reducing the use of alcohol, tobacco, and other drugs among youth and adults. Youth prevention programs conduct prevention education and skills training as a core strategy. Universal and Selective programs provide a proactive process to promote health and wellness for individuals, families, and communities by enhancing

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 1 Substance Abuse Prevention Services

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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protecting factors and averting and precluding negative factors which place individuals at risk for substance abuse. Universal programs are provided to an entire population and include substance abuse education using school-based curricula for all children within a school district, media and public awareness campaigns within inner city neighborhoods, and social policy changes. Selective programs target subgroups of the general population identified on the basis of the nature and number of risk factors for substance use to which they may have been exposed. Selective programs include prevention svcs for children of substance abusing parents, and mentoring programs aimed at children with school performance or behavioral problems. Indicated programs offer constructive methods designed to interrupt the onset or progression of substance abuse in the early stages and target individuals exhibiting problem behavior in school, failing grades and truancy but have not reached the point where a clinical diagnosis can be made. Youth are screened for participation and risk factors, and strategies prioritized for the youth and their families.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant places constraints on the use of the funds and define specific set-aside requirements. The SAPT Block Grant Award requires the State to have a law providing that it is unlawful for the illegal use of and sale of tobacco to individuals under the age of 18. It also requires continued state supported maintenance of effort as a condition for receiving block grant funds and to expend not less than 20% of the block grant award on primary prevention programs. General Revenue is applied to the SAPT maintenance of effort requirement. The 77th Legislature created the Drug Demand Reduction Advisory Committee to serve as a single source of information for the Governor, the Legislature and the public, about issues relating to reducing drug demand, including available prevention programs and svcs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 2 Substance Abuse Intervention Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$396,500	\$396,500	\$435,500	\$435,500	\$435,500
1002 - Other Personnel Costs	\$4,782	\$4,782	\$4,782	\$4,782	\$4,782
2001 - Professional Fees & Services	\$402,450	\$402,450	\$402,450	\$402,450	\$402,450
2004 - Utilities	\$432	\$432	\$432	\$432	\$432
2005 - Travel	\$4,589	\$4,589	\$4,589	\$4,589	\$4,589
2006 - Rent - Building	\$177	\$177	\$177	\$177	\$177
2009 - Other Operating Expense	\$368,486	\$368,486	\$368,486	\$368,486	\$368,486
4000 - Grants	\$17,401,220	\$24,532,091	\$24,588,550	\$24,586,215	\$24,586,215
TOTAL, OBJECT OF EXPENSE	\$18,578,636	\$25,709,507	\$25,804,966	\$25,802,631	\$25,802,631
Method of Financing:					
0001 General Revenue	\$6,059,145	\$6,059,145	\$6,148,631	\$6,148,666	\$6,148,666
SUBTOTAL, MOF (General Revenue)	\$6,059,145	\$6,059,145	\$6,148,631	\$6,148,666	\$6,148,666
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$9,701	\$9,701	\$15,613	\$13,240	\$13,240
93.788.000 Opioid STR	\$0	\$2,130,871	\$2,130,870	\$2,130,871	\$2,130,871
93.958.000 Block Grants for Communi	\$179	\$179	\$241	\$243	\$243
93.959.000 Block Grants for Prevent	\$12,509,611	\$17,509,611	\$17,509,611	\$17,509,611	\$17,509,611
CFDA Subtotal, Fund 0555	\$12,519,491	\$19,650,362	\$19,656,335	\$19,653,965	\$19,653,965
SUBTOTAL, MOF (Federal Funds)	\$12,519,491	\$19,650,362	\$19,656,335	\$19,653,965	\$19,653,965
TOTAL, METHOD OF FINANCE	\$18,578,636	\$25,709,507	\$25,804,966	\$25,802,631	\$25,802,631
FULL TIME EQUIVALENT POSITIONS:	6.1	6.1	6.7	6.7	6.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

Intervention is defined as a process that utilizes multiple strategies to interrupt the use of alcohol, tobacco and other drugs by youths who are showing early warning signs of substance use or abuse and/or exhibiting other high-risk problem behaviors. Intervention also seeks to break the cycle of harmful use of legal substances and all use of illegal substances by adults in order to halt the progression and escalation of use, abuse, and related problems. Intervention programs include: HIV Outreach and Early Intervention programs that provide relevant information and education about the relationship between drug use, HIV and other communicable diseases; Pregnant -Postpartum svcs to identify,

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 2 Substance Abuse Intervention Services

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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intervene with and coordinate treatment for substance use and/or abuse needs of pregnant and postpartum women; and Regional "Care Coordination" entities that provide referral, coordination of substance abuse svcs, and screening when appropriate.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant places constraints on the use of the funds and define specific set-aside requirements. The SAPT Block Grant Award requires the State to have a law providing that it is unlawful for the illegal use of and sale of tobacco to individuals under the age of 18. It also requires continued state supported maintenance of effort as a condition for receiving block grant funds and to expend not less than 5% of the block grant award on HIV Early Intervention programs. General Revenue is applied to the SAPT maintenance of effort requirement. Key economic variables forecast by the Comptroller's Office include personal income and employment.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 3 Substance Abuse Treatment Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,660,500	\$3,845,452	\$5,129,699	\$5,065,944	\$5,065,944
1002 - Other Personnel Costs	\$48,021	\$48,021	\$48,021	\$48,021	\$48,021
2001 - Professional Fees & Services	\$8,048,101	\$8,048,101	\$8,048,101	\$8,048,101	\$8,048,101
2003 - Consumable Supplies	\$5,102	\$5,102	\$5,102	\$5,102	\$5,102
2004 - Utilities	\$624	\$624	\$624	\$624	\$624
2005 - Travel	\$104,342	\$104,342	\$104,342	\$104,342	\$104,342
2006 - Rent - Building	\$3,302	\$3,302	\$3,302	\$3,302	\$3,302
2007 - Rent - Machine and Other	\$50,648	\$50,648	\$50,648	\$50,648	\$50,648
2009 - Other Operating Expense	\$294,743	\$294,743	\$294,743	\$294,743	\$294,743
3001 - Client Services	\$3,901,973	\$15,804,968	\$16,068,847	\$16,068,847	\$16,067,847
4000 - Grants	\$84,358,274	\$108,970,723	\$107,089,103	\$107,363,753	\$107,363,752
TOTAL, OBJECT OF EXPENSE	\$101,475,630	\$137,176,026	\$136,842,532	\$137,053,427	\$137,052,426
Method of Financing:					
0001 General Revenue	\$29,438,337	\$29,948,041	\$29,627,950	\$29,669,455	\$29,669,354
SUBTOTAL, MOF (General Revenue)	\$29,438,337	\$29,948,041	\$29,627,950	\$29,669,455	\$29,669,354
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$1,437,506	\$1,437,506	\$1,573,004	\$1,649,009	\$1,649,009
93.788.000 Opioid STR	\$0	\$20,836,427	\$20,967,807	\$20,947,988	\$20,947,088
93.958.000 Block Grants for Communi	\$455,318	\$455,318	\$457,141	\$457,141	\$457,141
93.959.000 Block Grants for Prevent	\$70,144,469	\$84,498,734	\$84,216,630	\$84,122,177	\$84,122,177
CFDA Subtotal, Fund 0555	\$72,037,293	\$107,227,985	\$107,214,582	\$107,176,315	\$107,175,415
SUBTOTAL, MOF (Federal Funds)	\$72,037,293	\$107,227,985	\$107,214,582	\$107,176,315	\$107,175,415
Method of Financing:					
8033 MH Appropriated Receipts	\$0	\$0	\$0	\$207,657	\$207,657
SUBTOTAL, MOF (Other Funds)	\$0	\$0	\$0	\$207,657	\$207,657
TOTAL, METHOD OF FINANCE	\$101,475,630	\$137,176,026	\$136,842,532	\$137,053,427	\$137,052,426

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 3 Substance Abuse Treatment Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	61.7	61.7	71.0	71.0	71.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Substance Abuse Treatment is defined as a planned, structured, and organized program designed to initiate, promote or maintain a person’s drug-free status. The treatment svcs continuum includes a range of svcs to fit individual needs, including medically supervised and ambulatory detoxification programs, residential treatment, outpatient treatment, and maintenance programs. Priority populations include the following populations: identified substance abusers infected with HIV and persons at risk for HIV;; persons who use intravenous drugs, women with substance use disorders who are pregnant and/or parenting or have had their children removed from the home because of a substance use disorder; youth who are currently at risk of using or abusing, who currently abuse or have abused, substances including youth in or referred by the juvenile justice system; substance abusers who are at risk of institutionalization or who currently are served in mental health facilities; substance abusers who have had children placed under conservatorship of the Department of Family and Protective svcs; youth who are at risk of selling controlled substances; women with children or women of child-bearing years; and indigent veterans having received an honorable discharge. Recovery support svcs such as housing, employment and recovery coaching are also being funded by HHSC in order to develop long term recovery in communities around the State.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant places constraints on the use of the funds and define specific set -aside requirements. The SAPT Block Grant Award requires the State to have a law providing it is unlawful for the illegal use of and sale of tobacco to individuals under the age of 18. It also requires continued state-supported maintenance of effort as a condition for receiving block grant funds and to expend not less than \$13.9M on Specialized Female programs. General Revenue is applied to the SAPT maintenance of effort requirement. Specialized programs for females are designed to meet specific federal requirements and serve women with children and women who are seeking custody of their children.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 4 Substance Abuse Services
 SUB-STRATEGY: 4 Substance Abuse-Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$767,000	\$767,000	\$1,076,760	\$1,076,760	\$1,076,760
1002 - Other Personnel Costs	\$11,334	\$11,334	\$11,334	\$11,334	\$11,334
2001 - Professional Fees & Services	\$190,194	\$190,194	\$189,434	\$189,434	\$189,434
2002 - Fuels & Lubricants	\$206	\$206	\$206	\$206	\$206
2003 - Consumable Supplies	\$8,697	\$8,697	\$8,697	\$8,697	\$8,697
2004 - Utilities	\$41,983	\$41,983	\$41,983	\$41,983	\$41,983
2005 - Travel	\$47,040	\$47,040	\$47,040	\$47,040	\$47,040
2007 - Rent - Machine and Other	\$7,241	\$7,241	\$7,241	\$7,241	\$7,241
4000 - Grants	\$566,007	\$2,652,157	\$2,664,532	\$2,716,180	\$2,716,180
TOTAL, OBJECT OF EXPENSE	\$1,639,702	\$3,725,852	\$4,047,227	\$4,098,875	\$4,098,875
Method of Financing:					
0001 General Revenue	\$497	\$0	\$0	\$0	\$0
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$129,099	\$129,099	\$133,108	\$101,296	\$101,296
SUBTOTAL, MOF (General Revenue)	\$129,596	\$129,099	\$133,108	\$101,296	\$101,296
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$7,793	\$7,793	\$11,442	\$10,599	\$10,599
93.788.000 Opioid STR	\$0	\$86,646	\$118,064	\$107,975	\$107,975
93.958.000 Block Grants for Communi	\$639	\$639	\$834	\$773	\$773
93.959.000 Block Grants for Prevent	\$1,501,674	\$3,501,675	\$3,783,779	\$3,878,232	\$3,878,232
CFDA Subtotal, Fund 0555	\$1,510,106	\$3,596,753	\$3,914,119	\$3,997,579	\$3,997,579
SUBTOTAL, MOF (Federal Funds)	\$1,510,106	\$3,596,753	\$3,914,119	\$3,997,579	\$3,997,579
TOTAL, METHOD OF FINANCE	\$1,639,702	\$3,725,852	\$4,047,227	\$4,098,875	\$4,098,875
FULL TIME EQUIVALENT POSITIONS:	11.9	11.8	13.4	13.4	13.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy contains costs for contracted & staffing activities that directly relate to substance abuse svcs, centralized program supports and allocated statewide costs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
OBJECTIVE: 2 Provide Behavioral Health Services
STRATEGY: 4 Substance Abuse Services
SUB-STRATEGY: 4 Substance Abuse-Other

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Continuous training and education is necessary for HHSC program staff and contractors to stay abreast of current best practices for svcs. Additionally, continuous improvements to information systems to benefit from current technology and obtain better substance abuse data for analysis and reporting for the overall behavioral health programs is necessary.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 4 Additional Health-Related Service						
OBJECTIVE: 2 Provide Behavioral Health Services						
STRATEGY: 5 Behavioral Health Waiver and Plan Amendment						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	YES Waiver	\$36,523,081	\$30,276,673	\$29,956,361	\$29,956,360	\$29,956,361
2	HCBS-Adult Mental Health Plan Amendment	\$4,138,811	\$21,398,945	\$21,719,258	\$22,343,334	\$22,343,334
Total, Sub-strategies		\$40,661,892	\$51,675,618	\$51,675,619	\$52,299,694	\$52,299,695

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment
 SUB-STRATEGY: 1 YES Waiver

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$383,366	\$521,295	\$521,295	\$521,295	\$521,295
1002 - Other Personnel Costs	\$15,335	\$20,852	\$20,852	\$20,852	\$20,852
2001 - Professional Fees & Services	\$899,318	\$899,318	\$899,318	\$899,318	\$899,318
2003 - Consumable Supplies	\$84,900	\$84,900	\$84,900	\$84,900	\$84,900
2004 - Utilities	\$108	\$108	\$108	\$108	\$108
2005 - Travel	\$9,170	\$12,469	\$12,469	\$12,469	\$12,469
2009 - Other Operating Expense	\$59,732	\$59,732	\$59,732	\$59,732	\$59,732
3001 - Client Services	\$34,995,152	\$28,601,999	\$28,281,687	\$28,281,686	\$28,281,687
4000 - Grants	\$76,000	\$76,000	\$76,000	\$76,000	\$76,000
TOTAL, OBJECT OF EXPENSE	\$36,523,081	\$30,276,673	\$29,956,361	\$29,956,360	\$29,956,361
Method of Financing:					
0001 General Revenue	\$4,855,861	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$4,849,814	\$12,602,508	\$12,318,520	\$11,676,280	\$11,676,281
8001 GR for Mental Health Block Grant	\$8,029,159	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$17,734,834	\$12,602,508	\$12,318,520	\$11,676,280	\$11,676,281
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$1,670,908	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$168,583	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$15,985,959	\$17,342,526	\$17,306,202	\$18,007,545	\$18,007,545
93.778.003 XIX 50%	\$331,639	\$331,639	\$331,639	\$272,535	\$272,535
CFDA Subtotal, Fund 0555	\$18,157,089	\$17,674,165	\$17,637,841	\$18,280,080	\$18,280,080
SUBTOTAL, MOF (Federal Funds)	\$18,157,089	\$17,674,165	\$17,637,841	\$18,280,080	\$18,280,080
Method of Financing:					
0777 Interagency Contracts	\$631,158	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$631,158	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$36,523,081	\$30,276,673	\$29,956,361	\$29,956,360	\$29,956,361

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment
 SUB-STRATEGY: 1 YES Waiver

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	6.0	10.0	10.0	10.0	10.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Youth Empowerment Services (YES) waiver strategy provides services and supports children and adolescents with serious emotional disturbance (SED) as an alternative to psychiatric institutionalization. Participants live non-institutional settings, including their own home or family home. Services include Adaptive Aids and Supports; Community Living Supports; Employment Services; Family Supports; Minor Home Modifications; Non-Medical Transportation; Paraprofessional Services; Respite; Specialized Therapies; Supportive Family-Based Alternatives; and Transitional Services.

Eligible individuals must be 3-18, have an SED (excluding a single diagnosis of substance abuse, mental retardation, autism or pervasive development disorder), and be enrolled in Medicaid. Individuals who otherwise meet eligibility may waive parental income for financial eligibility determination.

Medicaid services are fee-for-service (FFS). Participants have an Individual Plan of Care that does not exceed 200 percent of the reimbursement rate that would have been paid for that same person to receive services in an institutional setting.

Statutory Authority: Social Security Act, §1915(c); Texas Administrative Code, Title 25 Chapters 419, Subchapter A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments.

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment
 SUB-STRATEGY: 2 HCBS-Adult Mental Health Plan Amendment

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$385,759	\$385,759	\$385,759	\$385,759
1002 - Other Personnel Costs	\$0	\$15,431	\$15,431	\$15,431	\$15,431
2001 - Professional Fees & Services	\$483,146	\$483,146	\$483,146	\$483,146	\$483,146
2003 - Consumable Supplies	\$740	\$740	\$740	\$740	\$740
2004 - Utilities	\$77	\$77	\$77	\$77	\$77
2005 - Travel	\$0	\$9,227	\$9,227	\$9,227	\$9,227
2009 - Other Operating Expense	\$1,577	\$1,577	\$1,577	\$1,577	\$1,577
3001 - Client Services	\$3,167,320	\$20,017,037	\$20,337,350	\$20,961,426	\$20,961,426
4000 - Grants	\$485,951	\$485,951	\$485,951	\$485,951	\$485,951
TOTAL, OBJECT OF EXPENSE	\$4,138,811	\$21,398,945	\$21,719,258	\$22,343,334	\$22,343,334
Method of Financing:					
0001 General Revenue	\$3,736,209	\$2,765,210	\$3,085,523	\$3,709,599	\$3,709,599
0758 GR Match for Medicaid Account No. 758	\$0	\$8,200,000	\$8,200,000	\$8,200,000	\$8,200,000
SUBTOTAL, MOF (General Revenue)	\$3,736,209	\$10,965,210	\$11,285,523	\$11,909,599	\$11,909,599
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$10,031,133	\$10,031,133	\$10,031,133	\$10,031,133
93.778.003 XIX 50%	\$402,602	\$402,602	\$402,602	\$402,602	\$402,602
CFDA Subtotal, Fund 0555	\$402,602	\$10,433,735	\$10,433,735	\$10,433,735	\$10,433,735
SUBTOTAL, MOF (Federal Funds)	\$402,602	\$10,433,735	\$10,433,735	\$10,433,735	\$10,433,735
TOTAL, METHOD OF FINANCE	\$4,138,811	\$21,398,945	\$21,719,258	\$22,343,334	\$22,343,334
FULL TIME EQUIVALENT POSITIONS:	0.0	7.4	7.4	7.4	7.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Home and Community Based Services—Adult Mental Health (HCBS-AMH) strategy provides services and supports for individuals with mental illness with the following risk factors long-term psychiatric hospitalization, frequent arrests, or frequent emergency department visits. Individuals may live in non-institutional settings including their own home, host home/companion care setting, or in a small provider owned setting. Services include recovery management, and, as appropriate, residential assistance, employment services, psychosocial rehabilitation, adaptive aids, minor home modifications, home delivered meals, transportation, transition assistance, nursing, peer support, respite, and community

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 5 Behavioral Health Waiver and Plan Amendment
 SUB-STRATEGY: 2 HCBS-Adult Mental Health Plan Amendment

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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psychiatric supports and treatment.
 To be eligible for HCBS-AMH, an individual may be 18 or older, have a qualifying mental health diagnosis, meet an identified risk factor, and have a monthly income that does not exceed 150% of the Federal Poverty Line.
 Medicaid services are provided to this risk group through fee-for-service (FFS).
 Statutory Authority: Social Security Act, §1915(i); Texas Administrative Code, Title 25 Chapters 416.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Covered services are mandated under a State administered Medicaid program and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. The federal Medicaid match rate (FMAP) determines the required state match which derives the strategy method of finance. FMAP is calculated as a ratio of Texas’ three year average of per capita income to the National three-year average of per capita income.

Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. Strategy assumes Centers for Medicare and Medicaid Services (CMS) will approve inclusion of the risk factors identified by Texas. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments.

Several factors impact the number of Texans who meet program financial eligibility. Program enrollment is in a ramp-up period; and when complete is expected to be 700 individuals.

Beginning September 1, 2017, the Health and Human Services Commission (HHSC) will begin paying claims for services delivered after August 31, 2017 on a cash basis instead of an accrual basis.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 5 Encourage Self Sufficiency						
OBJECTIVE: 1 Financial and Other Assistance						
STRATEGY: 1 TANF (Cash Assistance) Grants						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	TANF Basic	\$52,742,040	\$48,671,270	\$44,950,722	\$45,213,867	\$46,641,476
2	TANF State Program	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
3	TANF One-time Payments	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
4	TANF One-time \$30 Payments	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
5	One-time Grandparent Grants	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
Total, Sub-strategies		\$58,270,962	\$54,434,413	\$50,547,920	\$50,932,914	\$52,504,946

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 5 Encourage Self Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 TANF (Cash Assistance) Grants
 SUB-STRATEGY: 1 TANF Basic

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$52,742,041	\$48,671,270	\$44,950,722	\$45,213,867	\$46,641,476
TOTAL, OBJECT OF EXPENSE	\$52,742,041	\$48,671,270	\$44,950,722	\$45,213,867	\$46,641,476
Method of Financing:					
0759 GR MOE for Temporary Assistance for Needy Families	\$48,257,330	\$48,257,311	\$44,950,722	\$45,213,867	\$46,641,476
SUBTOTAL, MOF (General Revenue)	\$48,257,330	\$48,257,311	\$44,950,722	\$45,213,867	\$46,641,476
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$4,484,710	\$413,959	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$4,484,710	\$413,959	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$4,484,710	\$413,959	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$52,742,040	\$48,671,270	\$44,950,722	\$45,213,867	\$46,641,476
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The TANF Basic Assistance program provides financial assistance to needy families with children who are deprived of parental support because of unemployment, under-employment, absence, or disability of one or both parents. TANF is an employment focused, time limited assistance program that provides families with monthly cash assistance for ongoing needs such as food, shelter, and clothing. The 2018-19 General Appropriations Act (Article II, HHSC, Rider 126, H.B. 1, 85th Legislature, 2017) establishes the maximum monthly payment amount at 17% of the Federal Poverty Level. The purpose of the program is to provide temporary financial assistance to needy dependent children and the parents or relatives with whom they are living. The program meets TANF Purpose 1 by providing assistance to needy families so children may be cared for in their own homes or in the homes of relatives. TANF is a block grant program to help move recipients into work by providing temporary assistance.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 5 Encourage Self Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 TANF (Cash Assistance) Grants
 SUB-STRATEGY: 2 TANF State Program

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
TOTAL, OBJECT OF EXPENSE	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
Method of Financing:					
0001 General Revenue	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
SUBTOTAL, MOF (General Revenue)	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
TOTAL, METHOD OF FINANCE	\$2,242,402	\$2,105,348	\$1,941,588	\$1,938,953	\$2,001,051
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The TANF State Program provides financial assistance to low-income families with children in which there are two work-eligible adults on the case. During the 80th Texas legislative session (2007), the two-parent separate state program was funded with state general revenue instead of TANF maintenance of effort (MOE) funds. The TANF two-parent population represents approximately 4 percent of the total TANF caseload.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living. Prior to the creation of the separate state funded program, local workforce boards had to focus more time and resources to help two-parent families meet the higher two-parent work participation requirements. With the creation of the state-funded cash assistance program, local workforce boards are able to focus resources appropriately.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 5 Encourage Self Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 TANF (Cash Assistance) Grants
 SUB-STRATEGY: 3 TANF One-time Payments

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
TOTAL, OBJECT OF EXPENSE	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
CFDA Subtotal, Fund 0555	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
SUBTOTAL, MOF (Federal Funds)	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
TOTAL, METHOD OF FINANCE	\$1,687,000	\$1,761,000	\$1,695,000	\$1,776,000	\$1,811,000
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The TANF one-time grant benefit payment provides assistance to families in certain crises who are eligible for TANF cash assistance benefits and choose to receive a one-time cash grant of \$1,000 in lieu of regular ongoing TANF cash assistance benefits. The family is eligible for a TANF one-time payment only once in a 12-month period. Once a family receives a TANF one-time payment they are ineligible to receive regular ongoing TANF cash assistance or another TANF one-time payment for 12 months. The supplemental payment is not to exceed \$1,000 and is to help solve a short-term crisis and divert households from receiving ongoing TANF benefits.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 5 Encourage Self Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 TANF (Cash Assistance) Grants
 SUB-STRATEGY: 4 TANF One-time \$30 Payments

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
TOTAL, OBJECT OF EXPENSE	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
CFDA Subtotal, Fund 0555	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
SUBTOTAL, MOF (Federal Funds)	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
TOTAL, METHOD OF FINANCE	\$962,520	\$1,351,795	\$1,344,610	\$1,328,094	\$1,354,419
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The 2018-19 General Appropriations Act (Article II, HHSC, Rider 126, H.B. 1, 85th Legislature, 2017) directs the Health and Human Services Commission to provide a one-time per year grant of \$30 for each TANF child on August 1st of each year.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 5 Encourage Self Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 TANF (Cash Assistance) Grants
 SUB-STRATEGY: 5 One-time Grandparent Grants

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
TOTAL, OBJECT OF EXPENSE	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
CFDA Subtotal, Fund 0555	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
SUBTOTAL, MOF (Federal Funds)	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
TOTAL, METHOD OF FINANCE	\$637,000	\$545,000	\$616,000	\$676,000	\$697,000
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

A qualifying grandparent who is the primary caretaker for one or more grandchildren may receive a one-time, lifetime grandparent supplement payment to help cover the cost of caring for a grandchild. Once a grandparent receives a one-time grandparent supplement payment, the grandparent is not eligible to receive the payment for other grandchildren who may move into the home at a later time. Additionally, another grandparent cannot receive the grandparent payment for a grandchild who has already received the payment. Grandparents may receive both the one-time grandparent payment and regular ongoing TANF cash assistance during the same month.

The supplemental payment is not to exceed \$1,000 and is intended to help the grandparents with initial costs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 1 Long-Term Care Services & Coordination						
STRATEGY: 2 Non-Medicaid Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Non-Medicaid Services - Title XX	\$88,591,813	\$92,064,765	\$92,064,765	\$92,064,765	\$92,064,765
2	In-Home and Family Support	\$4,120,443	\$0	\$0	\$0	\$0
3	Nutrition Services	\$44,031,016	\$46,119,484	\$46,119,484	\$46,119,484	\$46,119,484
4	Services to Assist Independent Living	\$17,604,173	\$18,979,129	\$18,979,129	\$18,979,129	\$18,979,129
Total, Sub-strategies		\$154,347,445	\$157,163,378	\$157,163,378	\$157,163,378	\$157,163,378

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 2 Non-Medicaid Services
 SUB-STRATEGY: 1 Non-Medicaid Services - Title XX

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$88,591,813	\$92,064,765	\$92,064,765	\$92,064,765	\$92,064,765
TOTAL, OBJECT OF EXPENSE	\$88,591,813	\$92,064,765	\$92,064,765	\$92,064,765	\$92,064,765
Method of Financing:					
0001 General Revenue	\$18,620,774	\$21,283,496	\$21,283,496	\$21,283,496	\$21,283,496
SUBTOTAL, MOF (General Revenue)	\$18,620,774	\$21,283,496	\$21,283,496	\$21,283,496	\$21,283,496
Method of Financing:					
0555 Federal Funds					
93.053.000 Nutrition Services Incentive Pgm	\$1,067,110	\$1,877,340	\$1,877,340	\$1,877,340	\$1,877,340
93.667.000 Social Svcs Block Grants	\$68,903,929	\$68,903,929	\$68,903,929	\$68,903,929	\$68,903,929
CFDA Subtotal, Fund 0555	\$69,971,039	\$70,781,269	\$70,781,269	\$70,781,269	\$70,781,269
SUBTOTAL, MOF (Federal Funds)	\$69,971,039	\$70,781,269	\$70,781,269	\$70,781,269	\$70,781,269
TOTAL, METHOD OF FINANCE	\$88,591,813	\$92,064,765	\$92,064,765	\$92,064,765	\$92,064,765
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Community svcs and Supports – Non-Medicaid strategy svcs and supports are provided in community settings to enable aging individuals and those with disabilities to remain in the community, maintain their independence, and avoid institutionalization. svcs included in this strategy are Adult Foster Care, Consumer Managed Personal Attendant svcs, Day Activity and Health svcs, Emergency Response svcs, Family Care, Home-Delivered Meals, Residential svcs, and Special svcs for Persons with Disabilities. To be eligible for Community svcs and Supports an individual must be 18 years of age or older, have a monthly income of no more than 300 % of the SSI payment level (\$2,250), have resources of no more than \$5,000, and meet the functional assessment score requirements of the specific service.

Statutory Authority. Social Security Act, Title XX; Government Code, Chapter 2105; Human Resources Code Chapter 161, and Title 42 U.S.C. §§1397.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 2 Non-Medicaid Services
 SUB-STRATEGY: 2 In-Home and Family Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
3001 - Client Services	\$4,120,443	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$4,120,443	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$4,116,603	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$4,116,603	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.791.000 Money Follows Person Reblncng D	\$3,840	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$3,840	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$3,840	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$4,120,443	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 2 Non-Medicaid Services
 SUB-STRATEGY: 3 Nutrition Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$44,031,016	\$46,119,484	\$46,119,484	\$46,119,484	\$46,119,484
TOTAL, OBJECT OF EXPENSE	\$44,031,016	\$46,119,484	\$46,119,484	\$46,119,484	\$46,119,484
Method of Financing:					
8004 GR Match for Federal Funds (Older Americans Act)	\$1,276,244	\$1,398,325	\$1,398,325	\$1,398,325	\$1,398,325
SUBTOTAL, MOF (General Revenue)	\$1,276,244	\$1,398,325	\$1,398,325	\$1,398,325	\$1,398,325
Method of Financing:					
0555 Federal Funds					
93.043.000 Special Education Grants	\$1,048,699	\$1,371,901	\$1,371,901	\$1,371,901	\$1,371,901
93.045.000 Special Education Grants	\$30,738,669	\$33,962,497	\$33,962,497	\$33,962,497	\$33,962,497
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$34,514	\$80,568	\$80,568	\$80,568	\$80,568
93.053.000 Nutrition Services Incentive Pgm	\$10,932,890	\$9,306,193	\$9,306,193	\$9,306,193	\$9,306,193
CFDA Subtotal, Fund 0555	\$42,754,772	\$44,721,159	\$44,721,159	\$44,721,159	\$44,721,159
SUBTOTAL, MOF (Federal Funds)	\$42,754,772	\$44,721,159	\$44,721,159	\$44,721,159	\$44,721,159
TOTAL, METHOD OF FINANCE	\$44,031,016	\$46,119,484	\$46,119,484	\$46,119,484	\$46,119,484
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

svc include Congregate Meals, Home-Delivered Meals, Nutrition Education, Nutrition Counseling. Individual must be 60 or over for area agency on aging services or a caregiver under 60 as described in the National Family Caregiver Support Program of the Older American Act. Statutory Authority. Human Resources Code, Chapters 101A and 161; Title 42 U.S.C. Chapter 35, Older Americans Act of 1965, as amended.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 2 Non-Medicaid Services
 SUB-STRATEGY: 4 Services to Assist Independent Living

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$17,604,173	\$18,979,129	\$18,979,129	\$18,979,129	\$18,979,129
TOTAL, OBJECT OF EXPENSE	\$17,604,173	\$18,979,129	\$18,979,129	\$18,979,129	\$18,979,129
Method of Financing:					
0001 General Revenue	\$307,716	\$1,062,107	\$1,062,107	\$1,062,107	\$1,062,107
8004 GR Match for Federal Funds (Older Americans Act)	\$2,098,985	\$1,976,904	\$1,976,904	\$1,976,904	\$1,976,904
SUBTOTAL, MOF (General Revenue)	\$2,406,701	\$3,039,011	\$3,039,011	\$3,039,011	\$3,039,011
Method of Financing:					
0555 Federal Funds					
93.041.000 Special Education Grants	\$20,074	\$21,817	\$21,817	\$21,817	\$21,817
93.044.000 SPECIAL PROGRAMS FOR THE	\$10,012,326	\$10,360,585	\$10,360,585	\$10,360,585	\$10,360,585
93.048.000 Special Education Grants	\$0	\$100,000	\$100,000	\$100,000	\$100,000
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$5,165,072	\$5,457,716	\$5,457,716	\$5,457,716	\$5,457,716
CFDA Subtotal, Fund 0555	\$15,197,472	\$15,940,118	\$15,940,118	\$15,940,118	\$15,940,118
SUBTOTAL, MOF (Federal Funds)	\$15,197,472	\$15,940,118	\$15,940,118	\$15,940,118	\$15,940,118
TOTAL, METHOD OF FINANCE	\$17,604,173	\$18,979,129	\$18,979,129	\$18,979,129	\$18,979,129
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Support svcs which allow older individuals to live independently in their own homes and communities such as Chore Maintenance, Day Activity and Health, Emergency Response, Homemaker, Personal Assistance, Residential Repair, Respite and Transportation. Individual must be 60 or over for area agency on aging services or a caregiver under age 60 as described in the National Family Caregiver Support Program of the Older Americans Act.

Statutory Authority. Human Resources Code, Chapters 101A & 161;and Title 42 U.S.C. Chapter 35, Older Americans Act of 1965, as amended.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 1 Long-Term Care Services & Coordination						
STRATEGY: 3 Non-Medicaid IDD Community Svcs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
2	Employment Services	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
3	Day Training Services	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
4	Therapies	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
5	Respite	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
6	Independent Living	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
7	IDD Community Services Residential	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
8	Other	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812
Total, Sub-strategies		\$43,842,434	\$46,401,921	\$46,401,921	\$46,401,921	\$46,401,921

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 2 Employment Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
TOTAL, OBJECT OF EXPENSE	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
Method of Financing:					
0001 General Revenue	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
SUBTOTAL, MOF (General Revenue)	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
TOTAL, METHOD OF FINANCE	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Employment svcs are support svcs to assist individuals in securing community employment and maintaining that employment. Employment Assistance svcs are provided temporarily to an individual who is seeking employment in the community as part of the competitively employed work force. Individualized Competitive Employment svcs are provided to enable an individual to maintain employment with an employer that directly compensates the individual.

Statutory Authority: Health and Safety Code, §§533.035(a) and 534.054.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 3 Day Training Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
TOTAL, OBJECT OF EXPENSE	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
Method of Financing:					
0001 General Revenue	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
SUBTOTAL, MOF (General Revenue)	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
TOTAL, METHOD OF FINANCE	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Day training svcs are provided away from an individual's home to help the individual develop and refine skills necessary to live and work in the community. Vocational Training is day training svcs provided to an individual in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the individual to obtain employment, including job development and job placement assistance. Site Based Habilitation svcs are day training svcs provided at a location away from the consumer's home on a regular basis, typically in a group setting, designed to assist in acquisition, retention or improvement of adaptive skills.

Statutory Authority: Health & Safety Code, §§533.035(a) and 534.054.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 4 Therapies

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
TOTAL, OBJECT OF EXPENSE	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
Method of Financing:					
0001 General Revenue	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
SUBTOTAL, MOF (General Revenue)	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
TOTAL, METHOD OF FINANCE	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Specialized therapies are support svcs provided by licensed or certified professionals, including psychology, nursing, social work, occupational therapy, speech therapy, physical therapy, dietary svcs and behavioral health svcs. These svcs assist the individual to achieve quality of life and community participation acceptable to the individual.

Statutory Authority: Health and Safety Code, §533.035(a) and 534.054.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 5 Respite

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
TOTAL, OBJECT OF EXPENSE	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
Method of Financing:					
0001 General Revenue	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
SUBTOTAL, MOF (General Revenue)	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
TOTAL, METHOD OF FINANCE	\$10,829,075	\$13,388,562	\$13,388,562	\$13,388,562	\$13,388,562
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Respite svcs are provided either in or out of the consumer's home. Out of home respite is support svcs provided to an individual away from the individual's home to temporarily relieve family members or other primary care providers of their responsibilities for providing care to the individual. In home respite is support svcs provided to an individual in the individual's home to temporarily relieve the individual's family members or other primary care providers of their responsibilities for providing care to the individual for short periods of time.

Statutory Authority: Health & Safety Code, §§533.035(a) and 534.054.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 6 Independent Living

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
TOTAL, OBJECT OF EXPENSE	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
Method of Financing:					
0001 General Revenue	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
SUBTOTAL, MOF (General Revenue)	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
TOTAL, METHOD OF FINANCE	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Independent Living Support svcs are provided to assist an individual who is not receiving residential svcs participate in age-appropriate community activities and svcs. Supported Home Living provides assistance, training and support necessary for an individual to complete independent living tasks in the individual's home or community. Family Support svcs are provided to the family of an individual to help preserve the family unit and prevent or limit out-of-home placement of the individual.

Statutory Authority: Health and Safety Code, §533.035(a) and 534.054.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 7 IDD Community Services Residential

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
TOTAL, OBJECT OF EXPENSE	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
Method of Financing:					
0001 General Revenue	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
SUBTOTAL, MOF (General Revenue)	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
TOTAL, METHOD OF FINANCE	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Residential support services are twenty-four hour services provided to a consumer who does not live independently in the community or with his or her natural family. These services are provided by employees or contractors of the LIDDA who regularly stay overnight in the consumer's home, ensuring the health and welfare of the individuals served in order to avoid unnecessary institutionalization.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Residential support services are twenty-four hour services provided to a consumer who does not live independently in the community or with his or her natural family. These services are provided by employees or contractors of the LIDDA who regularly stay overnight in the consumer's home, ensuring the health and welfare of the individuals served in order to avoid unnecessary institutionalization.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 1 Long-Term Care Services & Coordination
 STRATEGY: 3 Non-Medicaid IDD Community Svcs
 SUB-STRATEGY: 8 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$1,201,485	\$1,201,485	\$1,201,485	\$1,201,485	\$1,201,485
2009 - Other Operating Expense	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
4000 - Grants	\$304,327	\$304,327	\$304,327	\$304,327	\$304,327
TOTAL, OBJECT OF EXPENSE	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812
Method of Financing:					
0001 General Revenue	\$1,505,812	\$1,505,812	\$1,505,812	\$1,505,812	\$1,505,812
SUBTOTAL, MOF (General Revenue)	\$1,505,812	\$1,505,812	\$1,505,812	\$1,505,812	\$1,505,812
Method of Financing:					
0802 License Plate Trust Fund Account No. 0802	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
SUBTOTAL, MOF (Other Funds)	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL, METHOD OF FINANCE	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 2 Independent Living						
STRATEGY: 1 Independent Living Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Independent Living Services (General and Blind)	\$9,625,515	\$11,047,217	\$11,019,523	\$11,017,107	\$11,017,107
2	Centers for Independent Living	\$2,686,219	\$3,009,485	\$3,037,179	\$3,037,179	\$3,037,179
Total, Sub-strategies		\$12,311,734	\$14,056,702	\$14,056,702	\$14,054,286	\$14,054,286

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 1 Independent Living Services
 SUB-STRATEGY: 1 Independent Living Services (General and Blind)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,417,600	\$1,344,074	\$1,349,812	\$1,349,812	\$1,349,812
1002 - Other Personnel Costs	\$42,260	\$33,000	\$33,000	\$33,000	\$33,000
2001 - Professional Fees & Services	\$19,205	\$18,115	\$18,294	\$18,204	\$18,204
2002 - Fuels & Lubricants	\$0	\$288	\$263	\$276	\$276
2003 - Consumable Supplies	\$0	\$5,257	\$5,045	\$5,152	\$5,152
2004 - Utilities	\$7,768	\$37,641	\$37,657	\$37,648	\$37,648
2005 - Travel	\$44,807	\$76,008	\$75,862	\$75,935	\$75,935
2006 - Rent - Building	\$0	\$129,201	\$130,375	\$129,788	\$129,788
2007 - Rent - Machine and Other	\$0	\$18,785	\$18,927	\$18,856	\$18,856
2009 - Other Operating Expense	\$25,499	\$114,451	\$118,683	\$114,260	\$114,260
4000 - Grants	\$8,068,376	\$9,270,397	\$9,231,605	\$9,234,176	\$9,234,176
TOTAL, OBJECT OF EXPENSE	\$9,625,515	\$11,047,217	\$11,019,523	\$11,017,107	\$11,017,107
Method of Financing:					
0001 General Revenue	\$2,333,253	\$3,197,161	\$3,197,161	\$3,197,161	\$3,197,161
SUBTOTAL, MOF (General Revenue)	\$2,333,253	\$3,197,161	\$3,197,161	\$3,197,161	\$3,197,161
Method of Financing:					
0555 Federal Funds					
93.369.000 Independent Living_State	\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
CFDA Subtotal, Fund 0555	\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
SUBTOTAL, MOF (Federal Funds)	\$1,082,929	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
Method of Financing:					
0493 Blind Endowment Fund No. 493	\$3,465	\$3,465	\$3,465	\$0	\$0
0666 Appropriated Receipts	\$2,571	\$2,571	\$2,571	\$2,571	\$2,571
0777 Interagency Contracts	\$6,203,297	\$6,826,341	\$6,798,647	\$6,799,696	\$6,799,696
SUBTOTAL, MOF (Other Funds)	\$6,209,333	\$6,832,377	\$6,804,683	\$6,802,267	\$6,802,267
TOTAL, METHOD OF FINANCE	\$9,625,515	\$11,047,217	\$11,019,523	\$11,017,107	\$11,017,107

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 1 Independent Living Services
 SUB-STRATEGY: 1 Independent Living Services (General and Blind)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	27.5	26.0	26.0	26.0	26.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Independent Living Services program (ILSP) helps individuals with disabilities achieve greater independence in their homes and communities. The program places special emphasis on helping consumers accomplish daily tasks more independently; participate in their favorite activities; improve communication and transportation access and mobility; gain a better understanding of their disability; and increase their self-confidence, access to the community and participation in society. Eligible consumers may receive the following core services from the CILs: information and referral, independent living skills training, counseling, advocacy and transition services. Independent Living Services for Older Individuals Who Are Blind (IL-OIB) supports individuals ages 55 and older with significant visual impairments in their efforts to live independently in the home and community. This program is administered collaboratively between HHSC and the Texas Workforce Commission.

Legal authority: Federal Workforce Investment Act, of 1998, Title IV Rehabilitation Act Amendments of 1998; Texas Human Resources Code, Chapter 117, Section 117.071.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like the ILSP, whose framework is based largely on a direct service delivery model. H.B. 2463, 84th Legislature, Regular Session, 2015, directed the integration of the ILSP for blind and visually impaired individuals and the ILSP for persons with significant disabilities into one single program, with the goal of ensuring that all services are directly provided by CILs or other nonprofit organizations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 1 Independent Living Services
 SUB-STRATEGY: 2 Centers for Independent Living

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
4000 - Grants	\$2,686,219	\$3,009,485	\$3,037,179	\$3,037,179	\$3,037,179
TOTAL, OBJECT OF EXPENSE	\$2,686,219	\$3,009,485	\$3,037,179	\$3,037,179	\$3,037,179
Method of Financing:					
0001 General Revenue	\$1,221,017	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
SUBTOTAL, MOF (General Revenue)	\$1,221,017	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Method of Financing:					
0777 Interagency Contracts	\$1,465,202	\$1,759,485	\$1,787,179	\$1,787,179	\$1,787,179
SUBTOTAL, MOF (Other Funds)	\$1,465,202	\$1,759,485	\$1,787,179	\$1,787,179	\$1,787,179
TOTAL, METHOD OF FINANCE	\$2,686,219	\$3,009,485	\$3,037,179	\$3,037,179	\$3,037,179
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Centers for Independent Living (CILs) are private, community-based, cross-disability, nonresidential and nonprofit agencies that provide an array of independent living services. Services are designed to reduce the need for long-term care, are time-limited and are based on individual needs and goals. Funding is provided to 16 CILs that provide five core services: information and referral, independent living skills training, peer counseling, advocacy and transition. CILs are operated by staff, the majority of whom have disabilities and may have been former consumers. CILs help people with disabilities achieve and maintain their optimal level of self-reliance and independence. They further the mission of the independent living network to promote the leadership, empowerment, independence and productivity of persons with disabilities and their integration and full inclusion into the mainstream of community life.

Legal authority: Federal Workforce Investment Act, of 1998, Title IV Rehabilitation Act Amendments of 1998; Texas Human Resources Code, Chapter 117, Section 117.071.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 2 Independent Living						
STRATEGY: 4 Deaf and Hard of Hearing Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Training and Certification	\$1,359,717	\$2,265,526	\$1,925,608	\$1,105,232	\$1,105,232
2	Specialized Telecommunications Assistance Program (STAP)	\$917,160	\$966,890	\$966,890	\$965,731	\$965,731
3	Contract Services	\$2,594,612	\$1,454,134	\$1,873,259	\$2,151,696	\$2,151,696
	Total, Sub-strategies	\$4,871,489	\$4,686,550	\$4,765,757	\$4,222,659	\$4,222,659

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 4 Deaf and Hard of Hearing Services
 SUB-STRATEGY: 1 Training and Certification

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$549,558	\$843,176	\$609,947	\$609,947	\$609,947
1002 - Other Personnel Costs	\$14,095	\$18,109	\$26,785	\$26,785	\$26,785
2001 - Professional Fees & Services	\$1,176	\$118,839	\$80,568	\$99,704	\$99,704
2002 - Fuels & Lubricants	\$0	\$780	\$840	\$810	\$810
2003 - Consumable Supplies	\$865	\$1,482	\$1,421	\$1,452	\$1,452
2004 - Utilities	\$624	\$1,349	\$1,042	\$1,196	\$1,196
2005 - Travel	\$7,619	\$14,221	\$14,068	\$14,144	\$14,144
2006 - Rent - Building	\$0	\$8,355	\$8,935	\$8,645	\$8,645
2007 - Rent - Machine and Other	\$0	\$887	\$841	\$864	\$864
2009 - Other Operating Expense	\$167,117	\$142,218	\$118,845	\$130,926	\$130,926
3001 - Client Services	\$618,663	\$1,116,110	\$1,062,316	\$210,757	\$210,757
TOTAL, OBJECT OF EXPENSE	\$1,359,717	\$2,265,526	\$1,925,608	\$1,105,230	\$1,105,228
Method of Financing:					
0001 General Revenue	\$643,379	\$1,325,329	\$985,411	\$706,974	\$706,974
SUBTOTAL, MOF (General Revenue)	\$643,379	\$1,325,329	\$985,411	\$706,974	\$706,974
Method of Financing:					
0666 Appropriated Receipts	\$90,150	\$40,740	\$40,740	\$40,740	\$40,740
0777 Interagency Contracts	\$617,007	\$889,457	\$889,457	\$325,000	\$325,000
0802 License Plate Trust Fund Account No. 0802	\$9,181	\$10,000	\$10,000	\$10,000	\$10,000
8051 Universal Services Fund Reimbursements	\$0	\$0	\$0	\$22,518	\$22,518
SUBTOTAL, MOF (Other Funds)	\$716,338	\$940,197	\$940,197	\$398,258	\$398,258
TOTAL, METHOD OF FINANCE	\$1,359,717	\$2,265,526	\$1,925,608	\$1,105,232	\$1,105,232
FULL TIME EQUIVALENT POSITIONS:	13.3	17.0	17.0	17.0	17.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Programs and services in this strategy: The Board for Evaluation of Interpreters program is responsible for testing and certifying the skill level of individuals seeking to become sign language interpreters, both in-state and nationwide. The Consumer Education and Interpreter Training program provides opportunities for interpreters to enhance their skills and raises public awareness and sensitivity on deaf and hard of hearing communication needs through training and educational presentations. Camp Sign is a week-long summer youth enrichment program that provides a communication barrier-free environment for children between the ages of 8 and 17 years-old who are deaf or hard of hearing and can benefit

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
OBJECTIVE: 2 Independent Living
STRATEGY: 4 Deaf and Hard of Hearing Services
SUB-STRATEGY: 1 Training and Certification

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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from an outdoor training program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like those housed by DHHS, whose operational models are based largely on direct service delivery.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 4 Deaf and Hard of Hearing Services
 SUB-STRATEGY: 2 Specialized Telecommunications Assistance Program (STAP)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$485,362	\$448,754	\$413,340	\$413,340	\$413,340
1002 - Other Personnel Costs	\$21,193	\$12,528	\$17,222	\$17,222	\$17,222
2001 - Professional Fees & Services	\$12,634	\$60,916	\$60,959	\$60,938	\$60,938
2003 - Consumable Supplies	\$916	\$0	\$0	\$0	\$0
2004 - Utilities	\$1,077	\$1,207	\$1,207	\$1,207	\$1,207
2005 - Travel	\$44	\$160	\$160	\$160	\$160
2007 - Rent - Machine and Other	\$0	\$0	\$0	\$21	\$21
2009 - Other Operating Expense	\$0	\$4,182	\$6,458	\$5,299	\$5,299
3001 - Client Services	\$395,934	\$439,143	\$467,544	\$467,544	\$467,544
TOTAL, OBJECT OF EXPENSE	\$917,160	\$966,890	\$966,890	\$965,731	\$965,731
Method of Financing:					
8051 Universal Services Fund Reimbursements	\$917,160	\$966,890	\$966,890	\$965,731	\$965,731
SUBTOTAL, MOF (Other Funds)	\$917,160	\$966,890	\$966,890	\$965,731	\$965,731
TOTAL, METHOD OF FINANCE	\$917,160	\$966,890	\$966,890	\$965,731	\$965,731
FULL TIME EQUIVALENT POSITIONS:	8.8	6.6	6.6	6.6	6.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Specialized Telecommunications Assistance Program (STAP) is a voucher program that provides financial assistance for assistive technology to individuals who have a disability that interferes with access to the telephone. Equipment includes amplified telephones, two-way texting devices, big button telephones and voice dialers. This program is administered collaboratively between HHSC and the Public Utility Commission of Texas (PUC). Funding is provided through the Universal Service Fund, administered by PUC.

Legal authority: Texas Utilities Code, Sec. 56.151

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Senate Bill 208, 84th Legislature, Regular Session, 2015, divided 12 legacy DARS programs between HHSC and TWC. This resulted in a significant reduction in funding for programs like STAP, whose framework is based largely on a direct service delivery model.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 2 Independent Living
 STRATEGY: 4 Deaf and Hard of Hearing Services
 SUB-STRATEGY: 3 Contract Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$193,314	\$171,174	\$437,915	\$437,915	\$437,915
1002 - Other Personnel Costs	\$3,166	\$2,184	\$18,246	\$18,246	\$18,246
2001 - Professional Fees & Services	\$2,647	\$11,815	\$0	\$102,742	\$102,743
2003 - Consumable Supplies	\$1,157	\$131	\$0	\$66	\$66
2004 - Utilities	\$1,510	\$9,772	\$9,772	\$9,772	\$9,772
2005 - Travel	\$2,416	\$8,500	\$8,500	\$8,500	\$8,500
2009 - Other Operating Expense	\$25,757	\$1,969	\$12,396	\$7,182	\$7,182
3001 - Client Services	\$2,364,644	\$1,248,589	\$1,386,430	\$1,567,272	\$1,567,272
TOTAL, OBJECT OF EXPENSE	\$2,594,612	\$1,454,134	\$1,873,259	\$2,151,696	\$2,151,696
Method of Financing:					
0001 General Revenue	\$2,594,612	\$1,454,134	\$1,873,259	\$2,151,696	\$2,151,696
SUBTOTAL, MOF (General Revenue)	\$2,594,612	\$1,454,134	\$1,873,259	\$2,151,696	\$2,151,696
TOTAL, METHOD OF FINANCE	\$2,594,612	\$1,454,134	\$1,873,259	\$2,151,696	\$2,151,696
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Programs and services in this strategy: The Communication Services for State Agencies program provides ASL interpreter services to state agencies through a network of contracts with local interpreter referral agencies. The Resource Specialist program consists of contracted providers across the state who serve as resources for consumers who are deaf or hard of hearing. These specialists provide education and training to local governments, service providers and businesses on the specific needs of individuals who are deaf or hard of hearing. DHHS resource specialists played a pivotal role in Hurricane Harvey relief efforts in the Houston and Beaumont regions, bridging communication barriers for members of the Deaf community and serving as a lifeline to survivors of the storm who were forced to evacuate their homes. The Senior Citizens program assists persons ages 60 and older who are deaf or hard of hearing with basic life skills training and life enrichment activities to help reduce their social isolation. The Last Resort Communication Services program provides sign language, oral interpreter and computer assisted real-time transcription (CART) services to individuals who are deaf or hard of hearing when there are no other resources available. The Special Needs Fund is designed to provide communication services such as American Sign Language (ASL) interpreting or CART for one-time events to persons who are deaf and hard of hearing.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 3 Community Advocacy and Supports						
STRATEGY: 2 Child Advocacy Programs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Child Advocacy Centers (CAC)	\$13,349,003	\$13,599,004	\$13,599,004	\$13,599,004	\$13,599,004
2	Court Appointed Special Advocates (CASA)	\$13,041,918	\$13,214,999	\$13,224,499	\$13,214,000	\$13,214,000
Total, Sub-strategies		\$26,390,921	\$26,814,003	\$26,823,503	\$26,813,004	\$26,813,004

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 2 Child Advocacy Programs
 SUB-STRATEGY: 1 Child Advocacy Centers (CAC)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$13,349,003	\$13,599,004	\$13,599,004	\$13,599,004	\$13,599,004
TOTAL, OBJECT OF EXPENSE	\$13,349,003	\$13,599,004	\$13,599,004	\$13,599,004	\$13,599,004
Method of Financing:					
0001 General Revenue	\$8,234,082	\$8,484,082	\$8,484,082	\$8,484,082	\$8,484,082
SUBTOTAL, MOF (General Revenue)	\$8,234,082	\$8,484,082	\$8,484,082	\$8,484,082	\$8,484,082
Method of Financing:					
0469 Compensation to Victims of Crime Account No. 469	\$5,114,921	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922
SUBTOTAL, MOF (General Revenue-Dedicated)	\$5,114,921	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922
TOTAL, METHOD OF FINANCE	\$13,349,003	\$13,599,004	\$13,599,004	\$13,599,004	\$13,599,004
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The CAC's provide support for the protection of abused and neglected children through a partnership with local communities and agencies investigating and prosecuting child abuse.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Traditionally, the CAC appropriation has been funded by general revenue and general revenue-dedicated from the Crime Victims Compensation Fund, which is primarily funded by locally collected court costs imposed on misdemeanor and felony offenders, as CACs directly serve victims of crime.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 2 Child Advocacy Programs
 SUB-STRATEGY: 2 Court Appointed Special Advocates (CASA)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$13,041,918	\$13,214,999	\$13,224,499	\$13,214,000	\$13,214,000
TOTAL, OBJECT OF EXPENSE	\$13,041,918	\$13,214,999	\$13,224,499	\$13,214,000	\$13,214,000
Method of Financing:					
0001 General Revenue	\$7,904,694	\$8,085,578	\$8,085,578	\$8,085,578	\$8,085,578
SUBTOTAL, MOF (General Revenue)	\$7,904,694	\$8,085,578	\$8,085,578	\$8,085,578	\$8,085,578
Method of Financing:					
0469 Compensation to Victims of Crime Account No. 469	\$5,114,922	\$5,114,921	\$5,114,921	\$5,114,922	\$5,114,922
SUBTOTAL, MOF (General Revenue-Dedicated)	\$5,114,922	\$5,114,921	\$5,114,921	\$5,114,922	\$5,114,922
Method of Financing:					
0802 License Plate Trust Fund Account No. 0802	\$22,303	\$14,500	\$24,000	\$13,500	\$13,500
SUBTOTAL, MOF (Other Funds)	\$22,303	\$14,500	\$24,000	\$13,500	\$13,500
TOTAL, METHOD OF FINANCE	\$13,041,918	\$13,214,999	\$13,224,499	\$13,214,000	\$13,214,000
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The CASA program provides support for the protection of abused and neglected children through court-appointed volunteer advocates. An individual does not enroll in or apply for the program. Instead, abused and neglected children who are in the care of the Department of Family and Protective Services (DFPS) Child Protective Services (CPS) or who have had a report of abuse or neglect submitted to law enforcement utilize the services provided by TXCASA.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 6 Community and Independence Living Services and Coordination						
OBJECTIVE: 3 Community Advocacy and Supports						
STRATEGY: 3 Additional Advocacy Programs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Healthy Marriage	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
2	CRCG Adult/Child and TIFI	\$0	\$0	\$115,258	\$119,220	\$119,220
3	Office of Acquired Brain Injury	\$176,222	\$164,732	\$241,332	\$231,621	\$231,621
4	Office of Disability Prevention for Children	\$0	\$138,015	\$171,976	\$233,589	\$233,589
5	Office of Minority Health Statistics and Engagement	\$2,667,071	\$2,688,958	\$204,891	\$207,224	\$207,224
Total, Sub-strategies		\$2,954,512	\$3,082,414	\$972,999	\$1,031,196	\$1,031,196

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 1 Healthy Marriage

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$60,370	\$37,809	\$60,000	\$60,000	\$60,000
1002 - Other Personnel Costs	\$2,400	\$600	\$1,000	\$1,000	\$1,000
2003 - Consumable Supplies	\$140	\$0	\$0	\$0	\$0
2004 - Utilities	\$120	\$150	\$150	\$150	\$150
2005 - Travel	\$1,928	\$2,000	\$2,000	\$2,000	\$2,000
2009 - Other Operating Expense	\$46,262	\$50,150	\$176,392	\$176,392	\$176,392
TOTAL, OBJECT OF EXPENSE	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
CFDA Subtotal, Fund 0555	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
SUBTOTAL, MOF (Federal Funds)	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
TOTAL, METHOD OF FINANCE	\$111,219	\$90,709	\$239,542	\$239,542	\$239,542
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Twogether in Texas Healthy Marriage Program provides a website that helps couples connect with training providers focused on courses related to pre-marital and marital relationship skills. Courses focus on communication and conflict resolution skills and other key elements to develop and maintain healthy relationships. Upon the completion of the premarital education class, the training provider will issue a Twogether in Texas completion certificate. The couple can present this certificate to a county clerk to receive a discount on the purchase of a marriage license and waive the three day waiting period.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

None

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 2 CRCG Adult/Child and TIFI

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$0	\$70,000	\$70,000	\$70,000
1002 - Other Personnel Costs	\$0	\$0	\$650	\$650	\$650
2001 - Professional Fees & Services	\$0	\$0	\$36,508	\$40,470	\$40,470
2004 - Utilities	\$0	\$0	\$1,000	\$1,000	\$1,000
2005 - Travel	\$0	\$0	\$5,000	\$5,000	\$5,000
2009 - Other Operating Expense	\$0	\$0	\$2,100	\$2,100	\$2,100
TOTAL, OBJECT OF EXPENSE	\$0	\$0	\$115,258	\$119,220	\$119,220
Method of Financing:					
0001 General Revenue	\$0	\$0	\$115,258	\$119,220	\$119,220
SUBTOTAL, MOF (General Revenue)	\$0	\$0	\$115,258	\$119,220	\$119,220
TOTAL, METHOD OF FINANCE	\$0	\$0	\$115,258	\$119,220	\$119,220
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Community Resource Coordination Groups (CRCGs) are comprised of public and private agencies that develop comprehensive and coordinated multi-agency svcs responsive to children, youth, and families with complex needs. Local CRCGs serve individual or multi-county areas and work collaboratively to respond to the needs of the residents in their service areas. Currently, Texas has an estimated 176 local CRCGs for children, youth and adults. HHSC's Community Access and svcs provides training, technical assistance, and coordination for the state-wide network of local CRCGs. Additionally, HHSC convenes quarterly meetings of the state work group member agencies to provide guidance to the program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

A minimal level of support to the local CRCG's was provided by the Office of Community Access and svcs in Strategy A.1.2, Integrated Eligibility and Support during that time.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 3 Office of Acquired Brain Injury

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$94,613	\$75,901	\$103,804	\$103,804	\$103,804
1002 - Other Personnel Costs	\$1,286	\$3,163	\$32,437	\$32,437	\$32,437
2001 - Professional Fees & Services	\$55,537	\$60,000	\$1,000	\$30,500	\$30,500
2003 - Consumable Supplies	\$425	\$9,000	\$50	\$4,525	\$4,525
2004 - Utilities	\$1,370	\$2,117	\$3,117	\$2,617	\$2,617
2005 - Travel	\$12,423	\$10,000	\$10,000	\$10,000	\$10,000
2006 - Rent - Building	\$1,403	\$1,000	\$0	\$500	\$500
2009 - Other Operating Expense	\$9,166	\$3,551	\$90,924	\$47,238	\$47,238
TOTAL, OBJECT OF EXPENSE	\$176,222	\$164,732	\$241,332	\$231,621	\$231,621
Method of Financing:					
0001 General Revenue	\$176,222	\$164,732	\$241,332	\$231,621	\$231,621
SUBTOTAL, MOF (General Revenue)	\$176,222	\$164,732	\$241,332	\$231,621	\$231,621
TOTAL, METHOD OF FINANCE	\$176,222	\$164,732	\$241,332	\$231,621	\$231,621
FULL TIME EQUIVALENT POSITIONS:	1.5	2.0	2.0	2.0	2.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of Acquired Brain Injury (OABI) was established to address the growing need for a resource on brain injury in Texas. The public health goal is to reduce the burden of brain injury at the population level by reducing risk factors, preventing injuries and assuring care and rehabilitation that maximizes the health and quality of life of brain injury survivors. The OABI addresses these through the implementation of education and awareness activities, and the encouragement of early identification and intervention strategies, as well as effective treatment and disease management protocols. Program staff also assist brain injury survivors and their families in identifying and accessing ongoing services that support healing and recovery.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

None

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 4 Office of Disability Prevention for Children

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$130,915	\$139,716	\$139,716	\$139,716
1002 - Other Personnel Costs	\$0	\$800	\$960	\$960	\$960
2001 - Professional Fees & Services	\$0	\$0	\$10,000	\$79,113	\$79,113
2004 - Utilities	\$0	\$300	\$300	\$300	\$300
2005 - Travel	\$0	\$5,000	\$20,000	\$12,500	\$12,500
2009 - Other Operating Expense	\$0	\$1,000	\$1,000	\$1,000	\$1,000
TOTAL, OBJECT OF EXPENSE	\$0	\$138,015	\$171,976	\$233,589	\$233,589
Method of Financing:					
0001 General Revenue	\$0	\$138,015	\$171,976	\$233,589	\$233,589
SUBTOTAL, MOF (General Revenue)	\$0	\$138,015	\$171,976	\$233,589	\$233,589
TOTAL, METHOD OF FINANCE	\$0	\$138,015	\$171,976	\$233,589	\$233,589
FULL TIME EQUIVALENT POSITIONS:	4.2	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of Disability Prevention for Children (ODPC) works to prevent developmental disabilities and seeks to minimize the losses that preventable disabilities cause, especially in infants and young children. With its partners, ODPC develops outreach campaigns focusing on awareness and education.

ODPC is governed by Texas Human Resource Code §112.041-112.051 and is the successor to the former Texas Office for the Prevention of Developmental Disabilities.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

None

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 5 Office of Minority Health Statistics ad Engagement

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,623,951	\$2,003,429	\$64,826	\$64,826	\$64,826
1002 - Other Personnel Costs	\$76,872	\$193,267	\$16,178	\$16,178	\$16,178
2001 - Professional Fees & Services	\$654,082	\$198,594	\$12,383	\$12,789	\$12,788
2002 - Fuels & Lubricants	\$0	\$326	\$256	\$291	\$291
2003 - Consumable Supplies	\$2,256	\$1,634	\$926	\$1,056	\$1,056
2004 - Utilities	\$6,142	\$8,996	\$821	\$934	\$934
2005 - Travel	\$148,154	\$120,280	\$1,067	\$1,052	\$1,052
2006 - Rent - Building	\$0	\$7,234	\$4,053	\$4,618	\$4,618
2007 - Rent - Machine and Other	\$0	\$1,230	\$967	\$1,099	\$1,099
2009 - Other Operating Expense	\$68,949	\$63,968	\$13,414	\$14,381	\$14,381
4000 - Grants	\$86,665	\$90,000	\$90,000	\$90,000	\$90,000
TOTAL, OBJECT OF EXPENSE	\$2,667,071	\$2,688,958	\$204,891	\$207,224	\$207,223
Method of Financing:					
0001 General Revenue	\$232,445	\$324,323	\$96,865	\$41,003	\$41,003
0758 GR Match for Medicaid Account No. 758	\$138,593	\$144,011	\$0	\$0	\$0
8010 GR Match for Title XXI (CHIP)	\$1,419	\$1,397	\$0	\$0	\$0
8014 GR Match for Food Stamp Administration	\$50,380	\$53,691	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$0	\$185,906	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$422,837	\$709,328	\$96,865	\$41,003	\$41,003
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$50,380	\$53,691	\$0	\$0	\$0
84.126.000 Rehabilitation Services_V	\$393	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$1,578	\$0	\$0	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$164	\$0	\$0	\$0	\$0
93.045.000 Special Education Grants	\$337	\$0	\$0	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$74	\$0	\$0	\$0	\$0
93.071.001 Medicare Enrollment Assistance Pr	\$74	\$0	\$0	\$0	\$0
93.150.000 Projects for Assistance	\$37	\$0	\$0	\$0	\$0
93.243.000 Project Reg. & Natl Significance	\$47	\$0	\$0	\$0	\$0
93.296.000 Improving Hlth & Educational Out	\$263,408	\$184,761	\$0	\$166,221	\$166,221
93.558.000 Temp AssistNeedy Families	\$2,815	\$152,493	\$0	\$0	\$0
93.558.667 TANF to Title XX	\$218	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 6 Community and Independence Living Services and Coordination
 OBJECTIVE: 3 Community Advocacy and Supports
 STRATEGY: 3 Additional Advocacy Programs
 SUB-STRATEGY: 5 Office of Minority Health Statistics ad Engagement

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.566.000 Refugee and Entrant Assis	\$262	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$12,871	\$2,340	\$0	\$0	\$0
93.767.000 CHIP	\$17,199	\$17,953	\$0	\$0	\$0
93.778.000 XIX FMAP	\$0	\$223,060	\$0	\$0	\$0
93.778.003 XIX 50%	\$138,597	\$144,011	\$0	\$0	\$0
93.788.000 Opiod STR	\$22	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$242	\$0	\$0	\$0	\$0
93.958.000 Block Grants for Communi	\$123	\$0	\$0	\$0	\$0
93.959.000 Block Grants for Prevent	\$2,012	\$0	\$0	\$0	\$0
96.001.000 Social Security Disability Ins	\$34,010	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$524,863	\$778,309	\$0	\$166,221	\$166,221
SUBTOTAL, MOF (Federal Funds)	\$524,863	\$778,309	\$0	\$166,221	\$166,221
Method of Financing:					
0666 Appropriated Receipts	\$602,163	\$108,026	\$108,026	\$0	\$0
0777 Interagency Contracts	\$1,116,981	\$1,093,295	\$0	\$0	\$0
8051 Universal Services Fund Reimbursements	\$227	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$1,719,371	\$1,201,321	\$108,026	\$0	\$0
TOTAL, METHOD OF FINANCE	\$2,667,071	\$2,688,958	\$204,891	\$207,224	\$207,224
FULL TIME EQUIVALENT POSITIONS:	23.1	30.7	1.0	1.0	1.0

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 1 State Supported Living Centers						
STRATEGY: 1 State Supported Living Centers						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Residential Care	\$0	\$655,070,402	\$649,821,840	\$655,070,405	\$655,070,405
2	Medications	\$0	\$33,174,394	\$33,174,394	\$33,174,394	\$33,174,394
3	Off-Campus Medical Care	\$0	\$5,791,632	\$5,791,632	\$5,791,632	\$5,791,632
Total, Sub-strategies		\$0	\$694,036,428	\$688,787,866	\$694,036,431	\$694,036,431

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 1 Residential Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$428,905,195	\$429,008,950	\$429,008,950	\$429,008,950
1002 - Other Personnel Costs	\$0	\$23,527,883	\$23,640,298	\$23,640,298	\$23,640,298
2001 - Professional Fees & Services	\$0	\$51,130,201	\$45,609,012	\$50,850,711	\$50,850,711
2002 - Fuels & Lubricants	\$0	\$1,114,992	\$1,115,030	\$1,115,011	\$1,115,011
2003 - Consumable Supplies	\$0	\$7,135,936	\$7,135,922	\$7,135,929	\$7,135,929
2004 - Utilities	\$0	\$10,716,419	\$10,705,213	\$10,705,174	\$10,705,174
2005 - Travel	\$0	\$1,331,180	\$1,332,057	\$1,331,619	\$1,331,619
2006 - Rent - Building	\$0	\$574,141	\$573,798	\$575,806	\$575,806
2007 - Rent - Machine and Other	\$0	\$4,071,017	\$4,070,946	\$4,078,430	\$4,078,430
2009 - Other Operating Expense	\$0	\$94,506,320	\$94,266,988	\$94,538,519	\$94,538,519
3001 - Client Services	\$0	\$17,306,843	\$17,302,607	\$17,311,079	\$17,311,079
3002 - Food for Persons - Wards of S	\$0	\$12,800,035	\$12,800,035	\$12,800,035	\$12,800,035
4000 - Grants	\$0	\$190,984	\$190,984	\$190,984	\$190,984
5000 - Capital Expenditures	\$0	\$1,759,256	\$2,070,000	\$1,787,860	\$1,787,860
TOTAL, OBJECT OF EXPENSE	\$0	\$655,070,402	\$649,821,840	\$655,070,405	\$655,070,405
Method of Financing:					
0001 General Revenue	\$0	\$11,452,704	\$11,355,075	\$12,363,422	\$12,363,487
8032 GR Certified as Match for Medicaid	\$0	\$266,851,722	\$267,316,634	\$231,497,895	\$230,754,863
SUBTOTAL, MOF (General Revenue)	\$0	\$278,304,426	\$278,671,709	\$243,861,317	\$243,118,350
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$352,006,631	\$346,401,881	\$387,835,971	\$388,578,938
93.791.000 Money Follows Person Reblncng D	\$0	\$1,118,715	\$1,118,715	\$1,116,752	\$1,116,752
CFDA Subtotal, Fund 0555	\$0	\$353,125,346	\$347,520,596	\$388,952,723	\$389,695,690
SUBTOTAL, MOF (Federal Funds)	\$0	\$353,125,346	\$347,520,596	\$388,952,723	\$389,695,690
Method of Financing:					
0666 Appropriated Receipts	\$0	\$170,750	\$170,751	\$170,751	\$170,751
8095 ID Collections for Patient Support and Maintenance	\$0	\$22,924,512	\$22,913,867	\$21,540,481	\$21,540,481
8096 ID Appropriated Receipts	\$0	\$464,589	\$464,373	\$464,589	\$464,589

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 1 Residential Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8098 ID Revolving Fund Receipts	\$0	\$80,779	\$80,544	\$80,544	\$80,544
SUBTOTAL, MOF (Other Funds)	\$0	\$23,640,630	\$23,629,535	\$22,256,365	\$22,256,365
TOTAL, METHOD OF FINANCE	\$0	\$655,070,402	\$649,821,840	\$655,070,405	\$655,070,405
FULL TIME EQUIVALENT POSITIONS:	0.0	12,915.0	12,915.0	12,915.0	12,915.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The stated vision of the SSLCs is that individuals will experience the highest quality of life, supported through a comprehensive array of services designed to maximize well-being, dignity and respect. The mission of the SSLCs is to lead the effective design and delivery of quality, outcome-based, person-centered services and supports appropriate to the talents, strengths and needs of individuals through an integrated team approach. To accomplish this, the SSLCs strive to empower and support residents in realizing personal goals and to offer them a variety of quality and cost-effective services, including a comprehensive review of the living options available to them. SSLCs provide campus-based, 24-hour residential services and comprehensive behavioral health and healthcare services, including medical, psychiatry, nursing, pharmacy, and dental services. Other services include occupational, physical, and speech therapies; nutritional management; and emergency services. Additional on-campus services include: 24/7 one-to-one supervision as needed; 24/7 video monitoring of living, dining and day program areas; vocational and employment services, skills training and habilitation services; customized adaptive aids, including seating and positioning devices; religious services for different faiths. SSLCs also provide services such as transportation and supports for residents to maintain connections with their families and natural support systems. Planned activities, such as shopping, dining out, going to movies and other leisure activities provide opportunities for residents to engage in their local communities.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Compliance with the Department of Justice (DOJ) Settlement Agreement (June 26, 2009) involving the SSLC system continues. The State of Texas is actively working to comply with each of the 20 key areas of operations at the centers. Due to the nature of the 24/7 operation of SSLCs, unfilled medical and direct care positions are supplemented by costly overtime and contract workers. There are several system-wide initiatives based on the initial findings to improve the overall service delivery system and quality of the lives of the centers' residents.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 2 Medications

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2009 - Other Operating Expense	\$0	\$33,174,394	\$33,174,394	\$33,174,394	\$33,174,394
TOTAL, OBJECT OF EXPENSE	\$0	\$33,174,394	\$33,174,394	\$33,174,394	\$33,174,394
Method of Financing:					
0001 General Revenue	\$0	\$245,340	\$242,300	\$292,033	\$292,037
8032 GR Certified as Match for Medicaid	\$0	\$13,681,914	\$13,817,833	\$11,869,227	\$11,831,130
SUBTOTAL, MOF (General Revenue)	\$0	\$13,927,254	\$14,060,133	\$12,161,260	\$12,123,167
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$18,047,943	\$17,905,819	\$19,884,903	\$19,922,996
CFDA Subtotal, Fund 0555	\$0	\$18,047,943	\$17,905,819	\$19,884,903	\$19,922,996
SUBTOTAL, MOF (Federal Funds)	\$0	\$18,047,943	\$17,905,819	\$19,884,903	\$19,922,996
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$0	\$1,175,377	\$1,184,438	\$1,104,411	\$1,104,411
8096 ID Appropriated Receipts	\$0	\$23,820	\$24,004	\$23,820	\$23,820
SUBTOTAL, MOF (Other Funds)	\$0	\$1,199,197	\$1,208,442	\$1,128,231	\$1,128,231
TOTAL, METHOD OF FINANCE	\$0	\$33,174,394	\$33,174,394	\$33,174,394	\$33,174,394
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Duplicated

While an individual resident receives services in an intermediate care facility, a component of their total service array is physical healthcare. This includes prescribing and dispensing pharmaceuticals for physical medical conditions and psychiatric disorders. These medications are prescribed under the supervision and care of a licensed physician. The cost of medications is reflected in this sub-strategy.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
OBJECTIVE: 1 State Supported Living Centers
STRATEGY: 1 State Supported Living Centers
SUB-STRATEGY: 2 Medications

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Pharmacists nationwide have recently experienced drug shortages by manufacturers, requiring providers and pharmacists to use alternative medications, sometimes at a higher cost. Additionally, pharmacists have noted an increase in costs for newer psychotropic and antiepileptic medications which have shown improved efficacy and may decrease side effects experienced by individuals. Finally, as with the population at large, the SSLC population is aging, and, like the aging individuals in the general population, residents may experience additional health conditions requiring prescription care as they age.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 3 Off-Campus Medical Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$5,791,632	\$5,791,632	\$5,791,632	\$5,791,632
TOTAL, OBJECT OF EXPENSE	\$0	\$5,791,632	\$5,791,632	\$5,791,632	\$5,791,632
Method of Financing:					
0001 General Revenue	\$0	\$42,832	\$42,301	\$50,984	\$50,984
8032 GR Certified as Match for Medicaid	\$0	\$2,388,608	\$2,412,337	\$2,072,146	\$2,065,495
SUBTOTAL, MOF (General Revenue)	\$0	\$2,431,440	\$2,454,638	\$2,123,130	\$2,116,479
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$3,150,835	\$3,126,022	\$3,471,534	\$3,478,184
CFDA Subtotal, Fund 0555	\$0	\$3,150,835	\$3,126,022	\$3,471,534	\$3,478,184
SUBTOTAL, MOF (Federal Funds)	\$0	\$3,150,835	\$3,126,022	\$3,471,534	\$3,478,184
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$0	\$205,199	\$206,781	\$192,810	\$192,810
8096 ID Appropriated Receipts	\$0	\$4,158	\$4,191	\$4,158	\$4,159
SUBTOTAL, MOF (Other Funds)	\$0	\$209,357	\$210,972	\$196,968	\$196,969
TOTAL, METHOD OF FINANCE	\$0	\$5,791,632	\$5,791,632	\$5,791,632	\$5,791,632
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

While substantial primary care, psychiatric and behavioral health services are available at SSLCs, residents may require specialty care that can only be fulfilled by a provider in the community. In those cases, SSLC staff arrange for off-campus medical care and treatment as necessary. If a resident needs a specific test, such as an MRI, or has a condition requiring specialized treatment, such as cancer, treatment will likely be arranged in an off-campus environment.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The SSLC population is aging, and increased medical, specialty care and hospitalization may be required for individuals as they age.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 2 Mental Health State Hospitals						
STRATEGY: 1 Mental Health State Hospitals						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Inpatient Hospital Services	\$0	\$316,649,226	\$309,410,422	\$314,041,743	\$314,041,744
2	Medications	\$0	\$21,727,411	\$21,727,411	\$21,727,411	\$21,727,411
3	Off Campus Medical Care (Non-Card)	\$0	\$17,438,687	\$9,377,974	\$13,438,687	\$13,438,687
4	Administration	\$0	\$53,774,209	\$42,000,836	\$45,435,486	\$45,435,486
5	All Other	\$0	\$6,088,856	\$5,938,856	\$7,038,856	\$7,038,856
Total, Sub-strategies		\$0	\$415,678,389	\$388,455,499	\$401,682,183	\$401,682,184

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 1 Inpatient Hospital Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$257,632,032	\$258,124,070	\$258,424,070	\$258,424,070
1002 - Other Personnel Costs	\$0	\$13,520,181	\$14,770,371	\$14,986,121	\$14,986,121
2001 - Professional Fees & Services	\$0	\$8,267,363	\$8,821,389	\$12,267,363	\$12,376,710
2002 - Fuels & Lubricants	\$0	\$664,917	\$666,184	\$464,917	\$464,917
2003 - Consumable Supplies	\$0	\$3,159,650	\$3,957,140	\$2,579,650	\$2,579,650
2004 - Utilities	\$0	\$6,835,106	\$7,011,787	\$6,931,101	\$6,931,101
2005 - Travel	\$0	\$362,356	\$394,773	\$378,564	\$378,564
2006 - Rent - Building	\$0	\$98,403	\$120,787	\$98,403	\$98,403
2007 - Rent - Machine and Other	\$0	\$3,964,219	\$3,764,619	\$3,864,419	\$3,864,419
2009 - Other Operating Expense	\$0	\$11,388,969	\$988,969	\$3,273,954	\$3,164,608
3001 - Client Services	\$0	\$1,781,457	\$1,781,457	\$1,781,457	\$1,781,457
3002 - Food for Persons - Wards of S	\$0	\$8,576,635	\$8,576,635	\$8,576,634	\$8,576,634
5000 - Capital Expenditures	\$0	\$397,938	\$432,241	\$415,090	\$415,090
TOTAL, OBJECT OF EXPENSE	\$0	\$316,649,226	\$309,410,422	\$314,041,743	\$314,041,744
Method of Financing:					
0001 General Revenue	\$0	\$263,813,147	\$256,578,751	\$261,491,940	\$261,497,272
0758 GR Match for Medicaid Account No. 758	\$0	\$875,153	\$875,154	\$593,286	\$587,955
SUBTOTAL, MOF (General Revenue)	\$0	\$264,688,300	\$257,453,905	\$262,085,226	\$262,085,227
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$0	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220
93.778.000 XIX FMAP	\$0	\$1,006,492	\$1,002,083	\$1,002,083	\$1,002,083
CFDA Subtotal, Fund 0555	\$0	\$4,580,712	\$4,576,303	\$4,576,303	\$4,576,303
SUBTOTAL, MOF (Federal Funds)	\$0	\$4,580,712	\$4,576,303	\$4,576,303	\$4,576,303
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$41,579,144	\$41,579,144	\$41,579,144	\$41,579,144
0777 Interagency Contracts	\$0	\$166,074	\$166,074	\$166,074	\$166,074
8031 MH Collections for Patient Support and Maintenance	\$0	\$684,857	\$684,857	\$684,857	\$684,857

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 1 Inpatient Hospital Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8033 MH Appropriated Receipts	\$0	\$4,950,139	\$4,950,139	\$4,950,139	\$4,950,139
SUBTOTAL, MOF (Other Funds)	\$0	\$47,380,214	\$47,380,214	\$47,380,214	\$47,380,214
TOTAL, METHOD OF FINANCE	\$0	\$316,649,226	\$309,410,422	\$314,041,743	\$314,041,744
FULL TIME EQUIVALENT POSITIONS:	0.0	6,768.6	6,768.6	6,768.6	6,768.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy funds the specialized psychiatric inpatient treatment services provided by state hospitals. These services focus on psychiatric care, recovery, competency restoration, and psychosocial rehabilitation. Individuals receive services based on their needs, including therapeutic programming and interpersonal skills training. Hospital-based programming for patients focuses on establishing a recovery and discharge plan that leverages community resources to ensure a successful transition back to the community. Additionally, programming for forensically committed patients includes developing the skills necessary to participate in forthcoming judicial proceedings.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Many of the psychiatric facilities operate near maximum funded capacity. As forensic commitments to the state hospitals continue to increase, the state hospital length of stay could continue to increase as more individuals are committed for longer-term treatment.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 2 Medications

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$21,727,411	\$21,727,411	\$21,727,411	\$21,727,411
TOTAL, OBJECT OF EXPENSE	\$0	\$21,727,411	\$21,727,411	\$21,727,411	\$21,727,411
Method of Financing:					
0001 General Revenue	\$0	\$19,680,254	\$19,680,254	\$19,967,806	\$19,967,806
SUBTOTAL, MOF (General Revenue)	\$0	\$19,680,254	\$19,680,254	\$19,967,806	\$19,967,806
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$460,657	\$460,657	\$460,657	\$460,657
CFDA Subtotal, Fund 0555	\$0	\$460,657	\$460,657	\$460,657	\$460,657
SUBTOTAL, MOF (Federal Funds)	\$0	\$460,657	\$460,657	\$460,657	\$460,657
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$483,895	\$483,895	\$483,895	\$483,895
0777 Interagency Contracts	\$0	\$621,647	\$621,647	\$621,647	\$621,647
8031 MH Collections for Patient Support and Maintenance	\$0	\$432,913	\$432,913	\$145,361	\$145,361
8033 MH Appropriated Receipts	\$0	\$48,045	\$48,045	\$48,045	\$48,045
SUBTOTAL, MOF (Other Funds)	\$0	\$1,586,500	\$1,586,500	\$1,298,948	\$1,298,948
TOTAL, METHOD OF FINANCE	\$0	\$21,727,411	\$21,727,411	\$21,727,411	\$21,727,411
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

While a patient is receiving services in a state hospital, all healthcare needs are provided for, including the prescribing, purchasing and dispensing of pharmaceuticals for medical and psychiatric conditions. These drugs are prescribed under the supervision and care of a licensed clinical professional. The cost of medications is reflected in this sub-strategy.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
OBJECTIVE: 2 Mental Health State Hospitals
STRATEGY: 1 Mental Health State Hospitals
SUB-STRATEGY: 2 Medications

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The cost of medical care, including medications, is rising due to the more complex medical conditions of the individuals we serve. State hospitals attempt to contain medication-related costs through a group purchasing contract. It must also be noted that third party reimbursement through Medicare Part D is no longer available for prescription drug coverage for forensic patients.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 3 Off Campus Medical Care (Non-Card)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2009 - Other Operating Expense	\$0	\$17,438,687	\$9,377,974	\$13,438,687	\$13,438,687
TOTAL, OBJECT OF EXPENSE	\$0	\$17,438,687	\$9,377,974	\$13,438,687	\$13,438,687
Method of Financing:					
0001 General Revenue	\$0	\$15,886,512	\$7,825,799	\$11,886,512	\$11,886,512
SUBTOTAL, MOF (General Revenue)	\$0	\$15,886,512	\$7,825,799	\$11,886,512	\$11,886,512
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$901,778	\$901,778	\$901,778	\$901,778
0777 Interagency Contracts	\$0	\$167,539	\$167,539	\$167,539	\$167,539
8031 MH Collections for Patient Support and Maintenance	\$0	\$443,690	\$443,690	\$443,690	\$443,690
8033 MH Appropriated Receipts	\$0	\$39,168	\$39,168	\$39,168	\$39,168
SUBTOTAL, MOF (Other Funds)	\$0	\$1,552,175	\$1,552,175	\$1,552,175	\$1,552,175
TOTAL, METHOD OF FINANCE	\$0	\$17,438,687	\$9,377,974	\$13,438,687	\$13,438,687
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

State law requires the state hospitals to cover all medical needs of individuals who are in our care. In some cases, this requires seeking off-campus care by medical professionals. Because state hospitals cannot discharge individuals committed by a court without a judicial order, the cost of off-campus medical care can be substantial.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

When ineligible for Medicaid funded services, local hospitals contract with the state for either the Medicare or Medicaid rate or a discounted rate negotiated directly with the hospital. State hospitals work to achieve the lowest rate possible, but sometimes, due to the state hospital having to provide all needed medical care and limited providers, there are few options but to accept the rate set by outside medical care providers.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 4 Administration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$32,946,587	\$33,246,587	\$32,946,587	\$32,946,587
1002 - Other Personnel Costs	\$0	\$1,729,696	\$2,245,446	\$2,029,696	\$2,029,696
2001 - Professional Fees & Services	\$0	\$807,907	\$807,907	\$1,010,136	\$1,010,136
2002 - Fuels & Lubricants	\$0	\$1,269,822	\$1,269,822	\$720,456	\$720,456
2003 - Consumable Supplies	\$0	\$304,902	\$304,902	\$193,611	\$193,611
2004 - Utilities	\$0	\$181,212	\$181,212	\$181,212	\$181,212
2005 - Travel	\$0	\$169,011	\$169,011	\$169,011	\$169,011
2006 - Rent - Building	\$0	\$960,824	\$960,824	\$972,016	\$972,016
2007 - Rent - Machine and Other	\$0	\$2,003,391	\$2,003,391	\$2,003,391	\$2,003,391
2009 - Other Operating Expense	\$0	\$13,400,857	\$811,734	\$5,209,370	\$5,209,370
TOTAL, OBJECT OF EXPENSE	\$0	\$53,774,209	\$42,000,836	\$45,435,486	\$45,435,486
Method of Financing:					
0001 General Revenue	\$0	\$41,024,098	\$29,250,725	\$32,780,380	\$32,780,380
0758 GR Match for Medicaid Account No. 758	\$0	\$395,767	\$395,767	\$395,767	\$395,767
SUBTOTAL, MOF (General Revenue)	\$0	\$41,419,865	\$29,646,492	\$33,176,147	\$33,176,147
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$6,596,454	\$6,596,454	\$6,596,454	\$6,596,454
8031 MH Collections for Patient Support and Maintenance	\$0	\$266,008	\$266,008	\$171,003	\$171,003
8033 MH Appropriated Receipts	\$0	\$5,491,882	\$5,491,882	\$5,491,882	\$5,491,882
SUBTOTAL, MOF (Other Funds)	\$0	\$12,354,344	\$12,354,344	\$12,259,339	\$12,259,339
TOTAL, METHOD OF FINANCE	\$0	\$53,774,209	\$42,000,836	\$45,435,486	\$45,435,486
FULL TIME EQUIVALENT POSITIONS:	0.0	1,084.0	1,084.0	1,084.0	1,084.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy funds operations of the state mental health facilities, other than the direct costs of caring for persons receiving treatment. Leadership and support functions in this sub-strategy include general administration, reimbursement, accounting, contracting, human resources, quality management, risk management, physical plant maintenance, and motor pool

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
OBJECTIVE: 2 Mental Health State Hospitals
STRATEGY: 1 Mental Health State Hospitals
SUB-STRATEGY: 4 Administration

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The state mental health hospitals have continued to explore opportunities to reduce operational costs by streamlining facility administrative support functions such as contracting/materials management, human resources development, risk management, and housekeeping.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 1 Mental Health State Hospitals
 SUB-STRATEGY: 5 All Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$1,691,513	\$1,691,513	\$1,691,513	\$1,691,513
1002 - Other Personnel Costs	\$0	\$88,804	\$88,804	\$88,804	\$88,804
2001 - Professional Fees & Services	\$0	\$1,190,275	\$1,190,275	\$1,190,275	\$1,190,275
2003 - Consumable Supplies	\$0	\$4,675	\$4,675	\$4,675	\$4,675
2004 - Utilities	\$0	\$3,320	\$3,320	\$3,320	\$3,320
2005 - Travel	\$0	\$51,651	\$51,651	\$51,651	\$51,651
2006 - Rent - Building	\$0	\$340,556	\$340,556	\$340,556	\$340,556
2007 - Rent - Machine and Other	\$0	\$1,316	\$1,316	\$1,316	\$1,316
2009 - Other Operating Expense	\$0	\$1,753,357	\$653,357	\$1,753,357	\$1,753,357
4000 - Grants	\$0	\$963,389	\$1,913,389	\$1,913,389	\$1,913,389
TOTAL, OBJECT OF EXPENSE	\$0	\$6,088,856	\$5,938,856	\$7,038,856	\$7,038,856
Method of Financing:					
0001 General Revenue	\$0	\$5,265,800	\$5,115,800	\$6,215,800	\$6,215,800
SUBTOTAL, MOF (General Revenue)	\$0	\$5,265,800	\$5,115,800	\$6,215,800	\$6,215,800
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$682,615	\$682,615	\$682,615	\$682,615
8031 MH Collections for Patient Support and Maintenance	\$0	\$108,254	\$108,254	\$108,254	\$108,254
8033 MH Appropriated Receipts	\$0	\$32,187	\$32,187	\$32,187	\$32,187
SUBTOTAL, MOF (Other Funds)	\$0	\$823,056	\$823,056	\$823,056	\$823,056
TOTAL, METHOD OF FINANCE	\$0	\$6,088,856	\$5,938,856	\$7,038,856	\$7,038,856
FULL TIME EQUIVALENT POSITIONS:	0.0	43.0	43.0	43.0	43.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The items included in this sub-strategy include costs associated with Master Lease Purchase Program payments, mental health facility support operations, HHSC administrative and oversight services, and legal settlements.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
OBJECTIVE: 2 Mental Health State Hospitals
STRATEGY: 1 Mental Health State Hospitals
SUB-STRATEGY: 5 All Other

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Variations in billing costs and legal settlements can result in wide fluctuations in expenditures.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 2 Mental Health State Hospitals						
STRATEGY: 2 Mental Health Community Hospitals						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Inpatient hospital services	\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,239	\$121,915,239
	Total, Sub-strategies	\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,239	\$121,915,239

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 2 Mental Health State Hospitals
 STRATEGY: 2 Mental Health Community Hospitals
 SUB-STRATEGY: 1 Inpatient hospital services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$92,326	\$92,326	\$115,000	\$115,000	\$115,000
1002 - Other Personnel Costs	\$33,182	\$33,182	\$39,779	\$39,779	\$39,779
2005 - Travel	\$969	\$969	\$5,265	\$5,265	\$5,265
2007 - Rent - Machine and Other	\$604	\$604	\$11,540	\$11,540	\$11,540
2009 - Other Operating Expense	\$83,445	\$191,439	\$146,936	\$146,936	\$146,936
4000 - Grants	\$109,761,094	\$121,596,717	\$121,596,719	\$121,596,719	\$121,596,719
TOTAL, OBJECT OF EXPENSE	\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,239	\$121,915,239
Method of Financing:					
0001 General Revenue	\$99,850,920	\$111,794,537	\$111,794,539	\$112,419,234	\$112,419,234
SUBTOTAL, MOF (General Revenue)	\$99,850,920	\$111,794,537	\$111,794,539	\$112,419,234	\$112,419,234
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$10,120,700	\$10,120,700	\$10,120,700	\$9,496,005	\$9,496,005
SUBTOTAL, MOF (Other Funds)	\$10,120,700	\$10,120,700	\$10,120,700	\$9,496,005	\$9,496,005
TOTAL, METHOD OF FINANCE	\$109,971,620	\$121,915,237	\$121,915,239	\$121,915,239	\$121,915,239
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy provides funding for inpatient psychiatric facilities (this includes both hospitals or Crisis Stabilization Units that are not operated by HHSC) in communities throughout the state. The svcs provided at these facilities vary from site to site in response to contract specifications and local needs. This strategy provides inpatient svcs such as assessment, crisis stabilization, skills training, and medication management. svcs may be provided to individuals who are on civil or forensic commitments. Some facilities provide inpatient competency restoration. Community hospitals are included in the Health and Safety Code, Chapter 532. Funding for these hospitals is allocated through contracts with local mental health authorities or through other state/local governmental or private entities.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

These facilities provide an alternative to persons leaving their local community for inpatient treatment at a state hospital. Some community hospitals are teaching hospitals. In some of these hospitals, the involvement of medical schools is essential to the provision of svcs. The availability of local community beds addresses the demand for both civil and forensic inpatient state hospital treatment

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 3 Other Facilities						
STRATEGY: 1 Other Facilities						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Corpus Christi Bond Homes	\$1,520,320	\$2,025,125	\$2,014,836	\$1,955,857	\$1,955,857
2	Rio Grande State Center Outpatient Clinic	\$0	\$4,049,614	\$4,051,538	\$4,012,794	\$4,012,794
Total, Sub-strategies		\$1,520,320	\$6,074,739	\$6,066,374	\$5,968,651	\$5,968,651

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other Facilities
 SUB-STRATEGY: 1 Corpus Christi Bond Homes

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,130,528	\$1,271,797	\$1,200,606	\$1,194,675	\$1,194,675
1002 - Other Personnel Costs	\$48,950	\$28,095	\$57,676	\$57,676	\$57,676
2001 - Professional Fees & Services	\$65,102	\$125,983	\$155,315	\$103,262	\$103,262
2002 - Fuels & Lubricants	\$0	\$1,346	\$1,286	\$1,316	\$1,316
2003 - Consumable Supplies	\$18,083	\$9,447	\$9,193	\$9,320	\$9,320
2004 - Utilities	\$18,094	\$39,221	\$39,028	\$39,125	\$39,125
2005 - Travel	\$9,313	\$15,348	\$15,672	\$15,510	\$15,510
2006 - Rent - Building	\$0	\$22,065	\$20,917	\$21,491	\$21,491
2007 - Rent - Machine and Other	\$1,165	\$23,359	\$23,089	\$23,224	\$23,224
2009 - Other Operating Expense	\$132,881	\$378,464	\$382,054	\$380,258	\$380,258
3001 - Client Services	\$10,172	\$40,000	\$40,000	\$40,000	\$40,000
3002 - Food for Persons - Wards of S	\$86,032	\$70,000	\$70,000	\$70,000	\$70,000
TOTAL, OBJECT OF EXPENSE	\$1,520,320	\$2,025,125	\$2,014,836	\$1,955,857	\$1,955,857
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$744,419	\$842,127	\$831,838	\$819,106	\$816,789
SUBTOTAL, MOF (General Revenue)	\$744,419	\$842,127	\$831,838	\$819,106	\$816,789
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$721,807	\$1,108,145	\$1,108,145	\$1,063,507	\$1,065,824
CFDA Subtotal, Fund 0555	\$721,807	\$1,108,145	\$1,108,145	\$1,063,507	\$1,065,824
SUBTOTAL, MOF (Federal Funds)	\$721,807	\$1,108,145	\$1,108,145	\$1,063,507	\$1,065,824
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$54,094	\$74,853	\$74,853	\$73,244	\$73,244
SUBTOTAL, MOF (Other Funds)	\$54,094	\$74,853	\$74,853	\$73,244	\$73,244
TOTAL, METHOD OF FINANCE	\$1,520,320	\$2,025,125	\$2,014,836	\$1,955,857	\$1,955,857

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other Facilities
 SUB-STRATEGY: 1 Corpus Christi Bond Homes

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	30.0	30.0	30.0	30.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC operates two small intermediate care facilities for individuals with an intellectual disability , under the auspices of the Corpus Christi State Supported Living Center. The homes promote normalization and age-appropriate activities in a least-restrictive environment. Community participation and integration are also highly encouraged. Each home houses individuals who have severe physical disabilities that require custom-made, over-sized wheelchairs for mobility. Given that a typical home restricts the movement for even a standard wheelchair, these large custom chairs would be unusable in other homes. These residents also have complex medical needs that require nursing 16 hours per day. Most of the individuals cannot communicate verbally, use alternative means of communication, and require speech therapy services.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other Facilities
 SUB-STRATEGY: 2 Rio Grande State Center Outpatient Clinic

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$2,454,349	\$2,448,996	\$2,429,702	\$2,429,702
1002 - Other Personnel Costs	\$0	\$96,591	\$96,591	\$96,591	\$96,591
2001 - Professional Fees & Services	\$0	\$614,540	\$614,540	\$498,728	\$498,728
2002 - Fuels & Lubricants	\$0	\$659	\$659	\$659	\$659
2003 - Consumable Supplies	\$0	\$4,529	\$4,529	\$4,529	\$4,529
2004 - Utilities	\$0	\$94,815	\$94,815	\$94,815	\$94,815
2005 - Travel	\$0	\$2,667	\$2,667	\$2,667	\$2,667
2007 - Rent - Machine and Other	\$0	\$11,029	\$11,029	\$11,029	\$11,029
2009 - Other Operating Expense	\$0	\$769,792	\$777,069	\$873,431	\$873,431
3001 - Client Services	\$0	\$529	\$529	\$529	\$529
3002 - Food for Persons - Wards of S	\$0	\$114	\$114	\$114	\$114
TOTAL, OBJECT OF EXPENSE	\$0	\$4,049,614	\$4,051,538	\$4,012,794	\$4,012,794
Method of Financing:					
0001 General Revenue	\$0	\$3,639,764	\$3,641,688	\$3,687,184	\$3,687,184
SUBTOTAL, MOF (General Revenue)	\$0	\$3,639,764	\$3,641,688	\$3,687,184	\$3,687,184
Method of Financing:					
0555 Federal Funds					
93.778.020 Medicaid-Sec 1115 DSRIP	\$0	\$84,240	\$84,240	\$0	\$0
CFDA Subtotal, Fund 0555	\$0	\$84,240	\$84,240	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$0	\$84,240	\$84,240	\$0	\$0
Method of Financing:					
0707 State Chest Hospital Fees and Receipts	\$0	\$325,610	\$325,610	\$325,610	\$325,610
SUBTOTAL, MOF (Other Funds)	\$0	\$325,610	\$325,610	\$325,610	\$325,610
TOTAL, METHOD OF FINANCE	\$0	\$4,049,614	\$4,051,538	\$4,012,794	\$4,012,794
FULL TIME EQUIVALENT POSITIONS:	0.0	55.0	55.0	55.0	55.0
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 3 Other Facilities
 STRATEGY: 1 Other Facilities
 SUB-STRATEGY: 2 Rio Grande State Center Outpatient Clinic

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Rio Grande State Center outpatient clinic concentrates on outpatient care and serves primarily indigent patients in the state’s largest metropolitan area without county and hospital-based healthcare services. The Clinic’s scope of services includes: primary care, women’s health, diabetes and endocrinology, diagnostic and social services. This is accomplished by direct care, coordination, cooperation and collaboration with other state and regional healthcare facilities that are accredited by The Joint Commission, Medicare, the Mammography Quality Standards Act (MQSA), American College of Radiology (ACR), and Clinical Laboratory Improvement Amendments (CLIA) - Certificate of provider-performed microscopy procedures. The outpatient clinic services are provided to four counties: Cameron, Hidalgo, Willacy, and Starr

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The RGSC-OPC primarily focuses on outpatient care for indigent patients in the state’s largest metropolitan area that lacks county and hospital-based healthcare services. The clinic’s provided services include: primary care, women’s health, diabetes (endocrinology), diagnostic services, and social services. This is accomplished by direct care through coordination, cooperation, and collaboration with other state and regional healthcare facilities that are accredited by: the Joint Commission, Medicare, the Mammography Quality Standards Act, American College of Radiology, and Clinical Laboratory Improvement Amendments. The outpatient clinic services are provided to four counties: Cameron, Hidalgo, Willacy, and Starr.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 4 Facility Program Support						
STRATEGY: 1 Facility Program Support						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	SSLC	\$0	\$2,844,353	\$3,038,893	\$3,613,136	\$3,613,136
2	State Hospitals	\$0	\$4,443,253	\$4,747,152	\$5,644,193	\$5,644,193
3	Other	\$2,101,010	\$967,005	\$965,944	\$970,520	\$970,520
Total, Sub-strategies		\$2,101,010	\$8,254,611	\$8,751,989	\$10,227,849	\$10,227,849

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support
 SUB-STRATEGY: 1 SSLC

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$2,549,107	\$2,627,167	\$3,237,796	\$3,237,796
1002 - Other Personnel Costs	\$0	\$78,465	\$78,465	\$77,714	\$77,714
2001 - Professional Fees & Services	\$0	\$9,606	\$9,606	\$9,606	\$9,606
2003 - Consumable Supplies	\$0	\$45,340	\$45,340	\$45,340	\$45,340
2004 - Utilities	\$0	\$9,701	\$13,604	\$13,604	\$13,604
2005 - Travel	\$0	\$60,556	\$60,556	\$88,700	\$88,700
2007 - Rent - Machine and Other	\$0	\$390	\$390	\$390	\$390
2009 - Other Operating Expense	\$0	\$91,188	\$203,765	\$139,986	\$139,986
TOTAL, OBJECT OF EXPENSE	\$0	\$2,844,353	\$3,038,893	\$3,613,136	\$3,613,136
Method of Financing:					
0001 General Revenue	\$0	\$870,640	\$713,239	\$62,210	\$62,210
0758 GR Match for Medicaid Account No. 758	\$0	\$0	\$105,958	\$0	\$0
8032 GR Certified as Match for Medicaid	\$0	\$385,615	\$402,511	\$1,492,281	\$1,492,281
SUBTOTAL, MOF (General Revenue)	\$0	\$1,256,255	\$1,221,708	\$1,554,491	\$1,554,491
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$1,553,877	\$1,679,569	\$1,968,478	\$1,968,478
93.778.003 XIX 50%	\$0	\$0	\$105,958	\$0	\$0
CFDA Subtotal, Fund 0555	\$0	\$1,553,877	\$1,785,527	\$1,968,478	\$1,968,478
SUBTOTAL, MOF (Federal Funds)	\$0	\$1,553,877	\$1,785,527	\$1,968,478	\$1,968,478
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$0	\$32,812	\$30,381	\$86,371	\$86,371
8096 ID Appropriated Receipts	\$0	\$1,409	\$1,277	\$3,796	\$3,796
SUBTOTAL, MOF (Other Funds)	\$0	\$34,221	\$31,658	\$90,167	\$90,167
TOTAL, METHOD OF FINANCE	\$0	\$2,844,353	\$3,038,893	\$3,613,136	\$3,613,136

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support
 SUB-STRATEGY: 1 SSLC

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	66.4	66.0	67.5	67.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides oversight and coordinated services for state supported living centers including program leadership and oversight, quality management, and DOJ settlement agreement monitoring. FPS also coordinates referrals for transfer of individuals in state supported living centers between Texas and other states in accordance with the Interstate Compact on Mental Health. FPS also coordinates community relations functions related to facilities' volunteer programs, which includes fundraising and coordination of special events and also supports employee relations.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support
 SUB-STRATEGY: 2 State Hospitals

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$3,982,040	\$4,103,980	\$5,057,864	\$5,057,864
1002 - Other Personnel Costs	\$0	\$122,573	\$122,573	\$121,399	\$121,399
2001 - Professional Fees & Services	\$0	\$15,006	\$15,006	\$15,006	\$15,006
2003 - Consumable Supplies	\$0	\$70,828	\$70,828	\$70,828	\$70,828
2004 - Utilities	\$0	\$15,155	\$21,252	\$21,252	\$21,252
2005 - Travel	\$0	\$94,596	\$94,596	\$138,560	\$138,560
2007 - Rent - Machine and Other	\$0	\$610	\$610	\$610	\$610
2009 - Other Operating Expense	\$0	\$142,445	\$318,307	\$218,674	\$218,674
TOTAL, OBJECT OF EXPENSE	\$0	\$4,443,253	\$4,747,152	\$5,644,193	\$5,644,193
Method of Financing:					
0001 General Revenue	\$0	\$4,443,253	\$4,747,152	\$5,644,193	\$5,644,193
SUBTOTAL, MOF (General Revenue)	\$0	\$4,443,253	\$4,747,152	\$5,644,193	\$5,644,193
TOTAL, METHOD OF FINANCE	\$0	\$4,443,253	\$4,747,152	\$5,644,193	\$5,644,193
FULL TIME EQUIVALENT POSITIONS:	0.0	103.6	103.0	105.5	105.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides oversight and coordinated services for state hospitals including program leadership and oversight. State hospital administration coordinates referrals for transfer of individuals in state hospital between Texas and other states in accordance with the Interstate Compact on Mental Health. FPS also coordinates community relations functions related to facilities' volunteer programs, which includes fundraising and coordination of special events and also supports employee relations.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support
 SUB-STRATEGY: 3 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$439,359	\$121,509	\$113,262	\$121,439	\$121,439
1002 - Other Personnel Costs	\$15,080	\$3,602	\$7,100	\$7,100	\$7,100
2001 - Professional Fees & Services	\$549,988	\$157,188	\$161,844	\$156,180	\$156,180
2002 - Fuels & Lubricants	\$0	\$161	\$154	\$158	\$158
2003 - Consumable Supplies	\$127	\$618	\$585	\$602	\$602
2004 - Utilities	\$825	\$526	\$501	\$514	\$514
2005 - Travel	\$1,240	\$335	\$866	\$350	\$350
2006 - Rent - Building	\$0	\$2,683	\$2,535	\$2,609	\$2,609
2007 - Rent - Machine and Other	\$44,679	\$49,335	\$49,300	\$49,318	\$49,318
2009 - Other Operating Expense	\$1,049,712	\$631,048	\$629,797	\$632,250	\$632,250
TOTAL, OBJECT OF EXPENSE	\$2,101,010	\$967,005	\$965,944	\$970,520	\$970,520
Method of Financing:					
0001 General Revenue	\$0	\$157,961	\$193,320	\$353,619	\$353,619
0758 GR Match for Medicaid Account No. 758	\$0	\$61,780	\$134,469	\$40,131	\$40,131
8010 GR Match for Title XXI (CHIP)	\$0	\$0	\$0	\$354	\$354
8014 GR Match for Food Stamp Administration	\$0	\$0	\$0	\$12,586	\$12,586
8032 GR Certified as Match for Medicaid	\$0	\$104,240	\$38,335	\$116,812	\$116,812
SUBTOTAL, MOF (General Revenue)	\$0	\$323,981	\$366,124	\$523,502	\$523,502
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$0	\$0	\$1,505	\$1,505
10.561.000 St Admin Match Food Stamp	\$0	\$12,592	\$12,765	\$12,693	\$12,693
93.667.000 Social Svcs Block Grants	\$0	\$7,827	\$6,779	\$6,779	\$6,779
93.767.000 CHIP	\$0	\$0	\$4,552	\$4,490	\$4,490
93.777.000 State Survey and Certific	\$0	\$6,220	\$10,229	\$4,082	\$4,082
93.778.000 XIX FMAP	\$0	\$185,022	\$112,133	\$159,219	\$159,219
93.778.003 XIX 50%	\$0	\$83,006	\$105,037	\$45,064	\$45,064
CFDA Subtotal, Fund 0555	\$0	\$294,667	\$251,495	\$233,832	\$233,832
SUBTOTAL, MOF (Federal Funds)	\$0	\$294,667	\$251,495	\$233,832	\$233,832

Method of Financing:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 1 Facility Program Support
 SUB-STRATEGY: 3 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
0666 Appropriated Receipts	\$0	\$372	\$340	\$0	\$0
0777 Interagency Contracts	\$2,101,010	\$347,985	\$347,985	\$205,711	\$205,711
8095 ID Collections for Patient Support and Maintenance	\$0	\$0	\$0	\$7,176	\$7,176
8096 ID Appropriated Receipts	\$0	\$0	\$0	\$299	\$299
SUBTOTAL, MOF (Other Funds)	\$2,101,010	\$348,357	\$348,325	\$213,186	\$213,186
TOTAL, METHOD OF FINANCE	\$2,101,010	\$967,005	\$965,944	\$970,520	\$970,520
FULL TIME EQUIVALENT POSITIONS:	10.0	2.0	2.0	2.0	2.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides oversight, business and communications support, and other coordinated services for Rio Grande State Center Outpatient Clinic and Corpus Christi Bond Homes.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

N/A

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 7 State Operated Facilities						
OBJECTIVE: 4 Facility Program Support						
STRATEGY: 2 Facility Capital Repairs & Renov						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	SSLCs	\$0	\$43,737,363	\$42,427,695	\$2,065,316	\$2,050,312
2	Mental Health State Hospitals	\$0	\$196,074,315	\$192,593,317	\$1,590,892	\$1,577,399
	Total, Sub-strategies	\$0	\$239,811,678	\$235,021,012	\$3,656,208	\$3,627,711

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 2 Facility Capital Repairs & Renov
 SUB-STRATEGY: 1 SSLCs

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2009 - Other Operating Expense	\$0	\$8,363,125	\$8,502,967	\$352,186	\$352,186
5000 - Capital Expenditures	\$0	\$35,374,238	\$33,924,728	\$1,713,130	\$1,698,126
TOTAL, OBJECT OF EXPENSE	\$0	\$43,737,363	\$42,427,695	\$2,065,316	\$2,050,312
Method of Financing:					
0001 General Revenue	\$0	\$2,408,791	\$2,379,123	\$1,775,514	\$1,760,510
SUBTOTAL, MOF (General Revenue)	\$0	\$2,408,791	\$2,379,123	\$1,775,514	\$1,760,510
Method of Financing:					
0543 GR Dedicated - Texas Capital Trust Fund Account No. 543	\$0	\$289,802	\$289,802	\$289,802	\$289,802
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$289,802	\$289,802	\$289,802	\$289,802
Method of Financing:					
0599 Economic Stabilization Fund	\$0	\$38,358,770	\$39,758,770	\$0	\$0
0780 Bond Proceeds - General Obligation Bonds	\$0	\$2,680,000	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$0	\$41,038,770	\$39,758,770	\$0	\$0
TOTAL, METHOD OF FINANCE	\$0	\$43,737,363	\$42,427,695	\$2,065,316	\$2,050,312
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy funds the necessary repair, renovation and construction projects required to maintain the state's supported living centers at required and acceptable levels of effectiveness and safety. The 13 facilities contain 800(+) buildings and a significant number of associated structures in campus-style settings. The buildings are old, with the oldest in excess of 118 years, and have suffered deterioration due to continuous use and exposure to the harsh climate.. Historically limited capital funding means many campuses need costly repairs and significant maintenance. The state supported living centers must maintain CMS certification in order to receive federal reimbursement. To maintain this certification, they must comply with various requirements related to the residents housing, training, daily living and environment of care, including a safe and home-like environment. Additionally, state supported living centers must comply with the minimum requirements of NFPA 101 Life Safety Code and associated codes and standards, which include fire sprinkler systems, fire alarm systems, firewalls, smoke barriers, emergency power and lighting, and other such requirements. Repair and renovation projects fall into the following categories: Health, Safety, Welfare and Daily Life needs (includes Life Safety Code); Roofing; Air Conditioning and Heating (HVAC); Electrical; Plumbing; General Renovation including Structural, Foundations, Windows, Doors, Finishes, Hardware, etc.; Building Envelope; Site Systems, Utilities, Distribution, Water, Waste Water/Sewer and Site drainage; Environmental/Asbestos; and New Construction. This sub-strategy also includes General Revenue funding for repayment of debt associated with loans for the Energy Savings Performance Contract/Energy Conservation

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 2 Facility Capital Repairs & Renov
 SUB-STRATEGY: 1 SSLCs

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Project.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Texas' weather, the state's geology, building age, general wear-and-tear, and deferred maintenance are the primary external factors affecting the facility's infrastructure. Roofs and HVAC components do not fare well in the state's harsh climate, requiring repair and replacement more often than those same components found in other states. The limestone sediments found in much of the State's potable water deteriorates plumbing systems before their time. The soil expansion and contraction from heavy rains and severe drought contribute to underground plumbing, electrical system and waste water piping failures. This soil expansion/contraction also significantly impacts foundation, building façade and brick veneer failures. These in turn contribute to rain water intrusion into building wall spaces and further deterioration of internal building finishes. The nature of the population served also impacts the environment and the need for frequent maintenance and repair. The amount of use and the type of use are the important internal factors impacting the strategy, since many of the buildings are in use 24/7.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 2 Facility Capital Repairs & Renov
 SUB-STRATEGY: 2 Mental Health State Hospitals

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$700,000	\$1,000,000	\$0	\$0
2009 - Other Operating Expense	\$0	\$15,578,169	\$18,438,327	\$0	\$0
5000 - Capital Expenditures	\$0	\$179,796,146	\$173,154,990	\$1,590,892	\$1,577,399
TOTAL, OBJECT OF EXPENSE	\$0	\$196,074,315	\$192,593,317	\$1,590,892	\$1,577,399
Method of Financing:					
0001 General Revenue	\$0	\$2,352,087	\$2,352,087	\$1,590,892	\$1,577,399
SUBTOTAL, MOF (General Revenue)	\$0	\$2,352,087	\$2,352,087	\$1,590,892	\$1,577,399
Method of Financing:					
0599 Economic Stabilization Fund	\$0	\$190,241,230	\$190,241,230	\$0	\$0
0780 Bond Proceeds - General Obligation Bonds	\$0	\$3,480,998	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$0	\$193,722,228	\$190,241,230	\$0	\$0
TOTAL, METHOD OF FINANCE	\$0	\$196,074,315	\$192,593,317	\$1,590,892	\$1,577,399
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy funds the necessary repair, renovation and construction projects required to maintain the state hospitals at required and acceptable levels of effectiveness and safety. The ten facilities contain 500(+) buildings and a significant number of associated structures. The buildings are old, with the oldest in excess of 161 years, and have suffered deterioration due to continuous use and climate. The State's psychiatric facilities must maintain accreditation by the Joint Commission in order to receive federal reimbursement. To maintain Joint Commission accreditation, the hospitals must comply with the environment of care standards in the Accreditation Manual, which requires that buildings be maintained in a safe and therapeutic environment conducive to the clients' recovery. Additionally, they must comply with the minimum requirements of NFPA 101 Life Safety Code and associated codes and standards, which include fire sprinkler systems, fire alarm systems, firewalls, smoke barriers, emergency power and lighting, and other requirements such as ligature remediation, which has become an increasing concern and requirement of Joint Commission and CMS. Repair and renovation projects fall into the following categories: health, safety, welfare and daily life needs (includes Life Safety Code); roofing; air conditioning and heating (HVAC); electrical; plumbing; general renovation including structural, foundations, windows, doors, finishes, hardware; building envelope; site systems, utilities, distribution, water, waste water/sewer, and site drainage; environmental/asbestos; and new construction. This sub-strategy also includes General Revenue funding for repayment of debt associated with loans for the Energy Savings Performance Contract/Energy Conservation Project.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Texas' weather, the state's geology, building age, general wear-and-tear, and deferred maintenance are the primary external factors affecting the state psychiatric facility infrastructure. Roofs and HVAC components do not fare well in the state's harsh climate, requiring repair and replacement more often than those same components found in other

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 7 State Operated Facilities
 OBJECTIVE: 4 Facility Program Support
 STRATEGY: 2 Facility Capital Repairs & Renov
 SUB-STRATEGY: 2 Mental Health State Hospitals

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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states. The limestone sediments found in much of the State's potable water deteriorates plumbing systems before their time. The soil expansion and contraction from heavy rains and severe drought contribute to underground plumbing, electrical system and waste water piping failures. This soil expansion/contraction also significantly impacts foundation, building façade and brick veneer failures. These in turn contribute to rain water intrusion into building wall spaces and further deterioration of internal building finishes. The nature of the population served also impacts the environment and the need for frequent maintenance and repair. The amount of use and the type of use are the important internal factors impacting the strategy, since many of the buildings are in use 24/7.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 8 Regulatory Services						
OBJECTIVE: 1 Long-Term Care and Acute Care Regulation						
STRATEGY: 1 Facility/Community-Based Regulation						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Nursing Facilities	\$0	\$25,491,357	\$26,211,609	\$27,480,952	\$27,480,948
2	Assisted Living Facilities	\$0	\$1,209,273	\$1,241,715	\$1,239,935	\$1,239,935
3	Day Activity and Health Services	\$0	\$459,637	\$469,157	\$468,854	\$468,854
4	ICF-IDD Facilities	\$0	\$4,878,697	\$5,041,479	\$5,031,387	\$5,031,387
5	Home & Community Support Services Licensing	\$0	\$9,821,748	\$9,838,763	\$10,068,542	\$10,068,542
6	Program Administration	\$0	\$32,653,229	\$31,240,746	\$32,890,506	\$32,890,509
7	Health Care Facilities	\$0	\$11,371,642	\$16,649,431	\$14,551,340	\$14,551,340
8	Community and Provider Abuse and Neglect Investigations	\$0	\$11,353,808	\$13,717,499	\$12,692,687	\$12,692,687
Total, Sub-strategies		\$0	\$97,239,391	\$104,410,399	\$104,424,203	\$104,424,202

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 1 Nursing Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$21,141,875	\$21,808,366	\$21,852,910	\$21,852,910
1002 - Other Personnel Costs	\$0	\$409,059	\$467,860	\$467,860	\$467,860
2001 - Professional Fees & Services	\$0	\$43,480	\$44,337	\$546,800	\$546,800
2002 - Fuels & Lubricants	\$0	\$8,048	\$8,203	\$8,126	\$8,126
2003 - Consumable Supplies	\$0	\$49,522	\$45,204	\$45,083	\$45,083
2004 - Utilities	\$0	\$98,101	\$127,257	\$168,159	\$168,159
2005 - Travel	\$0	\$1,924,559	\$1,933,509	\$1,914,501	\$1,914,501
2006 - Rent - Building	\$0	\$614,093	\$619,043	\$616,568	\$616,568
2007 - Rent - Machine and Other	\$0	\$99,890	\$100,983	\$100,436	\$100,436
2009 - Other Operating Expense	\$0	\$1,102,730	\$1,056,847	\$1,760,509	\$1,760,505
TOTAL, OBJECT OF EXPENSE	\$0	\$25,491,357	\$26,211,609	\$27,480,952	\$27,480,948
Method of Financing:					
0001 General Revenue	\$0	\$4,310,674	\$7,340,132	\$7,841,563	\$7,841,563
0758 GR Match for Medicaid Account No. 758	\$0	\$2,597,526	\$2,649,940	\$2,648,263	\$2,648,263
SUBTOTAL, MOF (General Revenue)	\$0	\$6,908,200	\$9,990,072	\$10,489,826	\$10,489,826
Method of Financing:					
5018 Home Health Services Account No. 5018	\$0	\$2,827,418	\$557,100	\$556,404	\$556,404
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$2,827,418	\$557,100	\$556,404	\$556,404
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$0	\$8,398,464	\$7,925,233	\$7,918,316	\$7,918,316
93.778.003 XIX 50%	\$0	\$1,564,698	\$1,789,383	\$1,762,808	\$1,762,808
93.796.000 Survey & Certification TitleXIX 75 ⁹	\$0	\$5,792,577	\$5,949,821	\$6,753,598	\$6,753,594
CFDA Subtotal, Fund 0555	\$0	\$15,755,739	\$15,664,437	\$16,434,722	\$16,434,718
SUBTOTAL, MOF (Federal Funds)	\$0	\$15,755,739	\$15,664,437	\$16,434,722	\$16,434,718
TOTAL, METHOD OF FINANCE	\$0	\$25,491,357	\$26,211,609	\$27,480,952	\$27,480,948

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 1 Nursing Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	484.7	484.7	484.7	484.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Nursing Facilities Sub-strategy covers the licensing and regulation of all long-term care facilities that meet the definition of nursing homes. Licensed facilities/agencies wishing to participate in Medicare and/or Medicaid programs must be certified and maintain compliance with certification regulations according to Titles XVIII and/or XIX of the Social Security Act.

In addition to licensing these long-term facilities, HHSC is responsible for investigating complaints and self-reported incidents, monitoring facilities for compliance with state and/or federal regulations and taking appropriate state enforcement action and recommending federal sanctions to the Centers for Medicare and Medicaid Services (CMS).

Statutory Authority. Human Resources Code, Chapter 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 248A, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include state and federal enforcement regulations and revised survey protocols to further protect facility residents. Increased workload from large providers undergoing changes of ownership necessitates on-site inspections to determine compliance with regulations by new operators. Changes in the Quality Incentive Payment Program have increased the number of participants which submitted changes of ownership. There is a growing number of self-reported incidents due to a change in federal policy. Nursing Facility license periods were changed to a three year license period beginning FY15.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 2 Assisted Living Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$1,014,064	\$1,046,035	\$1,048,174	\$1,048,174
1002 - Other Personnel Costs	\$0	\$19,076	\$20,297	\$20,297	\$20,297
2001 - Professional Fees & Services	\$0	\$1,822	\$1,855	\$1,839	\$1,839
2002 - Fuels & Lubricants	\$0	\$320	\$326	\$323	\$323
2003 - Consumable Supplies	\$0	\$1,948	\$1,739	\$1,734	\$1,734
2004 - Utilities	\$0	\$4,122	\$5,512	\$7,482	\$7,482
2005 - Travel	\$0	\$92,403	\$92,802	\$91,905	\$91,905
2006 - Rent - Building	\$0	\$23,629	\$23,819	\$23,724	\$23,724
2007 - Rent - Machine and Other	\$0	\$3,842	\$3,884	\$3,863	\$3,863
2009 - Other Operating Expense	\$0	\$48,047	\$45,446	\$40,594	\$40,594
TOTAL, OBJECT OF EXPENSE	\$0	\$1,209,273	\$1,241,715	\$1,239,935	\$1,239,935
Method of Financing:					
5018 Home Health Services Account No. 5018	\$0	\$1,209,273	\$1,241,715	\$1,239,935	\$1,239,935
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$1,209,273	\$1,241,715	\$1,239,935	\$1,239,935
TOTAL, METHOD OF FINANCE	\$0	\$1,209,273	\$1,241,715	\$1,239,935	\$1,239,935
FULL TIME EQUIVALENT POSITIONS:	0.0	18.5	18.5	18.5	18.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Assisted Living Facilities Sub-strategy covers the licensing and regulation of all assisted living facilities. In addition to licensing these assisted living facilities, HHSC is responsible for investigating complaints and self-reported incidents, monitoring facilities for compliance with state regulations and taking appropriate state enforcement action.

Statutory Authority. Human Resources Code, Chapter 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 248A, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include state enforcement regulations and revised survey protocols to further protect assisted living facility residents. Increased workload from providers undergoing changes of ownership necessitates on-site inspections to determine compliance with regulations by new operators. There is a tremendous amount of growth in this industry. Assisted Living Facility licenses expire after three years as of FY 19.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 3 Day Activity and Health Services

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$403,554	\$416,282	\$417,138	\$417,138
1002 - Other Personnel Costs	\$0	\$6,715	\$4,625	\$4,625	\$4,625
2001 - Professional Fees & Services	\$0	\$301	\$301	\$301	\$301
2002 - Fuels & Lubricants	\$0	\$22	\$22	\$22	\$22
2003 - Consumable Supplies	\$0	\$88	\$0	\$0	\$0
2004 - Utilities	\$0	\$702	\$1,240	\$2,037	\$2,037
2005 - Travel	\$0	\$36,921	\$37,032	\$36,697	\$36,697
2006 - Rent - Building	\$0	\$20	\$20	\$20	\$20
2009 - Other Operating Expense	\$0	\$11,314	\$9,635	\$8,014	\$8,014
TOTAL, OBJECT OF EXPENSE	\$0	\$459,637	\$469,157	\$468,854	\$468,854
Method of Financing:					
5018 Home Health Services Account No. 5018	\$0	\$459,637	\$469,157	\$468,854	\$468,854
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$459,637	\$469,157	\$468,854	\$468,854
TOTAL, METHOD OF FINANCE	\$0	\$459,637	\$469,157	\$468,854	\$468,854
FULL TIME EQUIVALENT POSITIONS:	0.0	9.3	9.3	9.3	9.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Day Activity and Health Services Sub-strategy covers the licensing and regulation of long-term care facilities that meet the definition of a day activity and health services provider. In addition to licensing these facilities, HHSC is responsible for investigating complaints and self-reported incidents, monitoring facilities for compliance with state regulations and taking appropriate enforcement action.

Statutory Authority. Human Resources Code, Chapter 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 248A, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include state enforcement regulations and revised survey protocols to further protect facility residents. Increased workload from providers undergoing changes of ownership, capacity increases, and replacement facilities necessitate on-site inspections to determine compliance with regulations by new operators. Day Activity and Health Services license expires after three years after it is issued as of FY 19.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 4 ICF-IDD Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$3,843,242	\$3,951,003	\$3,951,003	\$3,951,003
1002 - Other Personnel Costs	\$0	\$112,066	\$146,902	\$146,902	\$146,902
2001 - Professional Fees & Services	\$0	\$6,834	\$6,999	\$6,917	\$6,917
2002 - Fuels & Lubricants	\$0	\$2,815	\$2,845	\$2,830	\$2,830
2003 - Consumable Supplies	\$0	\$10,441	\$8,693	\$8,670	\$8,670
2004 - Utilities	\$0	\$62,832	\$52,948	\$57,890	\$57,890
2005 - Travel	\$0	\$545,615	\$557,331	\$551,474	\$551,474
2006 - Rent - Building	\$0	\$119,964	\$120,916	\$120,440	\$120,440
2007 - Rent - Machine and Other	\$0	\$19,300	\$19,510	\$19,405	\$19,405
2009 - Other Operating Expense	\$0	\$155,588	\$174,332	\$165,856	\$165,856
TOTAL, OBJECT OF EXPENSE	\$0	\$4,878,697	\$5,041,479	\$5,031,387	\$5,031,387
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$0	\$1,219,674	\$1,260,370	\$1,257,847	\$1,257,847
SUBTOTAL, MOF (General Revenue)	\$0	\$1,219,674	\$1,260,370	\$1,257,847	\$1,257,847
Method of Financing:					
0555 Federal Funds					
93.796.000 Survey & Certification TitleXIX 759	\$0	\$3,659,023	\$3,781,109	\$3,773,540	\$3,773,540
CFDA Subtotal, Fund 0555	\$0	\$3,659,023	\$3,781,109	\$3,773,540	\$3,773,540
SUBTOTAL, MOF (Federal Funds)	\$0	\$3,659,023	\$3,781,109	\$3,773,540	\$3,773,540
TOTAL, METHOD OF FINANCE	\$0	\$4,878,697	\$5,041,479	\$5,031,387	\$5,031,387
FULL TIME EQUIVALENT POSITIONS:	0.0	81.4	81.4	81.4	81.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

The ICF-IID Facilities Sub-strategy covers the licensing and regulation of long-term care facilities that meet the definition of an ICF-IID facility. Licensed facilities wishing to participate in the Medicaid program must be certified and maintain compliance with certification regulations according to Title XIX of the Social Security Act. In addition to licensing these facilities, HHSC is responsible for investigating complaints and self-reported incidents, monitoring facilities for compliance with state and/or federal regulations including follow-up on HHSC Provider Investigations findings related to abuse, neglect or exploitation investigations, and taking appropriate state and federal enforcement actions. Statutory Authority. Human Resources Code, Chapter 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 248A, 252, and 533.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
STRATEGY: 1 Facility/Community-Based Regulation
SUB-STRATEGY: 4 ICF-IDD Facilities

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include state and federal enforcement regulations and revised survey protocols to further protect facility residents. Increased workload from providers undergoing changes of ownership necessitates on-site inspections to determine compliance with regulations by new operators. The ICF-IID license expires after three years as of FY 19.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 5 Home & Community Support Services Licensing

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$7,533,890	\$7,953,563	\$7,958,893	\$7,958,893
1002 - Other Personnel Costs	\$0	\$172,569	\$234,469	\$243,203	\$243,203
2001 - Professional Fees & Services	\$0	\$69,481	\$68,708	\$69,646	\$69,646
2002 - Fuels & Lubricants	\$0	\$5,966	\$5,754	\$5,996	\$5,996
2003 - Consumable Supplies	\$0	\$22,707	\$15,648	\$17,385	\$17,385
2004 - Utilities	\$0	\$109,843	\$90,513	\$101,384	\$101,384
2005 - Travel	\$0	\$790,417	\$689,633	\$684,214	\$684,214
2006 - Rent - Building	\$0	\$236,608	\$214,742	\$237,560	\$237,560
2007 - Rent - Machine and Other	\$0	\$39,236	\$35,772	\$39,446	\$39,446
2009 - Other Operating Expense	\$0	\$841,031	\$529,961	\$710,815	\$710,815
TOTAL, OBJECT OF EXPENSE	\$0	\$9,821,748	\$9,838,763	\$10,068,542	\$10,068,542
Method of Financing:					
0001 General Revenue	\$0	\$94,471	\$100,621	\$108,751	\$108,751
0758 GR Match for Medicaid Account No. 758	\$0	\$902,795	\$943,488	\$947,219	\$947,219
SUBTOTAL, MOF (General Revenue)	\$0	\$997,266	\$1,044,109	\$1,055,970	\$1,055,970
Method of Financing:					
5018 Home Health Services Account No. 5018	\$0	\$1,322,366	\$1,356,346	\$1,357,150	\$1,357,150
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$1,322,366	\$1,356,346	\$1,357,150	\$1,357,150
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$0	\$4,734,525	\$4,547,928	\$4,751,132	\$4,751,132
93.778.003 XIX 50%	\$0	\$33,743	\$37,108	\$39,143	\$39,143
93.796.000 Survey & Certification TitleXIX 75%	\$0	\$2,733,848	\$2,853,272	\$2,865,147	\$2,865,147
CFDA Subtotal, Fund 0555	\$0	\$7,502,116	\$7,438,308	\$7,655,422	\$7,655,422
SUBTOTAL, MOF (Federal Funds)	\$0	\$7,502,116	\$7,438,308	\$7,655,422	\$7,655,422
TOTAL, METHOD OF FINANCE	\$0	\$9,821,748	\$9,838,763	\$10,068,542	\$10,068,542

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 5 Home & Community Support Services Licensing

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	169.1	169.1	169.1	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC licenses, certifies and surveys home and community support services agencies (HCSSAs) for compliance with state and federal laws and regulations. Through these regulatory activities, HHSC protects Texas citizens receiving home health, hospice and personal assistance services. In addition to licensing these entities, HHSC is responsible for including investigating complaints and self-reported incidents, monitoring entities for compliance with state and/or federal regulations including follow-up on HHSC Provider Investigations findings related to abuse, neglect or exploitation investigations, and taking appropriate state enforcement actions, and recommending federal sanctions to the Centers for Medicare and Medicaid Services (CMS).

Statutory Authority. Human Resources Code, Chapter 48, 103, and 161; Health and Safety Code, Chapters 142, 242, 247, 248A, 252, and 533.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include state and federal enforcement regulations and revised survey protocols to further protect facility residents. Increased workload from providers undergoing changes of ownership necessitates on-site inspections to determine compliance with regulations by new operators. There is a tremendous amount of growth in the licensed-only agencies, despite a Medicare moratorium. HCSSA licenses expire after two years.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 6 Program Administration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$23,214,168	\$25,253,030	\$25,258,477	\$25,258,477
1002 - Other Personnel Costs	\$0	\$668,835	\$718,528	\$727,262	\$727,262
2001 - Professional Fees & Services	\$0	\$374,201	\$367,912	\$872,895	\$872,895
2002 - Fuels & Lubricants	\$0	\$12,669	\$11,714	\$11,963	\$11,963
2003 - Consumable Supplies	\$0	\$110,636	\$52,228	\$71,252	\$71,255
2004 - Utilities	\$0	\$194,445	\$186,195	\$203,637	\$203,637
2005 - Travel	\$0	\$1,982,951	\$1,862,898	\$1,857,743	\$1,857,743
2006 - Rent - Building	\$0	\$805,862	\$717,257	\$738,075	\$738,075
2007 - Rent - Machine and Other	\$0	\$2,014,559	\$129,700	\$132,933	\$132,933
2009 - Other Operating Expense	\$0	\$3,274,903	\$1,941,284	\$3,016,269	\$3,016,269
TOTAL, OBJECT OF EXPENSE	\$0	\$32,653,229	\$31,240,746	\$32,890,506	\$32,890,509
Method of Financing:					
0001 General Revenue	\$0	\$0	\$6,713,277	\$3,977,264	\$3,977,264
0758 GR Match for Medicaid Account No. 758	\$0	\$0	\$0	\$5,036,481	\$5,036,483
SUBTOTAL, MOF (General Revenue)	\$0	\$0	\$6,713,277	\$9,013,745	\$9,013,747
Method of Financing:					
0129 Hospital Licensing Account No. 129	\$0	\$64,994	\$86,156	\$85,980	\$85,980
5018 Home Health Services Account No. 5018	\$0	\$9,362,599	\$6,252,388	\$1,466,630	\$1,466,630
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$9,427,593	\$6,338,544	\$1,552,610	\$1,552,610
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$0	\$78,680	\$73,574	\$77,859	\$77,858
93.777.000 State Survey and Certific	\$0	\$8,923,234	\$6,016,801	\$6,564,395	\$6,564,397
93.777.003 CLINICAL LAB AMEND PROGRM	\$0	\$63,852	\$84,642	\$84,468	\$84,468
93.777.005 Health Insurance Benefits	\$0	\$1,828,026	\$828,026	\$828,026	\$828,026
93.778.003 XIX 50%	\$0	\$4,848,743	\$4,101,534	\$4,373,224	\$4,373,224
93.796.000 Survey & Certification TitleXIX 75 ⁹	\$0	\$7,437,165	\$7,038,412	\$10,350,243	\$10,350,243
93.959.000 Block Grants for Prevent	\$0	\$45,936	\$45,936	\$45,936	\$45,936
CFDA Subtotal, Fund 0555	\$0	\$23,225,636	\$18,188,925	\$22,324,151	\$22,324,152
SUBTOTAL, MOF (Federal Funds)	\$0	\$23,225,636	\$18,188,925	\$22,324,151	\$22,324,152

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 6 Program Administration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE	\$0	\$32,653,229	\$31,240,746	\$32,890,506	\$32,890,509
FULL TIME EQUIVALENT POSITIONS:	0.0	419.5	419.5	419.5	419.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Program Administration sub-strategy supports administrative functions for all Regulatory programs including Nursing Facilities, Assisted Living Facilities, DayActivities and Health Services, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions, Prescribed Pediatric Extended Care Centers and Home and Community Support Services Agencies. Serves as a comprehensive resource on policy analysis, public information and advocating for the needs of the disabled and older Texans.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Achieving efficiencies in a large regulatory system without compromising the quality of services is a high priority of Regulatory Services. Essential functions must be appropriately staffed and resourced so there is not a decline in the quality of services provided

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 7 Health Care Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$6,183,416	\$7,254,618	\$7,280,564	\$7,280,564
1002 - Other Personnel Costs	\$0	\$155,695	\$209,388	\$191,920	\$191,920
2001 - Professional Fees & Services	\$0	\$248,299	\$311,541	\$317,740	\$317,740
2002 - Fuels & Lubricants	\$0	\$3,190	\$4,348	\$3,763	\$3,763
2003 - Consumable Supplies	\$0	\$123,772	\$27,818	\$24,275	\$24,275
2004 - Utilities	\$0	\$90,452	\$87,518	\$82,393	\$82,393
2005 - Travel	\$0	\$869,988	\$798,860	\$830,551	\$830,551
2006 - Rent - Building	\$0	\$289,594	\$391,957	\$340,586	\$340,586
2007 - Rent - Machine and Other	\$0	\$67,748	\$73,788	\$70,726	\$70,726
2009 - Other Operating Expense	\$0	\$3,339,488	\$7,489,595	\$5,408,822	\$5,408,822
TOTAL, OBJECT OF EXPENSE	\$0	\$11,371,642	\$16,649,431	\$14,551,340	\$14,551,340
Method of Financing:					
0001 General Revenue	\$0	\$2,248,300	\$3,658,978	\$2,377,785	\$2,377,786
0758 GR Match for Medicaid Account No. 758	\$0	\$2,489,344	\$1,832,235	\$2,929,446	\$2,929,445
SUBTOTAL, MOF (General Revenue)	\$0	\$4,737,644	\$5,491,213	\$5,307,231	\$5,307,231
Method of Financing:					
0129 Hospital Licensing Account No. 129	\$0	\$1,532,461	\$1,511,210	\$1,877,776	\$1,877,776
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$1,532,461	\$1,511,210	\$1,877,776	\$1,877,776
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$0	\$351,572	\$3,917,833	\$1,603,612	\$1,603,612
93.777.003 CLINICAL LAB AMEND PROGRM	\$0	\$1,454,537	\$1,433,747	\$1,467,293	\$1,467,293
93.777.005 Health Insurance Benefits	\$0	\$2,767,159	\$3,767,159	\$3,767,159	\$3,767,159
93.959.000 Block Grants for Prevent	\$0	\$528,269	\$528,269	\$528,269	\$528,269
CFDA Subtotal, Fund 0555	\$0	\$5,101,537	\$9,647,008	\$7,366,333	\$7,366,333
SUBTOTAL, MOF (Federal Funds)	\$0	\$5,101,537	\$9,647,008	\$7,366,333	\$7,366,333
TOTAL, METHOD OF FINANCE	\$0	\$11,371,642	\$16,649,431	\$14,551,340	\$14,551,340

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 7 Health Care Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	0.0	150.9	150.9	150.9	150.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The primary function of this area is to assure quality health care delivery by regulating health facilities/entities and organizations that provide care and services to the Texas consumers including hospitals, substance abuse treatment facilities, ambulatory surgical centers, renal dialysis facilities, private psych hospitals, birthing centers, crisis stabilization units, special care facilities, abortion clinics, narcotic treatment facilities, neonatal and maternal care, and the Medical Advisory Board. HHSC processes license applications and fees; issues initial, renewal and change of ownership licenses; develops licensing rules; provides training, education and consultative services; conducts inspections and investigations; conducts plan reviews; and coordinates enforcement actions against non-compliant health care facilities. The compliance area also completes survey and investigation activities to determine compliance with federal regulations and makes recommendations for federal adverse action to the Centers for Medicare and Medicaid Services. In addition, the Health Care Quality department houses the CLIA (Certified Laboratory Improvement Amendment) program, which ensures that medical laboratories provide competent qualitative and quantitative analysis of human lab specimens to assist physicians in making clinical and treatment decisions for their patients.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The external factors impacting the strategy primarily center on the federal funds awarded to the programs for conducting survey and certification workload activities. Federal funds are awarded annually and may fluctuate on a year-to-year basis. Further, there is a federal directive concerning the performance of workload activities which prioritizes the survey and investigation work that is conducted via federal funding each year. A portion of the Substance Abuse Prevention and Treatment (SAPT) Block Grant provides funding for the inspection of substance abuse facilities. A portion of the General Revenue in this strategy is required as maintenance of effort for the SAPT Block Grant. Due to the continuing population growth in Texas, the number of individuals/entities that must be licensed and monitored for compliance is increasing.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
 STRATEGY: 1 Facility/Community-Based Regulation
 SUB-STRATEGY: 8 Community and Provider Abuse and Neglect Investigations

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$8,909,078	\$10,062,305	\$10,062,305	\$10,062,305
1002 - Other Personnel Costs	\$0	\$202,246	\$117,252	\$117,252	\$117,252
2001 - Professional Fees & Services	\$0	\$71,568	\$14,334	\$14,119	\$14,119
2002 - Fuels & Lubricants	\$0	\$3,190	\$3,533	\$3,494	\$3,494
2003 - Consumable Supplies	\$0	\$30,738	\$22,602	\$22,541	\$22,541
2004 - Utilities	\$0	\$28,419	\$31,348	\$31,067	\$31,067
2005 - Travel	\$0	\$663,356	\$1,941,203	\$940,402	\$940,402
2006 - Rent - Building	\$0	\$282,950	\$309,005	\$307,767	\$307,767
2007 - Rent - Machine and Other	\$0	\$46,104	\$50,492	\$50,219	\$50,219
2009 - Other Operating Expense	\$0	\$1,116,159	\$1,165,425	\$1,143,521	\$1,143,521
TOTAL, OBJECT OF EXPENSE	\$0	\$11,353,808	\$13,717,499	\$12,692,687	\$12,692,687
Method of Financing:					
0001 General Revenue	\$0	\$4,946,781	\$6,268,272	\$5,717,516	\$5,717,515
SUBTOTAL, MOF (General Revenue)	\$0	\$4,946,781	\$6,268,272	\$5,717,516	\$5,717,515
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$0	\$3,345,683	\$3,350,789	\$3,346,504	\$3,346,505
93.778.003 XIX 50%	\$0	\$549,947	\$1,066,421	\$831,193	\$831,193
CFDA Subtotal, Fund 0555	\$0	\$3,895,630	\$4,417,210	\$4,177,697	\$4,177,698
SUBTOTAL, MOF (Federal Funds)	\$0	\$3,895,630	\$4,417,210	\$4,177,697	\$4,177,698
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$2,511,397	\$3,032,017	\$2,797,474	\$2,797,474
SUBTOTAL, MOF (Other Funds)	\$0	\$2,511,397	\$3,032,017	\$2,797,474	\$2,797,474
TOTAL, METHOD OF FINANCE	\$0	\$11,353,808	\$13,717,499	\$12,692,687	\$12,692,687
FULL TIME EQUIVALENT POSITIONS:	0.0	215.0	215.0	215.0	215.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
OBJECTIVE: 1 Long-Term Care and Acute Care Regulation
STRATEGY: 1 Facility/Community-Based Regulation
SUB-STRATEGY: 8 Community and Provider Abuse and Neglect Investigations

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The operating expenses related to this sub-strategy are used in support of abuse, neglect or exploitation of persons who receive HCS or TXHml Services.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 8 Regulatory Services						
OBJECTIVE: 2 Child Care Regulation						
STRATEGY: 1 Child Care Regulation						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	CCR Day Care Staff	\$0	\$21,636,414	\$22,663,637	\$22,498,639	\$22,498,639
2	CCR Residential Care Staff	\$0	\$8,583,646	\$8,980,695	\$8,950,261	\$8,950,261
3	Child Care Regulation Program Support and Training	\$0	\$7,357,669	\$6,931,471	\$9,787,835	\$9,787,835
Total, Sub-strategies		\$0	\$37,577,729	\$38,575,803	\$41,236,735	\$41,236,735

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation
 SUB-STRATEGY: 1 CCR Day Care Staff

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$13,594,259	\$14,035,425	\$14,031,259	\$14,031,259
1002 - Other Personnel Costs	\$0	\$422,702	\$717,461	\$710,447	\$710,447
2001 - Professional Fees & Services	\$0	\$292,127	\$292,428	\$291,883	\$291,883
2002 - Fuels & Lubricants	\$0	\$255,186	\$255,322	\$255,159	\$255,159
2003 - Consumable Supplies	\$0	\$2,309,339	\$2,309,849	\$2,309,230	\$2,309,230
2004 - Utilities	\$0	\$182,644	\$183,364	\$182,683	\$182,683
2005 - Travel	\$0	\$1,249,129	\$1,254,261	\$1,251,613	\$1,251,613
2006 - Rent - Building	\$0	\$187,687	\$189,688	\$187,155	\$187,155
2007 - Rent - Machine and Other	\$0	\$45,925	\$46,428	\$45,802	\$45,802
2009 - Other Operating Expense	\$0	\$3,097,416	\$3,379,411	\$3,233,408	\$3,233,408
TOTAL, OBJECT OF EXPENSE	\$0	\$21,636,414	\$22,663,637	\$22,498,639	\$22,498,639
Method of Financing:					
0001 General Revenue	\$0	\$6,929,940	\$8,869,124	\$8,844,903	\$8,844,903
SUBTOTAL, MOF (General Revenue)	\$0	\$6,929,940	\$8,869,124	\$8,844,903	\$8,844,903
Method of Financing:					
0555 Federal Funds					
93.575.000 ChildCareDevFnd Blk Grant	\$0	\$14,706,474	\$13,794,513	\$13,653,736	\$13,653,736
CFDA Subtotal, Fund 0555	\$0	\$14,706,474	\$13,794,513	\$13,653,736	\$13,653,736
SUBTOTAL, MOF (Federal Funds)	\$0	\$14,706,474	\$13,794,513	\$13,653,736	\$13,653,736
TOTAL, METHOD OF FINANCE	\$0	\$21,636,414	\$22,663,637	\$22,498,639	\$22,498,639
FULL TIME EQUIVALENT POSITIONS:	0.0	360.0	360.0	360.0	360.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the licensing, registration, and listing of operations that care for children ages birth through 13 years for a portion of the day. Licensed and registered operations are required to meet minimum standards that are enforced by the day care licensing staff. Operations are inspected prior to the issuance of a license or registration and monitored periodically thereafter. Complaints and reports of substandard care are investigated, and appropriate action is taken as a result of fact-finding by agency staff. Licensing staff provide training and technical assistance to licensees and registrants on meeting minimum standards. Licensing staff provide educational materials to assist parents in choosing safe and healthy care. Quality assurance activities promote consistency in the interpretation and enforcement of minimum standards across the state. This

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation
 SUB-STRATEGY: 1 CCR Day Care Staff

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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sub-strategy does not contain the allocated costs for staff who are charged to agency staff cost pools.

Statutory provisions are found in the Human Resources Code, Chapters 40, 42, and 43, the Texas Family Code Title 5, Chapter 261. Federal statutory provisions are found in the Child Care and Development Block Grant Act of 1990, as amended, 42 U.S.C 9858.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The majority of sub-strategy is funded with Child Care and Development Block Grant that does not require a state match. Child Care and Development Block Grant funds are limited and are not available to fund additional resource needs. This sub-strategy reduces risk to children in the care of day care operations and ensures Licensing staff meet federal and state regulatory requirements. The positions in this sub-strategy conduct comprehensive regulatory activities in order to protect the health, safety, and well-being of children in the care of day care operations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation
 SUB-STRATEGY: 2 CCR Residential Care Staff

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$7,016,100	\$7,244,897	\$7,243,600	\$7,243,600
1002 - Other Personnel Costs	\$0	\$208,008	\$326,223	\$324,039	\$324,039
2001 - Professional Fees & Services	\$0	\$19,225	\$19,325	\$19,185	\$19,185
2002 - Fuels & Lubricants	\$0	\$4,572	\$4,622	\$4,575	\$4,575
2003 - Consumable Supplies	\$0	\$20,113	\$20,297	\$20,121	\$20,121
2004 - Utilities	\$0	\$111,270	\$111,538	\$111,330	\$111,330
2005 - Travel	\$0	\$733,010	\$735,042	\$734,003	\$734,003
2006 - Rent - Building	\$0	\$74,449	\$75,165	\$74,453	\$74,453
2007 - Rent - Machine and Other	\$0	\$18,217	\$18,397	\$18,221	\$18,221
2009 - Other Operating Expense	\$0	\$378,682	\$425,189	\$400,734	\$400,734
TOTAL, OBJECT OF EXPENSE	\$0	\$8,583,646	\$8,980,695	\$8,950,261	\$8,950,261
Method of Financing:					
0001 General Revenue	\$0	\$5,582,090	\$6,592,381	\$6,567,025	\$6,567,025
SUBTOTAL, MOF (General Revenue)	\$0	\$5,582,090	\$6,592,381	\$6,567,025	\$6,567,025
Method of Financing:					
0555 Federal Funds					
93.658.050 Foster Care Title IV-E Admin @ 5C	\$0	\$2,058,900	\$1,445,658	\$1,440,580	\$1,440,580
93.667.000 Social Svcs Block Grants	\$0	\$942,656	\$942,656	\$942,656	\$942,656
CFDA Subtotal, Fund 0555	\$0	\$3,001,556	\$2,388,314	\$2,383,236	\$2,383,236
SUBTOTAL, MOF (Federal Funds)	\$0	\$3,001,556	\$2,388,314	\$2,383,236	\$2,383,236
TOTAL, METHOD OF FINANCE	\$0	\$8,583,646	\$8,980,695	\$8,950,261	\$8,950,261
FULL TIME EQUIVALENT POSITIONS:	0.0	165.0	165.0	165.0	165.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes the licensing of operations that serve as 24-hour residences for children. Staff in this sub-strategy license and monitor operations and investigate complaints involving substandard care. The various categories of care include foster family homes, foster group homes, general residential childcare operations (including residential treatment centers), and child-placing agencies. Minimum standards for care have been developed for each type of operation. In addition, this sub-strategy includes the licensing of administrators of 24-hour childcare operations. This sub-strategy provides protection for some of Texas' most vulnerable children, those who have no parental advocates on the premises to look after

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
OBJECTIVE: 2 Child Care Regulation
STRATEGY: 1 Child Care Regulation
SUB-STRATEGY: 2 CCR Residential Care Staff

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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their health and safety. This sub-strategy does not contain the allocated costs for staff who are charged to agency staff cost pools.

Statutory provisions are found in the Human Resources Code, Chapters 40, 42, and 43, the Texas Family Code Title 5, Chapter 261. Federal statutory provisions are found in the Social Security Act, Sections 471 and 2001.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal funds participating in this sub-strategy are Social Services Block Grant and Title IV-E. State funds are included in accordance with the federal financial participation requirements for Title IV-E. There are no federal match requirements for Social Services Block Grant. Social Services Block Grant funds are limited and are not available to fund additional resource needs. . This sub-strategy reduces risk to children in the care of residential child care operations and ensures Licensing staff meet federal and state regulatory requirements. The positions in this sub-strategy conduct comprehensive regulatory activities to protect the health, safety, and well-being of children in the care of residential child care operations.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 2 Child Care Regulation
 STRATEGY: 1 Child Care Regulation
 SUB-STRATEGY: 3 Child Care Regulation Program Support and Training

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$5,221,297	\$5,539,835	\$6,715,178	\$6,715,178
1002 - Other Personnel Costs	\$0	\$288,711	\$258,446	\$287,709	\$287,709
2001 - Professional Fees & Services	\$0	\$20,982	\$15,901	\$1,242,423	\$1,242,423
2002 - Fuels & Lubricants	\$0	\$8,420	\$4,552	\$6,602	\$6,602
2003 - Consumable Supplies	\$0	\$67,726	\$62,843	\$65,906	\$65,906
2004 - Utilities	\$0	\$32,909	\$32,224	\$37,369	\$37,369
2005 - Travel	\$0	\$95,484	\$96,788	\$139,298	\$139,298
2006 - Rent - Building	\$0	\$64,418	\$59,040	\$63,613	\$63,613
2007 - Rent - Machine and Other	\$0	\$16,212	\$15,221	\$16,178	\$16,178
2009 - Other Operating Expense	\$0	\$1,541,510	\$846,621	\$1,213,559	\$1,213,559
TOTAL, OBJECT OF EXPENSE	\$0	\$7,357,669	\$6,931,471	\$9,787,835	\$9,787,835
Method of Financing:					
0001 General Revenue	\$0	\$6,733,991	\$4,782,590	\$4,838,511	\$4,838,511
SUBTOTAL, MOF (General Revenue)	\$0	\$6,733,991	\$4,782,590	\$4,838,511	\$4,838,511
Method of Financing:					
0555 Federal Funds					
93.575.000 ChildCareDevFnd Blk Grant	\$0	\$230,792	\$1,142,752	\$638,426	\$638,426
93.658.050 Foster Care Title IV-E Admin @ 5C	\$0	\$183,510	\$796,753	\$424,629	\$424,629
93.667.000 Social Svcs Block Grants	\$0	\$28,989	\$28,989	\$28,430	\$28,430
CFDA Subtotal, Fund 0555	\$0	\$443,291	\$1,968,494	\$1,091,485	\$1,091,485
SUBTOTAL, MOF (Federal Funds)	\$0	\$443,291	\$1,968,494	\$1,091,485	\$1,091,485
Method of Financing:					
0777 Interagency Contracts	\$0	\$180,387	\$180,387	\$3,857,839	\$3,857,839
SUBTOTAL, MOF (Other Funds)	\$0	\$180,387	\$180,387	\$3,857,839	\$3,857,839
TOTAL, METHOD OF FINANCE	\$0	\$7,357,669	\$6,931,471	\$9,787,835	\$9,787,835
FULL TIME EQUIVALENT POSITIONS:	0.0	100.0	100.0	100.0	100.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
OBJECTIVE: 2 Child Care Regulation
STRATEGY: 1 Child Care Regulation
SUB-STRATEGY: 3 Child Care Regulation Program Support and Training

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides essential functions to support and direct field staff, ensuring a system for the protection of children at risk of abuse/neglect or serious injuries. These functions include developing policy direction and operating procedures, rule development and review, minimum standards development, administrative monitoring and oversight, legal, budget analysis, program regional administration, and training. This sub-strategy does not contain the allocated costs for staff who are charged to agency staff cost pools.

Statutory provisions are found in the Human Resources Code, Chapters 40, 42, and 43, the Texas Family Code Title 5, Chapter 261; and the Texas Health and Safety Code, Chapter 249. Federal statutory provisions are found in the Social Security Act, Section 471; and the Child Care and Development Block Grant Act of 1990, as amended, 42 U.S.C 9858.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The primary federal funds participating in this sub-strategy are Child Care and Development Block Grant and Title IV-E. State funds are included in accordance with the federal financial participation requirements for Title IV-E. There are no federal match requirements for Child Care and Development Block Grant. Child Care and Development Block Grant funds are limited and are not available to fund additional resource needs. This sub-strategy reduces risk to children in the care of day care or residential child care operations and ensures Licensing staff have policy and operational direction to meet federal and state regulatory requirements. The positions in this sub-strategy provide comprehensive policies and procedures to guide regulatory activities to protect the health, safety, and well-being of children in the care of day care or residential child care operations.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 8 Regulatory Services						
OBJECTIVE: 3 Professional and Occupational Regulation						
STRATEGY: 1 Health Care Professionals & Others						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Health Care Professionals	\$0	\$2,030,423	\$2,575,456	\$2,571,907	\$2,571,907
2	Credentialing/Certification LTC	\$0	\$1,758,546	\$1,786,651	\$1,790,199	\$1,790,199
	Total, Sub-strategies	\$0	\$3,788,969	\$4,362,107	\$4,362,106	\$4,362,106

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 3 Professional and Occupational Regulation
 STRATEGY: 1 Health Care Professionals & Others
 SUB-STRATEGY: 1 Health Care Professionals

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$1,410,670	\$1,846,442	\$1,845,799	\$1,845,799
1002 - Other Personnel Costs	\$0	\$54,729	\$73,008	\$71,696	\$71,696
2001 - Professional Fees & Services	\$0	\$410,161	\$345,064	\$464,703	\$464,703
2002 - Fuels & Lubricants	\$0	\$577	\$2,313	\$1,429	\$1,429
2003 - Consumable Supplies	\$0	\$6,074	\$9,144	\$7,554	\$7,554
2004 - Utilities	\$0	\$7,716	\$8,611	\$8,116	\$8,116
2005 - Travel	\$0	\$106,937	\$94,433	\$100,676	\$100,676
2006 - Rent - Building	\$0	\$9,183	\$9,584	\$9,148	\$9,148
2007 - Rent - Machine and Other	\$0	\$2,361	\$2,456	\$2,353	\$2,353
2009 - Other Operating Expense	\$0	\$22,015	\$184,401	\$60,433	\$60,433
TOTAL, OBJECT OF EXPENSE	\$0	\$2,030,423	\$2,575,456	\$2,571,907	\$2,571,907
Method of Financing:					
0001 General Revenue	\$0	\$1,498,228	\$2,043,261	\$1,923,330	\$1,923,330
SUBTOTAL, MOF (General Revenue)	\$0	\$1,498,228	\$2,043,261	\$1,923,330	\$1,923,330
Method of Financing:					
0666 Appropriated Receipts	\$0	\$532,195	\$532,195	\$648,577	\$648,577
SUBTOTAL, MOF (Other Funds)	\$0	\$532,195	\$532,195	\$648,577	\$648,577
TOTAL, METHOD OF FINANCE	\$0	\$2,030,423	\$2,575,456	\$2,571,907	\$2,571,907
FULL TIME EQUIVALENT POSITIONS:	0.0	58.3	58.3	58.3	58.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The primary function is to protect public health and safety through the regulation of allied health care providers by issuing licenses only to qualified applicants, investigating complaints against licensees, and enforcing the boards' disciplinary actions. The programs are as follows: sex offender treatment providers, licensed professional counselors, marriage and family therapists, social workers, and licensed chemical dependency counselors.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 3 Professional and Occupational Regulation
 STRATEGY: 1 Health Care Professionals & Others
 SUB-STRATEGY: 2 Credentialing/Certification LTC

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$1,442,842	\$1,462,557	\$1,463,200	\$1,463,200
1002 - Other Personnel Costs	\$0	\$54,135	\$63,226	\$64,538	\$64,538
2001 - Professional Fees & Services	\$0	\$3,772	\$3,450	\$3,669	\$3,669
2002 - Fuels & Lubricants	\$0	\$2,343	\$2,264	\$2,319	\$2,319
2003 - Consumable Supplies	\$0	\$3,746	\$3,455	\$3,656	\$3,656
2004 - Utilities	\$0	\$8,389	\$8,155	\$8,319	\$8,319
2005 - Travel	\$0	\$74,559	\$74,651	\$74,613	\$74,613
2006 - Rent - Building	\$0	\$8,182	\$6,923	\$7,789	\$7,789
2007 - Rent - Machine and Other	\$0	\$2,273	\$1,977	\$2,181	\$2,181
2009 - Other Operating Expense	\$0	\$158,305	\$159,993	\$159,915	\$159,915
TOTAL, OBJECT OF EXPENSE	\$0	\$1,758,546	\$1,786,651	\$1,790,199	\$1,790,199
Method of Financing:					
0001 General Revenue	\$0	\$1,174,489	\$1,202,594	\$1,334,435	\$1,334,435
0758 GR Match for Medicaid Account No. 758	\$0	\$132,906	\$132,906	\$120,996	\$120,996
SUBTOTAL, MOF (General Revenue)	\$0	\$1,307,395	\$1,335,500	\$1,455,431	\$1,455,431
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$0	\$279,349	\$279,349	\$165,687	\$165,687
93.778.003 XIX 50%	\$0	\$113,458	\$113,458	\$120,996	\$120,996
93.796.000 Survey & Certification TitleXIX 75%	\$0	\$58,344	\$58,344	\$48,085	\$48,085
CFDA Subtotal, Fund 0555	\$0	\$451,151	\$451,151	\$334,768	\$334,768
SUBTOTAL, MOF (Federal Funds)	\$0	\$451,151	\$451,151	\$334,768	\$334,768
TOTAL, METHOD OF FINANCE	\$0	\$1,758,546	\$1,786,651	\$1,790,199	\$1,790,199
FULL TIME EQUIVALENT POSITIONS:	0.0	31.9	31.9	31.9	31.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Credentialing/Certification LTC sub-strategy covers licensing, certification, permitting, and monitoring of individuals for the purpose of employability in facilities and agencies regulated by HHSC through four credentialing programs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 8 Regulatory Services
 OBJECTIVE: 3 Professional and Occupational Regulation
 STRATEGY: 1 Health Care Professionals & Others
 SUB-STRATEGY: 2 Credentialing/Certification LTC

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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The Credentialing/Certification LTC sub-strategy covers licensing, certification, permitting, and monitoring of individuals for the purpose of employability in facilities and agencies regulated by HHSC through four credentialing programs. Nursing Facility Administrator (NFA) Licensing and Enforcement responsibilities include licensing and continuing education activities; investigating complaints or referrals; coordinating sanction recommendations and other licensure activities; imposing and monitoring sanctions and due process considerations; and developing educational, training, and testing curricula. Nurse Aide Registry (NAR) and Nurse Aide Training and Competency Evaluation Program (NATCEP) responsibilities include nurse aide certification and sanction activities; approving, renewing or withdrawing approval of NATCEPs; and due process considerations and determination of nurse aide employability in HHSC regulated facilities via the NAR. Employee Misconduct Registry (EMR) responsibilities include due process considerations and determination of unlicensed staff employability in HHSC regulated facilities/agencies via the EMR. Medication Aide Program responsibilities include medication aide permit issuance and renewal; imposing and monitoring sanctions; due process considerations; approving and monitoring medication aide training programs in educational institutions; and coordinating/administering examinations.

Statutory Authority. Health and Safety Code, Chapters 142, 242, and 253; Human Resources Code, Chapter 161; Social Security Act, §1819 and §1919; the Code of Federal Regulations, Title 42, §§483.150-483.154.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting this strategy include federal and state enforcement regulations to protect facility/agency residents. Achieving essential functions and providing a high quality of customer service these individuals is difficult to achieve due to database inefficiencies. HHSC administratively supports the Nursing Facility Administrator Advisory Committee.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 9 Program Eligibility Determination & Enrollment						
OBJECTIVE: 1 Eligibility Operations						
STRATEGY: 1 Integrated Eligibility & Enrollment						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	2-1-1	\$12,145,704	\$12,623,013	\$12,518,005	\$12,593,776	\$12,593,776
2	Eligibility Determination	\$439,509,564	\$489,897,598	\$538,863,467	\$505,925,024	\$505,925,024
3	Policy, Training and State Support	\$52,942,502	\$65,259,781	\$69,075,454	\$98,180,257	\$98,180,259
4	Electronic Benefits Transfer (EBT)	\$8,300,719	\$9,854,569	\$9,755,342	\$9,899,709	\$9,899,709
5	Other	\$63,680,851	\$57,771,797	\$63,323,118	\$62,393,651	\$62,409,457
Total, Sub-strategies		\$576,579,340	\$635,406,758	\$693,535,386	\$688,992,417	\$689,008,225

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 1 2-1-1

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$462,987	\$531,141	\$577,218	\$577,218	\$577,218
1002 - Other Personnel Costs	\$9,290	\$5,276	\$5,733	\$5,733	\$5,733
2001 - Professional Fees & Services	\$11,527,338	\$11,920,325	\$11,740,457	\$11,830,391	\$11,830,391
2003 - Consumable Supplies	\$37	\$0	\$0	\$0	\$0
2004 - Utilities	\$4,366	\$7,500	\$7,500	\$7,500	\$7,500
2005 - Travel	\$3,532	\$25,000	\$25,000	\$25,000	\$25,000
2009 - Other Operating Expense	\$138,154	\$133,771	\$162,097	\$147,934	\$147,934
TOTAL, OBJECT OF EXPENSE	\$12,145,704	\$12,623,013	\$12,518,005	\$12,593,776	\$12,593,776
Method of Financing:					
0001 General Revenue	\$48,609	\$311,792	\$276,591	\$341,140	\$402,995
0758 GR Match for Medicaid Account No. 758	\$3,013,153	\$2,769,508	\$2,752,491	\$2,766,536	\$2,766,536
8010 GR Match for Title XXI (CHIP)	\$35,842	\$39,109	\$38,868	\$39,067	\$39,067
8014 GR Match for Food Stamp Administration	\$2,471,863	\$2,602,364	\$2,586,375	\$2,599,571	\$2,599,571
SUBTOTAL, MOF (General Revenue)	\$5,569,467	\$5,722,773	\$5,654,325	\$5,746,314	\$5,808,169
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$2,471,863	\$2,602,364	\$2,586,375	\$2,599,571	\$2,599,571
93.558.000 Temp AssistNeedy Families	\$73,052	\$75,308	\$74,845	\$75,227	\$75,227
93.767.000 CHIP	\$450,730	\$503,060	\$499,969	\$456,128	\$394,273
93.778.003 XIX 50%	\$3,013,153	\$2,769,508	\$2,752,491	\$2,766,536	\$2,766,536
CFDA Subtotal, Fund 0555	\$6,008,798	\$5,950,240	\$5,913,680	\$5,897,462	\$5,835,607
SUBTOTAL, MOF (Federal Funds)	\$6,008,798	\$5,950,240	\$5,913,680	\$5,897,462	\$5,835,607
Method of Financing:					
0777 Interagency Contracts	\$567,439	\$950,000	\$950,000	\$950,000	\$950,000
SUBTOTAL, MOF (Other Funds)	\$567,439	\$950,000	\$950,000	\$950,000	\$950,000
TOTAL, METHOD OF FINANCE	\$12,145,704	\$12,623,013	\$12,518,005	\$12,593,776	\$12,593,776

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 1 2-1-1

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	13.0	13.9	13.9	13.9	13.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The 2-1-1 sub-strategy consists of the Texas Information and Referral Network (TIRN). TIRN is a collaboration effort in which HHSC contracts with Area Information Centers (AIC) to provide professional human svcs information and referral with calls answered by certified call specialists and the development and sharing of statewide resource databases. The statewide database is utilized as a resource by state and community planners in identifying trends and unmet needs across the state. The local AICs augment state contracted funding with local resources.

The 2-1-1 TIRN also serves as the primary communication channel for people affected by disasters who are seeking information about available svcs. The 2-1-1TIRN receives funding from the Texas Department of Emergency Management to support callers seeking information about available resources prior, during and after a disaster and for the ongoing State of Texas Emergency Assistance Registration for people requesting assistance with evacuation a disaster. The 2-1-1TIRN also receives funding from the Texas Workforce Commission to provide child care information and referral.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors affecting the 2-1-1 sub-strategy include: call volume and duration; availability of local financial resources; changes in availability and demand for svcs; the interagency contracts and funding from the Texas Workforce Commission, Texas Department of Emergency Management, and the Texas Department of Agriculture; the number and severity of disasters; and the need to have infrastructure capable of addressing needs and volume during disasters.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 2 Eligibility Determination

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$279,146,653	\$290,335,850	\$302,947,447	\$302,948,274	\$302,948,274
1002 - Other Personnel Costs	\$9,201,632	\$9,728,771	\$15,439,461	\$15,441,627	\$15,441,627
2001 - Professional Fees & Services	\$100,027,730	\$121,460,064	\$147,747,124	\$119,267,858	\$119,267,858
2002 - Fuels & Lubricants	\$0	\$17,543	\$16,385	\$16,964	\$16,964
2003 - Consumable Supplies	\$84,511	\$382,748	\$594,969	\$488,859	\$488,859
2004 - Utilities	\$422,803	\$838,412	\$1,032,946	\$935,679	\$935,679
2005 - Travel	\$10,696,182	\$9,278,726	\$10,774,217	\$10,026,470	\$10,026,470
2006 - Rent - Building	\$1,673,365	\$6,539,893	\$6,530,483	\$6,535,188	\$6,535,188
2007 - Rent - Machine and Other	\$104,341	\$990,846	\$1,026,089	\$1,008,468	\$1,008,468
2009 - Other Operating Expense	\$38,098,836	\$50,324,745	\$52,754,346	\$49,255,637	\$49,255,637
5000 - Capital Expenditures	\$53,511	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$439,509,564	\$489,897,598	\$538,863,467	\$505,925,024	\$505,925,024
Method of Financing:					
0001 General Revenue	\$2,501,631	\$45,448,828	\$22,431,165	\$6,558,737	\$8,929,760
0758 GR Match for Medicaid Account No. 758	\$67,760,686	\$74,855,979	\$78,789,148	\$77,439,140	\$77,673,720
8010 GR Match for Title XXI (CHIP)	\$1,657,786	\$1,808,870	\$1,902,250	\$1,846,482	\$1,846,482
8014 GR Match for Food Stamp Administration	\$69,695,633	\$77,162,193	\$80,407,372	\$80,310,859	\$80,310,859
SUBTOTAL, MOF (General Revenue)	\$141,615,736	\$199,275,870	\$183,529,935	\$166,155,218	\$168,760,821
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$69,695,633	\$77,162,193	\$80,407,372	\$80,407,372	\$80,407,372
93.558.000 Temp AssistNeedy Families	\$3,608,867	\$3,720,278	\$3,467,354	\$3,963,362	\$3,963,362
93.767.000 CHIP	\$17,841,939	\$21,625,597	\$20,812,125	\$20,812,125	\$18,200,185
93.778.003 XIX 50%	\$3,210,040	\$5,145,072	\$34,173,076	\$19,765,796	\$19,765,796
93.778.004 XIX ADM @ 75%	\$189,988,450	\$177,207,693	\$210,712,714	\$209,060,261	\$209,066,598
93.778.005 XIX FMAP @ 90%	\$9,158,714	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$293,503,643	\$284,860,833	\$349,572,641	\$334,008,916	\$331,403,313
SUBTOTAL, MOF (Federal Funds)	\$293,503,643	\$284,860,833	\$349,572,641	\$334,008,916	\$331,403,313
Method of Financing:					
0666 Appropriated Receipts	\$4,390,185	\$5,760,895	\$5,760,891	\$5,760,890	\$5,760,890

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 2 Eligibility Determination

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
SUBTOTAL, MOF (Other Funds)	\$4,390,185	\$5,760,895	\$5,760,891	\$5,760,890	\$5,760,890
TOTAL, METHOD OF FINANCE	\$439,509,564	\$489,897,598	\$538,863,467	\$505,925,024	\$505,925,024
FULL TIME EQUIVALENT POSITIONS:	7,869.4	7,651.6	7,655.4	7,655.4	7,655.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

Eligibility Determination takes applications, processes renewals, and determines eligibility and benefits for Temporary Assistance for Needy Families (TANF) cash assistance, Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Children's Health Insurance Program (CHIP). Eligibility Determination is comprised of HHSC local benefit office staff, HHSC and contractor call center operations, document processing svcs, HHSC centralized eligibility and benefit staff, and vendor and state operations management.

Eligibility determination svcs continue to be modernized to maximize the use of self-service options for clients, web and mobile-based automation, document imaging and electronic case files, shared work flow between local benefit offices and eligibility units, and contracted support of eligibility and enrollment functions.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting eligibility determination and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Internal factors affecting eligibility determination and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies. Salary amounts include overtime expenditures which fluctuate each year based on staffing levels, experience, and workload.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 3 Policy, Training and State Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$18,010,761	\$23,256,472	\$26,317,327	\$26,261,725	\$26,261,725
1002 - Other Personnel Costs	\$796,503	\$815,986	\$900,899	\$900,899	\$900,899
2001 - Professional Fees & Services	\$20,664,369	\$14,423,018	\$14,896,320	\$44,153,327	\$44,153,329
2003 - Consumable Supplies	\$23,278	\$6,822	\$7,955	\$7,389	\$7,389
2004 - Utilities	\$23,839	\$46,667	\$43,881	\$45,274	\$45,274
2005 - Travel	\$1,703,937	\$1,987,869	\$2,009,559	\$1,998,715	\$1,998,715
2006 - Rent - Building	\$0	\$5,330	\$8,243	\$6,786	\$6,786
2007 - Rent - Machine and Other	\$34,399	\$59,967	\$75,592	\$67,779	\$67,779
2009 - Other Operating Expense	\$7,275,761	\$3,006,370	\$3,164,398	\$3,087,083	\$3,087,083
4000 - Grants	\$4,409,655	\$21,651,280	\$21,651,280	\$21,651,280	\$21,651,280
TOTAL, OBJECT OF EXPENSE	\$52,942,502	\$65,259,781	\$69,075,454	\$98,180,257	\$98,180,259
Method of Financing:					
0001 General Revenue	\$166,953	\$629,979	\$684,084	\$974,893	\$1,362,998
0758 GR Match for Medicaid Account No. 758	\$6,744,677	\$9,167,527	\$10,071,318	\$17,160,585	\$17,160,585
8010 GR Match for Title XXI (CHIP)	\$123,516	\$134,773	\$146,999	\$245,917	\$245,917
8014 GR Match for Food Stamp Administration	\$8,005,121	\$8,894,833	\$9,749,397	\$16,420,210	\$16,420,210
SUBTOTAL, MOF (General Revenue)	\$15,040,267	\$18,827,112	\$20,651,798	\$34,801,605	\$35,189,710
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$27,635,892	\$33,628,959	\$34,521,882	\$41,190,114	\$41,190,115
93.558.000 Temp AssistNeedy Families	\$684,181	\$705,302	\$751,276	\$946,813	\$946,813
93.767.000 CHIP	\$1,550,273	\$1,730,260	\$1,887,101	\$2,884,790	\$2,496,686
93.778.003 XIX 50%	\$6,101,070	\$8,567,217	\$9,475,278	\$16,562,410	\$16,562,410
93.778.004 XIX ADM @ 75%	\$1,930,820	\$1,800,931	\$1,788,119	\$1,794,525	\$1,794,525
CFDA Subtotal, Fund 0555	\$37,902,235	\$46,432,669	\$48,423,657	\$63,378,652	\$62,990,549
SUBTOTAL, MOF (Federal Funds)	\$37,902,235	\$46,432,669	\$48,423,657	\$63,378,652	\$62,990,549
TOTAL, METHOD OF FINANCE	\$52,942,502	\$65,259,781	\$69,075,454	\$98,180,257	\$98,180,259
FULL TIME EQUIVALENT POSITIONS:	753.4	722.5	722.5	722.5	722.5

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 3 Policy, Training and State Support

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Policy, Training, and State Support sub-strategy consists of staff who develop, implement and support policy for Temporary Assistance for Needy Families (TANF) cash assistance, Supplemental Nutrition Assistance Program (SNAP), Medicaid and Children's Health Insurance Program (CHIP) eligibility; training staff who develop and deliver curriculum for state eligibility determination staff and community partners; state support staff who provide quality control and quality assurance activities related to eligibility determination and benefit issuance accuracy; HHSC's contribution to the Texas Workforce Investment Council; special initiatives including nutrition education, application assistance and education and informing for HHSC benefit programs by community-based organizations; and the state level oversight of these functions.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting the policy, training and state support sub-strategy include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) state and federal review and oversight.

Internal factors affecting policy, training and state support include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 4 Electronic Benefits Transfer (EBT)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$748,777	\$733,199	\$917,919	\$917,919	\$917,919
1002 - Other Personnel Costs	\$25,043	\$20,412	\$25,199	\$25,199	\$25,199
2001 - Professional Fees & Services	\$7,442,522	\$8,874,031	\$8,584,094	\$8,729,062	\$8,729,062
2003 - Consumable Supplies	\$64	\$0	\$0	\$0	\$0
2004 - Utilities	\$2,216	\$2,500	\$2,500	\$2,500	\$2,500
2005 - Travel	\$9,609	\$12,190	\$6,500	\$9,346	\$9,346
2009 - Other Operating Expense	\$72,488	\$212,237	\$219,130	\$215,683	\$215,683
TOTAL, OBJECT OF EXPENSE	\$8,300,719	\$9,854,569	\$9,755,342	\$9,899,709	\$9,899,709
Method of Financing:					
0001 General Revenue	\$6,653	\$6,498	\$6,807	\$6,704	\$6,704
8014 GR Match for Food Stamp Administration	\$4,071,453	\$4,842,652	\$4,792,549	\$4,864,282	\$4,864,282
SUBTOTAL, MOF (General Revenue)	\$4,078,106	\$4,849,150	\$4,799,356	\$4,870,986	\$4,870,986
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$4,071,453	\$4,849,593	\$4,792,549	\$4,867,752	\$4,867,752
93.558.000 Temp AssistNeedy Families	\$151,160	\$155,826	\$163,437	\$160,971	\$160,971
CFDA Subtotal, Fund 0555	\$4,222,613	\$5,005,419	\$4,955,986	\$5,028,723	\$5,028,723
SUBTOTAL, MOF (Federal Funds)	\$4,222,613	\$5,005,419	\$4,955,986	\$5,028,723	\$5,028,723
TOTAL, METHOD OF FINANCE	\$8,300,719	\$9,854,569	\$9,755,342	\$9,899,709	\$9,899,709
FULL TIME EQUIVALENT POSITIONS:	23.4	25.3	25.3	25.3	25.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The EBT sub-strategy includes state oversight staff and the contracts for the operation of the Lone Star card system (EBT). The EBT system issues Temporary Assistance for Needy Families (TANF) cash assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits to eligible recipients. The current EBT contract includes variable costs. Costs are largely driven by the TANF and SNAP caseloads. Contract costs for the EBT system are based upon a cost per case month (CPCM) variable cost model.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting Electronic Benefit Transfer sub-strategy include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 4 Electronic Benefits Transfer (EBT)

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) federal programs and policy changes 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Many of the expenditures of contracted support functions, such as EBT, are derived by a unit cost of transactions or number of clients, which are caseload driven.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 5 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$8,871,255	\$14,919,382	\$17,900,977	\$18,228,258	\$18,228,258
1002 - Other Personnel Costs	\$4,739,032	\$399,477	\$373,613	\$398,889	\$398,889
2001 - Professional Fees & Services	\$10,632,197	\$2,673,236	\$2,858,055	\$1,828,322	\$1,828,322
2002 - Fuels & Lubricants	\$42,031	\$295,684	\$789,568	\$493,918	\$493,918
2003 - Consumable Supplies	\$1,733,312	\$1,523,101	\$2,019,168	\$1,722,391	\$1,722,391
2004 - Utilities	\$4,432,545	\$2,163,100	\$2,214,819	\$2,190,836	\$2,190,836
2005 - Travel	\$208,124	\$216,001	\$323,493	\$270,692	\$270,692
2006 - Rent - Building	\$14,333,095	\$20,443,054	\$20,491,198	\$20,466,925	\$20,466,925
2007 - Rent - Machine and Other	\$4,049,875	\$3,250,273	\$3,267,279	\$3,258,731	\$3,258,731
2009 - Other Operating Expense	\$11,140,943	\$11,888,489	\$13,084,948	\$13,534,689	\$13,550,495
5000 - Capital Expenditures	\$3,498,442	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$63,680,851	\$57,771,797	\$63,323,118	\$62,393,651	\$62,409,457
Method of Financing:					
0001 General Revenue	\$488,204	\$3,966,804	\$3,320,210	\$5,620,912	\$5,862,207
0758 GR Match for Medicaid Account No. 758	\$25,709,532	\$18,046,317	\$19,183,299	\$19,039,451	\$18,806,340
8010 GR Match for Title XXI (CHIP)	\$150,940	\$164,696	\$176,522	\$173,768	\$173,821
8014 GR Match for Food Stamp Administration	\$6,053,022	\$6,830,923	\$7,543,415	\$7,035,447	\$7,035,447
8032 GR Certified as Match for Medicaid	\$344,316	\$5,536	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$32,746,014	\$29,014,276	\$30,223,446	\$31,869,578	\$31,877,815
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$6,508,625	\$7,408,918	\$8,323,019	\$7,716,693	\$7,710,356
93.558.000 Temp AssistNeedy Families	\$384,869	\$396,751	\$661,292	\$479,681	\$479,681
93.558.667 TANF to Title XX	\$0	\$0	\$0	\$146,192	\$146,192
93.566.000 Refugee and Entrant Assis	\$230,056	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$0	\$55	\$0	\$0
93.767.000 CHIP	\$3,411,199	\$2,095,034	\$4,206,135	\$2,207,508	\$2,208,191
93.778.003 XIX 50%	\$18,858,318	\$17,999,842	\$19,039,451	\$19,039,450	\$19,039,446
93.778.004 XIX ADM @ 75%	\$149,480	\$139,424	\$139,424	\$0	\$0
93.778.005 XIX FMAP @ 90%	\$0	\$717,069	\$730,296	\$884,379	\$897,606
93.791.000 Money Follows Person Reblncng D	\$0	\$0	\$0	\$50,170	\$50,170
96.001.000 Social Security Disability Ins	\$944,340	\$0	\$0	\$0	\$0
97.036.000 Public Assistance Grants	\$249,431	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 1 Eligibility Operations
 STRATEGY: 1 Integrated Eligibility & Enrollment
 SUB-STRATEGY: 5 Other

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
97.073.000 St. Homeland Security Program	\$169,634	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$30,905,952	\$28,757,038	\$33,099,672	\$30,524,073	\$30,531,642
SUBTOTAL, MOF (Federal Funds)	\$30,905,952	\$28,757,038	\$33,099,672	\$30,524,073	\$30,531,642
Method of Financing:					
8051 Universal Services Fund Reimbursements	\$9,667	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$18,307	\$467	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$911	\$16	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$28,885	\$483	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$63,680,851	\$57,771,797	\$63,323,118	\$62,393,651	\$62,409,457
FULL TIME EQUIVALENT POSITIONS:	214.1	228.1	228.1	228.1	228.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Other strategy consists of the IEE strategy's share of the costs in the centralized agency cost pool, the regional space cost pool, and capital (seat and telecom management svcs). The centralized cost pool includes such costs as central office space, supplies, utilities, building security, janitorial svcs and SORM. The regional cost pool includes supplies, utilities, building security, janitorial svcs and leases for HHS local offices. Cost pools are allocated across strategies based on an FTE allocation.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors affecting eligibility and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted svcs; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 9 Program Eligibility Determination & Enrollment						
OBJECTIVE: 2 Community Access and Supports						
STRATEGY: 1 Long-Term Care Intake & Access						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Intake, Access, & Eligibility (Local Authority)	\$124,535,219	\$146,822,386	\$142,188,616	\$145,981,762	\$145,981,762
2	Intake, Access, & Eligibility (Aging)	\$29,069,480	\$28,887,639	\$27,294,626	\$27,326,873	\$27,326,873
3	Intake, Access, & Eligibility (Regional Supports)	\$33,648,440	\$40,329,671	\$40,461,692	\$33,091,484	\$33,091,484
4	Intake, Access, & Eligibility (State Office Supports)	\$43,606,733	\$61,714,138	\$65,520,960	\$60,227,395	\$60,483,637
Total, Sub-strategies		\$230,859,872	\$277,753,834	\$275,465,894	\$266,627,514	\$266,883,756

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 1 Intake, Access, & Eligibility (Local Authority)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$55,718	\$0	\$0	\$0	\$0
3001 - Client Services	\$74,696,767	\$95,840,297	\$91,208,177	\$95,000,000	\$95,000,000
4000 - Grants	\$49,782,734	\$50,982,089	\$50,980,439	\$50,981,762	\$50,981,762
TOTAL, OBJECT OF EXPENSE	\$124,535,219	\$146,822,386	\$142,188,616	\$145,981,762	\$145,981,762
Method of Financing:					
0001 General Revenue	\$37,401,741	\$42,229,551	\$36,517,818	\$39,581,666	\$39,453,545
0758 GR Match for Medicaid Account No. 758	\$45,762,149	\$39,336,369	\$39,817,671	\$47,006,454	\$47,006,454
SUBTOTAL, MOF (General Revenue)	\$83,163,890	\$81,565,920	\$76,335,489	\$86,588,120	\$86,459,999
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$41,085,468	\$65,256,466	\$65,853,127	\$59,393,642	\$59,521,763
CFDA Subtotal, Fund 0555	\$41,085,468	\$65,256,466	\$65,853,127	\$59,393,642	\$59,521,763
SUBTOTAL, MOF (Federal Funds)	\$41,085,468	\$65,256,466	\$65,853,127	\$59,393,642	\$59,521,763
Method of Financing:					
0777 Interagency Contracts	\$285,861	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$285,861	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$124,535,219	\$146,822,386	\$142,188,616	\$145,981,762	\$145,981,762
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes access and assistance svcs through local intellectual with developmental and disability authorities (LIDDAs). LIDDAs determine eligibility and assist consumers in accessing appropriate svcs and supports. svcs included are eligibility determination, which is an assessment to determine if an individual has mental retardation or is a member of the priority population; and service coordination, which is assistance in accessing medical, social, educational, and other appropriate svcs and supports to help an individual achieve quality of life and community participation.

Statutory Authority: Health & Safety Code, §§533.035(a) and 534.054

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 2 Intake, Access, & Eligibility (Aging)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2001 - Professional Fees & Services	\$397,049	\$64,596	\$64,596	\$64,596	\$64,596
2009 - Other Operating Expense	\$784,659	\$1,368,494	\$1,303,000	\$1,335,247	\$1,335,247
4000 - Grants	\$27,887,772	\$27,454,549	\$25,927,030	\$25,927,030	\$25,927,030
TOTAL, OBJECT OF EXPENSE	\$29,069,480	\$28,887,639	\$27,294,626	\$27,326,873	\$27,326,873
Method of Financing:					
0001 General Revenue	\$763,986	\$777,073	\$912,947	\$912,947	\$912,947
8004 GR Match for Federal Funds (Older Americans Act)	\$880,791	\$880,791	\$880,791	\$880,791	\$880,791
SUBTOTAL, MOF (General Revenue)	\$1,644,777	\$1,657,864	\$1,793,738	\$1,793,738	\$1,793,738
Method of Financing:					
0555 Federal Funds					
93.041.000 Special Education Grants	\$262,287	\$284,557	\$273,775	\$273,775	\$273,775
93.042.000 Special Education Grants	\$996,138	\$1,051,034	\$1,011,210	\$1,011,210	\$1,011,210
93.044.000 SPECIAL PROGRAMS FOR THE	\$14,287,885	\$14,600,137	\$13,595,905	\$13,605,189	\$13,605,189
93.045.000 Special Education Grants	\$5,786,816	\$4,655,788	\$4,620,846	\$4,638,317	\$4,638,317
93.048.000 Special Education Grants	\$0	\$300,000	\$0	\$0	\$0
93.051.000 Alzheimer's Disease Demo Grants	\$27,079	\$370,426	\$128,571	\$128,571	\$128,571
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$3,618,448	\$3,272,676	\$3,259,042	\$3,265,859	\$3,265,859
93.071.000 Medicare Enrollment Assistance Pr	\$189,224	\$30,000	\$30,000	\$30,000	\$30,000
93.071.001 Medicare Enrollment Assistance Pr	\$464,816	\$877,280	\$351,926	\$350,794	\$350,794
93.071.002 Medicare Enrollment Assistance Pr	\$151,011	\$0	\$64,467	\$64,274	\$64,274
93.324.000 State Health Ins Assist Program	\$1,640,999	\$1,787,877	\$2,165,146	\$2,165,146	\$2,165,146
CFDA Subtotal, Fund 0555	\$27,424,703	\$27,229,775	\$25,500,888	\$25,533,135	\$25,533,135
SUBTOTAL, MOF (Federal Funds)	\$27,424,703	\$27,229,775	\$25,500,888	\$25,533,135	\$25,533,135
TOTAL, METHOD OF FINANCE	\$29,069,480	\$28,887,639	\$27,294,626	\$27,326,873	\$27,326,873
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 2 Intake, Access, & Eligibility (Aging)

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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This sub-strategy includes access and assistance svcs through Area Agencies on aging (AAAs). AAAs assist older persons, their family members or other caregivers by helping them access community supports; providing information, Referral and Assistance, Benefits Counseling/Legal assistance, Legal Awareness, Care Coordination, Caregiver Supports and Ombudsman svcs. Individual must be 60 or over for area agency on aging services, a Medicare beneficiary of any age for benefits counseling, certain caregivers under age 60 as described in the National Family Caregiver Support Program of the Older Americans Act. There is no age limitation for Ombudsman svcs.

Statutory Authority: Human Resource Code, Chapters 101A and 161 and Title 42 U.S.C. Chapter 35, Older Americans Act of 1965, as amended.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 3 Intake, Access, & Eligibility (Regional Supports)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$29,200,843	\$28,823,727	\$28,952,766	\$23,592,027	\$23,592,027
1002 - Other Personnel Costs	\$1,369,444	\$1,226,228	\$1,234,149	\$1,232,963	\$1,232,963
2001 - Professional Fees & Services	\$1,956	\$10,187	\$10,705	\$7,665	\$7,665
2002 - Fuels & Lubricants	\$0	\$7,973	\$7,774	\$5,298	\$5,298
2003 - Consumable Supplies	\$14,688	\$215,555	\$214,859	\$167,845	\$167,845
2004 - Utilities	\$134,040	\$463,891	\$384,364	\$330,252	\$330,252
2005 - Travel	\$2,282,758	\$2,709,960	\$2,600,911	\$2,653,401	\$2,653,401
2006 - Rent - Building	\$1,990	\$3,635,771	\$3,734,360	\$2,480,676	\$2,480,676
2007 - Rent - Machine and Other	\$0	\$581,252	\$607,443	\$419,385	\$419,385
2009 - Other Operating Expense	\$642,721	\$2,655,127	\$2,714,361	\$2,201,972	\$2,201,972
TOTAL, OBJECT OF EXPENSE	\$33,648,440	\$40,329,671	\$40,461,692	\$33,091,484	\$33,091,484
Method of Financing:					
0001 General Revenue	\$8,689,310	\$3,869,969	\$10,788,619	\$1,869,852	\$1,847,904
0758 GR Match for Medicaid Account No. 758	\$10,476,151	\$19,564,262	\$12,780,667	\$14,734,936	\$14,734,936
SUBTOTAL, MOF (General Revenue)	\$19,165,461	\$23,434,231	\$23,569,286	\$16,604,788	\$16,582,840
Method of Financing:					
0555 Federal Funds					
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$49	\$52	\$51	\$51
93.045.000 Special Education Grants	\$0	\$44	\$45	\$45	\$45
93.667.000 Social Svcs Block Grants	\$4,040,873	\$3,401,856	\$3,401,856	\$2,781,742	\$2,803,690
93.778.000 XIX FMAP	\$0	\$0	\$0	\$13,530	\$13,530
93.778.003 XIX 50%	\$10,442,106	\$13,493,491	\$13,490,453	\$13,478,831	\$13,478,831
93.778.004 XIX ADM @ 75%	\$0	\$0	\$0	\$211,551	\$211,551
93.791.000 Money Follows Person Reblncng D	\$0	\$0	\$0	\$946	\$946
CFDA Subtotal, Fund 0555	\$14,482,979	\$16,895,440	\$16,892,406	\$16,486,696	\$16,508,644
SUBTOTAL, MOF (Federal Funds)	\$14,482,979	\$16,895,440	\$16,892,406	\$16,486,696	\$16,508,644
TOTAL, METHOD OF FINANCE	\$33,648,440	\$40,329,671	\$40,461,692	\$33,091,484	\$33,091,484
FULL TIME EQUIVALENT POSITIONS:	893.5	976.3	973.6	976.3	976.3

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 3 Intake, Access, & Eligibility (Regional Supports)

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Community Care for the Aged and Disabled (CCAD) programs determine functional eligibility for certain people living in the community who would be eligible for Medicaid-funded (Title XIX) nursing facility care, but who wish to remain in the community. CCAD programs are funded via Title XIX Medicaid, State GR, and or Title XX Special svcs Block Grant. CCAD programs covered under this strategy include Residential Care, Respite care (unfunded with no clients), Home Delivered Meals, Emergency Response, Adult Foster Care, Family Care, Day Activity and Health Svcs Title XX, Title XIX Primary Home Care, Special svcs, Consumer Managed Personal Assistance svcs, Day Activity and Health svcs Title XIX.

Some CCAD programs require a functional eligibility score determined via assessment by regional staff.

Other CCAD programs determine functional eligibility via assessment of non-financial criteria.

Statutory Authority: Social Security Act, §1915(c); 42 USC §1396n(c); Human Resources Code, Chapters 32 and 161; Government Code, Chapter 531.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 4 Intake, Access, & Eligibility (State Office Supports)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$23,372,348	\$27,798,052	\$32,868,762	\$28,473,656	\$28,729,898
1002 - Other Personnel Costs	\$705,571	\$984,045	\$1,609,292	\$1,402,150	\$1,402,150
2001 - Professional Fees & Services	\$4,187,774	\$8,320,106	\$7,755,142	\$7,826,843	\$7,826,843
2002 - Fuels & Lubricants	\$0	\$21,703	\$20,644	\$18,487	\$18,487
2003 - Consumable Supplies	\$21,178	\$330,325	\$318,372	\$312,717	\$312,717
2004 - Utilities	\$93,192	\$260,431	\$271,660	\$252,767	\$252,767
2005 - Travel	\$1,398,165	\$2,018,718	\$2,014,153	\$2,001,675	\$2,001,675
2006 - Rent - Building	\$40,132	\$402,904	\$388,297	\$344,241	\$344,241
2007 - Rent - Machine and Other	\$2,630	\$99,800	\$95,840	\$85,114	\$85,114
2009 - Other Operating Expense	\$1,542,768	\$4,307,192	\$4,457,636	\$3,788,583	\$3,788,583
3001 - Client Services	\$1,482,572	\$1,578,305	\$1,578,305	\$1,578,305	\$1,578,305
3002 - Food for Persons - Wards of S	\$303	\$0	\$0	\$0	\$0
4000 - Grants	\$10,760,100	\$15,592,557	\$14,142,857	\$14,142,857	\$14,142,857
TOTAL, OBJECT OF EXPENSE	\$43,606,733	\$61,714,138	\$65,520,960	\$60,227,395	\$60,483,637
Method of Financing:					
0001 General Revenue	\$7,671,872	\$8,843,365	\$5,729,866	\$9,790,173	\$9,918,294
0758 GR Match for Medicaid Account No. 758	\$4,753,860	\$13,317,639	\$20,795,562	\$14,360,739	\$14,360,739
SUBTOTAL, MOF (General Revenue)	\$12,425,732	\$22,161,004	\$26,525,428	\$24,150,912	\$24,279,033
Method of Financing:					
0555 Federal Funds					
93.044.000 SPECIAL PROGRAMS FOR THE	\$17,438	\$17,438	\$23,321	\$24,191	\$24,191
93.045.000 Special Education Grants	\$420,616	\$24,748	\$33,405	\$35,519	\$35,519
93.048.000 Special Education Grants	\$35,234	\$1,893	\$0	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$204,287	\$5,535	\$7,458	\$7,912	\$7,912
93.071.000 Medicare Enrollment Assistance Pr	\$74,235	\$354,126	\$336,978	\$336,980	\$336,980
93.071.001 Medicare Enrollment Assistance Pr	\$0	\$4,340	\$5,689	\$5,597	\$5,597
93.071.002 Medicare Enrollment Assistance Pr	\$367,879	\$886,998	\$351,926	\$360,184	\$360,184
93.072.000 Lifespan Respite Care Program	\$368,293	\$42,879	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$2,444,239	\$2,057,711	\$2,057,711	\$2,057,711	\$2,057,711
93.778.000 XIX FMAP	\$0	\$0	\$0	\$387,150	\$387,150
93.778.002 MEDICAID REIMBURSE ADMIN	\$22,193	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$10,042,004	\$12,865,104	\$12,862,205	\$13,900,749	\$14,028,870
93.778.004 XIX ADM @ 75%	\$6,921,307	\$12,003,593	\$12,003,593	\$5,683,190	\$5,683,190

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment
 OBJECTIVE: 2 Community Access and Supports
 STRATEGY: 1 Long-Term Care Intake & Access
 SUB-STRATEGY: 4 Intake, Access, & Eligibility (State Office Supports)

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.791.000 Money Follows Person Reblncng D	\$8,413,037	\$8,850,439	\$8,850,439	\$10,768,283	\$10,768,283
94.011.000 Foster Grandparent Progra	\$1,607,125	\$1,838,330	\$1,862,807	\$1,909,017	\$1,909,017
CFDA Subtotal, Fund 0555	\$30,937,887	\$38,953,134	\$38,395,532	\$35,476,483	\$35,604,604
SUBTOTAL, MOF (Federal Funds)	\$30,937,887	\$38,953,134	\$38,395,532	\$35,476,483	\$35,604,604
Method of Financing:					
0666 Appropriated Receipts	\$243,114	\$600,000	\$600,000	\$600,000	\$600,000
SUBTOTAL, MOF (Other Funds)	\$243,114	\$600,000	\$600,000	\$600,000	\$600,000
TOTAL, METHOD OF FINANCE	\$43,606,733	\$61,714,138	\$65,520,960	\$60,227,395	\$60,483,637
FULL TIME EQUIVALENT POSITIONS:	347.6	324.1	324.1	324.1	324.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

The expenses for state staff for programs in this sub-strategy include:

- Area Agencies on Aging
- Aging and Disability Resource Centers
- Foster Grandparents Program
- Community Service Contracts
- Strategic Operations & Grants
- Community svcs & Program Operations

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 11 Office of Inspector General						
OBJECTIVE: 1 Client and Provider Accountability						
STRATEGY: 1 Office of Inspector General						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Investigations	\$19,259,353	\$20,581,030	\$20,172,353	\$19,521,206	\$19,521,206
2	Audit	\$6,004,187	\$5,597,061	\$5,688,938	\$6,993,373	\$6,993,373
3	Inspections	\$2,830,149	\$2,281,135	\$2,165,323	\$2,046,344	\$2,046,344
4	Operations	\$26,921,049	\$25,573,253	\$25,400,691	\$29,457,027	\$29,457,027
Total, Sub-strategies		\$55,014,738	\$54,032,479	\$53,427,305	\$58,017,950	\$58,017,950

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 1 Investigations

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$14,444,332	\$14,986,509	\$15,936,864	\$15,003,357	\$15,003,357
1002 - Other Personnel Costs	\$876,833	\$461,189	\$559,864	\$497,596	\$497,596
2001 - Professional Fees & Services	\$54,405	\$204,818	\$51,478	\$115,805	\$115,805
2002 - Fuels & Lubricants	\$2,250	\$25,346	\$14,259	\$18,245	\$18,245
2003 - Consumable Supplies	\$119,241	\$120,497	\$72,651	\$80,144	\$80,144
2004 - Utilities	\$379,669	\$200,059	\$200,427	\$181,685	\$181,685
2005 - Travel	\$1,037,371	\$1,330,569	\$1,222,648	\$1,215,541	\$1,215,541
2006 - Rent - Building	\$888,312	\$1,000,605	\$1,005,971	\$872,741	\$872,741
2007 - Rent - Machine and Other	\$228,052	\$151,221	\$150,405	\$132,239	\$132,239
2009 - Other Operating Expense	\$1,228,888	\$2,100,217	\$957,786	\$1,403,853	\$1,403,853
TOTAL, OBJECT OF EXPENSE	\$19,259,353	\$20,581,030	\$20,172,353	\$19,521,206	\$19,521,206
Method of Financing:					
0001 General Revenue	\$445,665	\$1,888,926	\$2,252,665	\$1,544,066	\$1,548,804
0758 GR Match for Medicaid Account No. 758	\$3,118,718	\$3,942,174	\$3,966,526	\$4,155,306	\$4,155,306
8010 GR Match for Title XXI (CHIP)	\$4,537	\$3,857	\$3,754	\$3,418	\$3,418
8014 GR Match for Food Stamp Administration	\$3,690,680	\$3,848,257	\$3,729,150	\$3,709,360	\$3,709,360
8032 GR Certified as Match for Medicaid	\$1,156,135	\$899,702	\$347,600	\$340,509	\$340,509
SUBTOTAL, MOF (General Revenue)	\$8,415,735	\$10,582,916	\$10,299,695	\$9,752,659	\$9,757,397
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$17,797	\$17,258	\$15,366	\$15,366
10.561.000 St Admin Match Food Stamp	\$1,989,534	\$3,897,682	\$3,778,666	\$3,758,617	\$3,758,617
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$591	\$581	\$0	\$0
93.045.000 Special Education Grants	\$0	\$765	\$752	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$172	\$170	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$131,245	\$120,387	\$119,060	\$113,894	\$113,894
93.667.000 Social Svcs Block Grants	\$42,269	\$5	\$4	\$0	\$0
93.767.000 CHIP	\$55,577	\$49,733	\$48,426	\$40,524	\$35,786
93.778.000 XIX FMAP	\$1,778,270	\$493,710	\$466,088	\$455,451	\$455,451
93.778.003 XIX 50%	\$4,044,977	\$3,814,457	\$3,833,364	\$4,061,828	\$4,061,828
96.001.000 Social Security Disability Ins	\$81,659	\$91,435	\$90,938	\$72,254	\$72,254

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 1 Investigations

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund 0555	\$8,123,531	\$8,486,734	\$8,355,307	\$8,517,934	\$8,513,196
SUBTOTAL, MOF (Federal Funds)	\$8,123,531	\$8,486,734	\$8,355,307	\$8,517,934	\$8,513,196
Method of Financing:					
0666 Appropriated Receipts	\$394	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$2,653,229	\$1,489,009	\$1,496,346	\$1,230,037	\$1,230,037
8095 ID Collections for Patient Support and Maintenance	\$63,280	\$21,433	\$20,125	\$19,711	\$19,711
8096 ID Appropriated Receipts	\$3,184	\$938	\$880	\$865	\$865
SUBTOTAL, MOF (Other Funds)	\$2,720,087	\$1,511,380	\$1,517,351	\$1,250,613	\$1,250,613
TOTAL, METHOD OF FINANCE	\$19,259,353	\$20,581,030	\$20,172,353	\$19,521,206	\$19,521,206
FULL TIME EQUIVALENT POSITIONS:	233.4	266.9	266.9	266.9	266.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Investigations Division provides for and protects the integrity of the Texas Medicaid and other health and human svcs or assistance programs (SNAP, TANF, WIC, etc.) through investigation of allegations of provider and recipient fraud, waste, and abuse; and referral for sanctions, prosecution, or appropriate state and local regulatory and law enforcement authorities. Additionally, the Investigations Division conducts personnel type investigations at the State Supported Living Centers and State Hospitals as well as at HHSC system. Within the Investigations Division there are four separate directorates, as follows: 1); General Investigations Directorate; (2) Medicaid Provider Integrity Directorate (3) Law Enforcement Directorate; and (4) Internal Affairs Directorate.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting are Implementation of program and policy changes resulting from state land federal program and policy changes. Internal factors impacting the sub-strategy are (1) Streamlining internal workflow processes and procedures to resuce costs and increase productivity and efficiencies; (2) staff retention and recruitment; and (3) improvement of staff training

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 2 Audit

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,158,061	\$4,117,209	\$4,402,363	\$5,395,816	\$5,395,816
1002 - Other Personnel Costs	\$195,051	\$103,102	\$124,031	\$126,039	\$126,039
2001 - Professional Fees & Services	\$152,672	\$436,265	\$282,953	\$438,547	\$438,547
2002 - Fuels & Lubricants	\$375	\$3,178	\$3,424	\$3,749	\$3,749
2003 - Consumable Supplies	\$26,087	\$27,101	\$15,155	\$22,942	\$22,942
2004 - Utilities	\$56,654	\$29,956	\$29,805	\$34,062	\$34,062
2005 - Travel	\$187,954	\$252,079	\$244,550	\$304,122	\$304,122
2006 - Rent - Building	\$680,493	\$274,894	\$277,887	\$313,873	\$313,873
2007 - Rent - Machine and Other	\$62,825	\$51,140	\$50,755	\$58,901	\$58,901
2009 - Other Operating Expense	\$484,015	\$302,137	\$258,015	\$295,322	\$295,322
TOTAL, OBJECT OF EXPENSE	\$6,004,187	\$5,597,061	\$5,688,938	\$6,993,373	\$6,993,373
Method of Financing:					
0001 General Revenue	\$41,751	\$165,804	\$222,196	\$188,501	\$210,481
0758 GR Match for Medicaid Account No. 758	\$1,569,626	\$2,003,328	\$1,977,057	\$2,727,981	\$2,727,981
8010 GR Match for Title XXI (CHIP)	\$18,206	\$14,794	\$15,742	\$14,008	\$14,008
8014 GR Match for Food Stamp Administration	\$275,619	\$275,948	\$289,931	\$293,069	\$293,069
8032 GR Certified as Match for Medicaid	\$22,278	\$16,745	\$7,290	\$6,963	\$6,963
SUBTOTAL, MOF (General Revenue)	\$1,927,480	\$2,476,619	\$2,512,216	\$3,230,522	\$3,252,502
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$5,524	\$5,925	\$5,145	\$5,145
10.561.000 St Admin Match Food Stamp	\$548,129	\$276,477	\$290,488	\$293,701	\$293,701
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$336	\$367	\$0	\$0
93.045.000 Special Education Grants	\$0	\$356	\$388	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$86	\$96	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$7,985	\$7,094	\$7,473	\$7,985	\$7,985
93.667.000 Social Svcs Block Grants	\$14,090	\$1	\$2	\$0	\$0
93.767.000 CHIP	\$222,683	\$190,525	\$202,776	\$163,928	\$141,948
93.778.000 XIX FMAP	\$41,259	\$10,559	\$11,710	\$11,452	\$11,452
93.778.003 XIX 50%	\$2,101,759	\$2,000,206	\$1,973,581	\$2,704,369	\$2,704,369
96.001.000 Social Security Disability Ins	\$27,372	\$29,111	\$32,020	\$24,801	\$24,801

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 2 Audit

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund 0555	\$2,963,277	\$2,520,275	\$2,524,826	\$3,211,381	\$3,189,401
SUBTOTAL, MOF (Federal Funds)	\$2,963,277	\$2,520,275	\$2,524,826	\$3,211,381	\$3,189,401
Method of Financing:					
0666 Appropriated Receipts	\$109	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$1,111,997	\$599,745	\$651,450	\$551,043	\$551,043
8095 ID Collections for Patient Support and Maintenance	\$1,306	\$417	\$441	\$422	\$422
8096 ID Appropriated Receipts	\$18	\$5	\$5	\$5	\$5
SUBTOTAL, MOF (Other Funds)	\$1,113,430	\$600,167	\$651,896	\$551,470	\$551,470
TOTAL, METHOD OF FINANCE	\$6,004,187	\$5,597,061	\$5,688,938	\$6,993,373	\$6,993,373
FULL TIME EQUIVALENT POSITIONS:	72.6	81.7	81.7	81.7	81.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Audit Division conducts risk-based performance, compliance, and financial audits of contractors, providers, and HHS system administrative svcs and programs to reduce fraud, waste, abuse, and mismanagement throughout the HHS system. Audits are conducted to (a) assess the efficiency and effectiveness of programs and operations, (b) evaluate whether federal and state funds were used as intended, (c) identify overpayments and disallowed costs, and (d) identify and make recommendations to mitigate performance gaps and risks that could prevent HHS agency programs from achieving their goals and objectives. The Audit Division also serves as the Texas point of contact with the Centers for Medicare & Medicaid svcs (CMS) for the Payment Error Rate Measurement (PERM) program and the CMS-contracted Medicaid Integrity Program audits, and manages the Recovery Audit Contractor program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors that affect this strategy include:

- Staff retention and recruitment.
- Staff development and program knowledge.
- Ability to adjust to a changing risk environment.
- Changes in federal guidelines and state legislation.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 3 Inspections

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,992,024	\$1,735,306	\$1,801,118	\$1,664,357	\$1,664,357
1002 - Other Personnel Costs	\$122,672	\$84,869	\$57,980	\$40,496	\$40,496
2001 - Professional Fees & Services	\$1,134	\$2,679	\$2,663	\$2,254	\$2,254
2002 - Fuels & Lubricants	\$156	\$1,339	\$1,401	\$1,156	\$1,156
2003 - Consumable Supplies	\$7,943	\$6,648	\$6,217	\$5,440	\$5,440
2004 - Utilities	\$29,792	\$15,730	\$15,696	\$13,865	\$13,865
2005 - Travel	\$53,573	\$68,646	\$69,031	\$64,797	\$64,797
2006 - Rent - Building	\$228,268	\$115,861	\$113,691	\$96,815	\$96,815
2007 - Rent - Machine and Other	\$26,089	\$17,555	\$17,101	\$14,716	\$14,716
2009 - Other Operating Expense	\$368,498	\$232,502	\$80,425	\$142,448	\$142,448
TOTAL, OBJECT OF EXPENSE	\$2,830,149	\$2,281,135	\$2,165,323	\$2,046,344	\$2,046,344
Method of Financing:					
0001 General Revenue	\$58,899	\$247,284	\$300,066	\$236,469	\$240,272
0758 GR Match for Medicaid Account No. 758	\$226,052	\$298,667	\$274,574	\$353,531	\$353,531
8010 GR Match for Title XXI (CHIP)	\$3,266	\$2,787	\$2,691	\$2,444	\$2,444
8014 GR Match for Food Stamp Administration	\$124,205	\$129,681	\$125,327	\$120,818	\$120,818
8032 GR Certified as Match for Medicaid	\$50,344	\$38,964	\$15,350	\$14,948	\$14,948
SUBTOTAL, MOF (General Revenue)	\$462,766	\$717,383	\$718,008	\$728,210	\$732,013
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$88,609	\$14,507	\$13,955	\$12,328
10.557.002 WIC NUTRITION EDUCATION	\$0	\$4,504	\$34	\$99	\$0
10.561.000 St Admin Match Food Stamp	\$227,524	\$129,904	\$125,554	\$121,013	\$121,013
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$475	\$469	\$0	\$0
93.045.000 Special Education Grants	\$0	\$617	\$608	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$138	\$137	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$8,065	\$7,449	\$7,264	\$6,781	\$6,781
93.667.000 Social Svcs Block Grants	\$32,876	\$3	\$4	\$0	\$0
93.767.000 CHIP	\$40,008	\$35,949	\$34,713	\$28,670	\$24,868
93.778.000 XIX FMAP	\$79,464	\$21,776	\$21,114	\$20,424	\$20,424
93.778.003 XIX 50%	\$285,251	\$281,625	\$257,698	\$335,149	\$335,149
96.001.000 Social Security Disability Ins	\$65,938	\$73,802	\$73,459	\$57,966	\$57,966

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 3 Inspections

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
CFDA Subtotal, Fund 0555	\$739,126	\$644,851	\$535,561	\$584,057	\$578,529
SUBTOTAL, MOF (Federal Funds)	\$739,126	\$644,851	\$535,561	\$584,057	\$578,529
Method of Financing:					
0666 Appropriated Receipts	\$45	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$1,625,305	\$917,932	\$910,825	\$733,173	\$734,898
8095 ID Collections for Patient Support and Maintenance	\$2,774	\$930	\$892	\$867	\$867
8096 ID Appropriated Receipts	\$133	\$39	\$37	\$37	\$37
SUBTOTAL, MOF (Other Funds)	\$1,628,257	\$918,901	\$911,754	\$734,077	\$735,802
TOTAL, METHOD OF FINANCE	\$2,830,149	\$2,281,135	\$2,165,323	\$2,046,344	\$2,046,344
FULL TIME EQUIVALENT POSITIONS:	28.8	34.3	34.3	34.3	34.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Inspections Division performs inspections and reviews of Health and Human svcs (HHS) programs, systems, and functions to focus on detecting systemic issues that may allow or cause fraud, waste, and abuse to occur. Through inspections, the division also provides practical recommendations to improve the effectiveness and efficiency of HHS System programs. In addition, the division oversees the Women, Infant, and Children (WIC) Vendor Monitoring Unit, which focuses on identifying fraud, waste, and abuse by WIC vendors. The WIC Vendor Monitoring Unit conducts three types of oversight: compliance buys, on-site evaluations, and invoice audits. These compliance activities are conducted at vendor locations to determine whether vendors are properly accepting WIC benefits, following WIC vendor procedures, and have controls in place to prevent the unauthorized purchase of prohibited items.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The primary factors impacting the short-term success of the division are 1) staff recruitment and retention, 2) developing and refining processes and procedures for inspections, and 3) establishing a program to provide inspection staff with adequate training. Factors that can impact the long-term success of the division include implementing state and federal guidelines and policies.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 4 Operations

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$19,370,929	\$15,277,915	\$16,442,821	\$19,597,950	\$19,597,950
1002 - Other Personnel Costs	\$687,465	\$349,988	\$450,550	\$458,211	\$458,211
2001 - Professional Fees & Services	\$2,263,047	\$5,516,168	\$5,144,802	\$5,324,363	\$5,324,363
2002 - Fuels & Lubricants	\$2,722	\$29,331	\$18,586	\$26,187	\$26,187
2003 - Consumable Supplies	\$109,865	\$110,198	\$67,763	\$95,752	\$95,752
2004 - Utilities	\$284,824	\$151,369	\$149,072	\$158,047	\$158,047
2005 - Travel	\$292,102	\$377,887	\$375,456	\$374,638	\$374,638
2006 - Rent - Building	\$1,741,791	\$1,020,426	\$1,038,007	\$1,140,237	\$1,140,237
2007 - Rent - Machine and Other	\$233,945	\$185,110	\$185,759	\$201,224	\$201,224
2009 - Other Operating Expense	\$1,761,672	\$2,430,245	\$1,377,892	\$1,943,105	\$1,943,105
3001 - Client Services	\$48	\$0	\$0	\$0	\$0
5000 - Capital Expenditures	\$172,639	\$124,616	\$149,983	\$137,313	\$137,313
TOTAL, OBJECT OF EXPENSE	\$26,921,049	\$25,573,253	\$25,400,691	\$29,457,027	\$29,457,027
Method of Financing:					
0001 General Revenue	\$200,326	\$835,260	\$1,026,368	\$1,246,091	\$1,267,462
0758 GR Match for Medicaid Account No. 758	\$5,631,824	\$7,208,391	\$7,073,250	\$8,302,826	\$8,302,826
8010 GR Match for Title XXI (CHIP)	\$13,048	\$11,101	\$10,784	\$14,001	\$14,001
8014 GR Match for Food Stamp Administration	\$694,742	\$709,569	\$716,819	\$904,804	\$904,804
8032 GR Certified as Match for Medicaid	\$164,073	\$126,650	\$50,361	\$74,723	\$74,723
SUBTOTAL, MOF (General Revenue)	\$6,704,013	\$8,890,971	\$8,877,582	\$10,542,445	\$10,563,816
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$102,195	\$104,369	\$113,459	\$113,460
10.561.000 St Admin Match Food Stamp	\$2,040,839	\$711,540	\$718,904	\$907,099	\$907,099
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$1,783	\$1,791	\$0	\$0
93.045.000 Special Education Grants	\$0	\$2,221	\$2,235	\$0	\$0
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$417	\$410	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$41,628	\$37,655	\$38,293	\$48,062	\$48,062
93.667.000 Social Svcs Block Grants	\$117,414	\$13	\$12	\$0	\$0
93.767.000 CHIP	\$159,867	\$143,257	\$139,099	\$164,578	\$143,205
93.778.000 XIX FMAP	\$275,039	\$74,204	\$74,245	\$106,793	\$106,793
93.778.003 XIX 50%	\$4,684,862	\$4,494,030	\$4,363,618	\$5,528,174	\$5,528,174
93.778.004 XIX ADM @ 75%	\$7,155,893	\$7,784,016	\$7,745,379	\$7,934,930	\$7,934,930

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability
 STRATEGY: 1 Office of Inspector General
 SUB-STRATEGY: 4 Operations

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
96.001.000 Social Security Disability Ins	\$189,922	\$213,517	\$210,642	\$284,627	\$284,627
CFDA Subtotal, Fund 0555	\$14,665,464	\$13,564,848	\$13,398,997	\$15,087,722	\$15,066,350
SUBTOTAL, MOF (Federal Funds)	\$14,665,464	\$13,564,848	\$13,398,997	\$15,087,722	\$15,066,350
Method of Financing:					
0666 Appropriated Receipts	\$404	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$5,541,634	\$3,114,268	\$3,121,056	\$3,822,332	\$3,822,333
8095 ID Collections for Patient Support and Maintenance	\$9,058	\$3,027	\$2,922	\$4,341	\$4,341
8096 ID Appropriated Receipts	\$476	\$139	\$134	\$187	\$187
SUBTOTAL, MOF (Other Funds)	\$5,551,572	\$3,117,434	\$3,124,112	\$3,826,860	\$3,826,861
TOTAL, METHOD OF FINANCE	\$26,921,049	\$25,573,253	\$25,400,691	\$29,457,027	\$29,457,027
FULL TIME EQUIVALENT POSITIONS:	252.9	297.3	297.1	297.1	297.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

IG Operations is responsible for coordinating, implementing, and maintaining the internal infrastructure that allows the Investigations, Inspections, and Audit divisions to function effectively and efficiently in the identification and elimination of fraud, waste, and abuse throughout the state.

The Operations sub-strategy within the IG's office includes: legal svcs; strategic planning; policy development and coordination with the federal Centers for Medicare and Medicaid svcs (CMS), HHSC Medicaid/CHIP and other HHS programs; and all other federal and state stakeholders; government relations, public affairs, and communications; professional development and training; data analytics and technology; development and maintenance of the IG budget, Legislative Appropriations Requests, and Agency Cost Estimates to promote fiscal responsibility; management of business operations functions, including the implementation of process improvements, facilities coordination, disaster response and business continuity, contract management, HR support, leadership development, and morale and retention; establishment and reporting of LBB performance measures; coordination and execution of integrity checks for providers enrolling in HHS programs; and responding to reports of fraud, waste, and abuse.

The Chief Counsel Division within Operations provides the following legal svcs: (1) general legal advice and guidance to the Inspector General, render advice and opinions on health and human svcs programs and operations, and provide legal support for all IG internal operations; and (2) impose administrative sanctions and penalties against Medicaid providers and litigate those actions in contested case hearings.

The Medical svcs Division within the Operations Sub-Strategy includes: coordinating and implementing surveillance utilization review of hospitals, nursing facilities and acute care svcs to effectively and efficiently identify and eliminate fraud, waste, and abuse throughout the state. Medical and dental record reviews are performed for support and coordination of cases in Investigations, Inspections, and Audit divisions. The division is responsible for surveillance utilization review as required by the federal Centers for Medicare and Medicaid svcs (CMS); coordination with other entities such as the OAG, MCO's, DMO's; other HHS programs; and all other federal and state stakeholders. Medicaid providers education; trend analysis, data mining, developing and implementing process improvements, oversight of SUR contract, ongoing staff training and leadership development, establishment and reporting of LBB performance measures and responding to legislative inquiries .

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General
OBJECTIVE: 1 Client and Provider Accountability
STRATEGY: 1 Office of Inspector General
SUB-STRATEGY: 4 Operations

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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IG Medical svcs establishes medical and dental support, continuous collaboration, and through the use of medical and dental staff expertise and in coordination with HHSC, enable the IG to meet its mission.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The IG's ability to conduct business within this sub-strategy, including Provider Enrollment, legal svcs, medical reviews, and improvements to data and technology. is contingent upon guidance and timelines from the federal Centers for Medicare and Medicaid svcs (CMS) and ACA requirements.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 12 System Oversight & Program Support						
OBJECTIVE: 1 Oversight, Policy & System Support						
STRATEGY: 1 HHS System Supports						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Human Resources	\$39,995,679	\$19,029,743	\$18,904,596	\$19,162,129	\$19,162,129
2	Civil Rights	\$5,533,033	\$4,159,417	\$4,313,155	\$4,806,423	\$4,806,423
3	Procurement	\$21,965,363	\$15,236,043	\$18,286,147	\$17,990,543	\$17,990,542
4	Ombudsman	\$2,829,734	\$2,700,460	\$2,736,101	\$3,492,910	\$3,492,910
5	Executive Leadership & Policy	\$94,917,038	\$65,977,881	\$50,840,927	\$78,051,684	\$58,051,684
6	(Legacy HHSC) Home Visiting Program	\$305,558	\$80,850	\$140,732	\$145,707	\$145,707
Total, Sub-strategies		\$165,546,405	\$107,184,394	\$95,221,658	\$123,649,396	\$103,649,395

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 1 Human Resources

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,902,037	\$4,479,062	\$4,470,384	\$4,839,593	\$4,839,593
1002 - Other Personnel Costs	\$227,112	\$129,443	\$144,911	\$153,943	\$153,943
2001 - Professional Fees & Services	\$33,724,142	\$13,893,464	\$13,596,473	\$13,504,839	\$13,504,839
2002 - Fuels & Lubricants	\$6,387	\$21,848	\$31,815	\$31,299	\$31,299
2003 - Consumable Supplies	\$14,364	\$25,807	\$35,677	\$33,540	\$33,540
2004 - Utilities	\$93,988	\$20,508	\$28,406	\$27,084	\$27,084
2005 - Travel	\$83,235	\$66,883	\$94,573	\$80,506	\$80,506
2006 - Rent - Building	\$209,783	\$165,251	\$160,383	\$151,309	\$151,309
2007 - Rent - Machine and Other	\$28,445	\$21,003	\$19,831	\$18,964	\$18,964
2009 - Other Operating Expense	\$706,186	\$206,474	\$316,618	\$315,452	\$315,452
5000 - Capital Expenditures	\$0	\$0	\$5,525	\$5,600	\$5,600
TOTAL, OBJECT OF EXPENSE	\$39,995,679	\$19,029,743	\$18,904,596	\$19,162,129	\$19,162,129
Method of Financing:					
0001 General Revenue	\$10,372,469	\$3,827,071	\$3,620,548	\$3,264,560	\$3,289,725
0758 GR Match for Medicaid Account No. 758	\$1,504,027	\$1,678,325	\$1,744,684	\$1,886,458	\$1,886,458
8010 GR Match for Title XXI (CHIP)	\$11,311	\$16,386	\$16,843	\$15,061	\$15,061
8014 GR Match for Food Stamp Administration	\$486,617	\$654,144	\$678,689	\$610,761	\$610,761
8032 GR Certified as Match for Medicaid	\$6,736,681	\$1,577,657	\$1,543,531	\$1,537,263	\$1,537,263
8086 General Revenue for ECI	\$0	\$155,356	\$0	\$249,996	\$248,449
SUBTOTAL, MOF (General Revenue)	\$19,111,105	\$7,908,939	\$7,604,295	\$7,564,099	\$7,587,717
Method of Financing:					
5018 Home Health Services Account No. 5018	\$690	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$690	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$82,466	\$84,856	\$76,133	\$76,133
10.561.000 St Admin Match Food Stamp	\$487,054	\$653,899	\$678,486	\$610,564	\$610,564
84.126.000 Rehabilitation Services_V	\$2,164	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$6,913	\$2,726	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$2,514	\$2,822	\$2,422	\$2,422
93.045.000 Special Education Grants	\$0	\$3,361	\$3,453	\$3,092	\$3,092

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 1 Human Resources

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$718	\$734	\$670	\$670
93.243.000 Project Reg. & Natl Significance	\$62,040	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$31,399	\$34,150	\$37,479	\$32,698	\$32,698
93.566.000 Refugee and Entrant Assis	\$713	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$29,084	\$39,642	\$73,024	\$73,024
93.767.000 CHIP	\$144,411	\$211,540	\$217,420	\$176,792	\$153,174
93.777.000 State Survey and Certific	\$181,146	\$211,332	\$217,394	\$102,772	\$102,772
93.778.000 XIX FMAP	\$9,340,385	\$2,088,514	\$2,045,903	\$2,034,832	\$2,034,832
93.778.003 XIX 50%	\$1,472,952	\$1,611,643	\$1,678,096	\$1,822,438	\$1,822,438
93.778.005 XIX FMAP @ 90%	\$101,296	\$0	\$0	\$0	\$0
93.788.000 Opiod STR	\$0	\$0	\$0	\$2,269	\$2,269
93.791.000 Money Follows Person Reblncng D	\$2,135	\$154	\$278	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$46	\$166,284	\$171,057	\$61,497	\$61,497
93.958.000 Block Grants for Communi	\$51,189	\$0	\$0	\$1,822	\$1,822
93.959.000 Block Grants for Prevent	\$81,055	\$53	\$431	\$0	\$0
96.001.000 Social Security Disability Ins	\$118,343	\$146,356	\$153,175	\$111,760	\$111,760
CFDA Subtotal, Fund 0555	\$12,076,328	\$5,248,981	\$5,333,952	\$5,112,785	\$5,089,167
SUBTOTAL, MOF (Federal Funds)	\$12,076,328	\$5,248,981	\$5,333,952	\$5,112,785	\$5,089,167
Method of Financing:					
0666 Appropriated Receipts	\$1,648	\$21,408	\$19,858	\$0	\$0
0777 Interagency Contracts	\$8,395,614	\$5,754,259	\$5,852,291	\$6,391,534	\$6,391,534
0780 Bond Proceeds - General Obligation Bonds	\$41,982	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$349,693	\$92,158	\$90,285	\$89,820	\$89,820
8096 ID Appropriated Receipts	\$18,619	\$3,998	\$3,915	\$3,891	\$3,891
SUBTOTAL, MOF (Other Funds)	\$8,807,556	\$5,871,823	\$5,966,349	\$6,485,245	\$6,485,245
TOTAL, METHOD OF FINANCE	\$39,995,679	\$19,029,743	\$18,904,596	\$19,162,129	\$19,162,129
FULL TIME EQUIVALENT POSITIONS:	71.3	85.9	85.9	85.9	85.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

In 2003, HHSC consolidated human resources svcs and staff of the twelve HHS legacy enterprise agencies and in October 2004 outsourced many transactional human resources

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 1 Human Resources

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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functions to an HR contractor. The vendor contract facilitated a web-based employee/manager self-service human resources and payroll system. Employees and managers use this system to manage employee leave, personal data, pay, performance management, job postings, application screening, interviewing and administrative training. Many routine transactions which previously required the use of paper forms and the involvement of state human resources staff are now completed through the Centralized Accounting and Payroll and Personnel System (CAPPS). This shared svcs human resources and payroll model has facilitated efficiencies at many administrative levels and enabled the HHS Enterprise to respond effectively to program and svcs changes and staffing adjustments. HHS Human Resources and Training, is now operated by a staff of approximately 75 state employees providing employee relations, training, records management, reporting, contract management, workforce planning, policy and payroll oversight.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The primary factors impacting HHS HR are the number of state employees in the two HHS agencies, a continuously changing workforce environment, and HHS program needs to rapidly respond to hiring and retention demands. With such a large HHS workforce, changes to state and federal laws related to recruitment, compensation, benefits, FMLA issues, workers compensation, , or unemployment insurance place significant demands on human resources.

Other challenges include implementing legislative workforce related initiatives and provisions, targeted changes to state job classifications and overseeing hiring activities for a large portion of HHSC. Managing HHS HR also requires the particular need for HHS agencies to efficiently respond to disasters and emergencies on short notice. HHS agencies must have the ability to respond quickly to implement program changes that can require hiring a significant number of new employees in a short timeframe.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 2 Civil Rights

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,068,832	\$3,702,137	\$3,726,160	\$4,196,007	\$4,196,007
1002 - Other Personnel Costs	\$188,769	\$107,191	\$120,844	\$133,866	\$133,866
2001 - Professional Fees & Services	\$557,266	\$6,616	\$6,492	\$6,364	\$6,364
2002 - Fuels & Lubricants	\$878	\$3,595	\$3,782	\$3,586	\$3,586
2003 - Consumable Supplies	\$15,047	\$12,798	\$51,611	\$51,214	\$51,214
2004 - Utilities	\$66,240	\$15,117	\$19,356	\$19,209	\$19,209
2005 - Travel	\$56,767	\$31,420	\$78,695	\$78,146	\$78,146
2006 - Rent - Building	\$174,116	\$136,587	\$133,683	\$131,187	\$131,187
2007 - Rent - Machine and Other	\$23,608	\$17,360	\$16,530	\$16,442	\$16,442
2009 - Other Operating Expense	\$381,510	\$126,596	\$156,002	\$170,402	\$170,402
TOTAL, OBJECT OF EXPENSE	\$5,533,033	\$4,159,417	\$4,313,155	\$4,806,423	\$4,806,423
Method of Financing:					
0001 General Revenue	\$728,389	\$194,866	\$328,129	\$478,898	\$488,013
0758 GR Match for Medicaid Account No. 758	\$533,397	\$590,885	\$623,072	\$774,756	\$774,756
8010 GR Match for Title XXI (CHIP)	\$3,879	\$5,570	\$5,825	\$6,070	\$6,069
8014 GR Match for Food Stamp Administration	\$168,574	\$224,695	\$237,026	\$247,663	\$247,663
8032 GR Certified as Match for Medicaid	\$150,346	\$34,731	\$34,926	\$36,552	\$36,552
8086 General Revenue for ECI	\$0	\$147,356	\$0	\$36,674	\$36,856
SUBTOTAL, MOF (General Revenue)	\$1,584,585	\$1,198,103	\$1,228,978	\$1,580,613	\$1,589,909
Method of Financing:					
5018 Home Health Services Account No. 5018	\$573	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$573	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$27,533	\$28,836	\$30,144	\$30,144
10.561.000 St Admin Match Food Stamp	\$168,646	\$224,493	\$236,857	\$247,492	\$247,492
84.126.000 Rehabilitation Services_V	\$1,796	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$2,314	\$929	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$834	\$953	\$948	\$948
93.045.000 Special Education Grants	\$0	\$1,115	\$1,165	\$1,218	\$1,218
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$246	\$259	\$271	\$271

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 2 Civil Rights

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.243.000 Project Reg. & Natl Significance	\$51,495	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$11,145	\$12,041	\$13,383	\$13,535	\$13,535
93.566.000 Refugee and Entrant Assis	\$592	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$10,066	\$13,798	\$29,221	\$29,221
93.767.000 CHIP	\$49,507	\$71,891	\$75,166	\$71,141	\$61,845
93.777.000 State Survey and Certific	\$60,912	\$70,425	\$73,738	\$40,569	\$40,569
93.778.000 XIX FMAP	\$233,467	\$50,732	\$52,610	\$54,430	\$54,430
93.778.003 XIX 50%	\$517,227	\$561,228	\$593,964	\$743,459	\$743,459
93.778.005 XIX FMAP @ 90%	\$84,079	\$0	\$0	\$0	\$0
93.788.000 Opiod STR	\$0	\$0	\$0	\$948	\$948
93.791.000 Money Follows Person Reblncng D	\$727	\$52	\$95	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75 ^o	\$15	\$55,417	\$58,025	\$24,323	\$24,323
93.958.000 Block Grants for Communi	\$42,488	\$0	\$0	\$767	\$767
93.959.000 Block Grants for Prevent	\$27,632	\$17	\$148	\$0	\$0
96.001.000 Social Security Disability Ins	\$104,996	\$129,805	\$135,945	\$142,110	\$142,110
CFDA Subtotal, Fund 0555	\$1,354,724	\$1,218,209	\$1,285,871	\$1,400,576	\$1,391,280
SUBTOTAL, MOF (Federal Funds)	\$1,354,724	\$1,218,209	\$1,285,871	\$1,400,576	\$1,391,280
Method of Financing:					
0666 Appropriated Receipts	\$585	\$7,541	\$7,119	\$0	\$0
0777 Interagency Contracts	\$2,547,104	\$1,732,860	\$1,788,395	\$1,822,341	\$1,822,341
0780 Bond Proceeds - General Obligation Bonds	\$34,846	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$10,180	\$2,613	\$2,698	\$2,796	\$2,796
8096 ID Appropriated Receipts	\$436	\$91	\$94	\$97	\$97
SUBTOTAL, MOF (Other Funds)	\$2,593,151	\$1,743,105	\$1,798,306	\$1,825,234	\$1,825,234
TOTAL, METHOD OF FINANCE	\$5,533,033	\$4,159,417	\$4,313,155	\$4,806,423	\$4,806,423
FULL TIME EQUIVALENT POSITIONS:	57.4	69.3	69.3	69.3	69.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

L-1-1-1 Human Resources: In 2003, HHSC consolidated human resources services and staff of the twelve HHS legacy agencies and in October 2004 outsourced many transactional human resources functions to an HR contractor. The vendor contract facilitated a web-based employee/manager self-service human resources and payroll system. Employees and

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 2 Civil Rights

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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managers use this system to manage employee leave, personal data, pay, performance management, job postings, application screening, interviewing and administrative training. Many routine transactions which previously required the use of paper forms and the involvement of state human resources staff are now completed through the Centralized Accounting and Payroll and Personnel System (CAPPS). This shared services human resources and payroll model has facilitated efficiencies at many administrative levels and enabled the HHS System to respond effectively to program and services changes and staffing adjustments.

The HHS System was further consolidated in FY 2016 and FY 2017 and now consists of HHSC and DSHS. DARS and DADS were abolished by SB 200, 84th Legislature, and DFPS was removed from the HHS System umbrella and now exists as a stand-alone agency as a result of HB 5, 85th Legislature. HHS Human Resources is now operated by a staff of approximately 132 state employees providing employee relations, training, compliance and records management, employee programs, Veteran advocacy, reporting, , workforce planning, random drug testing administration, human resources policy, workforce operations, job requisition coordination and hiring support for Regulatory Services, Access and Eligibility Services, state supported living centers, and state hospitals..

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Factors impacting civil rights duties include state and federal laws prohibiting discrimination; and civil rights policies and procedures of federal funding agencies. Additional factors include projected workforce and state population growth. With the growth of the number of HHS system employees, as well as growth in the state population needing svcs, the CRO has seen a continued increase in the demand for svcs.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 3 Procurement

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$15,977,148	\$13,321,295	\$15,847,524	\$15,740,341	\$15,740,341
1002 - Other Personnel Costs	\$759,817	\$395,806	\$522,063	\$510,240	\$510,240
2001 - Professional Fees & Services	\$2,733,292	\$388,408	\$428,203	\$427,463	\$427,463
2002 - Fuels & Lubricants	\$3,454	\$12,937	\$16,086	\$13,451	\$13,451
2003 - Consumable Supplies	\$17,704	\$36,206	\$39,576	\$34,549	\$34,549
2004 - Utilities	\$220,653	\$47,374	\$67,461	\$61,809	\$61,809
2005 - Travel	\$77,309	\$37,685	\$112,276	\$106,050	\$106,050
2006 - Rent - Building	\$684,388	\$492,727	\$569,611	\$493,164	\$493,164
2007 - Rent - Machine and Other	\$118,136	\$68,129	\$101,460	\$92,655	\$92,655
2009 - Other Operating Expense	\$1,373,462	\$435,476	\$581,887	\$510,821	\$510,820
TOTAL, OBJECT OF EXPENSE	\$21,965,363	\$15,236,043	\$18,286,147	\$17,990,543	\$17,990,542
Method of Financing:					
0001 General Revenue	\$2,949,912	\$726,681	\$1,391,412	\$1,792,599	\$1,826,705
0758 GR Match for Medicaid Account No. 758	\$2,111,409	\$2,163,660	\$2,641,688	\$2,899,965	\$2,899,965
8010 GR Match for Title XXI (CHIP)	\$15,361	\$20,431	\$24,698	\$22,720	\$22,720
8014 GR Match for Food Stamp Administration	\$667,470	\$823,377	\$1,004,805	\$926,972	\$926,972
8032 GR Certified as Match for Medicaid	\$594,480	\$127,392	\$148,038	\$136,796	\$136,796
8086 General Revenue for ECI	\$0	\$526,139	\$0	\$137,275	\$137,958
SUBTOTAL, MOF (General Revenue)	\$6,338,632	\$4,387,680	\$5,210,641	\$5,916,327	\$5,951,116
Method of Financing:					
5018 Home Health Services Account No. 5018	\$2,248	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$2,248	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$100,988	\$122,241	\$112,815	\$112,815
10.561.000 St Admin Match Food Stamp	\$667,762	\$822,646	\$1,004,086	\$926,328	\$926,328
84.126.000 Rehabilitation Services_V	\$7,054	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$8,489	\$3,948	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$3,065	\$4,050	\$3,547	\$3,547
93.045.000 Special Education Grants	\$0	\$4,111	\$4,945	\$4,560	\$4,560
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$916	\$1,109	\$1,013	\$1,013

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 3 Procurement

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.243.000 Project Reg. & Natl Significance	\$202,196	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$44,226	\$44,110	\$56,781	\$50,664	\$50,664
93.566.000 Refugee and Entrant Assis	\$2,325	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$36,896	\$58,511	\$109,364	\$109,364
93.767.000 CHIP	\$195,985	\$263,516	\$318,639	\$266,267	\$231,477
93.777.000 State Survey and Certific	\$241,202	\$258,317	\$312,546	\$151,827	\$151,827
93.778.000 XIX FMAP	\$923,596	\$185,728	\$223,091	\$203,758	\$203,758
93.778.003 XIX 50%	\$2,047,919	\$2,055,751	\$2,518,137	\$2,782,739	\$2,782,739
93.778.005 XIX FMAP @ 90%	\$330,138	\$0	\$0	\$0	\$0
93.788.000 Opioid STR	\$0	\$0	\$0	\$3,547	\$3,547
93.791.000 Money Follows Person Reblncng D	\$3,119	\$210	\$421	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$61	\$203,253	\$245,958	\$91,029	\$91,029
93.958.000 Block Grants for Communi	\$166,832	\$0	\$0	\$2,871	\$2,871
93.959.000 Block Grants for Prevent	\$119,741	\$72	\$643	\$0	\$0
96.001.000 Social Security Disability Ins	\$415,762	\$476,079	\$576,231	\$531,846	\$531,846
CFDA Subtotal, Fund 0555	\$5,367,918	\$4,464,147	\$5,451,337	\$5,242,175	\$5,207,385
SUBTOTAL, MOF (Federal Funds)	\$5,367,918	\$4,464,147	\$5,451,337	\$5,242,175	\$5,207,385
Method of Financing:					
0666 Appropriated Receipts	\$2,310	\$27,660	\$30,183	\$0	\$0
0777 Interagency Contracts	\$10,075,411	\$6,346,653	\$7,582,138	\$6,821,207	\$6,821,207
0780 Bond Proceeds - General Obligation Bonds	\$136,825	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$40,244	\$9,556	\$11,440	\$10,471	\$10,471
8096 ID Appropriated Receipts	\$1,775	\$347	\$408	\$363	\$363
SUBTOTAL, MOF (Other Funds)	\$10,256,565	\$6,384,216	\$7,624,169	\$6,832,041	\$6,832,041
TOTAL, METHOD OF FINANCE	\$21,965,363	\$15,236,043	\$18,286,147	\$17,990,543	\$17,990,542
FULL TIME EQUIVALENT POSITIONS:	165.0	198.3	198.3	198.3	198.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

Procurement is responsible for providing the strategic and operating frameworks that ensure time/best values procurement and contracting service to meet the changing needs of HHS agencies in a manner compliant with statutory requirements. This includes all procurement and solicitations activities, contract administration, and reporting.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
OBJECTIVE: 1 Oversight, Policy & System Support
STRATEGY: 1 HHS System Supports
SUB-STRATEGY: 3 Procurement

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Internal factors that affect this sub-strategy include agency staff, technology changes, decisions regarding strategic and consolidation sourcing recommendations, and the potential revisions to delegate authority for purchasing within the system. Extra factors include staffing and programmatic function changes at the HHS agencies and changes in laws or rules relating to procurement.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 4 Ombudsman

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$2,249,639	\$2,410,373	\$2,410,116	\$3,102,327	\$3,102,327
1002 - Other Personnel Costs	\$126,080	\$71,963	\$80,343	\$99,488	\$99,488
2001 - Professional Fees & Services	\$17,208	\$4,308	\$4,199	\$4,705	\$4,705
2002 - Fuels & Lubricants	\$570	\$2,341	\$2,446	\$2,651	\$2,651
2003 - Consumable Supplies	\$5,305	\$8,591	\$14,117	\$13,766	\$13,766
2004 - Utilities	\$32,463	\$7,576	\$9,319	\$11,491	\$11,491
2005 - Travel	\$10,332	\$5,252	\$14,789	\$18,724	\$18,724
2006 - Rent - Building	\$113,190	\$88,929	\$86,769	\$97,326	\$97,326
2007 - Rent - Machine and Other	\$15,532	\$11,303	\$10,993	\$12,490	\$12,490
2009 - Other Operating Expense	\$259,415	\$89,824	\$102,334	\$129,192	\$129,192
5000 - Capital Expenditures	\$0	\$0	\$676	\$750	\$750
TOTAL, OBJECT OF EXPENSE	\$2,829,734	\$2,700,460	\$2,736,101	\$3,492,910	\$3,492,910
Method of Financing:					
0001 General Revenue	\$515,876	\$190,137	\$180,275	\$530,004	\$536,898
0758 GR Match for Medicaid Account No. 758	\$664,789	\$742,087	\$770,905	\$977,255	\$977,255
8010 GR Match for Title XXI (CHIP)	\$2,844	\$4,122	\$4,235	\$4,480	\$4,480
8014 GR Match for Food Stamp Administration	\$187,597	\$252,267	\$261,556	\$277,718	\$277,718
8032 GR Certified as Match for Medicaid	\$645	\$151	\$148	\$158	\$158
8086 General Revenue for ECI	\$0	\$0	\$0	\$40,587	\$40,548
SUBTOTAL, MOF (General Revenue)	\$1,371,751	\$1,188,764	\$1,217,119	\$1,830,202	\$1,837,057
Method of Financing:					
5018 Home Health Services Account No. 5018	\$372	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$372	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$100	\$100	\$109	\$109
10.561.000 St Admin Match Food Stamp	\$187,740	\$252,135	\$261,447	\$277,591	\$277,591
84.126.000 Rehabilitation Services_V	\$1,166	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$82,760	\$32,622	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$107,062	\$120,099	\$120,977	\$120,977
93.243.000 Project Reg. & Natl Significance	\$33,417	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 4 Ombudsman

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.558.000 Temp AssistNeedy Families	\$2,006	\$2,220	\$2,357	\$2,585	\$2,585
93.566.000 Refugee and Entrant Assis	\$384	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$5	\$410	\$386	\$528	\$528
93.767.000 CHIP	\$36,191	\$53,032	\$54,469	\$52,368	\$45,513
93.777.000 State Survey and Certific	\$222	\$260	\$266	\$158	\$158
93.778.000 XIX FMAP	\$17,533	\$3,371	\$4,390	\$4,795	\$4,795
93.778.003 XIX 50%	\$668,038	\$731,077	\$760,941	\$968,998	\$968,998
93.778.005 XIX FMAP @ 90%	\$54,562	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75 ^o	\$0	\$201	\$205	\$79	\$79
93.958.000 Block Grants for Communi	\$27,572	\$0	\$0	\$0	\$0
96.001.000 Social Security Disability Ins	\$589	\$733	\$759	\$826	\$826
CFDA Subtotal, Fund 0555	\$1,029,425	\$1,233,361	\$1,238,041	\$1,429,014	\$1,422,159
SUBTOTAL, MOF (Federal Funds)	\$1,029,425	\$1,233,361	\$1,238,041	\$1,429,014	\$1,422,159
Method of Financing:					
0666 Appropriated Receipts	\$0	\$7	\$9	\$0	\$0
0777 Interagency Contracts	\$403,919	\$277,918	\$280,481	\$233,171	\$233,171
0780 Bond Proceeds - General Obligation Bonds	\$22,613	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$1,635	\$406	\$447	\$518	\$518
8096 ID Appropriated Receipts	\$19	\$4	\$4	\$5	\$5
SUBTOTAL, MOF (Other Funds)	\$428,186	\$278,335	\$280,941	\$233,694	\$233,694
TOTAL, METHOD OF FINANCE	\$2,829,734	\$2,700,460	\$2,736,101	\$3,492,910	\$3,492,910
FULL TIME EQUIVALENT POSITIONS:	35.1	42.1	42.1	42.1	42.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

L-1-1-4 Ombudsman: Originally established by House Bill 2292 in 2003, authority for the HHS Office of the Ombudsman was clarified by Senate Bill 200, 84th Legislature, Regular Session, 2015, to include providing dispute resolution services for the Texas HHS system, performing consumer protection and advocacy functions, and collecting inquiry and complaint data from across the system.

Ombudsman staff assist consumers when an HHS program’s complaint resolution process has not resolved concerns. Ombudsman staff work with inquiries and complaints from all programs, including eligibility for programs such as Medicaid and SNAP food benefits. Through agreement with HHS Government Relations staff, Ombudsman staff also work cases

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
OBJECTIVE: 1 Oversight, Policy & System Support
STRATEGY: 1 HHS System Supports
SUB-STRATEGY: 4 Ombudsman

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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referred from legislative offices.

EXTERNAL/INTERNAL FACTORS IMPACTING SUB-STRATEGY:

External and Internal factors affecting the Ombudsman sub-strategy include: 1) changes and implementation of state and federal policies, rules, and regulations impacting client eligibility 2) potential for increased eligibility depending upon economic stability in Texas; 3) staffing levels and staff turnover rate; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) state and federal external oversight and review.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and Internal factors affecting the Ombudsman sub-strategy include: 1) changes and implementation of state and federal policies, rules, and regulations impacting client eligibility 2) potential for increased eligibility depending upon economic stability in Texas; 3) staffing levels and staff turnover rate; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) state and federal external oversight and review.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 5 Executive Leadership & Policy

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$44,620,970	\$39,231,648	\$41,517,592	\$48,383,668	\$48,383,668
1002 - Other Personnel Costs	\$1,678,158	\$914,718	\$1,112,520	\$1,224,976	\$1,224,976
2001 - Professional Fees & Services	\$28,016,182	\$1,808,610	\$2,080,286	\$2,094,831	\$2,094,831
2002 - Fuels & Lubricants	\$45,010	\$88,195	\$289,958	\$282,289	\$282,289
2003 - Consumable Supplies	\$159,888	\$107,338	\$577,058	\$551,059	\$551,059
2004 - Utilities	\$939,364	\$211,329	\$277,545	\$288,611	\$288,611
2005 - Travel	\$373,263	\$250,112	\$473,930	\$519,336	\$519,336
2006 - Rent - Building	\$1,893,321	\$1,447,421	\$1,491,478	\$1,526,943	\$1,526,943
2007 - Rent - Machine and Other	\$262,657	\$186,540	\$190,513	\$196,128	\$196,128
2009 - Other Operating Expense	\$6,158,817	\$1,731,970	\$2,830,047	\$2,983,843	\$2,983,843
3002 - Food for Persons - Wards of S	\$4,755,000	\$0	\$0	\$0	\$0
4000 - Grants	\$5,687,629	\$20,000,000	\$0	\$20,000,000	\$0
5000 - Capital Expenditures	\$326,779	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$94,917,038	\$65,977,881	\$50,840,927	\$78,051,684	\$58,051,684
Method of Financing:					
0001 General Revenue	\$39,350,866	\$24,427,770	\$3,826,847	\$25,110,573	\$5,189,695
0758 GR Match for Medicaid Account No. 758	\$8,174,276	\$8,801,383	\$9,802,426	\$11,380,473	\$11,380,473
8010 GR Match for Title XXI (CHIP)	\$37,035	\$51,445	\$57,362	\$55,289	\$55,286
8014 GR Match for Food Stamp Administration	\$2,130,760	\$2,790,032	\$3,046,063	\$2,951,630	\$2,951,630
8032 GR Certified as Match for Medicaid	\$3,970,280	\$847,172	\$992,308	\$975,737	\$975,737
8086 General Revenue for ECI	\$0	\$36,836	\$865,687	\$391,361	\$391,939
SUBTOTAL, MOF (General Revenue)	\$53,663,217	\$36,954,638	\$18,590,693	\$40,865,063	\$20,944,760
Method of Financing:					
5018 Home Health Services Account No. 5018	\$6,224	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$6,224	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$194,357	\$215,557	\$205,532	\$205,532
10.561.000 St Admin Match Food Stamp	\$2,131,915	\$2,787,888	\$3,044,185	\$2,949,654	\$2,949,654
84.126.000 Rehabilitation Services_V	\$19,528	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$19,260	\$8,342	\$2,845	\$2,845

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 5 Executive Leadership & Policy

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.044.000 SPECIAL PROGRAMS FOR THE	\$0	\$10,135	\$12,892	\$12,100	\$12,100
93.045.000 Special Education Grants	\$0	\$8,367	\$9,302	\$8,865	\$8,865
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$0	\$1,808	\$2,003	\$1,965	\$1,965
93.243.000 Project Reg. & Natl Significance	\$559,764	\$0	\$0	\$67,562	\$67,562
93.558.000 Temp AssistNeedy Families	\$243,828	\$262,292	\$293,938	\$284,269	\$284,269
93.566.000 Refugee and Entrant Assis	\$6,436	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$86,521	\$124,653	\$266,475	\$266,475
93.767.000 CHIP	\$468,470	\$657,883	\$733,666	\$649,196	\$569,499
93.777.000 State Survey and Certific	\$446,640	\$501,145	\$555,936	\$294,721	\$294,721
93.778.000 XIX FMAP	\$5,766,372	\$1,169,915	\$1,382,504	\$1,358,644	\$1,358,644
93.778.003 XIX 50%	\$8,083,824	\$8,529,587	\$9,525,088	\$11,114,067	\$11,114,067
93.778.005 XIX FMAP @ 90%	\$913,963	\$0	\$0	\$0	\$0
93.788.000 Opiod STR	\$0	\$0	\$0	\$5,824	\$5,824
93.791.000 Money Follows Person Reblncng D	\$5,170	\$354	\$692	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$112	\$393,968	\$437,038	\$182,631	\$182,631
93.958.000 Block Grants for Communi	\$461,861	\$0	\$0	\$5,279	\$5,279
93.959.000 Block Grants for Prevent	\$390,036	\$230	\$2,099	\$5,318	\$5,318
96.001.000 Social Security Disability Ins	\$766,661	\$919,969	\$1,020,483	\$973,662	\$973,662
CFDA Subtotal, Fund 0555	\$20,264,580	\$15,543,679	\$17,368,378	\$18,388,609	\$18,308,912
SUBTOTAL, MOF (Federal Funds)	\$20,264,580	\$15,543,679	\$17,368,378	\$18,388,609	\$18,308,912
Method of Financing:					
0666 Appropriated Receipts	\$3,648	\$45,794	\$45,556	\$0	\$0
0777 Interagency Contracts	\$20,358,708	\$13,376,180	\$14,768,796	\$18,731,168	\$18,731,168
0780 Bond Proceeds - General Obligation Bonds	\$378,791	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$230,545	\$55,375	\$64,906	\$64,293	\$64,293
8096 ID Appropriated Receipts	\$11,325	\$2,215	\$2,598	\$2,551	\$2,551
SUBTOTAL, MOF (Other Funds)	\$20,983,017	\$13,479,564	\$14,881,856	\$18,798,012	\$18,798,012
TOTAL, METHOD OF FINANCE	\$94,917,038	\$65,977,881	\$50,840,927	\$78,051,684	\$58,051,684
FULL TIME EQUIVALENT POSITIONS:	699.2	699.9	699.9	699.9	699.9

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 5 Executive Leadership & Policy

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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STRATEGY DESCRIPTION AND JUSTIFICATION:

Centralized Financial Policy provides executive management, oversight, coordination, and leadership to and across all five HHS agencies in financial matters to maximize efficiencies and assure all five agencies prepare financial communications and reports consistently.

Staff provides enterprise-wide budget and fiscal policy direction and develops cross-functional models for identifying potential efficiencies; and analyzing financial, cost and utilization to identify underlying efficiencies. Oversight functions include planning and development of enterprise financial and statistical reports, development of the HHS consolidated budget and appropriation request for the enterprise and monitoring and issue resolution in financial and performance areas. Other items include cost allocation oversight and management and revenue research and maximization.

Staff also produces caseload and cost forecasts monthly for the HHS System (Medicaid [Acute Care, FFS, Managed Care, Cost-Reimbursed, Texas Health Steps, Medical Transportation, Long-term Care, Vendor Drug, STAR+PLUS and STAR Health], Children’s Health Insurance Program (CHIP), CHIP Perinatal, CHIP Dental, Protective svcs [Foster Care, Adoption Subsidy, and Adult], Healthy Texas Women, TANF, Food Stamps, ECI, and Kidney Health); develops actuarial methodology and forecasting models; and reviews design and changes in the claims data file (STAT file) maintained by the claims administrator contractor. Staff also performs actuarial analysis for the rate setting process.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

An external factor impacting this strategy is federal and state health policy changes. Changes to Medicaid and CHIP and the implementation of new programs place increased demands on coordination of oversight and policy functions. HHSC also has a need to provide oversight and develop policies that are client-focused. Additionally, many HHS enterprise efforts are financed by interagency contracts with other HHS agencies, and available funding for these enterprise operations depend on the ability of the contributing agencies to continue current levels of funding.

An internal factor impacting this strategy is the challenge and opportunity to provide svcs more efficiently through such means as increasing the scope of health-care svcs delivered through Medicaid managed care, and implementing transformational policies to improve quality of care for Medicaid clients. These types of initiatives often require changes to HHS enterprise staffing, functions, svcs, and providers, thereby impacting this strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative svcs, and strengthening analytical and forecasting support for major decisions with financial significance.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 6 (Legacy HHSC) Home Visiting Program

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$70,417	\$64,245	\$64,312	\$69,394	\$69,394
1002 - Other Personnel Costs	\$1,918	\$1,046	\$1,271	\$1,334	\$1,334
2001 - Professional Fees & Services	\$123,394	\$115	\$112	\$105	\$105
2002 - Fuels & Lubricants	\$15	\$62	\$65	\$59	\$59
2003 - Consumable Supplies	\$74	\$160	\$155	\$146	\$146
2004 - Utilities	\$1,660	\$186	\$678	\$669	\$669
2005 - Travel	\$5,326	\$323	\$10,009	\$10,007	\$10,007
2006 - Rent - Building	\$3,013	\$2,370	\$2,307	\$2,170	\$2,170
2007 - Rent - Machine and Other	\$409	\$301	\$285	\$272	\$272
2009 - Other Operating Expense	\$99,332	\$12,042	\$61,538	\$61,551	\$61,551
TOTAL, OBJECT OF EXPENSE	\$305,558	\$80,850	\$140,732	\$145,707	\$145,707
Method of Financing:					
0001 General Revenue	\$296,337	\$76,462	\$136,315	\$131,716	\$131,574
0758 GR Match for Medicaid Account No. 758	\$780	\$892	\$883	\$853	\$853
8010 GR Match for Title XXI (CHIP)	\$3	\$3	\$3	\$3	\$3
8014 GR Match for Food Stamp Administration	\$138	\$187	\$190	\$182	\$182
8086 General Revenue for ECI	\$0	\$0	\$0	\$9,795	\$9,937
SUBTOTAL, MOF (General Revenue)	\$297,258	\$77,544	\$137,391	\$142,549	\$142,549
Method of Financing:					
5018 Home Health Services Account No. 5018	\$10	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$10	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.561.000 St Admin Match Food Stamp	\$135	\$183	\$187	\$179	\$179
84.126.000 Rehabilitation Services_V	\$31	\$0	\$0	\$0	\$0
93.243.000 Project Reg. & Natl Significance	\$891	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$17	\$19	\$19	\$19	\$19
93.566.000 Refugee and Entrant Assis	\$10	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$0	\$10	\$9	\$9	\$9
93.767.000 CHIP	\$28	\$42	\$42	\$41	\$41
93.778.000 XIX FMAP	\$442	\$84	\$112	\$102	\$102

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 1 HHS System Supports
 SUB-STRATEGY: 6 (Legacy HHSC) Home Visiting Program

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.778.003 XIX 50%	\$613	\$676	\$693	\$670	\$670
93.778.005 XIX FMAP @ 90%	\$1,455	\$0	\$0	\$0	\$0
93.958.000 Block Grants for Communi	\$735	\$0	\$0	\$0	\$0
96.001.000 Social Security Disability Ins	\$6	\$6	\$6	\$6	\$6
CFDA Subtotal, Fund 0555	\$4,363	\$1,020	\$1,068	\$1,026	\$1,026
SUBTOTAL, MOF (Federal Funds)	\$4,363	\$1,020	\$1,068	\$1,026	\$1,026
Method of Financing:					
0777 Interagency Contracts	\$3,282	\$2,276	\$2,261	\$2,121	\$2,121
0780 Bond Proceeds - General Obligation Bonds	\$603	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$42	\$10	\$12	\$11	\$11
SUBTOTAL, MOF (Other Funds)	\$3,927	\$2,286	\$2,273	\$2,132	\$2,132
TOTAL, METHOD OF FINANCE	\$305,558	\$80,850	\$140,732	\$145,707	\$145,707
FULL TIME EQUIVALENT POSITIONS:	1.0	1.0	1.0	1.0	1.0

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 12 System Oversight & Program Support						
OBJECTIVE: 1 Oversight, Policy & System Support						
STRATEGY: 2 IT Oversight & Program Support						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	IT Related Capital Projects	\$102,113,110	\$109,554,109	\$136,517,824	\$107,341,413	\$106,607,338
3	IT Program Support	\$84,329,262	\$92,787,386	\$87,204,080	\$109,580,272	\$109,593,549
	Total, Sub-strategies	\$186,442,372	\$202,341,495	\$223,721,904	\$216,921,685	\$216,200,887

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 2 IT Oversight & Program Support
 SUB-STRATEGY: 1 IT Related Capital Projects

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$2,080,770	\$1,893,057	\$1,286,391	\$1,341,712
1002 - Other Personnel Costs	\$0	\$47,507	\$39,116	\$31,958	\$33,332
2001 - Professional Fees & Services	\$58,030,304	\$66,176,474	\$93,756,195	\$69,695,265	\$69,188,912
2004 - Utilities	\$4,420,688	\$300,925	\$275	\$0	\$0
2007 - Rent - Machine and Other	\$8,383,419	\$16,830,388	\$19,288,766	\$19,529,377	\$19,385,677
2009 - Other Operating Expense	\$24,848,945	\$23,153,462	\$21,343,439	\$13,649,050	\$13,507,630
5000 - Capital Expenditures	\$6,429,754	\$964,583	\$196,976	\$3,149,372	\$3,150,075
TOTAL, OBJECT OF EXPENSE	\$102,113,110	\$109,554,109	\$136,517,824	\$107,341,413	\$106,607,338
Method of Financing:					
0001 General Revenue	\$1,726,385	\$18,577,286	\$19,477,849	\$16,782,830	\$17,121,656
0758 GR Match for Medicaid Account No. 758	\$6,510,463	\$23,879,031	\$30,613,145	\$24,052,975	\$23,420,029
8010 GR Match for Title XXI (CHIP)	\$15,185	\$185,784	\$182,032	\$173,801	\$173,977
8014 GR Match for Food Stamp Administration	\$5,200,190	\$8,394,263	\$8,575,832	\$7,583,417	\$7,657,641
8032 GR Certified as Match for Medicaid	\$4,348,119	\$2,260,432	\$2,293,159	\$2,168,522	\$2,222,597
SUBTOTAL, MOF (General Revenue)	\$17,800,342	\$53,296,796	\$61,142,017	\$50,761,545	\$50,595,900
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$918,539	\$944,182	\$786,478	\$775,677
10.561.000 St Admin Match Food Stamp	\$4,992,488	\$8,394,168	\$8,575,737	\$7,583,355	\$7,657,571
84.126.000 Rehabilitation Services_V	\$25,309	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$100,287	\$176,624	\$182,230	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$7,200	\$25,204	\$26,005	\$24,607	\$24,271
93.045.000 Special Education Grants	\$16,014	\$31,929	\$32,937	\$31,528	\$31,097
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$2,894	\$6,723	\$6,927	\$6,921	\$6,827
93.071.001 Medicare Enrollment Assistance Pr	\$3,026	\$0	\$0	\$0	\$0
93.150.000 Projects for Assistance	\$1,287	\$0	\$0	\$0	\$0
93.296.000 Improving Hlth & Educational Out	\$1,689	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$247,432	\$331,782	\$341,587	\$374,101	\$375,322
93.558.667 TANF to Title XX	\$23,998	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$1,044,842	\$401,158	\$346,578	\$748,527	\$738,310
93.767.000 CHIP	\$1,515,885	\$2,383,327	\$2,324,823	\$2,048,932	\$1,809,261
93.777.000 State Survey and Certific	\$439,190	\$494,070	\$293,342	\$1,045,695	\$1,031,373
93.777.003 CLINICAL LAB AMEND PROGRM	\$0	\$0	\$0	\$14,535	\$14,331

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 2 IT Oversight & Program Support
 SUB-STRATEGY: 1 IT Related Capital Projects

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.778.000 XIX FMAP	\$12,565,695	\$2,981,905	\$3,025,061	\$2,890,994	\$2,963,797
93.778.003 XIX 50%	\$24,765,446	\$22,435,128	\$22,320,883	\$22,731,814	\$22,106,667
93.778.004 XIX ADM @ 75%	\$693,552	\$1,187,740	\$21,820,322	\$1,230,525	\$1,228,706
93.778.005 XIX FMAP @ 90%	\$944,145	\$4,615,323	\$4,200,446	\$3,438,000	\$3,438,000
93.778.007 XIX ADM @ 100	\$427	\$0	\$0	\$0	\$0
93.779.000 Health Care Financing Res	\$243	\$0	\$0	\$0	\$0
93.788.000 Opioid STR	\$0	\$0	\$0	\$24,534	\$24,194
93.791.000 Money Follows Person Reblncng D	\$2,031	\$0	\$0	\$62	\$70
93.796.000 Survey & Certification TitleXIX 75%	\$400,631	\$277,137	\$239,351	\$634,269	\$625,537
93.958.000 Block Grants for Communi	\$8,020	\$0	\$0	\$19,919	\$19,643
93.959.000 Block Grants for Prevent	\$129,800	\$0	\$0	\$125	\$139
94.011.000 Foster Grandparent Progra	\$1,748	\$0	\$0	\$0	\$0
96.001.000 Social Security Disability Ins	\$2,032,593	\$306,517	\$252,239	\$3,698,194	\$3,647,213
CFDA Subtotal, Fund 0555	\$49,965,872	\$44,967,274	\$64,932,650	\$47,333,115	\$46,518,006
SUBTOTAL, MOF (Federal Funds)	\$49,966,399	\$44,967,274	\$64,932,650	\$47,333,115	\$46,518,006
Method of Financing:					
0666 Appropriated Receipts	\$2,486	\$5,194	\$5,363	\$0	\$0
0777 Interagency Contracts	\$34,011,954	\$11,148,195	\$10,299,166	\$9,108,969	\$9,352,341
8051 Universal Services Fund Reimbursements	\$162,844	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$159,225	\$131,111	\$133,014	\$132,513	\$135,678
8096 ID Appropriated Receipts	\$9,860	\$5,539	\$5,614	\$5,271	\$5,413
SUBTOTAL, MOF (Other Funds)	\$34,346,369	\$11,290,039	\$10,443,157	\$9,246,753	\$9,493,432
TOTAL, METHOD OF FINANCE	\$102,113,110	\$109,554,109	\$136,517,824	\$107,341,413	\$106,607,338
FULL TIME EQUIVALENT POSITIONS:	0.0	25.6	25.6	20.6	20.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy provides a central location for IT related capital projects. Demands on information resources are numerous and varied; internal and external entities desired enhanced information systems to provide actionable information about effective client care programs, workforce data, finances, and physical facilities. Rapid pace technology changes are a challenge requiring resources to ensure information technology system remain viable.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
OBJECTIVE: 1 Oversight, Policy & System Support
STRATEGY: 2 IT Oversight & Program Support
SUB-STRATEGY: 1 IT Related Capital Projects

Code	Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Every agency business area and strategy depends on electronic information, and must have both a storage and processing mechanism for that information. Because of the relationship between this and other strategies, any change in funding for this strategy will affect the performance of the agency's other strategies. The business areas would provide slower service to their customers, complete fewer units of work, collect and consider less detail, and eliminate some activities altogether.

External impacts on the IT Related Capital Projects sub-strategy include the Data Center Consolidation functions and support of the Department of Information Resources along with technology upgrades and changing requirements of the Comptroller's Centralized Accounting and Payroll/Personnel System. State and federal statutory and regulatory changes often impact technology systems resulting in required systems/application modification to implement new laws and/or regulations. The method of finance for the IT Related Capital Projects sub-strategy is based on a cost allocation plan submitted annually to the agency's federal partners. Federal financial participation rates could change per federal partners.

Internal impacts include continuing programmatic and/or policy changes that may require new information technology systems and/or other application modifications.

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 2 IT Oversight & Program Support
 SUB-STRATEGY: 3 IT Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$23,421,304	\$37,807,968	\$39,625,646	\$41,905,951	\$41,905,951
1002 - Other Personnel Costs	\$709,967	\$916,504	\$960,566	\$1,015,843	\$1,015,843
2001 - Professional Fees & Services	\$26,181,040	\$22,504,329	\$20,184,502	\$28,998,368	\$28,998,368
2002 - Fuels & Lubricants	\$88	\$152	\$468	\$467	\$467
2003 - Consumable Supplies	\$5,770	\$12,577	\$15,205	\$15,204	\$15,204
2004 - Utilities	\$56,359	\$16,773,321	\$16,885,164	\$15,955,620	\$15,955,620
2005 - Travel	\$31,235	\$120,369	\$157,341	\$157,341	\$157,341
2006 - Rent - Building	\$3,995,187	\$96,826	\$92,057	\$94,539	\$94,539
2007 - Rent - Machine and Other	\$18,244,820	\$23,936	\$22,600	\$23,492	\$23,493
2009 - Other Operating Expense	\$11,474,155	\$14,093,777	\$9,260,531	\$21,238,460	\$21,251,736
5000 - Capital Expenditures	\$209,337	\$437,627	\$0	\$174,987	\$174,987
TOTAL, OBJECT OF EXPENSE	\$84,329,262	\$92,787,386	\$87,204,080	\$109,580,272	\$109,593,549
Method of Financing:					
0001 General Revenue	\$1,380,596	\$13,809,193	\$11,069,172	\$18,325,947	\$18,392,715
0758 GR Match for Medicaid Account No. 758	\$5,206,461	\$12,743,672	\$12,425,262	\$15,909,532	\$15,912,960
8010 GR Match for Title XXI (CHIP)	\$12,790	\$2,749	\$1,434	\$109,166	\$109,154
8014 GR Match for Food Stamp Administration	\$4,379,885	\$899,925	\$915,597	\$4,376,827	\$4,377,948
8032 GR Certified as Match for Medicaid	\$3,290,332	\$6,908,799	\$6,968,496	\$6,993,726	\$6,985,399
SUBTOTAL, MOF (General Revenue)	\$14,270,064	\$34,364,338	\$31,379,961	\$45,715,198	\$45,778,176
Method of Financing:					
5018 Home Health Services Account No. 5018	\$2,009	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$2,009	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$529,346	\$514,990	\$544,631	\$544,774
10.561.000 St Admin Match Food Stamp	\$4,204,947	\$4,246,414	\$4,143,753	\$4,376,838	\$4,377,959
84.126.000 Rehabilitation Services_V	\$21,317	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$84,467	\$118,000	\$115,095	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$6,065	\$17,767	\$17,341	\$18,297	\$18,301
93.045.000 Special Education Grants	\$13,487	\$22,407	\$21,864	\$23,108	\$23,113
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$2,437	\$4,776	\$4,660	\$4,976	\$4,978

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 2 IT Oversight & Program Support
 SUB-STRATEGY: 3 IT Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.071.001 Medicare Enrollment Assistance Pr	\$2,548	\$0	\$0	\$0	\$0
93.150.000 Projects for Assistance	\$1,084	\$0	\$0	\$0	\$0
93.296.000 Improving Hlth & Educational Out	\$1,423	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$208,401	\$218,674	\$218,507	\$233,663	\$233,722
93.558.667 TANF to Title XX	\$5,483	\$0	\$0	\$0	\$0
93.566.000 Refugee and Entrant Assis	\$14,730	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$880,023	\$392,435	\$443,121	\$598,859	\$598,995
93.767.000 CHIP	\$1,276,762	\$1,369,150	\$28,462	\$1,291,887	\$1,227,741
93.777.000 State Survey and Certific	\$315,858	\$473,481	\$679,095	\$775,539	\$775,729
93.777.003 CLINICAL LAB AMEND PROGRM	\$0	\$0	\$0	\$12,683	\$12,686
93.778.000 XIX FMAP	\$10,087,129	\$9,163,787	\$9,264,003	\$9,712,056	\$9,720,787
93.778.003 XIX 50%	\$20,544,214	\$12,722,773	\$12,417,336	\$14,974,916	\$14,978,248
93.778.004 XIX ADM @ 75%	\$512,903	\$1,667,189	\$1,667,189	\$1,667,190	\$1,667,190
93.778.005 XIX FMAP @ 90%	\$795,211	\$0	\$0	\$0	\$0
93.778.007 XIX ADM @ 100	\$360	\$0	\$0	\$0	\$0
93.779.000 Health Care Financing Res	\$204	\$0	\$0	\$0	\$0
93.788.000 Opiod STR	\$0	\$0	\$0	\$23,413	\$23,418
93.791.000 Money Follows Person Reblncng D	\$1,459	\$907	\$907	\$4,588	\$4,588
93.796.000 Survey & Certification TitleXIX 75%	\$337,434	\$319,271	\$357,057	\$491,713	\$491,828
93.958.000 Block Grants for Communi	\$6,754	\$0	\$0	\$110,434	\$110,438
93.959.000 Block Grants for Prevent	\$109,325	\$0	\$0	\$15,375	\$15,375
94.011.000 Foster Grandparent Progra	\$1,473	\$0	\$0	\$0	\$0
96.001.000 Social Security Disability Ins	\$1,711,961	\$181,729	\$198,090	\$756,136	\$756,136
CFDA Subtotal, Fund 0555	\$41,147,459	\$31,448,106	\$30,091,470	\$35,636,302	\$35,586,006
SUBTOTAL, MOF (Federal Funds)	\$41,147,903	\$31,448,106	\$30,091,470	\$35,636,302	\$35,586,006
Method of Financing:					
0666 Appropriated Receipts	\$1,848	\$3,240	\$3,145	\$0	\$0
0777 Interagency Contracts	\$28,646,729	\$26,553,886	\$25,308,081	\$27,713,240	\$27,713,826
8051 Universal Services Fund Reimbursements	\$137,156	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$116,253	\$400,252	\$403,693	\$499,670	\$499,679
8096 ID Appropriated Receipts	\$7,300	\$17,564	\$17,730	\$15,862	\$15,862
SUBTOTAL, MOF (Other Funds)	\$28,909,286	\$26,974,942	\$25,732,649	\$28,228,772	\$28,229,367

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 1 Oversight, Policy & System Support
 STRATEGY: 2 IT Oversight & Program Support
 SUB-STRATEGY: 3 IT Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
TOTAL, METHOD OF FINANCE	\$84,329,262	\$92,787,386	\$87,204,080	\$109,580,272	\$109,593,549
FULL TIME EQUIVALENT POSITIONS:	372.0	381.4	381.4	386.4	386.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

The IT Program Support sub-strategy provides information resource management services to support the agency and HHS enterprise. Demands on information resources are numerous and varied; internal and external entities desired enhanced information systems to provide actionable information about effective client care programs, workforce data, finances, and physical facilities. Rapid pace technology changes are a challenge requiring resources to ensure information technology system remain viable. Information Technology is responsible for enhancing and managing the technology infrastructure, developing and supporting applications systems, and establishing architecture standards. Information Technology provides many services including project management, application development and support, network management and operation support, help desk services, internet security, quality assurances, and information resource procurement review.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Every agency business area and strategy depends on electronic information, and must have both a storage and processing mechanism for that information. Because of the relationship between this and other strategies, any change in funding for this strategy will affect the performance of the agency's other strategies. The business areas would provide slower service to their customers, complete fewer units of work, collect and consider less detail, and eliminate some activities altogether.

Externally, state and federal statutory and regulatory changes often impact technology systems resulting in required systems/application modification to implement new laws and/or regulations. The method of finance for the IT Program Support sub-strategy is based on a cost allocation plan submitted annually to the agency's federal partners. Federal financial participation rates could change per federal partners.

Internal impacts include continuing programmatic and/or policy changes that may require new information technology systems and/or other application modifications.

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 12 System Oversight & Program Support						
OBJECTIVE: 2 Program Support						
STRATEGY: 1 Central Program Support						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Other Program Support	\$55,585,131	\$45,850,053	\$47,742,708	\$47,435,593	\$47,152,353
	Total, Sub-strategies	\$55,585,131	\$45,850,053	\$47,742,708	\$47,435,593	\$47,152,353

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support
 SUB-STRATEGY: 1 Other Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$35,706,184	\$35,187,798	\$36,842,194	\$36,315,693	\$36,315,693
1002 - Other Personnel Costs	\$1,319,664	\$1,003,104	\$1,320,487	\$1,306,428	\$1,306,428
2001 - Professional Fees & Services	\$9,795,347	\$1,545,024	\$1,559,398	\$1,525,240	\$1,525,240
2002 - Fuels & Lubricants	\$528	\$178,833	\$182,047	\$178,798	\$178,798
2003 - Consumable Supplies	\$807,474	\$1,078,042	\$1,080,983	\$1,077,350	\$1,077,350
2004 - Utilities	\$134,374	\$156,105	\$128,332	\$141,438	\$141,438
2005 - Travel	\$209,237	\$363,666	\$378,518	\$365,646	\$365,646
2006 - Rent - Building	\$218,022	\$235,853	\$238,646	\$236,972	\$236,972
2007 - Rent - Machine and Other	\$338,306	\$433,871	\$432,396	\$433,084	\$433,084
2009 - Other Operating Expense	\$4,972,872	\$3,484,123	\$3,629,673	\$3,648,888	\$3,648,888
4000 - Grants	\$1,704,895	\$1,751,980	\$1,801,644	\$1,774,314	\$1,774,314
5000 - Capital Expenditures	\$378,228	\$431,654	\$148,390	\$431,742	\$148,502
TOTAL, OBJECT OF EXPENSE	\$55,585,131	\$45,850,053	\$47,742,708	\$47,435,593	\$47,152,353
Method of Financing:					
0001 General Revenue	\$15,804,184	\$10,717,697	\$8,977,942	\$9,853,240	\$9,676,685
0758 GR Match for Medicaid Account No. 758	\$466,900	\$8,563,169	\$9,490,948	\$9,475,031	\$9,475,031
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$261,396	\$0	\$0	\$0	\$0
8004 GR Match for Federal Funds (Older Americans Act)	\$99,946	\$0	\$0	\$0	\$0
8010 GR Match for Title XXI (CHIP)	\$56,484	\$61,913	\$68,643	\$68,516	\$68,516
8014 GR Match for Food Stamp Administration	\$2,180,522	\$2,495,326	\$2,765,658	\$2,760,604	\$2,760,604
8032 GR Certified as Match for Medicaid	\$4,714,857	\$425,057	\$472,016	\$472,133	\$472,133
SUBTOTAL, MOF (General Revenue)	\$23,584,289	\$22,263,162	\$21,775,207	\$22,629,524	\$22,452,969
Method of Financing:					
5018 Home Health Services Account No. 5018	\$629	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$629	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.000 Special Supplemental Nut	\$0	\$312,154	\$345,259	\$344,700	\$344,700
10.561.000 St Admin Match Food Stamp	\$1,885,575	\$2,496,957	\$2,769,528	\$2,764,420	\$2,764,420

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support
 SUB-STRATEGY: 1 Other Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
84.181.000 Special Education Grants	\$62,673	\$145,640	\$214,107	\$133,583	\$133,583
93.043.000 Special Education Grants	\$100,786	\$0	\$0	\$0	\$0
93.044.000 SPECIAL PROGRAMS FOR THE	\$175,049	\$109,284	\$114,449	\$114,444	\$114,444
93.045.000 Special Education Grants	\$469,513	\$216,518	\$226,272	\$226,262	\$226,262
93.052.000 NATL FAMILY CAREGIVER SUPPOI	\$115,540	\$46,977	\$49,095	\$49,098	\$49,098
93.369.001 Independent Living_State_Rehab	\$94,767	\$0	\$0	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$139,711	\$143,352	\$147,778	\$147,274	\$147,274
93.566.000 Refugee and Entrant Assis	\$21,068	\$0	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$287,991	\$571,833	\$568,061	\$357,429	\$357,429
93.767.000 CHIP	\$670,113	\$796,530	\$882,910	\$801,578	\$694,893
93.777.000 State Survey and Certific	\$391,765	\$878,125	\$959,865	\$568,955	\$568,955
93.777.003 CLINICAL LAB AMEND PROGRM	\$0	\$0	\$0	\$6,379	\$6,379
93.778.000 XIX FMAP	\$6,045,434	\$743,918	\$883,730	\$870,721	\$870,721
93.778.003 XIX 50%	\$6,378,817	\$8,530,892	\$9,469,621	\$9,463,193	\$9,463,193
93.778.004 XIX ADM @ 75%	\$258,105	\$0	\$0	\$0	\$0
93.779.000 Health Care Financing Res	\$629	\$0	\$0	\$0	\$0
93.788.000 Opiod STR	\$0	\$0	\$0	\$11,130	\$11,130
93.791.000 Money Follows Person Reblncng D	\$10,584	\$3,133	\$3,133	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$40,540	\$742,198	\$812,031	\$394,381	\$394,381
93.958.000 Block Grants for Communi	\$0	\$0	\$0	\$13,262	\$13,262
96.001.000 Social Security Disability Ins	\$2,615,845	\$1,598,504	\$1,789,034	\$1,786,346	\$1,786,346
CFDA Subtotal, Fund 0555	\$19,764,505	\$17,336,015	\$19,234,873	\$18,053,155	\$17,946,470
SUBTOTAL, MOF (Federal Funds)	\$19,764,505	\$17,336,015	\$19,234,873	\$18,053,155	\$17,946,470
Method of Financing:					
0666 Appropriated Receipts	\$3,129	\$1,883	\$2,094	\$0	\$0
0777 Interagency Contracts	\$11,969,383	\$6,208,651	\$6,684,182	\$6,706,539	\$6,706,539
8095 ID Collections for Patient Support and Maintenance	\$250,662	\$39,282	\$45,169	\$45,192	\$45,192
8096 ID Appropriated Receipts	\$12,534	\$1,060	\$1,183	\$1,183	\$1,183
SUBTOTAL, MOF (Other Funds)	\$12,235,708	\$6,250,876	\$6,732,628	\$6,752,914	\$6,752,914
TOTAL, METHOD OF FINANCE	\$55,585,131	\$45,850,053	\$47,742,708	\$47,435,593	\$47,152,353

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 12 System Oversight & Program Support
 OBJECTIVE: 2 Program Support
 STRATEGY: 1 Central Program Support
 SUB-STRATEGY: 1 Other Program Support

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
FULL TIME EQUIVALENT POSITIONS:	426.0	717.1	717.1	717.1	717.1

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 14 HHS Sunset Legislation-Related Historical Funding						
OBJECTIVE: 1 DADS Programs Historical Funding						
STRATEGY: 1 State Supported Living Centers						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Residential Care	\$650,855,999	\$0	\$0	\$0	\$0
2	Medications	\$33,190,204	\$0	\$0	\$0	\$0
3	Off-Campus Medical Care	\$6,086,351	\$0	\$0	\$0	\$0
Total, Sub-strategies		\$690,132,554	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 1 Residential Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$446,301,021	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$17,018,949	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$44,219,356	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$1,127,711	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$9,388,652	\$0	\$0	\$0	\$0
2004 - Utilities	\$11,297,177	\$0	\$0	\$0	\$0
2005 - Travel	\$1,220,387	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$451,922	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$4,612,082	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$86,741,037	\$0	\$0	\$0	\$0
3001 - Client Services	\$15,114,472	\$0	\$0	\$0	\$0
3002 - Food for Persons - Wards of S	\$10,268,846	\$0	\$0	\$0	\$0
4000 - Grants	\$108,151	\$0	\$0	\$0	\$0
5000 - Capital Expenditures	\$2,986,236	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$650,855,999	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$21,279,423	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$256,296,958	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$277,576,381	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$357,096,329	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$622,323	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$357,718,652	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$357,718,652	\$0	\$0	\$0	\$0
Method of Financing:					
0666 Appropriated Receipts	\$191,447	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$2,092,520	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$12,651,220	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 1 Residential Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8096 ID Appropriated Receipts	\$625,779	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$15,560,966	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$650,855,999	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	12,074.2	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 2 Medications

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2009 - Other Operating Expense	\$33,190,204	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$33,190,204	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$753,885	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$13,223,430	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$13,977,315	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$18,424,091	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$18,424,091	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$18,424,091	\$0	\$0	\$0	\$0
Method of Financing:					
0777 Interagency Contracts	\$107,962	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$652,729	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$28,107	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$788,798	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$33,190,204	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 1 State Supported Living Centers
 SUB-STRATEGY: 3 Off-Campus Medical Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
2009 - Other Operating Expense	\$6,086,351	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$6,086,351	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$138,246	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$3,378,572	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$2,424,885	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$5,941,703	\$0	\$0	\$0	\$0
Method of Financing:					
0777 Interagency Contracts	\$19,798	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$119,696	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$5,154	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$144,648	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$6,086,351	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

3.E Sub-Strategy Summary

Agency Code: 529		Agency Name: Health and Human Services Commission				
AGENCY GOAL: 14 HHS Sunset Legislation-Related Historical Funding						
OBJECTIVE: 1 DADS Programs Historical Funding						
STRATEGY: 3 Facility/Community-Based Regulation						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2017	Expended 2018	Budgeted 2019	BL 2020	BL 2021
1	Nursing Facilities	\$30,049,365	\$0	\$0	\$0	\$0
2	Assisted Living Facilities	\$1,268,751	\$0	\$0	\$0	\$0
3	Adult Day Care	\$400,658	\$0	\$0	\$0	\$0
4	ICF-IDD Facilities	\$5,342,108	\$0	\$0	\$0	\$0
5	Home & Community Support Services Licensing	\$8,079,941	\$0	\$0	\$0	\$0
6	Program Administration	\$21,635,543	\$0	\$0	\$0	\$0
Total, Sub-strategies		\$66,776,366	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 1 Nursing Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$25,246,246	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$754,081	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$419,508	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$6	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$35,051	\$0	\$0	\$0	\$0
2004 - Utilities	\$317,791	\$0	\$0	\$0	\$0
2005 - Travel	\$2,272,619	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$8,229	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$31,588	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$964,246	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$30,049,365	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$676,170	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$711,429	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$243,719	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$1,631,318	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$6,278,889	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$6,278,889	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$8,875,977	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$231,866	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$2,269,443	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$50	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$10,669,868	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$22,047,204	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$22,047,204	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 1 Nursing Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:					
0666 Appropriated Receipts	\$164	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$81,511	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$9,618	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$661	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$91,954	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$30,049,365	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	472.3	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 2 Assisted Living Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$1,065,953	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$31,839	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$17,713	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$1,480	\$0	\$0	\$0	\$0
2004 - Utilities	\$13,418	\$0	\$0	\$0	\$0
2005 - Travel	\$95,955	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$347	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$1,334	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$40,712	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$1,268,751	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$103,541	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$103,541	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$1,165,210	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$1,165,210	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$1,268,751	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	19.9	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 3 Adult Day Care

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$336,617	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$10,054	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$5,593	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$467	\$0	\$0	\$0	\$0
2004 - Utilities	\$4,237	\$0	\$0	\$0	\$0
2005 - Travel	\$30,302	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$110	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$421	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$12,857	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$400,658	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$400,658	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$400,658	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$400,658	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	6.3	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 4 ICF-IDD Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$4,488,221	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$134,059	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$74,579	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$1	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$6,231	\$0	\$0	\$0	\$0
2004 - Utilities	\$56,496	\$0	\$0	\$0	\$0
2005 - Travel	\$404,021	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$1,463	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$5,616	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$171,421	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$5,342,108	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$85,139	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$166,000	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$41,047	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$292,186	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$1,321,222	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$1,321,222	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$1,494,901	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$39,051	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$382,222	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$8	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$1,797,030	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$3,713,212	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$3,713,212	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 4 ICF-IDD Facilities

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:					
0666 Appropriated Receipts	\$28	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$13,728	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$1,620	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$112	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$15,488	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$5,342,108	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	84.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 5 Home & Community Support Services Licensing

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$6,788,435	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$202,764	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$112,801	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$2	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$9,425	\$0	\$0	\$0	\$0
2004 - Utilities	\$85,450	\$0	\$0	\$0	\$0
2005 - Travel	\$611,082	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$2,213	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$8,494	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$259,275	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$8,079,941	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$188,553	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$191,295	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$62,084	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$441,932	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$1,998,349	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$1,998,349	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$2,261,038	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$59,065	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$578,111	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$13	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$2,718,008	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$5,616,235	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$5,616,235	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 5 Home & Community Support Services Licensing

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:					
0666 Appropriated Receipts	\$42	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$20,764	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$2,450	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$169	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$23,425	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$8,079,941	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	127.0	0.0	0.0	0.0	0.0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 6 Program Administration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Objects of Expense:					
1001 - Salaries & Wages	\$18,177,297	\$0	\$0	\$0	\$0
1002 - Other Personnel Costs	\$542,938	\$0	\$0	\$0	\$0
2001 - Professional Fees & Services	\$302,045	\$0	\$0	\$0	\$0
2002 - Fuels & Lubricants	\$6	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$25,237	\$0	\$0	\$0	\$0
2004 - Utilities	\$228,809	\$0	\$0	\$0	\$0
2005 - Travel	\$1,636,286	\$0	\$0	\$0	\$0
2006 - Rent - Building	\$5,925	\$0	\$0	\$0	\$0
2007 - Rent - Machine and Other	\$22,743	\$0	\$0	\$0	\$0
2009 - Other Operating Expense	\$694,257	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$21,635,543	\$0	\$0	\$0	\$0
Method of Financing:					
0001 General Revenue	\$504,885	\$0	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$512,229	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$166,242	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$1,183,356	\$0	\$0	\$0	\$0
Method of Financing:					
5018 Home Health Services Account No. 5018	\$5,350,950	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$5,350,950	\$0	\$0	\$0	\$0
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$6,054,350	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$158,157	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$1,547,999	\$0	\$0	\$0	\$0
93.791.000 Money Follows Person Reblncng D	\$34	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$7,277,973	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$15,038,513	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$15,038,513	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Sep 6, 2018

Time: 10:26:36 AM

Agency Code: **529**

Agency Name: **Health and Human Services Commission**

GOAL: 14 HHS Sunset Legislation-Related Historical Funding
 OBJECTIVE: 1 DADS Programs Historical Funding
 STRATEGY: 3 Facility/Community-Based Regulation
 SUB-STRATEGY: 6 Program Administration

Code Description	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Method of Financing:					
0666 Appropriated Receipts	\$111	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$55,599	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$6,560	\$0	\$0	\$0	\$0
8096 ID Appropriated Receipts	\$454	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$62,724	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$21,635,543	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	340.0	0.0	0.0	0.0	0.0

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain Medicaid Entitlement Program Cost Growth		
	Item Priority: 1		
	IT Component: No		
	Anticipated Out-year Costs: No		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Aged and Medicare-related Eligibility Group		
	01-01-02 Disability-Related Eligibility Group		
	01-01-03 Pregnant Women Eligibility Group		
	01-01-04 Other Adults Eligibility Group		
	01-01-05 Children Eligibility Group		
	01-01-06 Medicaid Prescription Drugs		
	01-01-07 Health Steps (EPSDT) Dental		
	01-01-08 Medical Transportation		
	01-02-04 Nursing Facility Payments		
	01-02-05 Medicare Skilled Nursing Facility		
	01-02-07 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)		
	01-04-01 Non-Full Benefit Payments		
	01-04-02 For Clients Dually Eligible for Medicare and Medicaid		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	1,228,631,227	2,585,491,700
	TOTAL, OBJECT OF EXPENSE	\$1,228,631,227	\$2,585,491,700

METHOD OF FINANCING:

555	Federal Funds		
93.767.778	CHIP for Medicaid (EFMAP)	22,224,574	48,046,005
93.778.000	XIX FMAP	699,394,672	1,460,782,597
93.778.005	XIX FMAP @ 90%	2,034,737	3,240,941
93.778.007	XIX ADM @ 100	2,288,976	5,985,934
93.778.009	SHARS	20,010,193	41,349,514
706	Vendor Drug Rebates-Medicaid	45,026,579	93,226,517
758	GR Match For Medicaid	423,362,330	891,071,897
8081	Vendor Drug Rebates-Sup Rebates	4,210,020	8,716,930
8092	Medicare Giveback Provision	10,079,146	33,071,365

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
TOTAL, METHOD OF FINANCING		\$1,228,631,227	\$2,585,491,700

DESCRIPTION / JUSTIFICATION:

The exceptional item request to maintain Medicaid entitlement program cost growth provides for the incremental cost increase in fiscal years 2020-21 over FY 2019 levels for all acute and long-term services and supports entitlement services. The baseline request for Medicaid entitlement includes projected caseload growth at FY 2019 average cost. Cost growth, including utilization and acuity changes, medical inflation, or evolving or new services, must be requested as an exceptional item. The Federal Medical Assistance Percentage (FMAP) rates of 59.66 percent for FY 2020 and 59.79 percent for FY 2021 are assumed in this item, with additional match assumptions of 6 percentage points for Community First Choice. The Enhanced FMAP rates of 84.22 percent for FY 2020 and 72.81 percent for FY 2021 are assumed for children previously served in CHIP at or below 133 percent federal poverty level who moved to Medicaid starting in January 2014, as well as for qualified aliens. Medicaid for Breast and Cervical Cancer clients receive the enhanced FMAP rates of 71.76 percent and 71.85 percent for FY 2020-21 respectively. The match rate for family planning services is 90 percent.

Overall, the entitlement Medicaid cost growth trend is 2.4 percent for FY 2020 over FY 2019, and 5.5 percent for FY 2021 over FY 2020, an average of 3.9 percent per year. For FY 2021, the projected total Health Insurance Provider Fee is roughly 3 percent of total managed care premiums. There is no fee paid for FY 2020 due to the moratorium on federal effective tax year 2019. This is an impact to the above cost trends for FYs 2020 and 2021, the 2020 trend is lower due to exclusion of those fees for that one year, and FY 2021 is inflated as a result.

EXTERNAL/INTERNAL FACTORS:

Some cost elements of Medicaid are not controlled by the state. For example, the federal matching rate and Medicare related payments are set by the federal government. They determine the Medicare part D (clawback) and Part A/B rates that states pay for eligible dual clients. Federal regulations can increase state costs. In addition, some medical cost increases can be attributed to changes in medical technology, the adoption of new procedures and drugs, and changes in medical practice.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Maintain CHIP Non-Entitlement Program Cost Growth Item Priority: 2 IT Component: No Anticipated Out-year Costs: No Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	03-01-01 Children's Health Insurance Program (CHIP)		
	03-01-02 CHIP Perinatal Services		
	03-01-03 CHIP Prescription Drugs		
	03-01-04 CHIP Dental Services		
 OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	36,273,891	77,441,018
	TOTAL, OBJECT OF EXPENSE	\$36,273,891	\$77,441,018
 METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	30,549,871	56,384,805
8025	Tobacco Receipts Match For Chip	5,724,020	21,056,213
	TOTAL, METHOD OF FINANCING	\$36,273,891	\$77,441,018

DESCRIPTION / JUSTIFICATION:

Although the baseline request for CHIP includes amounts sufficient for projected caseload growth and maintaining projected FY 2019 average costs, rate increases, cost inflation, utilization and acuity must be requested as an exceptional item. This request represents the incremental costs in FY 2020-21 over the FY 2019 levels for this entitlement program. The Enhanced Federal Medical Assistance Percentage (EFMAP) rates of 84.22 percent for FY 2020 and 72.81 percent for FY 2021 are assumed. Traditional CHIP recipient month premiums are assumed to grow at 4 percent in FY 2020 and 3.1 percent in FY 2021. This exceptional item only represents CHIP cost growth. Total CHIP vendor drug cost growth is 5.5 percent each year, and CHIP perinatal costs grow at just 0.2% percent a year. Cost growth in the CHIP perinatal program accounts for 9 percent of this exceptional item.

EXTERNAL/INTERNAL FACTORS:

Certain cost elements of CHIP are not controlled by the state. For example, the federal match rate is set by the federal government. Federal regulations can increase state costs. In addition, some medical cost increases can be attributed to changes in medical technology, the adoption of new procedures and drugs, and changes in medical practice. The Patient Protection and Affordable Care Act, enacted in March 2010, extended the authorization of the federal CHIP program for an additional two years, through September 30, 2015. The laws require states to maintain current income eligibility levels for CHIP through September 30, 2019. States are prohibited from implementing eligibility standards, methodologies or procedures that are more restrictive than those in place as of March 23, 2010. Beginning on October 1, 2019 the prior 23 percent CHIP enhanced federal

4.A. Exceptional Item Request Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
TIME: **8:56:07AM**

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	matching rate increase for states will decrease by 11.5 percentage points and on October 1, 2020 it will decrease another 11.5 percentage points returning to the non-ACA EFMAP.		
PCLS TRACKING KEY:			

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain Medicaid Non-Entitlement Cost Growth Item Priority: 3 IT Component: No Anticipated Out-year Costs: No Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies:		
	01-03-01 Home and Community-based Services (HCS)		
	01-03-02 Community Living Assistance and Support Services (CLASS)		
	01-03-04 Texas Home Living Waiver		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	24,255,325	50,156,493
	TOTAL, OBJECT OF EXPENSE	\$24,255,325	\$50,156,493

METHOD OF FINANCING:

555	Federal Funds		
93.778.000	XIX FMAP	15,072,232	31,233,331
758	GR Match For Medicaid	9,183,093	18,923,162
	TOTAL, METHOD OF FINANCING	\$24,255,325	\$50,156,493

DESCRIPTION / JUSTIFICATION:

Increases in client acuity and service utilization are expected to trigger a need for additional funding in certain programs for the next biennium. For example, the average cost per individual served is projected to increase by just under 2% per year. This item would allow HHSC to address growing cost trends for our high need populations and in turn help stem the inability to replace attrition in the waiver programs.

EXTERNAL/INTERNAL FACTORS:

Overall the non-entitlement strategy cost growth is projected at roughly 2% annually however each waiver is projected at varying trend levels.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	<p>Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists</p> <p>Item Priority: 4</p> <p>IT Component: No</p> <p>Anticipated Out-year Costs: No</p> <p>Involve Contracts > \$50,000: No</p> <p>Includes Funding for the Following Strategy or Strategies:</p> <p>01-01-01 Aged and Medicare-related Eligibility Group</p> <p>01-01-02 Disability-Related Eligibility Group</p> <p>01-01-06 Medicaid Prescription Drugs</p> <p>01-02-05 Medicare Skilled Nursing Facility</p> <p>01-03-01 Home and Community-based Services (HCS)</p> <p>01-03-02 Community Living Assistance and Support Services (CLASS)</p> <p>01-03-03 Deaf-Blind Multiple Disabilities (DBMD)</p> <p>01-03-04 Texas Home Living Waiver</p>		
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	112,006,667	266,247,376
TOTAL, OBJECT OF EXPENSE		\$112,006,667	\$266,247,376
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	68,328,142	162,221,784
758	GR Match For Medicaid	43,678,525	104,025,592
TOTAL, METHOD OF FINANCING		\$112,006,667	\$266,247,376

DESCRIPTION / JUSTIFICATION:

This item provides the following new Promoting Independence Slots:

- 500 Home and Community-based Services (HCS) slots for individuals in crisis and/or at imminent risk of institutionalization;
- 500 HCS slots for individuals in state supported living centers (SSLCs) and large-medium intermediate care facilities for an individual with an intellectual disability or related condition (ICFs/IID);
- 236 HCS slots for children aging out of foster care at the Department of Family and Protective Services (DFPS);
- 40 HCS slots for children in transition from DFPS general residential operations facilities;
- 500 HCS slots for individuals with intellectual and developmental disabilities (IDD) moving from nursing facilities;
- 500 HCS slots for individuals with IDD diverted from admission to a nursing facility; and

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- 200 HCS slots for individuals with IDD moving from state hospitals.
An increase of 4,639 slots for community-based services.

EXTERNAL/INTERNAL FACTORS:

Funding of 1915(c) waiver and Promoting Independence waiver capacity slots provides comprehensive services to individuals and reduces the state's reliance on higher acuity, more costly care settings such as intermediate care facilities, nursing facilities, and state supported living centers. In addition, funding of these slots also provides comprehensive services to individuals and reduces the state's reliance on general revenue-funded services to maintain individuals' success in the community.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	<p>Item Name: Prevent Loss of Service Item Priority: 5 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No</p> <p>Includes Funding for the Following Strategy or Strategies: 07-01-01 State Supported Living Centers 07-02-01 Mental Health State Hospitals</p>		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,415,382	1,491,812
2009	OTHER OPERATING EXPENSE	3,774,429	3,929,320
3001	CLIENT SERVICES	63,635,974	66,277,980
TOTAL, OBJECT OF EXPENSE		\$68,825,785	\$71,699,112
METHOD OF FINANCING:			
1	General Revenue Fund	45,598,022	46,408,911
555	Federal Funds		
	93.778.000 XIX FMAP	13,211,924	14,385,036
8032	GR Certified As Match For Medicaid	10,015,839	10,905,165
TOTAL, METHOD OF FINANCING		\$68,825,785	\$71,699,112

DESCRIPTION / JUSTIFICATION:

Revenue shortages, cost increases, and fiscal obligations in the current biennium have forced state hospitals and supported living centers (SSLCs) to operate on lean budgets that could reduce the number of individuals served in coming years.

Inflation of food, medical, and other operational costs mean the current censuses are not sustainable with current budgets. Hospitals and SSLCs must fund these items or decrease the number of individuals served or quality of the care provided. Curative treatment would treat 58 individuals (per year) in the care of state hospitals of Hepatitis C Virus (HCV). State hospital treatment for individuals with HCV will be in line with standard Medicaid policy and practice. Additionally, certain anticipated accruals by state hospitals are no longer possible, resulting in a projected shortfall.

This item includes 3 components (in all funds/biennium):

- Address increased food, medical, and other operational costs. Inflation at state hospitals is approximately 3.9 percent, or \$35 million for the biennium. SSLCs experienced approximately 3.3 percent in cost increases, or approximately \$47 million for the biennium. Cost increases for contracted beds at Montgomery County Mental Health Treatment Facility and UT Health Science Center at Tyler are also included at the national rate for general medical cost increases; \$1.9 million and \$1 million, respectively.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
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- Provide funding to bridge revenue generation associated with \$48 million worth of project uncollectable revenue - \$48 million/biennium
- Provide curative treatment, and associated costs, for individuals with Hepatitis C at state hospitals in line with current Medicaid treatment practices - \$4 million.

EXTERNAL/INTERNAL FACTORS:

Cost increases impact SSLCs' ability to meet DOJ settlement agreement standards for quality and safety. Additionally, the state hospitals face lawsuits regarding the length of time individuals wait for a forensic bed, which underscores the significant need to maintain or grow capacity. Many states have ongoing litigation related to treatment of individuals with HCV in the criminal justice system.

The number of people waiting for psychiatric services in jails and other settings, makes a decrease in the availability of state hospital beds undesirable. Increasingly, individuals admitted to an SSLC need more substantial amounts of services and supports, and a higher rate of admissions are individuals for whom community settings have been unsuccessful. These make the SSLC an important backstop for individuals who have exhausted less restrictive options.

Federal case law establishes 'right to treatment' with realistic opportunity to be cured. The Joint Commission and CMS requirements set standards for care. If a facility is unable to meet these standards with existing appropriations, the only available option is to reduce the number of individuals served to a more manageable census. Texas HSC & Joint Commission standards require that outcomes are not affected by ability to pay and payment source. Joint Commission accreditation standards state responsibility to provide treatment within capability, based solely on patients' needs.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Costs will maintain services should we receive the Exceptional Item funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$71,699,112	\$71,699,112	\$71,699,112

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain ECI Services for Children with Disabilities Item Priority: 6 IT Component: No Anticipated Out-year Costs: No Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies: 04-01-03 Early Childhood Intervention Services		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	26,454,476	44,290,952
TOTAL, OBJECT OF EXPENSE		\$26,454,476	\$44,290,952

METHOD OF FINANCING:

1	General Revenue Fund	26,454,476	44,290,952
TOTAL, METHOD OF FINANCING		\$26,454,476	\$44,290,952

DESCRIPTION / JUSTIFICATION:

This item would provide funding to help Early Childhood Intervention (ECI) keep pace with caseload growth and increases in the cost of providing services, while supporting funding levels needed to retain contractors providing the federally mandated array of ECI services. The ECI program supports families and children, from birth to three years old, with disabilities and developmental delays across the state. ECI supports families to help their children reach their potential through developmental services. Research shows that ECI programs positively impact children and their families, and are often vital for later success in school and the community. Historically, this program has seen significant growth in the number of children served, while federal Individuals with Disabilities Education Act (IDEA) Part C funding has remained relatively level. However, HHSC is required to serve all children determined eligible for the program.

EXTERNAL/INTERNAL FACTORS:

In the past eight years, 18 providers have left the program due to inadequate per child funding. As such, the burden of covering larger, and often more rural, areas can shift to the remaining contractors and the costs associated with serving new counties may not be covered by that provider's contract. The contractors assuming these risks and challenges often do so knowing they will lose money when starting out, but make this commitment due to their dedication to the children and families they serve. Additionally, children and families feel the effects of contractor transitions as they develop close relationships with providers which can be lost when contractors exit the program. The time needed to Re-establish this relationship once a new contractor is fully operational can translate to negative consequences for families. As ECI only serves children from birth to age three, providers have a short time to make a difference; every delay can impact a child and family's future.

PCLS TRACKING KEY:

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Funding Expanded Capacity at Renovated State Hospitals (Comprehensive Plan Phase I Projects)		
	Item Priority: 7		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 07-02-01 Mental Health State Hospitals		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	4,575,287	14,436,495
1002	OTHER PERSONNEL COSTS	30,000	88,800
2001	PROFESSIONAL FEES AND SERVICES	229,429	727,875
2005	TRAVEL	60,000	195,000
2007	RENT - MACHINE AND OTHER	88,450	87,550
2009	OTHER OPERATING EXPENSE	858,557	3,182,251
3001	CLIENT SERVICES	46,501	174,379
5000	CAPITAL EXPENDITURES	2,680,000	160,000
	TOTAL, OBJECT OF EXPENSE	\$8,568,224	\$19,052,350
 METHOD OF FINANCING:			
1	General Revenue Fund	8,568,224	19,052,350
	TOTAL, METHOD OF FINANCING	\$8,568,224	\$19,052,350
 FULL-TIME EQUIVALENT POSITIONS (FTE):		116.50	378.30

DESCRIPTION / JUSTIFICATION:

This request would fund operation of completed construction/renovation projects at San Antonio State Hospital, Kerrville State Hospital, and Rusk State Hospital for the 2020-21 biennium.

The 85th Legislature appropriated \$300 million for new construction or significant repair of state-funded inpatient mental health care facilities. Of the projects currently underway, renovations to add a total of 110 beds is expected to be completed sometime in the 2020-21 biennium. Operational funds for these expansion projects will be necessary in order to begin providing services upon completion.

As of May 15, 2018, 842 people were waiting for state hospital capacity. Without these funds, state hospital capacity cannot be increased. Operations funding for expanded state hospital beds in newly completed construction projects is necessary in order to reduce the time individuals wait for inpatient psychiatric services. This request ensures existing hospital resources are sufficient to serve target capacities.

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EXTERNAL/INTERNAL FACTORS:

This exceptional item funds operations necessary to provide treatment in newly constructed/renovated state hospital buildings. The 85th Legislature appropriated \$300 million for new construction or significant repair of state-funded inpatient mental health care facilities. Of the projects currently underway, renovations to add a total of 110 beds at Kerrville and San Antonio State Hospitals is expected to be completed sometime in the 2020-21 biennium, including 70 maximum security beds.

Without these funds, state hospital capacity will not be increased; newly renovated state hospitals will remain offline for lack of resources and associated efforts to reduce the waitlist through additional capacity will be suspended. As of August 16, 2018, 761 people were waiting for state hospital capacity. Operations funding for expanded state hospital beds in newly completed construction projects is necessary to reduce the time individuals wait for inpatient psychiatric services.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Costs will maintain services should we receive the Exceptional Item funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$19,713,571	\$19,713,571	\$19,713,571

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Funding State Hospital Planning and Construction (Comprehensive Plan Phase II) Item Priority: 8 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 07-04-01 Facility Program Support 07-04-02 Capital Repair and Renovation at SSLCs, State Hospitals, and Other		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	2	2
5000	CAPITAL EXPENDITURES	1	1
TOTAL, OBJECT OF EXPENSE		\$3	\$3
METHOD OF FINANCING:			
1	General Revenue Fund	3	3
TOTAL, METHOD OF FINANCING		\$3	\$3

DESCRIPTION / JUSTIFICATION:

The 85th Legislature appropriated \$300 million for the significant repair and new construction of state-funded mental health facilities. The overall vision included a three-phased approach to address state hospital infrastructure needs. HHSC submitted a comprehensive plan for the three phases of construction. Projects proposed for funding in the 2020-21 biennium include:

- Construction of a 100-bed non-maximum security unit at Rusk State Hospital (\$87 million) and the replacement of the Austin and San Antonio State Hospitals (estimated at \$235 million and \$270 million, respectively), for which planning is underway;
- Planning and construction of new hospitals in the Dallas area and panhandle region (estimated at \$220 million and \$181.5 million, respectively); and
- Pre-planning and planning to replace North Texas – Wichita Falls and Terrell State Hospitals (\$17.5 million each), as recommended in the Canon Report.

Funding for FTEs currently working on implementation, funded with one-time funds, and additional FTEs to coordinate and manage construction and renovation projects will be required. The impact of this item will vary depending on the direction taken by the Legislature to address existing construction needs for the hospitals. It is HHSC's intent, however, to ensure additional funding received would improve patient and staff safety, as well as delivery of care, and address waitlists. Without this funding, HHSC will not be able to continue with the second phase of state hospital improvement and capacity expansion.

EXTERNAL/INTERNAL FACTORS:

Senate Bill 1 (85R, Article II, Health and Human Services Commission, Rider 147) required the development of a Comprehensive Plan for State-Funded Inpatient Mental Health Services and appropriated \$300 million for planning, renovation, and construction targeting capacity to reduce waiting lists and replacement of outdated buildings.

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Increasing population and shift to majority-forensic create additional demand on the mental health system, state hospitals in particular. Currently an existing lawsuit regarding the length of time individuals must wait for competency determination and restoration necessitates swift action by the state. In addition, the Joint Committee on Access and Forensic Services has publicly asked the Legislature to fund additional beds at the state hospitals and cited existing infrastructure concerns.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Projected costs

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$2	\$2	\$2

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 90.00%

CONTRACT DESCRIPTION :

Construction and A/E contracts.

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name: Maintain Funding for Current Women's Health Program Services
Item Priority: 9
IT Component: No
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 04-01-01 Women's Health Programs

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	1	1
TOTAL, OBJECT OF EXPENSE		\$1	\$1

METHOD OF FINANCING:

1	General Revenue Fund	1	1
TOTAL, METHOD OF FINANCING		\$1	\$1

DESCRIPTION / JUSTIFICATION:

This exceptional item serves as a place holder for the Healthy Texas Women program, family planning, maternal mortality, and other women's health services. Additional data for the Women's Health Program will not be available until late-Fall 2018, and the Health and Human Services Commission (HHSC) continues to have ongoing conversations with the Centers for Medicare & Medicaid Services (CMS) regarding the agency's women's health waiver. Once this additional information becomes available, the agency will be able to more accurately assess its needs.

EXTERNAL/INTERNAL FACTORS:

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PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain Women's Health. This item would bring funding up to FY18 GR appropriated amounts for the Women's Health Program. In fiscal year 2017, Texas applied for a waiver under Section 1115(a) of the Social Security Act to move the HTW program into Medicaid. The proposed effective date is September 1, 2018, for a five-year period

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ending August 31, 2023. HHSC also requesting federal match for the full range of current HTW services. If the waiver is approved, HTW family planning services would receive a 90/10 match, and other HTW services would be matched at the regular federal medical assistance percentage (FMAP). Administrative expenses would be matched at a 50/50 rate. The waiver has not been approved so HHSC and the Women's Health Program must proceed with the assumption that the waiver will not be granted and GR will be needed to fully fund the program.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$1	\$1	\$1

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Providers of Women's Health. Maintain Women's Health. This item would bring funding up to FY18 GR appropriated amounts for the Women's Health Program. In fiscal year 2017, Texas applied for a waiver under Section 1115(a) of the Social Security Act to move the HTW program into Medicaid. The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023. HHSC also requesting federal match for the full range of current HTW services. If the waiver is approved, HTW family planning services would receive a 90/10 match, and other HTW services would be matched at the regular federal medical assistance percentage (FMAP). Administrative expenses would be matched at a 50/50 rate. The waiver has not been approved so HHSC and the Women's Health Program must proceed with the assumption that the waiver will not be granted and GR will be needed to fully fund the program.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Enhance Procurement and Contract Management Functions Item Priority: 10 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies:		
	04-02-01 Community Mental Health Services (MHS) for Adults		
	09-02-01 Intake, Access, and Eligibility to Services and Supports		
	12-01-01 Enterprise Oversight and Policy		
	12-02-01 Central Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	6,982,883	6,982,883
1002	OTHER PERSONNEL COSTS	116,400	116,400
2001	PROFESSIONAL FEES AND SERVICES	121,500	121,500
2003	CONSUMABLE SUPPLIES	18,600	18,600
2004	UTILITIES	33,336	33,336
2005	TRAVEL	176,600	176,600
2009	OTHER OPERATING EXPENSE	1,757,521	1,066,193
TOTAL, OBJECT OF EXPENSE		\$9,206,840	\$8,515,512
METHOD OF FINANCING:			
1	General Revenue Fund	4,045,939	4,045,933
555	Federal Funds		
10.561.000	State Admin Match SNAP	302,761	302,761
93.558.000	Temp AssistNeedy Families	15,873	15,873
93.558.667	TANF to Title XX	16,203	16,203
93.767.000	CHIP	96,815	96,818
93.778.003	XIX 50%	2,105,840	1,760,178
96.001.000	Social Security Disability Ins	181,331	181,331
758	GR Match For Medicaid	2,131,750	1,786,087
777	Interagency Contracts	49	49
8010	GR Match For Title XXI	7,518	7,518
8014	GR Match for Food Stamp Admin	302,761	302,761
TOTAL, METHOD OF FINANCING		\$9,206,840	\$8,515,512

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CODE	DESCRIPTION	Excp 2020	Excp 2021
FULL-TIME EQUIVALENT POSITIONS (FTE):		99.40	99.40

DESCRIPTION / JUSTIFICATION:

This item would enhance the HHSC's procurement, management, and oversight of contracts by providing additional staffing, infrastructure, and support.

Additional FTEs for Legal Services will support the high-volume of procurements and contracts required to deliver health and human services statewide by drafting contract language and procurement documents, providing legal analysis, and advising decision makers and contract managers on all aspects of procurement and contract management.

Audits conducted in 2018 reinforced the need for HHSC to take swift, meaningful action to reform its procurement operations. Canceled procurements and broken lines of communication jeopardized HHSC's ability to deliver services to Texans who need them. Along these lines, HHSC is requesting funding to provide needed support for the large number of contracts the agency currently procures, including the extremely complex Medicaid and CHIP managed care contracts. HHSC also engaged a third-party vendor to perform a comprehensive assessment of the agency's procurement and contracting processes and develop a measurable improvement plan to re-design those processes. This item serves as a placeholder for any potential recommendation that the vendor may have to support or provide additional infrastructure for the agency's procurement operations.

In compliance with Rider 61, 85th Legislature, HHSC contracted with a third-party vendor to evaluate the agency's oversight of Medicaid and CHIP managed care contracts. While HHSC does not have a specific funding request at this time, the agency will work with the 86th Legislature to identify future needs to improve its oversight of managed care.

To ensure agency compliance with contract oversight requirements, this request provides funding for an additional 31 FTEs to support contract and quality management functions for community-based IDD and behavioral health programs.

EXTERNAL/INTERNAL FACTORS:

Additional requirements for contract reporting and related activities were implemented during the 85th Legislative Session.

PCS manages large, complex contracts for managed care, functions integral to operations administration, and delivery and payment system innovations. The numbers, size, and complexity of contracts has increased in recent years.

Audits conducted in 2018 reinforced the need to reform and improve its procurement operations.

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CODE DESCRIPTION

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain funding for requested staff should this exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$8,515,512	\$8,515,512	\$8,515,512

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Enhance Mental Health Capacity		
	Item Priority: 11		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	04-02-01 Community Mental Health Services (MHS) for Adults		
	04-02-02 Community Mental Health Services (MHS) for Children		

OBJECTS OF EXPENSE:

2009	OTHER OPERATING EXPENSE	292,355	292,355
4000	GRANTS	29,235,530	29,235,530
TOTAL, OBJECT OF EXPENSE		\$29,527,885	\$29,527,885

METHOD OF FINANCING:

1	General Revenue Fund	25,599,495	25,599,495
555	Federal Funds		
	93.558.667 TANF to Title XX	240,948	240,948
	93.778.003 XIX 50%	1,843,721	1,843,721
758	GR Match For Medicaid	1,843,721	1,843,721
TOTAL, METHOD OF FINANCING		\$29,527,885	\$29,527,885

DESCRIPTION / JUSTIFICATION:

Funds from this item will expand outpatient treatment capacity to maintain current service levels according to population growth and significantly reduce the likelihood of community mental health wait lists. This item will also enhance per capita funding for LMHAs with rates below the statewide average to ensure adequate service capacity throughout the state.

Over the past decade, local mental health authorities (LMHAs) have been challenged to meet the growing demand for community-based outpatient mental health services. At the beginning of fiscal year 2012, over 7,000 adults and children were waiting for services. In each of the following three biennia, the Legislature made significant investments to expand outpatient capacity. This funding supported a steady expansion of services and in the past four years, tens of thousands of individuals have been brought into service.

However, demand continues to outpace the supply of services, driven in part by the state's rapid 1.6 percent annual population growth. Additionally, the state continues to experience significant disparities in per capita funding levels among LMHAs. Those with lower per capita rates have greater challenges in meeting the needs of the population in their service areas.

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EXTERNAL/INTERNAL FACTORS:

In fiscal year 2017, only 69 percent of adults with serious and persistent mental illness and 55 percent of children with serious emotional disturbance were enrolled in care, of those individuals HHSC estimates are eligible for services. Over the next biennium, an estimated 9,085 new residents will be added to the population of indigent individuals needing long-term mental health services. Timely access to care is essential; data show that individuals who wait more than 30 days for service are unlikely to be admitted to care. However, individuals with serious and persistent mental illness who are linked with appropriate services are less likely to be incarcerated or admitted to inpatient services.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$29,527,884	\$29,527,884	\$29,527,884

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Funds will be used to contract with Local Mental Health and Behavioral Health Authorities to expand capacity for outpatient services.

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DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name: Maintain Funding for Client Services to Replace Money Follows the Person
Item Priority: 12
IT Component: No
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 09-02-01 Intake, Access, and Eligibility to Services and Supports

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	65,368	65,368
1002	OTHER PERSONNEL COSTS	1,200	1,200
2001	PROFESSIONAL FEES AND SERVICES	1,643,000	1,673,000
2003	CONSUMABLE SUPPLIES	12,500	12,500
2005	TRAVEL	15,000	15,000
2009	OTHER OPERATING EXPENSE	17,338	10,313
TOTAL, OBJECT OF EXPENSE		\$1,754,406	\$1,777,381

METHOD OF FINANCING:

1	General Revenue Fund	1,754,406	1,777,381
TOTAL, METHOD OF FINANCING		\$1,754,406	\$1,777,381

FULL-TIME EQUIVALENT POSITIONS (FTE):

1.00	1.00
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DESCRIPTION / JUSTIFICATION:

This item would replace future lost federal funding to maintain housing navigation services provided by Aging and Disability Resource Centers (ADRCs) currently funded under the MFPD grant. Without funding for these services, valuable case management and advocacy for older adults and individuals with disabilities will be lost, resulting in a higher number remaining in nursing facilities. The cost to the state for individuals living in nursing facilities is significantly higher than if they are able to maintain community living.

The Money Follows the Person Demonstration (MFPD) grant will expire December 31, 2019. The goal of this federal initiative was to help states reduce their reliance on institutional care for older adults and individuals with disabilities, and expand options to enable these individuals to live and receive long-term care in the community. Local Contact Agency (LCA) options counselors help non-Medicaid residents determine the long-term services and supports they will need to live in the community, as well as other needs that should be considered for a successful transition. Housing navigators develop and maintain working relationships with key stakeholders, including housing authorities, property owners, developers, and state and local lawmakers, with the goal of increasing the number of accessible, integrated, and affordable housing options in their communities. They also assist LCA options counselors by maintaining inventories of available housing in the area.

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EXTERNAL/INTERNAL FACTORS:

The federal MFPD grant will expire December 31, 2019. The goal of this federal initiative was to help states reduce their reliance on institutional care for older adults and individuals with disabilities, and expand options to enable these individuals to live and receive long-term care in the community.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,777,381	\$1,777,381	\$1,777,381

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 94.00%

CONTRACT DESCRIPTION :

Funds for Housing Navigation (\$1,144,000/FY) and Local Contact Agency services (\$400,000/FY) will be contracted to all Texas ADRCs to conduct required activities. A new procurement (Request for Proposals) will be initiated for FY20 ADRC services contracts. Historically, the initial contracts were for a two-year period, with the option to extend for three additional one-year contract terms. It is anticipated the same structure will be used for FY20 contracts. The Housing Navigation and Local Contact Agency services require collaboration and coordination at the local level, which is facilitated by the ADRCs.

4.A. Exceptional Item Request Schedule
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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name: HHS Information Technology Security
Item Priority: 13
IT Component: Yes
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	1,628,446	1,628,446
1002	OTHER PERSONNEL COSTS	20,400	20,400
2001	PROFESSIONAL FEES AND SERVICES	18,044,587	8,532,015
2003	CONSUMABLE SUPPLIES	4,200	4,200
2005	TRAVEL	2,850	2,850
2009	OTHER OPERATING EXPENSE	1,014,906	674,863
5000	CAPITAL EXPENDITURES	90,000	90,000
TOTAL, OBJECT OF EXPENSE		\$20,805,389	\$10,952,774

METHOD OF FINANCING:

1	General Revenue Fund	7,596,924	4,411,074
555	Federal Funds		
10.561.000	State Admin Match SNAP	1,567,046	776,109
93.558.000	Temp AssistNeedy Families	82,202	40,703
93.558.667	TANF to Title XX	8,375	4,147
93.767.000	CHIP	501,102	248,175
93.778.003	XIX 50%	4,654,741	2,305,334
758	GR Match For Medicaid	4,788,779	2,371,715
777	Interagency Contracts	198	100
8010	GR Match For Title XXI	38,976	19,308
8014	GR Match for Food Stamp Admin	1,567,046	776,109
TOTAL, METHOD OF FINANCING		\$20,805,389	\$10,952,774

FULL-TIME EQUIVALENT POSITIONS (FTE):

	25.80	26.80
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DESCRIPTION / JUSTIFICATION:

Every day, the HHS System Information Security team repels about 200M potential cyber attacks. Funding this item would provide resources to complete software code scans for applications and remediation for vulnerabilities of high risk findings.

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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This item would fund actions necessary for HHSC’s compliance with a 3-year Corrective Action Plan proposed as part of a Resolution Agreement with the United States Dept of HHSC, Office for Civil Rights (OCR), to settle certain violations of HIPAA that were discovered in 2015 by the legacy DADS. Because DADS no longer exists as a separate agency and DADS’ functions have consolidated into HHSC, HHSC is required to respond to OCR and comply with the CAP as the successor agency.

The proposed CAP requires HHSC to take certain actions to improve its information security program, including a comprehensive security risk assessment of all legacy DADS HIPAA functions that were in existence on 4/21/15, transferred to HHSC, and are still in existence. This includes information systems, facilities, equipment, business agreements, policies and procedures, and training. Following an inventory and risk analysis of these functions, HHSC is required to implement a risk management plan that identifies how HHSC will implement measures to address identified risks. The CAP also requires HHSC to hire an external assessor to report progress to OCR.

The benefits of compliance include:

- Avoiding Penalties. If HHSC does not abide by the terms of the OCR-issued CAP, OCR will assess an initial Civil Monetary Penalty of \$8.0m GR in FY2018 followed thereafter by an annual penalty of \$1.7m GR per year until HHSC is fully compliant. Over a 10 year period, the OCR penalties at a minimum would accumulate to \$23.3 million, all State funds (GR)
- Satisfying state and federal mandates that require all covered entities and their business associates conduct a risk assessment of their healthcare organization

EXTERNAL/INTERNAL FACTORS:

House Bill 8 requires new online and mobile applications to be scanned and vulnerabilities remediated before applications are put into production. Software security control standards also require all of the more than 400 Health and Human Services applications to have a security plan and undergo an annual risk assessment. Currently less than 10 percent of applications have a full risk assessment and updated security plan. A single application assessment and plan requires up to 500 hours to complete. Ten state information technology FTEs and deliverables based information technology services would be funded by this request so that HHSC can meet software application security requirements.

The United States Department of Health and Human Services, Office for Civil Rights (OCR), has proposed a Resolution Agreement to the Texas Health and Human Services Commission (HHSC) to settle certain violations of the Health Insurance Portability and Accountability Act (HIPAA) that were discovered in 2015 by the legacy Texas Department of Aging and Disability Services (DADS). The Resolution Agreement requires a three-year CAP. Because DADS no longer exists as a separate agency and DADS’ functions have consolidated into HHSC, HHSC is required to respond to OCR and comply with the CAP as the successor agency.

Compliance actions will also support the defined architecture/standards for the agency and state. With the recent transition of the DADS agency and its systems into HHSC, there is not yet full assurance that all transitioned systems currently completely follow established HIPAA industry standards. Enacting a comprehensive risk analysis and taking the necessary corrective actions will ensure HHS meets those required standards across the agency.

PCLS TRACKING KEY:

Shown in Description field

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

*Application Security, Scanning and Risk Assessments - Software code for applications needs to be scanned for vulnerabilities and high risk findings must be remediated. A risk assessment and updated security plan needs to be completed for each Health and Human Services application, working in a risk-based order. This work will be performed by the FTE's requested in this Exceptional Item.

Agency code: 529

Agency name:

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CODE	DESCRIPTION	Excp 2020	Excp 2021
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*Security Certificate Management for IT Websites, Applications and Infrastructure - IT would manage the services platform. Additionally, as information custodian, IT would be expected to perform certificate management on all internally and externally facing websites, applications, devices and servers. IT would also be expected to manage individual private key infrastructure (PKI) certificates.

*Privileged Identity and Access Management (PIM) Phase 2 - Privileged Identity Management (PIM) Software Licenses and Support: This software will support the administration of privileged account management on agency servers, databases, applications, and infrastructure components to address multiple audit and compliance issues with the authorization, review, and monitoring of accounts used by system administrators, privileged users and the electronic technology components of the agency's information resources. Hosted services by DIR data center.

This new OCR CAP project consists primarily of human resources required to analyze the compliance with HIPAA regulations of several components of operations: information systems, facilities, equipment, business agreements, policies and procedures, and training. Depending on gaps with compliance found, there may be some equipment procurements required in fiscal year 2021 to remediate the findings.

PCLS_86R_529_431213; PCLS_86R_529_431214

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

The services purchased with funding provided through this initiative will increase the agency's current security posture by implementing technology and monitoring services that meet or exceed the required standards for security to ensure the agency's business complies with all federal and state privacy requirements, addressing compliance, risk management, and governance while minimizing downtime.

This Security Certificate project's outcome will greatly reduce system downtime and the lost productivity experienced for the information resource's user base.

Avoidance of OCR Penalties for the DADS 2015 Breach - HHSC must abide by the terms of the OCR issued CAP and the associated scope. Otherwise OCR will assess an initial Civil Monetary Penalty of \$8.0 million General Revenue in fiscal year 2018 followed thereafter by an annual penalty of \$1.7 million General Revenue per year until HHSC is fully compliant. Over a ten year period, the OCR penalties, at a minimum, would accumulate to \$23.3 million General Revenue.

OUTPUTS:

Output measures include compliance with security policies, a reduced number of findings in audits, reduced data breach risk through increased security, and vulnerability scans as well as cost and risk avoidance by deterring and preventing insider threat.

The value and measurement of the security management for certificate solution is associated with cost incurred when information resources relying on security certificates experience downtime resulting in hours of lost productivity for the entire user base of the affected resource. This will be measured by realizing a 90 percent reduction in downtime for the impacted information resources that have experienced previous downtime due to poorly managed security certificates.

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TYPE OF PROJECT

Cyber Security

ALTERNATIVE ANALYSIS

*Application Security, Scanning and Risk Assessments - This work is required to comply with legislation and security controls. If this request is not funded, project time lines to implement new systems may be increased to address additional security findings after development is complete instead of detecting and addressing potential vulnerabilities during the software coding process. If this request is not funded, it will require several additional years to complete updated security assessments for all (over 400) Health and Human Services (HHS) applications and HHS will not be compliant with security control standards which require an annual risk assessment of all application security plans. The software code vulnerability scanning tools can be scalable.

*Security Certificate Management for IT Websites, Applications and Infrastructure - None of these functions are being performed today and cannot be performed by alternate means. Proposed software solution could be scalable year to year for full management, prioritizing the certificates from the risk based approach on most critical systems, decreasing in criticality in time.

*Privileged Identity and Access Management (PIM) Phase 2 - Program is scalable based on amount of funding available through this request. Partial funding would improve the agency security posture, but will slow the growth rate for the program. Lack of full funding for this request will put a halt to the growth of the Privileged Identity Management program and put the agency at continued risk of data breaches by those granted with privileged access to the agency's information resources. All individuals with data stored by HHS systems, including Texas citizens with state and federal data, will be served by securing their information and ensuring that data breaches and malicious acts are not encountered. HHS maintains over 350 systems storing critical and sensitive data with hundreds of individuals with access to manipulate the functions of these systems and expose the data to the public. Expansion of this program will ensure these systems and the physical infrastructure behind them are secured from malicious acts and that the state and federal security standards pertaining to the management of privileged access are being met.

Since the OCR CAP portion of this request is the response to a federal HIPAA breach determination, no alternatives were pursued. The Office for Civil Rights (OCR) requires specific actions to occur to avoid future fines and other penalties. This funding request has been scaled and the funding request will extend across three fiscal years (with 3rd year in FY2022).

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$112,530	\$19,840,223	\$10,382,561	\$5,770,354	\$4,567,737	\$4,698,315	\$45,371,809

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$112,530	\$19,184,031	\$9,671,459	\$5,124,278	\$3,921,662	\$4,023,489	\$42,037,448

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FTE								
		2018	2019	2020	2021	2022	2023	2024
		0.0	0.0	25.8	26.8	13.2	12.2	12.2

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

*Application Security, Scanning and Risk Assessments - Out year costs will include the ongoing costs to retain 10 FTE, software maintenance costs and services costs (assuming 5% cost growth after fiscal year 2021).

*Security Certificate Management for IT Websites, Applications and Infrastructure - Cloud solution services will need to be maintained along with the two FTE's to maintain the environment - 2 FTE's at \$196k per fiscal year and Cloud Solution Services at \$754k per fiscal year.

*Privileged Identity and Access Management (PIM) Phase 2 - On going annual maintenance costs for further expansion of the Privileged Identity Manager software are included in the out-year costs reflecting 100% growth of the program each year from 2022 - 2024. Additional storage space for the growth of PIM data is also included to match the program growth rate. FTE costs are reflected at an annual increase of 1.5% in base salary.

- 2020 - Software Lic \$ 70k - Hardware Support \$90k, 300% growth for 16 applications
- 2021 - Software Lic \$125k - Hardware Support \$90k, 100% growth for 32 applications
- 2022 - Software Lic \$165k - Hardware Support \$90k , 100% growth for 64applications
- 2023 - Software Lic \$180k - Hardware Support \$0, 100% growth for 128 applications
- 2024 - Software Lic \$130k - Hardware Support \$90k, 50% growth for 128 applications

The Hardware Support for FY2023 goes to \$0 because Applications are being implemented using a risk-based approach from a larger to smaller more isolated applications, therefore there will be fewer accounts and recordings that need storage space.

The remainder of the three-year corrective action period costs are included Fiscal year 2022, with additional remediation of findings and the last of the independent assessor's reports to the Office for Civil Rights.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$6,988,548	\$4,567,737	\$4,698,315

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 97.00%

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CONTRACT DESCRIPTION :

*Application Security, Scanning and Risk Assessments - The solution will include software and services. The method of procurement would be through the Department of Information Resources approved contracts and services list.

*Security Certificate Management for IT Websites, Applications and Infrastructure - Multiple solutions will be required which will include services and set-up cloud solution management. The method of procurement would be through the DIR approved contracts and services list.

*Privileged Identity and Access Management (PIM) Phase 2 - Purchasing software from vendor via DIR contracts.

*OCR CAP - Contracted costs include staff augmentation contractors, managed services vendors, an independent assessor, and office setups for these workers (computers, telephones, etc.).

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: System-Wide Business Enablement Platform		
	Item Priority: 14		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	631,148	631,148
1002	OTHER PERSONNEL COSTS	7,200	7,200
2001	PROFESSIONAL FEES AND SERVICES	3,112,569	2,734,377
2007	RENT - MACHINE AND OTHER	134,985	269,970
2009	OTHER OPERATING EXPENSE	272,461	159,582
TOTAL, OBJECT OF EXPENSE		\$4,158,363	\$3,802,277

METHOD OF FINANCING:

1	General Revenue Fund	1,596,601	1,459,885
555	Federal Funds		
10.561.000	State Admin Match SNAP	303,935	277,908
93.558.000	Temp AssistNeedy Families	15,927	14,563
93.558.667	TANF to Title XX	1,622	1,483
93.767.000	CHIP	97,181	88,859
93.778.003	XIX 50%	902,781	825,474
758	GR Match For Medicaid	928,771	849,239
777	Interagency Contracts	42	38
8010	GR Match For Title XXI	7,568	6,920
8014	GR Match for Food Stamp Admin	303,935	277,908
TOTAL, METHOD OF FINANCING		\$4,158,363	\$3,802,277

FULL-TIME EQUIVALENT POSITIONS (FTE):

16.20 16.20

DESCRIPTION / JUSTIFICATION:

This request would fund the creation of a system-wide business platform—a Digital Fabric—that would support a more integrated, client-centric approach to health and human services delivery and management through a common data repository, shared service elements and resources, and applications capable of supporting multiple programs and missions.

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Structural changes to the HHS system in recent years have led to the consolidation of programs and the IT systems and applications that support them. As a result, HHS now utilizes more than 400 IT applications to support the agency’s essential functions, perpetuating the fractured nature of services and operations the Legislature sought to address when it passed SB 200 (84R). These applications are extremely siloed, with hundreds of infrastructure systems and duplicative features and interfaces.

Moving to a shared health and human services platform will consolidate and simplify the current complex system landscape. It will also provide multiple benefits for clients and taxpayers, including: significant improvements in the efficiency and effectiveness in program operations, increased agility to respond to sudden changes in usage without disruption to service, reduction in security risks, reduction in time to implement system changes, the ability to make continuous system enhancements, and reduced cost for system maintenance.

Development of a Digital Fabric would include the creation of a cloud-based shared platform that is scalable, with shared functionality across programs. This includes security controls, document management, case management, dashboards and data integration tools. HHSC would utilize the DIR contract to provide Cloud computing services for the required infrastructure and resources.

EXTERNAL/INTERNAL FACTORS:

Preparation for an Aging Population: Creating a system-wide business platform is part of HHS preparation for servicing the healthcare needs of the projected aging population of Texas. The population of 65 years plus citizens in Texas is anticipated to grow by 20-30 percent by 2025 and the need for HHS services will increase proportionately. Funding cannot grow at the same rate, and a scalable, flexible approach is needed to serve the additional population within normal funding allocations.

Relevant state statute: Texas Government Code, Section 2157.007. Consideration of Cloud computing service purchase states: (b) A state agency shall consider cloud computing service options, including any security benefits and cost savings associated with purchasing those service options from a cloud computing service provider and from a statewide technology center established by the department, when making purchases for a major information resources project under 2054.118.

Case Management: More than a quarter of all Texans are served by HHS programs and services, and a key component of many of these services is case management. and case management is a ubiquitous need throughout the HHS system and is mandated in more 16 sections of the Texas Health and Safety Code, including 35.003, 62.002, 87.021, 181.001, 241.123, 461.056, 533A.0415, 534.103, 614.001, 784.001, 841.007 and others.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

*A shared health and human services platform – a system of modular, interconnected components – a common data repository, shared services, and mission specific applications – capable of supporting multiple programs. Using a modern, secure, enterprise grade Platform as a Service (PaaS) residing in the cloud, HHSC will leverage a full suite of resources to streamline building solutions using proven, open source solutions and industry leading integration platforms. Tools that automate the installation of complex applications will be utilized resulting in faster application development cycles and more frequent software deployments. The standardization of our technology environment will lower IT operations costs and drive efficiencies in creating shared, scalable applications.

*The case management framework will be defined to build on the platform that will consist of configurable services based on open source technologies. Interfaces will utilize web services as well as secure file transfer protocols. In addition, the platform will satisfy the HHSC Enterprise Information Systems Security Guidelines (EISSG). The main

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components will include forms for data entry, business process management, business rules management and integration, and standard and ad hoc reporting and analytics. Individual program services can be configured separately for different HHS Agency programs and integrated separately for each program based on their requirements.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

Analyze the project cost factors related to the project's anticipated payback, benefit or gain."HHSC anticipates the total cost of ownership for application services in the cloud are less than half the cost of traditional data center costs. We avoid up-front costs to buy and deploy servers, storage and network infrastructure.

The cloud provides the ability to utilize what you need when you need it. The ability of cloud infrastructure to act as a whole, automatically allocating and sharing resources according to your workloads' needs, eliminates the risk of underutilized physical resources.

For example, when testing is completed the resources can be terminated or allocated to other purposes quickly. The ability to get resources on-demand for development and testing purposes allows you to increase utilization, and reduce resource proliferation.

Each HHS system has technology debt that increases with time (both hardware and software versions). Ongoing IT maintenance alone adds up to several millions of dollars a year not including informational costs.

HHSC believes that overall implementation costs, costs of changes, enhancements, hardware, software and maintenance costs, can be reduced significantly by consolidating the Case Management systems. In addition, with the right sourcing and procurement approach, a uniform platform would allow for significant agility and reduced time to implement, e.g. reduced time to implement from 2-4 years to 1 year.

OUTPUTS:

Availability:

- Organizations that utilize cloud services experience fewer user- and business-impacting outages, therefore limiting the frequency with which users and employees do not have access to the applications they need to do their jobs or mission critical services.

Efficiency:

- Cloud platform services enables teams responsible for providing IT services to shift more of their focus to higher-value activities, thereby increasing the value that they deliver to the agency. These efficiencies translate into value by limiting the time required for activities such as monitoring, provisioning, and maintaining systems.
- Cloud tooling features efficiencies gained from patch automation, automated scaling and monitoring, ease of deploying additional computers and storage, streamlining test and development environments, and facilitating the adoption of DevOps.

Scalability:

HHS will utilize a cloud based, comprehensive, end to end case management system that not only meets HHS-wide needs today but is flexible, scalable and can expand to meet

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future business needs.

TYPE OF PROJECT

Cloud Computing

ALTERNATIVE ANALYSIS

This project is scalable. If funding were decreased the project will have less resources to implement components and capabilities. Fewer resources would result in a longer timeline and increased risk to changes in requirements and technology. An alternative may also include reducing the size and/or function of the applications built with the ‘fabric’ which will proportionally result in reduced impact and outcomes. If the project did not receive any funding, the alternative to a digital ‘fabric’ are dozens of individual silo applications with limited and restrictive integrations, interoperability and challenging synergy. Currently there are over 20 Applications and Systems with case management functionalities. Each of these systems require separate maintenance, change management and associated costs. This will only increase in a non-linear fashion over time due to aging proprietary platforms, silo technology stacks and age. Typical application costs are in the \$500,000-\$2,000,000 range for each with additional infrastructure costs that of a similar order of magnitude.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$3,882,497	\$3,639,290	\$1,894,009	\$1,894,009	\$1,894,009	\$13,203,814

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,981,421	\$2,804,468	\$1,826,517	\$1,826,517	\$1,826,517	\$11,265,440

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	16.2	16.2	16.2	16.2	16.2

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs include funding for cloud platform subscription services (\$470k), ongoing costs for FTEs (\$635k) and \$790k annually for development tools and support. This funding will be used for onboarding other programs from HHSC and DSHS and will include design, development and implementation (DDI) work. DDI will be for every program that needs to be on-boarded on to the base foundational platform. Based on the program scope and requirements, we anticipate onboarding multiple programs on to the platform each biennium.

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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,894,009	\$1,894,009	\$1,894,009

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 83.00%

CONTRACT DESCRIPTION :

The project will require professional services and/or Department of Information Resources staff augmentation services to provide knowledge and expertise towards building and deploying cloud ready applications. Contract will also be needed for cloud infrastructure and development tools and support.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain Baseline for Claims Administrator Support Item Priority: 15 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies: 02-01-01 Medicaid Contracts and Administration		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	28,062,562	31,920,646
TOTAL, OBJECT OF EXPENSE		\$28,062,562	\$31,920,646

METHOD OF FINANCING:

555	Federal Funds		
93.778.003	XIX 50%	14,031,281	15,960,323
758	GR Match For Medicaid	14,031,281	15,960,323
TOTAL, METHOD OF FINANCING		\$28,062,562	\$31,920,646

DESCRIPTION / JUSTIFICATION:

This exceptional item seeks to maintain current operations of the claims administrator. The claims administrator maintains the State's Medicaid Management Information System (MMIS), processes and adjudicates all claims for Medicaid Acute Care, Long-Term Care, and CSHCN program services that are outside the scope of capitated arrangements between the health plans and the state.

The claims administrator also collects encounter data from Medicaid Managed Care Organizations (MCOs) or Managed Transportation Organizations (MTOs) to use in the evaluation of quality and utilization of services and administers pharmacy rebate functions. In addition, the claims administrator will maintain the Provider Management Enrollment System, a consolidated Medicaid provider enrollment and credentialing process required by Texas Government Code 531.02118. These functions are provided by private contractors. The contracts have both fixed and variable fee components. If this EI is not funded, HHSC will not be able to pay the claims administrator for services that are being provided under the current contract.

EXTERNAL/INTERNAL FACTORS:

External and internal factors impacting Claims Administrator services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes such as Medicaid Information Technology Architecture (MITA) initiative, a national framework to support improved systems development and health care management for the Medicaid enterprise; 4) costs of implementing technical system and business operation changes; 5) re-procurement of contract services; 6) contract management and monitoring staffing needs; and 7) new contract amendments necessary to implement legislative mandates.

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Agency code: **529**

Agency name:
Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
PCLS TRACKING KEY:			

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service level, should this exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2022</u>	<u>2023</u>	<u>2024</u>
\$31,920,646	\$31,920,646	\$31,920,646

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Recruiting and Retaining a Capable and Competent Workforce		
	Item Priority: 16		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	07-01-01 State Supported Living Centers		
	07-02-01 Mental Health State Hospitals		
	07-04-01 Facility Program Support		
	08-01-01 Health Care Facilities & Community-based Regulation		
	08-02-01 Child Care Regulation		
	08-03-01 Credentialing/Certification of Health Care Professionals & Others		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	27,203,340	27,245,836
2009	OTHER OPERATING EXPENSE	408,050	408,688
	TOTAL, OBJECT OF EXPENSE	\$27,611,390	\$27,654,524
METHOD OF FINANCING:			
1	General Revenue Fund	14,082,140	14,109,093
555	Federal Funds		
93.778.000	XIX FMAP	7,367,643	7,376,815
93.778.003	XIX 50%	288,106	288,106
758	GR Match For Medicaid	288,106	288,106
777	Interagency Contracts	52	108
8032	GR Certified As Match For Medicaid	5,585,343	5,592,296
	TOTAL, METHOD OF FINANCING	\$27,611,390	\$27,654,524

DESCRIPTION / JUSTIFICATION:

This request would provide targeted pay increases for critical front-line regulatory and facility staff in high turnover or hard-to-fill positions.

Specifically, the cost of vacancies and turnover SSLCs and state hospitals (e.g., recruitment, training, overtime) strains the facilities' ability to maintain compliance with regulations, the DOJ settlement agreement, and CMS and Joint Commission accreditation.

Direct care staff provide daily care to ensure the health and safety of individuals in the state hospitals and SSLCs, but annualized turnover rates for these staff are as high as

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53 percent. They are also some of the lowest paid employees in the system. Without sufficient staff, capacity is reduced and facilities accrue costly overtime. This item targets SSLC and state hospitals with the greatest staffing challenges and threat to maintaining existing capacity, at \$26.6 million and \$12.3 million biennially, respectively (all funds).

Additionally, S.B. 200 (84R) transferred staff and their associated regulatory functions from various agencies to the new HHSC Regulatory Services Division . The division oversees critical functions to protect health and safety, including regulation, licensing, and credentialing of long-term and acute health care facilities, child care providers, and various occupational licenses; complaint intake functions; and investigation of abuse, neglect and exploitation allegations in provider settings.

Reducing turnover with competitive compensation likely would result in overall cost savings, mainly by reducing significant training costs for new hires.

EXTERNAL/INTERNAL FACTORS:

Through transformation, staff from various HHS agencies and programs with similar functions and responsibilities but different classifications and salaries were merged into a single division. Also, some professional positions (i.e., nurses) experience high turn-over in certain areas as a result of higher salaries paid by other state agencies/private industry for positions with the same skills/experience.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Costs will maintain services should we receive the Exceptional Item funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$27,279,184	\$27,279,184	\$27,279,184

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Comply with Statutory Requirements for IDD System Redesign Item Priority: 17 IT Component: Yes Anticipated Out-year Costs: No Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 02-01-01 Medicaid Contracts and Administration		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	6,519,271	6,519,271
2009	OTHER OPERATING EXPENSE	137,567	81,162
4000	GRANTS	500,000	500,000
TOTAL, OBJECT OF EXPENSE		\$7,156,838	\$7,100,433
METHOD OF FINANCING:			
555	Federal Funds		
93.778.003	XIX 50%	3,578,419	3,550,217
758	GR Match For Medicaid	3,578,419	3,550,216
TOTAL, METHOD OF FINANCING		\$7,156,838	\$7,100,433
FULL-TIME EQUIVALENT POSITIONS (FTE):		8.10	8.10

DESCRIPTION / JUSTIFICATION:

This item would provide funds to migrate the current Client Assignment and Registration (CARE) system and local IDD authority system functionality to the Texas Medicaid & Healthcare Partnership (TMHP). This will help ensure a streamlined process and improve consistency with other managed care programs.

Texas Government Code, Chapter 534 directs the redesign of service delivery for individuals with intellectual or developmental disabilities (IDD). Current statutory requirements direct the transition of the Texas Home Living waiver program into managed care on September 1, 2020, with Home and Community-based Services (HCS), Community Living Assistance and Support Services (CLASS), Deaf-Blind Multiple Disabilities (DBMD), and intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IID) transitioning on September 1, 2021. Systems improvements and changes are needed to support the interface and transition of fee-for-service processes with managed care systems.

EXTERNAL/INTERNAL FACTORS:

The ID CARE mainframe system that is currently used in operations remains outside the managed care framework previously built at TMHP for other program transitions. Utilizing this existing system would require extensive changes at HHSC and MCOs inhibiting HHSC abilities to successfully implement the required transitions by the statutory deadlines.

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PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Phase 2 will include the additional data entry functionality for Community Living Assistance and Support Services (CLASS) and Deaf Blind/Multiple Disability (DBMD) in the TMHP Online Portal enhancements. The existing interfaces between TMHP and SAS developed in Phase 1 will be used to update SAS with the CLASS and DBMD data. All MCO interfaces will be developed as part of Phase 2 and will be between TMHP and the MCOs. Existing interfaces with TMHP CMS, PPS and TIERS will be used to provide these systems with the needed information from SAS. Modifications will be required by TMHP in order to accept the CLASS and DBMD programs through their Online Portal.

HHSC will modify the following key systems and applications to support the requested functionality: Intellectual Client Assignment and Registration System (ID CARE) and Service Authorization System (SAS) and Service Authorization System Online (SASO).

The first system resides on the IBM mainframe. The second system (and the associated subsystem, SASO) is a Server/Client based solution.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

This initiative provides a single system of record instead of the two systems (ID CARE and SAS) being used today. The migrated functionality will be maintained within one enterprise server application. HHSC IT has estimated that the removal of these mainframe items would produce a savings of \$300,000+ per year in FTE mainframe developer costs. This is 3 FTEs at roughly \$100,000 per year, which includes salaries plus benefits.

Additional cost benefits would occur with this and other initiatives as functionality is removed from the mainframe.

This initiative will migrate the specified items to more modern technology; and is a necessary step to transfer functionality off the IBM mainframe into a current enterprise server application.

OUTPUTS:

This modernization shall improve the accuracy of data for agency use and reporting and is a necessary step to move functionality off the IBM mainframe into established enterprise server applications. The data will be located one database (i.e., system of record) which will improve data integrity versus being in two disparate systems which can run into synchronization issues due to various operational issues (e.g., one system being down advertently).

Thus, data integrity and maintenance shall be improved since the data will be located and maintained by the enterprise server application within a database system. Moving to this single system of record shall eliminate any future synchronization issues. These errors will go from several to zero.

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TYPE OF PROJECT

Application Remediation

ALTERNATIVE ANALYSIS

The agency is limited on alternatives due to the implementation that is required with trading partners. A reduction in funding would require that the mandated programs not be migrated to the managed care organization structure. Application changes would be minimal and not meet full compliance with the Texas Government Code mandate, security requirements or accessibility requirements.

The additions of the programs can be done at separate times, but the modifications would be more costly if not coordinated and conducted together, and as a result is not scalable.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$6,656,838	\$6,600,433	\$0	\$0	\$0	\$13,257,271

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$6,656,838	\$6,600,433	\$0	\$0	\$0	\$13,257,271

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	8.0	8.0	0.0	0.0	0.0

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 93.00%

CONTRACT DESCRIPTION :

The contracts awarded would include staff augmentation contractors to modify the ID CARE, SAS/SASO systems. The contracts would be coordinated through the Department of Information Resources (DIR) contract award process for state augmented staff. The staff augmentation resources are required to supplement the current staff so this project may be completed timely.

A COR for TMHP would need to be performed allowing TMHP to provide development services to the agency.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Sustain Services for Blind Children		
	Item Priority: 18		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 04-01-05 Children's Blindness Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	694,857	694,857
1002	OTHER PERSONNEL COSTS	14,400	14,400
2001	PROFESSIONAL FEES AND SERVICES	20,000	20,000
2003	CONSUMABLE SUPPLIES	2,227	2,227
2005	TRAVEL	220,000	220,000
2007	RENT - MACHINE AND OTHER	15,000	15,000
2009	OTHER OPERATING EXPENSE	277,294	150,099
3001	CLIENT SERVICES	465,121	465,121
TOTAL, OBJECT OF EXPENSE		\$1,708,899	\$1,581,704

METHOD OF FINANCING:

1	General Revenue Fund	807,385	772,384
555	Federal Funds		
93.778.003	XIX 50%	450,757	404,660
758	GR Match For Medicaid	450,757	404,660
TOTAL, METHOD OF FINANCING		\$1,708,899	\$1,581,704

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.40 15.40

DESCRIPTION / JUSTIFICATION:

This request restores FTEs to ensure all eligible children receive a comprehensive array of available services, and that the Blind Children's Vocational Discovery and Development Program (BCP) staff manage a realistic number of caseloads so that they may provide the highest possible quality of services to blind and visually impaired children.

BCP serves blind and severely visually impaired children from birth to 22 years, and is a unique program in Texas. Beyond this program, few support services for children with vision loss and their families exist. BCP specialists at HHSC serve a dual role as wraparound case managers and direct service providers, helping children to develop confidence and skills to further their education, independence, and future employment goals.

Funding restrictions in the program caused heavy caseloads for staff and placed limits on the number of children able to be served by the program and how quickly children

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are able to receive services. This item provides FTEs to return staff caseloads to a sustainable level. The 2018 caseload for BCP specialists is 105 cases, a 75 percent increase over the 2016 average caseload.

EXTERNAL/INTERNAL FACTORS:

Changes in federal law impacting services at Texas Workforce Commission (TWC) attributed to increased caseloads. As TWC no longer serves blind and visually impaired children under the age of 14, the number of BCP consumers ages 10 to14 has increased and generated a higher demand for services.

Senate Bill 208 (84R), divided 12 legacy Department of Assistive and Rehabilitative Services (DARS) programs between HHSC and TWC, resulting in a significant reduction in funding for some programs, including BCP, whose framework is based largely upon a direct service delivery model.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Continued funding for FTEs for the Blind Children’s Vocational Discovery and Development Program (BCP) staff requested in this item.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2022</u>	<u>2023</u>	<u>2024</u>
\$1,581,703	\$1,581,703	\$1,581,703

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name: SBHCC: Ensure Services for Individuals Experiencing Early Psychosis
Item Priority: 19
IT Component: No
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 04-02-01 Community Mental Health Services (MHS) for Adults

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	350,824	350,824
1002	OTHER PERSONNEL COSTS	6,000	6,000
2003	CONSUMABLE SUPPLIES	4,500	4,500
2004	UTILITIES	3,600	3,600
2005	TRAVEL	30,000	30,000
2009	OTHER OPERATING EXPENSE	87,472	65,331
4000	GRANTS	7,500,000	7,500,000
TOTAL, OBJECT OF EXPENSE		\$7,982,396	\$7,960,255

METHOD OF FINANCING:

1	General Revenue Fund	7,926,209	7,904,068
555	Federal Funds		
93.558.667	TANF to Title XX	5,335	5,335
93.778.003	XIX 50%	25,426	25,426
758	GR Match For Medicaid	25,426	25,426
TOTAL, METHOD OF FINANCING		\$7,982,396	\$7,960,255

FULL-TIME EQUIVALENT POSITIONS (FTE):

	5.10	5.10
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DESCRIPTION / JUSTIFICATION:

This item provides funding to expand this program statewide, from ten current local mental and behavioral health authorities (LMHAs and LBHAs), to all 39.

Coordinated specialty care is a team-based, recovery-oriented treatment program providing effective behavioral health services and supports that help reduce symptoms and improve quality of life for individuals experiencing psychosis. Teams of specialists offer psychotherapy, medication management geared toward individuals with first episode of psychosis (FEP), family education and support, case management, and work or education support, depending on individual needs and preferences. Treatment using this approach has shown to improve educational performance, employment outcomes, and recovery.

In fiscal year 2015 HHSC implemented programming focused on treating FEP using the evidence-based coordinated specialty care to utilize increased Mental Health Block

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Grant funds. HHSC initially implemented and provided funding for two programs, and later added eight additional programs as funding became available.

EXTERNAL/INTERNAL FACTORS:

Statewide expansion of the current program will improve access to care for individuals experiencing early onset psychosis and address the following strategies identified in the Statewide Behavioral Health Strategic Plan: 1.1.2, 1.2.2, 2.1.1, 2.1.2, 2.2.1, 2.2.2, 2.3.1, 2.4.1, 3.1.1, and 3.1.2. The National Institute of Mental Health’s Recovery After an Initial Schizophrenia Episode (RAISE) study found that when addressing early psychosis or first episode psychosis, it is imperative to reduce the time between first signs of psychosis and treatment. Early intervention is imperative to prevent the progression of psychosis that often leads to long-term and costly treatment.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Continued funding to maintain expanded capacity.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	<hr/>		
	\$7,960,255	\$7,960,255	\$7,960,255

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 98.00%

CONTRACT DESCRIPTION :

Contracts with local mental health authorities.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: SBHCC: Ensure Access to Residential Treatment Center Beds for Children		
	Item Priority: 20		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 04-02-02 Community Mental Health Services (MHS) for Children		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	73,348	73,348
1002	OTHER PERSONNEL COSTS	1,200	1,200
2003	CONSUMABLE SUPPLIES	600	600
2004	UTILITIES	720	720
2005	TRAVEL	6,000	6,000
2009	OTHER OPERATING EXPENSE	27,971	20,946
4000	GRANTS	949,621	949,621
	TOTAL, OBJECT OF EXPENSE	\$1,059,460	\$1,052,435
 METHOD OF FINANCING:			
1	General Revenue Fund	1,057,364	1,050,339
555	Federal Funds		
	93.558.667 TANF to Title XX	2,096	2,096
	TOTAL, METHOD OF FINANCING	\$1,059,460	\$1,052,435
 FULL-TIME EQUIVALENT POSITIONS (FTE):		1.00	1.00

DESCRIPTION / JUSTIFICATION:

This exceptional item will increase the number of funded beds in private residential treatment centers (RTC) to 50 slots total, helping to address the current waiting list of 35 youth. The item will also provide funding to align the existing 40 beds with recently updated DFPS rates from approximately \$260 per day to approximately \$277 per day.

In collaboration with the Department of Family and Protective Services (DFPS), HHSC currently funds 40 RTC beds for children and youth with severe emotional disturbance (SED) at risk of parental relinquishment of custody to DFPS. Child Protective Services (CPS) refers children to this program when a mental health need is identified but the child is not found to be a victim of abuse or neglect. Following referral from CPS, local mental health authorities (LMHAs) screen children for clinical need, and if the child's needs cannot be met in the community and the child is at risk of parental relinquishment due to unmet mental health needs, HHSC staff utilize the RTC program.

RTC placements, which avoid parental relinquishment, also achieve cost savings by decreasing psychiatric hospitalizations, preventing juvenile justice involvement, and avoiding foster care placements. For example, the daily cost to serve a child in RTC placement is approximately \$277. Conversely, the daily cost to serve a child with severe

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emotional disturbance in the conservatorship of DFPS is approximately \$400, yielding an annual cost avoidance of approximately \$50,000 per bed. Funding 50 total beds during the biennium could provide cost avoidance of approximately \$5 million.

EXTERNAL/INTERNAL FACTORS:

This funding, through collaboration between DFPS, LMHAs, and HHSC, also supports the goals and strategies of the Statewide Behavioral Health Strategic Plan: 1.1.2, 1.2.2, 2.5.4, and 4.2.2.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	<hr/>	<hr/>	<hr/>
	\$1,052,436	\$1,052,436	\$1,052,436

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 91.00%

CONTRACT DESCRIPTION :

Contracts with local mental health authorities to provide RTC beds for children who are at-risk for parental relinquishment.

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Item Name:	Substance Use Disorder Treatment
Item Priority:	21
IT Component:	Yes
Anticipated Out-year Costs:	Yes
Involve Contracts > \$50,000:	Yes
Includes Funding for the Following Strategy or Strategies:	04-02-04 Substance Abuse Prevention, Intervention, and Treatment

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	277,529	277,529
1002	OTHER PERSONNEL COSTS	4,800	4,800
2001	PROFESSIONAL FEES AND SERVICES	2,941,400	377,000
2003	CONSUMABLE SUPPLIES	1,000	1,000
2005	TRAVEL	24,000	24,000
2009	OTHER OPERATING EXPENSE	291,740	168,289
4000	GRANTS	0	40,920,737
TOTAL, OBJECT OF EXPENSE		\$3,540,469	\$41,773,355

METHOD OF FINANCING:

1	General Revenue Fund	3,269,105	817,998
555	Federal Funds		
93.558.667	TANF to Title XX	33,156	4,230
93.778.003	XIX 50%	119,104	15,195
758	GR Match For Medicaid	119,104	15,195
8002	GR For Subst Abuse Prev	0	40,920,737
TOTAL, METHOD OF FINANCING		\$3,540,469	\$41,773,355

FULL-TIME EQUIVALENT POSITIONS (FTE):

	17.80	17.80
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DESCRIPTION / JUSTIFICATION:

This item will fund rate increases for substance use disorder (SUD) treatment and recovery services for both indigent care and Medicaid. This funding is required to maintain current service delivery levels with the rate increases. This request also includes \$1 million for youth tobacco access prevention enforcement (\$500k per year).

HHSC currently funds an array of SUD prevention, intervention, treatment, and recovery services; however, this item specifically addresses treatment and recovery services. Method of finance for these community services is currently 73% federal funds and 27% general revenue. During fiscal year 2017, the average monthly cost for indigent adults in treatment was \$1,795 and \$3,287 for youth.

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Texas is required to meet certain federally-established criteria related to youth tobacco access in order to maintain access to federal substance abuse block grant funding. In past biennia, the Department of State Health Services provided \$1 million per year for this effort (DSHS). Recent funding shifts at DSHS eliminated this available funding. HHSC has committed \$500k per year in existing funds for this purpose, but will require an additional \$500k per year to maintain consistent youth tobacco access prevention enforcement.

EXTERNAL/INTERNAL FACTORS:

Providing effective and timely substance use treatment mitigates various social challenges, such as involvement with the criminal justice system, avoidable hospitalizations, and potential involvement with Child Protective Services. Without additional funding, HHSC will continue to face challenges associated with untreated SUD and maintaining an adequate substance use treatment provider network. Several contractors have opted out of SUD contracts with HHSC in recent years, citing increased costs to provide treatment, low rates, and workforce shortages. This exit has resulted in geographic gaps in the provider network, requiring individuals to travel to different regions to access services or be placed on waitlists.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The Clinical Management for Behavioral Health Services (CMBHS) system is a web-based electronic health record for state-contracted community mental health and substance abuse service providers. The CMBHS system combines the electronic health recordkeeping requirements for both mental health (multiple program areas) and substance use disorder (SUD) treatment providers in a single system.

Currently, contracted SUD providers use CMBHS to document information such as the client profile, assessment, treatment plans and service notes. Providers use this information to submit claims for reimbursement in accordance with their contracts. This project request is to modify CMBHS to facilitate reorganization to a new rate structure to match Medicaid reimbursement rates where applicable. To achieve this alignment, many of the current SUD service rates will require “unbundling” into individual service rates. System modifications will include implementation of business rules surrounding the new rate structure, additional required maintenance functions and a data feed (if possible) for keeping the rates in sync with Medicaid.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

Implementation of SB 200 of the 84th Texas Legislature and the Sunset Commission facilitating continued transformation activities within HHSC.

Alignment of service provision rates with Medicaid rates as prescribed by SB 200 of the 84th Texas Legislature and the Sunset Commission.

Alignment of Texas substance use treatment rates with 70 percent of the median rates currently used in other states throughout the United States.

Enhanced stability and sustainability of the current population of substance use treatment providers throughout Texas serving indigent clients.

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OUTPUTS:

Modifications to CMBHS for existing functionality and business rules to implement the new rate structure.

Additional functionality to CMBHS allowing for maintenance functions of the new rates along with new business rules for the use of the new rate structure.

Revision to existing reporting, data warehouse and data transformation needed to implement the new rate structure.

Implementation of a new data feed (if possible) to keep new service provision and Medicaid rates in sync.

TYPE OF PROJECT

Enterprise Management / Architecture / Performance

ALTERNATIVE ANALYSIS

No other solutions were considered as this request is to modify and leverage existing functionality in CMBHS to implement the new rate structure.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,939,400	\$375,000	\$0	\$0	\$0	\$3,314,400

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,939,400	\$375,000	\$0	\$0	\$0	\$3,314,400

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	4.0	4.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

The out-year cost associated with this request are to maintain services (\$40,920,737), continue direct support cost (\$27,000), and 4 FTE's requested (\$272,454).

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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$41,220,191	\$41,220,191	\$41,220,191

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 99.00%

CONTRACT DESCRIPTION :

Rate increases for SUD treatment and IT costs will all occur via contract. The SUD treatment program currently provides all treatment via contracts with SUD treatment providers. This component of the exceptional item will mirror the current contracting process, but simply provide providers with increased reimbursement rates. The IT component of the exceptional item will be provided via the current contracting process for CMBHS modifications through the Department of Information Resources.

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: SBHCC: Maintain and Expand IDD Crisis Continuum of Care Item Priority: 22 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 06-01-03 Non-Medicaid Developmental Disability Community Services 09-02-01 Intake, Access, and Eligibility to Services and Supports		
OBJECTS OF EXPENSE:			
4000	GRANTS	23,223,983	23,223,983
	TOTAL, OBJECT OF EXPENSE	23,223,983	23,223,983
METHOD OF FINANCING:			
1	General Revenue Fund	23,223,983	23,223,983
	TOTAL, METHOD OF FINANCING	23,223,983	23,223,983

DESCRIPTION / JUSTIFICATION:

This item provides funds to maintain or expand three separate, yet integral, types of services to prevent crises for individuals with an intellectual or developmental disability (IDD), and support these individuals when crises do occur.

First, this item would maintain funding for enhanced community coordination (ECC) and transition support teams (TST) currently funded through federal Money Follows the Person Demonstration (MFPD) funding set to expire at the end of 2019. ECC/TST, established in 2015, are designed to help local IDD authorities (LIDDAs) and community providers successfully transition individuals with IDD from institutions to community settings, including pre- and post-move monitoring.

Second, this item would expand existing crisis intervention and respite services designed to identify individuals who are high-risk and offer supports and services to both prevent and intervene in crises.

Third, this item would establish new IDD community outpatient mental health services at LIDDAs to provide integrated physical and behavioral health services for people with IDD, preventing crisis situations.

Approximately 35 percent of individuals with an (IDD) also have co-occurring behavioral health needs, which are distinct and specialized from the broader population. A strong continuum of community-based, crisis-related services and supports is critical to ensure these individuals are able to live in the most integrated community setting, even when experiencing a mental health crisis.

With these services, individuals with IDD experiencing mental health crises can remain in the community and avoid costly institutionalization or incarceration. Crisis respite

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services cost approximately \$200 per day, and ECC/TST services cost approximately \$170 per day, compared to approximately \$700 per day for state supported living center admissions or hospitalization.

EXTERNAL/INTERNAL FACTORS:

Maintaining and improving access to services within the community crisis continuum of care will fill gaps and address several strategies identified in the Statewide Behavioral Health Strategic Plan: 1.1.2, 1.1.3, 1.2.1, 1.2.2, 2.1.1, 2.4.2, 2.5.1, 2.5.2, and 2.5.4.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	<hr/>	<hr/>	<hr/>
	\$23,223,983	\$23,223,983	\$23,223,983

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Renewal of existing contracts with the 39 Local Intellectual and Developmental Disability Authorities

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Make Necessary Electronic Visit Verification System Improvements		
	Item Priority: 23		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 02-01-01 Medicaid Contracts and Administration		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	367,852	367,852
1002	OTHER PERSONNEL COSTS	6,000	6,000
2001	PROFESSIONAL FEES AND SERVICES	25,877,382	25,701,747
2004	UTILITIES	50,000	50,000
2005	TRAVEL	50,000	50,000
2007	RENT - MACHINE AND OTHER	50,000	50,000
2009	OTHER OPERATING EXPENSE	87,729	52,468
TOTAL, OBJECT OF EXPENSE		\$26,488,963	\$26,278,067
METHOD OF FINANCING:			
555	Federal Funds		
93.778.003	XIX 50%	4,480,957	4,375,509
93.778.004	XIX ADM @ 75%	13,145,287	13,145,287
758	GR Match For Medicaid	8,862,719	8,757,271
TOTAL, METHOD OF FINANCING		\$26,488,963	\$26,278,067
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.10	5.10

DESCRIPTION / JUSTIFICATION:

This item would provide funding needed to support additional restructuring of the Electronic Visit Verification (EVV) system to implement recommendations from 2018 reviews and comply with federal law. It would fund ongoing EVV system operations and maintenance, contract oversight and administration, training, and operational support.

EVV systems are used to document service delivery visits performed in the home or in the community. HHSC implemented EVV for certain home and community-based services, and federal law requires expansion of EVV systems to additional services in 2020 and 2023. In 2018, HHSC conducted a review of its EVV systems as directed by the 85th Legislature, and the HHSC Office of Inspector General published its own report on HHSC's EVV system. Both reports identified needed improvements and made recommendations. As a result of these reviews, HHSC is shifting several EVV functions to the Texas Medicaid & Healthcare Partnership (TMHP) to maximize use of Texas Medicaid Management Information System and improve data integrity of the EVV system.

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EXTERNAL/INTERNAL FACTORS:

The federal 21st Century Cures Act expands the scope of programs and services HHSC currently requires for EVV to include: personal care services (PCS) carved out of STAR managed care; all individuals participating in the Consumer-Directed Services option or the Service Responsibility option; home health services including nursing services, occupational therapy, physical therapy, and adaptive aids; and certain 1915(c) and 1915(i) waiver services. Per the Cures Act, lack of compliance by the respective effective dates puts HHSC at risk of a percentage reduction in FMAP funds. The payment reduction begins in 2019 for PCS and 2023 for home healthcare services, gradually increasing the amount of federal funds withheld. Reductions start at 0.25 percentage points and increase annually by 0.25 with a maximum reduction of 1 percentage point.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs include:

1. Salaries and supporting costs for the 5 FTEs funded in this Item. These FTEs will provide ongoing contract oversight, training, and program support functions. - \$576,319
2. Ongoing MMIS contract costs associated with administrative, operational, and EVV vendor management functions. - \$8,522,229
3. Ongoing MMIS contract costs associated with system maintenance, operations, and minor modifications. - \$1,771,357
4. Ongoing MMIS contract costs for EVV vendor fees. - \$15,908,161

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$26,778,066	\$26,778,066	\$26,778,066

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 98.00%

CONTRACT DESCRIPTION :

This Exceptional Item will fund the following contract-related costs:

1. An amendment to the Texas Medicaid Management Information System (MMIS) contract to implement a technology project to enhance the EVV system(s) to comply with the federal Cures Act.
 - the type of contract or contracts to be awarded: professional, major information systems
 - expected duration of the anticipated contract or contracts: The current MMIS contract ends on 8/31/2020 and includes three optional one-year extensions. The technology project would last approximately 18 months.
 - anticipated method of procurement for the contract or contracts: amendment to the existing MMIS contract

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	- for consulting, professional or other services, an explanation of why the service cannot be performed in house: the system(s) that require modification for compliance with the Cures Act are managed as part of the MMIS.		
	2. HHSC staff augmentation resources to support the technology project required to comply with the federal Cures Act.		
	- the type of contract or contracts to be awarded: professional		
	- expected duration of the anticipated contract or contracts: Staff augmentation resources would be brought on board for approximately 24 months. These resources are needed prior to project kick-off to support project planning, project management, and reporting activities.		
	- anticipated method of procurement for the contract or contracts: HHSC will utilize the Texas Department of Information Resources (DIR) IT staffing services competitive solicitation process.		
	- for consulting, professional or other services, an explanation of why the service cannot be performed in house: The need is temporary and requires highly skilled technical resources. Resources of this skill level require competitive compensation that is more accessible through the staff augmentation process.		
	3. Ongoing MMIS contract costs associated with administrative, operational, system maintenance, and EVV vendor management functions.		
	- the type of contract or contracts to be awarded: professional, other services		
	- expected duration of the anticipated contract or contracts: The current MMIS contract ends on 8/31/2020 and includes three optional one-year extensions. These costs are ongoing and would apply to the current MMIS contract or any successor contract or extensions.		
	- anticipated method of procurement for the contract or contracts: n/a - this provides for ongoing funding of existing obligations within the MMIS contract		
	- for consulting, professional or other services, an explanation of why the service cannot be performed in house: As part of EVV system restructuring efforts, HHSC is leveraging existing functions within the MMIS contract to provide centralized technical and operational oversight of EVV vendors. Additionally, the MMIS vendor is responsible for performing ongoing system maintenance for systems contained within the MMIS.		

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Item Name: Improve System Efficiency to Comply with PASRR Requirements
Item Priority: 24
IT Component: Yes
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 09-02-01 Intake, Access, and Eligibility to Services and Supports

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	211,420	211,420
1002	OTHER PERSONNEL COSTS	3,600	3,600
2001	PROFESSIONAL FEES AND SERVICES	8,272,500	8,272,500
2009	OTHER OPERATING EXPENSE	52,464	31,321
TOTAL, OBJECT OF EXPENSE		\$8,539,984	\$8,518,841

METHOD OF FINANCING:

1	General Revenue Fund	13,803	12,630
555	Federal Funds		
93.778.003	XIX 50%	34,573	31,636
93.778.004	XIX ADM @ 75%	6,342,776	6,332,204
758	GR Match For Medicaid	2,148,832	2,142,371
TOTAL, METHOD OF FINANCING		\$8,539,984	\$8,518,841

FULL-TIME EQUIVALENT POSITIONS (FTE):

	3.10	3.10
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DESCRIPTION / JUSTIFICATION:

The Long-Term Care (LTC) Online Portal is part of the Texas Medicaid Management Information System (MMIS) and includes web portal interfaces used by service providers to submit claims, service authorization forms, and corrections. Modifications to the LTC Portal are needed to address currently existing business problems by enhancing Preadmission Screening and Resident Review (PASRR)-related forms and workflows used by service providers, and by adding improved functionality to replace manual business processes. The modifications will enable state access to automated data related to individuals and providers receiving PASRR specialized services, reduce duplication, and facilitate state oversight of several processes currently conducted manually.

This item would fund the following system modifications:

- Correcting a design deficiency in the portal, which currently results in duplicate work for nursing facilities, local intellectual and developmental disability authorities (LIDDAs), and HHSC. This issue also creates wasteful duplicate billings to HHSC.
- Allowing LIDDAs to digitally record the verification of specialized services provided by contracted providers, and allow HHSC to view LIDDA verification. Automation of

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the verification will improve the timeliness and accuracy of tracking and reporting on authorized specialized service delivery.

- Improve usability and add functionality to ensure specialized services are appropriately assessed, recommended, authorized, verified, and delivered.

EXTERNAL/INTERNAL FACTORS:

This project assumes federal and state PASRR requirements will remain in effect and is estimated to begin on October 1, 2019 and reach completion on August 31, 2021. With these modifications, HHSC expects to achieve efficiencies and avoid approximately \$500,000 in staff costs per year in years 3-10 of the project. Without these modifications, duplicative work and time consuming verification processes will continue. Nursing facilities will continue to resubmit duplicative paperwork following changes of ownership and verification of PASSR specialized services will continue to require manual completion by HHSC staff. Additionally, without modifications to the PASRR Level 1 screening forms, HHSC will miss the opportunity to effectively identify individual needs for PASRR specialized services.

PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

This request provides funding for LTC Online Portal system development to occur in three areas related to PASRR Specialized Services :

- 1) Local Authority Specialized Services Authorization - The project modifies the LTC Online Portal to allow local authorities to electronically request the delivery of PASRR specialized services authorized by the state and assists in ensuring the provision of local authority specialized services.
- 2) PASRR Portal Forms Enhancements - The purpose of this upgrade is to ensure PASRR forms are consistent with the business goals of the PASRR Program to accurately and effectively identify individual's needs for PASRR Specialized Services. Specifically the changes encompass the additional enhancements to the PASRR Level 1 Screening Form and the PASRR Evaluation Form.
- 3) Change of Ownership Workflow Improvements - The change of ownership project will modify the LTC Online Portal to identify and manage PASRR forms in nursing facilities that have undergone a change of ownership.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

ROI - Benefits

This project will implement Long Term Care Online Portal modifications which will address existing business problems by enhancing Preadmission Screening and Resident Review (PASRR) related forms and workflows used by service providers. These modifications will offset the cost of this project through a reduction in the number of unnecessary submissions of PASRR Evaluations (PEs) along with preventing the need for additional positions to support processing for PEs. These modifications are expected to improve the timeliness and accuracy of tracking and reporting ; with the aim of preventing breaks in continuity of services to PASRR NF individuals.

OUTPUTS:

The project's success will be measured by the number of PEs completed, PEs identified as false positives or negatives, documentation of services billed by LIDDA's, and by the number of PASRR positive residents that are transition to new contracts.

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TYPE OF PROJECT

Other Administrative Functions

ALTERNATIVE ANALYSIS

Alternatives Analysis: We have performed alternatives analysis for status quo, COTS software, etc. and found all are not sufficient to address the problem.

Scalability Analysis: The LTC PASRR form enhancements and CHOW improvements to the TMMIS are scalable across several years with no mandatory implementation date.

In the absence of a set date, HHSC needs to implement these changes expeditiously to ensure providers have a more efficient and robust system available to ensure Medicaid recipients receive appropriate services. If the schedule for this project is shifted from 24 months to 48 months ending in the next biennium 2022/2023, it will result in a significant cost to the state stemming from the continued processing of unnecessary PASRR forms as well as additional project management and administrative costs.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$8,272,500	\$8,272,500	\$0	\$0	\$0	\$16,545,000

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$8,272,500	\$8,272,500	\$0	\$0	\$0	\$16,545,000

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	3.0	3.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

The anticipated out-year cost consist of funding to maintain salaries for two program specialist and a contract specialist.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$218,245	\$218,245	\$218,245

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

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CONTRACT DESCRIPTION :

Existing Contract with TMHP.

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Maintain Guardianship Services for Vulnerable Texans		
	Item Priority: 25		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 06-01-01 Guardianship		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	426,984	426,984
1002	OTHER PERSONNEL COSTS	6,000	6,000
2003	CONSUMABLE SUPPLIES	14,170	14,170
2005	TRAVEL	60,000	60,000
2007	RENT - MACHINE AND OTHER	2,000	2,000
2009	OTHER OPERATING EXPENSE	90,151	53,384
3001	CLIENT SERVICES	651,434	651,434
	TOTAL, OBJECT OF EXPENSE	\$1,250,739	\$1,213,972
 METHOD OF FINANCING:			
1	General Revenue Fund	1,250,739	1,213,972
	TOTAL, METHOD OF FINANCING	\$1,250,739	\$1,213,972
 FULL-TIME EQUIVALENT POSITIONS (FTE):		5.10	5.10

DESCRIPTION / JUSTIFICATION:

This item would fund additional staff for the Guardianship Services Program (GSP) and an adjustment of rates for contracted guardians to ensure the continued success of the program through manageable staff caseloads and high-performing contractors.

GSP serves adults with diminished capacity who are substantially unable to provide for themselves and have been referred by the Department of Family and Protective Services (DFPS) Adult Protective Services, as well as youth transitioning out of DFPS conservatorship. Courts may also appoint HHSC as guardian of individuals who have been impacted by abuse, neglect, self-neglect, or exploitation in accordance with court orders..

Guardianship specialists deliver direct services including daily care, comprehensive case management, and life decision-making on behalf of the individual. Using an incentive-based approach, specialists encourage problem solving and the use of coping techniques to help wards achieve stability, reach their employment goals, and raise their self-esteem. Restoration of a client's rights and independent living are two long-term goals that many specialists promote among their clients. HHSC guardians currently carry caseloads above the ideal limit to ensure quality service delivery.

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Additionally, the cost of guardianship service provision has increased since current contractor reimbursement rates were established in 2010. The addition of these staff positions, together with an increase in contract service reimbursement rates, will be paramount to the continued success of GSP.

EXTERNAL/INTERNAL FACTORS:

Should contract rates not remain competitive, the program risks losing existing contracted services. Outsourcing services generates annual cost savings and should contractors exit the program, more expensive FTEs will be necessary to fulfill the needs of the program.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Funds will be used for salaries and contracts with {Local Mental Health and Behavioral Health Authorities} to [maintain services/expand access] for clients.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$1,213,972	\$1,213,972	\$1,213,972

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Item Name: Enhancing State Hospital and SSLC Services Through Technology
Item Priority: 26
IT Component: Yes
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 07-01-01 State Supported Living Centers
 07-02-01 Mental Health State Hospitals
 07-04-01 Facility Program Support

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	83,854	83,854
1002	OTHER PERSONNEL COSTS	1,200	1,200
2001	PROFESSIONAL FEES AND SERVICES	6,347,450	752,675
2009	OTHER OPERATING EXPENSE	17,712,148	6,220,608
TOTAL, OBJECT OF EXPENSE		\$24,144,652	\$7,058,337

METHOD OF FINANCING:

1	General Revenue Fund	11,797,759	2,631,109
555	Federal Funds		
93.778.000	XIX FMAP	7,022,898	2,518,202
8032	GR Certified As Match For Medicaid	5,323,995	1,909,026
TOTAL, METHOD OF FINANCING		\$24,144,652	\$7,058,337

FULL-TIME EQUIVALENT POSITIONS (FTE):

1.00	1.00
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DESCRIPTION / JUSTIFICATION:

This item would target projects to increase efficiency, ensure quality care and operations, and protect the use of state resources for the following:

- Basic fiber and cabling for increased bandwidth and expansion of wireless networks at facilities, both of which are necessary to successfully employ telemedicine and other modern day health care practices.
- A cost effective video surveillance system at all SSLCs and hospitals. SSLCs are statutorily required to have a video surveillance system, and currently, the servers hosting this video footage are well past their expected lifetime. State hospitals also use cameras as a security measure, but operate using several different types of cameras and contractors. This item is expected to achieve cost savings through a single contract for all video surveillance monitoring and equipment.
- An enhanced electronic life record, the Integrated Resident Information System (IRIS), at the SSLCs will maximize system functionality and ensure sustainability of the application with staff training and system support. Existing functionality does not work for all documentation requested by monitors and results in additional administrative burden. Given the success of implementing IRIS at SSLCs, and with recent changes to oversight of the Rio Grande State Center intermediate care facility (ICF), this item would also implement IRIS at the Rio Grande State Center ICF.

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- A statewide electronic employee scheduling system to automate manual scheduling and timekeeping processes, improve record-keeping, and focus staff time and attention on individuals receiving services.
- Software and communication equipment to improve facility support services staff performance and successful construction and maintenance projects. This includes updating existing facilities management software and purchasing tablet computers for project managers and facility maintenance staff who often work remotely.

EXTERNAL/INTERNAL FACTORS:

Recent audit findings directed SSLC management to investigate other means and research methods used by other organizations that have 24-hour operations to determine if a more efficient scheduling system could be adopted.

Texas Health & Safety Code, Section 555.025 requires SSLCs to install and operate video surveillance equipment at the facilities for the purpose of detecting and preventing the abuse, neglect, or exploitation of residents. HHSC is currently responsible for the system, which is outdated. Through this item, HHSC will keep up with technology without being responsible for constant updates to its own system.

Current bandwidth at the facilities is insufficient to support telemedicine needs and presents challenges to providing modern care due to bandwidth limitations (e.g., video cuts out and does not always work appropriately). Better IT infrastructure would improve programmatic usage.

PCLS TRACKING KEY:

not applicable

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Targeted projects to increase efficiency, ensure quality care and operations, and protect the use of state resources include the following:

1. A statewide electronic employee scheduling system, which would automate intensive manual scheduling and timekeeping processes, improve record-keeping, and focus more staff time and attention on individuals receiving services.
2. Enhancements to the electronic life record (Integrated Resident Information System, or IRIS) at the SSLCs to maximize system functionality and ensure sustainability of the application with staff training and system support. Additionally, given the success of IRIS implementation at the SSLCs, and with recent changes to oversight of the Rio Grande State Center ICF, the division seeks funding to implement IRIS at the Rio Grande State Center ICF.
3. Basic fiber and cabling for increased bandwidth and expansion of wireless networks at the facilities, both of which are necessary to successfully employ telemedicine and other modern day practices.
4. A more cost effective video surveillance system at all state operated facilities. SSLCs are required by statute to have a video surveillance system, and currently, the servers hosting this video footage are well past their expected lifetime. Currently, the state hospitals also employ the use of cameras as a security measure. This item presents an opportunity for the newly formed division to achieve cost savings through a single contract for all video surveillance.
5. Software and communications equipment to support facility support services staff, ensuring construction and maintenance processes.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

- *Electronic Scheduling System – Increase in time spent on delivery of services to patients, instead of the intensive manual scheduling and timekeeping
- *Implementation of EHR – More efficient management, communication and reporting of patient information compared to a paper based system

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*Infrastructure Upgrades – Improved Video Surveillance and Telemedicine resulting in patient safety and more efficient/timely delivery of medical care to patients

OUTPUTS:

- *Duration of time to share patient data with providers
- *Duration of time to generate reports and billing
- *Time spent on employee scheduling compared to the manual process
- *Time it takes for a patient to see a provider
- *Increased patient and staff safety monitoring

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

The solutions alternatives have not been determined with the exception of the implementation of the EHR system which is already being used at SSLCs.

IRIS is currently implemented at SSLCs, and expansion to RGSC and to enhance the system are thought to be more affordable than system replacement.

Fiber and Cabling is necessary to increase bandwidth for telemedicine use. No technical alternatives are known to exist if modern technology is to be used in state hospitals and state supported living centers.

Video Surveillance: HHSC maintained servers and video equipment have been utilized. SSLCs have a contract for video surveillance and individual state hospitals have contracts as well. At this time, it is thought to be cheaper to have leased equipment covered by a single contract than separate operations and HHSC-owned servers.

Although the implementation can happen over multiple years, the initial cost related to hardware and software may need to occur at the initial start of the project, therefore scaling across multiple years may not be feasible.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$23,294,515	\$6,810,000	\$3,800,000	\$3,800,000	\$3,800,000	\$41,504,515

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$23,294,515	\$6,810,000	\$3,800,000	\$3,800,000	\$3,800,000	\$41,504,515

4.A. Exceptional Item Request Schedule
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DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION						Excp 2020	Excp 2021
FTE								
		2018	2019	2020	2021	2022	2023	2024
		0.0	0.0	2.0	2.0	2.0	2.0	2.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

IT maintenance and personnel costs.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$3,895,662	\$3,895,662	\$3,895,662

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 99.00%

CONTRACT DESCRIPTION :

- *Scheduling Implementation and Licensing - An Request for Proposal(RFP) will be issued for the solution
- *SSLC - IRIS - Rio Grande Implementation - A Request for Proposal(RFP) will be issued for the implementation, in house resources are not available for the implementation.
- *Cerner Licenses will be procured through DIR or a Cerner Amendment, depending on the best cost to the agency.
- *SSLCs (IT Infrastructure) - For any components that are not covered under an agency contract IT will determine the procurement process, depending on the amount of the purchase
- *Hospitals - Fiber and Cabling – Request for Proposal(RFP) will be issued for the solution
- *Video Surveillance – Request for Proposal(RFP) will be issued for the solution
- *Tablets, Data Plans and End User Devices - Seat management contracts

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name: Improve Capacity for Community Inpatient Psychiatric Services
Item Priority: 27
IT Component: No
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 07-02-02 Mental Health Community Hospitals

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	277,476	277,476
1002	OTHER PERSONNEL COSTS	4,800	4,800
2001	PROFESSIONAL FEES AND SERVICES	2,000	2,000
2003	CONSUMABLE SUPPLIES	1,000	1,000
2005	TRAVEL	9,960	9,960
2009	OTHER OPERATING EXPENSE	261,623	233,385
4000	GRANTS	19,162,500	19,162,500
TOTAL, OBJECT OF EXPENSE		\$19,719,359	\$19,691,121

METHOD OF FINANCING:

1	General Revenue Fund	19,719,359	19,691,121
TOTAL, METHOD OF FINANCING		\$19,719,359	\$19,691,121

FULL-TIME EQUIVALENT POSITIONS (FTE):

	4.10	4.10
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DESCRIPTION / JUSTIFICATION:

This item provides funds to expand the state's network of inpatient psychiatric beds to provide short-term acute stabilization services for individuals with mental illness in need of services. Funds will be used to contract with local mental health authorities (LMHAs) for the purchase of 75 additional inpatient psychiatric beds.

Need for community inpatient psychiatric beds consistently exceeds bed availability. Population growth and an increasing percentage of forensic patients in the state hospitals has reduced the availability of beds for civilly committed persons. As a result, large numbers of persons with mental illness are waiting in local jails, emergency departments, and less safe community settings for a community bed to become available. Providing stabilization services close to home facilitates rapid transition back to the community and continuity of care.

EXTERNAL/INTERNAL FACTORS:

Local governments and hospitals bear the cost of paying for patients who are waiting for a psychiatric hospital bed, as existing contract beds are at 100 percent occupancy and many LMHAs do not receive any funds for community inpatient beds.

Expanding the number of purchased community inpatient beds also complements the Comprehensive Inpatient Mental Health Plan for state hospitals, as the plan bases

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projections for future state hospital capacity needs on a redefinition of state hospitals as primarily tertiary and forensic care facilities. Community beds are therefore needed to provide initial assessment, crisis management, and short-term recovery care for voluntary and involuntary civil patients.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Continued funding to maintain expanded capacity.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$19,691,122	\$19,691,122	\$19,691,122

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 98.00%

CONTRACT DESCRIPTION :

Funds will be used to contract with Local Mental Health and Behavioral Health Authorities for the purchase of inpatient bed days from local hospitals.

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Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities		
	Item Priority: 28		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-03-01 Home and Community-based Services (HCS)		
	01-03-03 Deaf-Blind Multiple Disabilities (DBMD)		
	01-03-04 Texas Home Living Waiver		
	02-01-01 Medicaid Contracts and Administration		
	08-01-01 Health Care Facilities & Community-based Regulation		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,916,649	1,916,649
1002	OTHER PERSONNEL COSTS	33,600	33,600
2001	PROFESSIONAL FEES AND SERVICES	437,145	10,000
2003	CONSUMABLE SUPPLIES	13,000	13,000
2004	UTILITIES	8,640	8,640
2005	TRAVEL	320,500	320,500
2007	RENT - MACHINE AND OTHER	600	600
2009	OTHER OPERATING EXPENSE	595,148	340,811
3001	CLIENT SERVICES	69,557,305	208,667,755
	TOTAL, OBJECT OF EXPENSE	\$72,882,587	\$211,311,555
 METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	41,497,888	124,762,451
93.778.003	XIX 50%	1,662,641	1,321,900
758	GR Match For Medicaid	29,722,058	85,227,204
	TOTAL, METHOD OF FINANCING	\$72,882,587	\$211,311,555
	FULL-TIME EQUIVALENT POSITIONS (FTE):	32.60	32.60

DESCRIPTION / JUSTIFICATION:

This item would provide funds to support replacing the current day habilitation service with a new, more integrated service called individualized skills and socialization (ISS). ISS will be provided either on-site (center-based) or off-site, and will provide rehabilitative services focused on helping an individual increase independence and autonomy. This item also supports necessary changes to the delivery of day habilitation by outlining a rate structure for ISS to ensure compliance with federal regulations. This exceptional

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item will provide 32 additional staff to allow HHSC to provide for increased oversight of day habilitation providers, which is critical to ensuring ongoing compliance with the federal regulation and state standards. Staff will support regulatory functions and utilization management and review.

Changes to the day habilitation service provided in three 1915(c) waiver programs for individuals with intellectual and developmental disabilities (IDD) are necessary to comply with federal regulations for settings for home and community-based services (HCBS).

The current day habilitation model in the Home and Community-based Services (HCS), Texas Home Living, and Deaf-Blind Multiple Disabilities (DBMD) waiver programs does not comply with requirements for community integration. According to the federal regulation, State compliance is required by March 2022. Previous HHSC assessments indicate individuals receiving HCBS need more resources to maximize their participation in the community.

EXTERNAL/INTERNAL FACTORS:

Effective March 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations requiring states to ensure all HCBS settings integrate individuals in and provide full access to the community, including engagement in community life, integrated work environments, and control of personal resources. State compliance is required by March 2022. The State risks loss of federal match for services provided in noncompliant settings after March 2021.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$211,422,897	\$211,422,897	\$211,422,897

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Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Addressing Major Building, Fleet, and Equipment Failures at State Hospitals and SSLCs		
	Item Priority: 29		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	07-04-01 Facility Program Support		
	07-04-02 Capital Repair and Renovation at SSLCs, State Hospitals, and Other		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	688,356	688,356
1002	OTHER PERSONNEL COSTS	9,600	9,600
2005	TRAVEL	216,000	216,000
2009	OTHER OPERATING EXPENSE	141,829	85,424
5000	CAPITAL EXPENDITURES	292,928,685	0
	TOTAL, OBJECT OF EXPENSE	\$293,984,470	\$999,380
 METHOD OF FINANCING:			
1	General Revenue Fund	22,300,814	999,380
780	Bond Proceed-Gen Obligat	271,683,656	0
	TOTAL, METHOD OF FINANCING	\$293,984,470	\$999,380
 FULL-TIME EQUIVALENT POSITIONS (FTE):		 8.10	 8.10

DESCRIPTION / JUSTIFICATION:

Ensuring the safety of individuals served at state hospitals and State Supported Living Centers, their visitors, and staff is one of HHSC's most critical responsibilities. This item addresses major issues with buildings, fleet, and equipment, including:

- Funding for fleet maintenance and replacement. Of 1,643 vehicles in the HHSC fleet, 1,115 meet replacement criteria; 487 of these vehicles are included in this request. Forklifts and non-highway utility all-terrain vehicles are also necessary for material handling and 14 are added to this request. Capital authority and carryforward will be necessary.
- Funding to replace laundry equipment. The regional laundry model has reduced costs, as paying for laundering services has proven to be more costly and is increasingly unavailable due to challenges associated with high volume, high demand and highly soiled laundry. To effectively operate the regional model, capital purchase of laundry equipment is required.
- Funding for necessary repair and renovation projects and 8 FTEs (including FTE out-year costs) to manage the associated projects, including roofing projects. Though the 85th legislature appropriated a significant amount of funds to address repair and renovation, the needs of the state hospitals and SSLCs are still extensive. Capital authority and carry forward of construction funds may be required.
- Funding to address ligature risks that threaten Centers for Medicare & Medicaid Services (CMS) certification. Due to this, state hospitals must address risks in patient

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bedrooms, bathrooms, and quiet rooms. Recent changes in CMS/Joint Commission perspective on ligature remediation requirements have highlighted the need to expand ligature remediation effort into other patient areas as well.

Without funding, facility conditions will degrade and there will be increases in facility-related compliance issues.

EXTERNAL/INTERNAL FACTORS:

HHS 10-year plan, as well as industry standards, call for the routine maintenance and eventual replacement of various vehicles and laundry facility equipment.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain funding for requested staff should this item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$999,380	\$999,380	\$999,380

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 83.00%

CONTRACT DESCRIPTION :

Construction and A/E contracts for maintenance and Construction projects.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Data Center Services Projects		
	Item Priority: 30		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	976,118	976,118
1002	OTHER PERSONNEL COSTS	14,400	14,400
2001	PROFESSIONAL FEES AND SERVICES	6,368,457	4,520,525
2004	UTILITIES	12,960	12,960
2009	OTHER OPERATING EXPENSE	2,641,944	635,068
5000	CAPITAL EXPENDITURES	11,192,482	6,892,482
TOTAL, OBJECT OF EXPENSE		\$21,206,361	\$13,051,553

METHOD OF FINANCING:

1	General Revenue Fund	7,961,336	4,738,851
555	Federal Funds		
10.561.000	State Admin Match SNAP	1,569,413	986,231
93.558.000	Temp AssistNeedy Families	82,280	51,703
93.558.667	TANF to Title XX	8,381	5,266
93.767.000	CHIP	501,832	315,354
93.778.003	XIX 50%	4,670,110	2,929,448
758	GR Match For Medicaid	4,804,330	3,013,792
777	Interagency Contracts	207	131
8010	GR Match For Title XXI	39,059	24,546
8014	GR Match for Food Stamp Admin	1,569,413	986,231
TOTAL, METHOD OF FINANCING		\$21,206,361	\$13,051,553

FULL-TIME EQUIVALENT POSITIONS (FTE):

52.80	52.80
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DESCRIPTION / JUSTIFICATION:

HHSC requests funding to improve security, migrate to the data center and remediate applications to address compliance and security concerns:

*Hardware and Software Security Currency in DIR State Data Centers – to provide new hardware and software needed to ensure the security of sensitive client data.

*Migrate Third Party Websites into DIR State Data Center - to migrate externally-hosted websites to DCS and provide additional support to properly manage domain names,

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security certificates and platforms to host the more than 500 HHS websites (Government Code 2054, SubChapter L).

*Migrate HHSC DCS Exempted Systems into DIR State Data Centers - to migrate six Data Center Services (DCS) systems in order to avoid security breaches that can threaten the security of sensitive client data and impact continuity of services.

*Upgrade WebSphere Environment in DIR State Data Center – to upgrade the WebSphere 7x environment in the consolidated data centers to maintain security compliance. WebSphere is a critical component of how HHSC’s applications are supported, and the current iteration of WebSphere is significantly out of date.

*Legacy Application Hardware & Software Remediation - to remediate out of date hardware and software to ensure compliance with agency rules and internal and external audit findings

* Legacy Long Term Care Applications Modernization - to migrate key functions from CARE to more updated technology and is a necessary step to improve functionality.

Failure to upgrade applications may result in security vulnerabilities and put client data at risk and result in additional costs for support and maintenance imposed by the Department of Information Resources (DIR).

EXTERNAL/INTERNAL FACTORS:

Tx Govt Code 2054, SubChapter L, requires HHSC to participate in the statewide Data Center Services program administered through and by the DIR.

*Hardware & Software Security Currency – HHS is out of compliance on Govt Code 2054 and DIR IAC number 529-13-0088-0001 between HHSC and DIR, requiring HHSC to maintain current hardware and software to ensure the security of all DCS participating agencies.

*Migrate Third Party Websites - require support to do two major tasks: 1) Support the transfer of the 54 third party websites to our server for improved security infrastructure and 2) Support more than 500 existing HHS websites to properly manage domain names, security certificates and platforms to host the websites.

*Migrate DCS Exempted Sys - has temporary exemptions from DIR that are expiring and we need to work with DIR to begin the process of moving these into DCS.

*Upgrade WebSphere Environment – The IAC between HHSC and DIR requires compliance with technology currency to ensure the security of all DCS participating entities. HHSC participates in the DCS governance which includes the approval of technology currency versions.

* Application Hardware & Software Remediation - Tx Admin Code 2054 requires agency systems to be housed in the consolidated data centers at current hardware and software versions; Tx Admin Code 202 established a baseline of security standards for Texas state agencies to safeguard their information systems and assets; HHSC Security Monitoring and Application Remediation Task Force (SMART) Vulnerability Report provided application security vulnerabilities; DADS Electronic Information Resources (EIR) Accessibility assessment, provided application accessibility compliance; and audit findings.

* Long Term Care Applications Modernization – In compliance with IACs with DIR, required to maintain hardware and software currency to ensure the security of all Data Center Services participating agencies.

PCLS TRACKING KEY:

Shown in Description field

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

*DCS - Hardware and Software Security Currency in DIR State Data Centers - This request is to procure upgrade services for DSHS and HHSC servers and system software scheduled to be out-of-support in fiscal years 2020 and 2021. HHSC expects to have to procure additional software licenses as well as servers through the Department of Information Resources Data Center Services (DCS) Program in support of the affected programs/systems. Additional software licenses are required due to the age of the current products and new technologies requiring increased volumes to align with license calculation methodologies. This project will require two contractor business analysts and four contractor developers to coordinate the upgrades and timely decommissions.

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*DCS - Migrate Third Party Websites into DIR State Data Centers - This request will require HHSC to expand the existing website environment within the DCS program to enable the migration of the externally hosted websites as well as procure additional infrastructure in support of the over 500 existing HHSC websites plus new website development. HHSC will have to procure additional software licenses as well as server and storage environments in support of these websites. HHSC will need to hire 12 FTE resources to support website infrastructure support, certification management, domain name management and content management platform support for all of these websites.

*DCS - Migrate HHSC DCS Exempted Systems into DIR State Data Centers - This request is to procure the DCS infrastructure resources to enable the migration of the six previously exempted programs from external Third Party vendors into the DCS program. HHSC expects to have to procure additional software licenses as well as servers and storage in support of the affected programs.

*DCS - Upgrade WebSphere Environment in DIR State Data Center - This request is to expand the existing WebSphere environment within the DCS program to enable the upgrade and migration of applications using older, unsupported, versions of WebSphere to current versions. WebSphere is an IBM software framework and middleware product that allows agencies to create and integrate applications with other applications. Most commonly at HHSC, WebSphere is used to integrate the web-based front-end of an application with the database, portal, and applications. HHSC will need to procure additional IBM WebSphere licenses and server infrastructure to upgrade from end-of-life versions of WebSphere. Failure to upgrade the WebSphere 7x environment to manufacturer supported versions will cause HHSC to be out of compliance with DCS technology and security requirements. As WebSphere applications have a web-based front-end, the risk of malware and other cybersecurity risks increase. In 2004, HHSC implemented technology standards which identified IBM WebSphere as the standard for middleware technologies. In an effort to remove the dependency on the higher priced IBM WebSphere, HHSC has considered migration to other platforms; however, this requires code remediation to apply the technological requirements of other middleware products for which time and costs are not always feasible. HHSC will consider future migrations to non-WebSphere middleware platforms as programs undergo code remediation or when new programs are introduced.

*DCS - Legacy Application Hardware & Software Remediation -Migrating contract fields from the Long Term Care (LTC) Provider system to the Centralized Accounting and Payroll/Personnel System (CAPPS) System and Contract Operation and Reporting (SCOR) System; Updating software components to Legacy DADS applications (Code Tables, Provider Contracts, Provider rates, Employee Misconduct Registry Tracking Tool, Service Authorization System Online (SASO) Admin Utility, and Eligibility Determination & Notification (EDEN) system; Remediating Smartscan security findings; Standardizing the application server software for the Community Care Reading System (CC-CRS), Community Services Interest List (CSIL), and Intake (NTK) systems; *Consolidating and remediating security issues on the Accounts Receivable Tracking Systems (ARTS); *Updating the operating system and database of Community Health Clinic Locator (CHCL) and Children and Pregnant Women (CPW) applications

*DCS - Legacy Long Term Care Applications Modernization - HHSC IT will modify or enhance the following key systems and applications to support the requested functionality:

1. Intellectual Client Assignment and Registration System (ID CARE)
2. Service Authorization System (SAS) and Service Authorization System Online (SASO)
3. Long Term Care (LTC) Provider.

The first system (1) resides on the IBM mainframe. SASO and LTC Provider are Server/Client based solutions. The mainframe items that will be moved to the Server / Client solutions are (1) Enhance Rate System and Rate Op Out (2) Money Follows the Person (MFP), and (3) A&D Data Mart data.

PCLS Tracking Key: PCLS_86R_529_431220, PCLS_86R_529_431221, PCLS_86R_529_431222, PCLS_86R_529_431223, PCLS_86R_529_431224 & PCLS_86R_529_431225

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Health and Human Services Commission

CODE DESCRIPTION

Excp 2020

Excp 2021

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

The Texas Department of Information Resources currently has two Outcome Measures associated with the Data Center Services program. Both are key performance measures:

- Percent of monthly minimum service level targets achieved for data center services
- Percentage of customers satisfied with data center services contract management

OUTPUTS:

The Texas Department of Information Resources does not currently have enterprise level Output Measures incorporated into the Agency Strategic Plan for the data center services program. However, the data center services contracts currently include 76 critical service levels and 52 key service levels, shared among the three service providers. These service levels are tracked and reported monthly and form the basis for the key Outcome Measure noted above.

TYPE OF PROJECT

Data Center Consolidation

ALTERNATIVE ANALYSIS

The alternative analysis Gartner conducted in 2005 for the first DCS contract with IBM continues to provide relevant alternative analysis for the Data Center Services program. The "Expenditure and Facilities Assessment, Validation and Analysis" report analyzed various consolidation processes including in-sourcing (state agency consolidation maintained by state staff) and various outsourcing options (use of state facilities, use of vendor facilities, awarding to multiple service providers, etc.). The review considered technical requirements, timing, risk, savings, and applicable state procurement laws. Based on these and other parameters, Gartner, Inc., recommended an outsourced solution utilizing 2-3 state facilities.

*DCS - Hardware and Software Security Currency in DIR State Data Centers - This request is scalable based on compliance. Priority can be given to higher security risk systems and/or systems for which extended manufacturer support have higher costs.

*DCS - Migrate Third Party Websites into DIR State Data Centers - This request is scalable. partially funded, HHSC would attempt to obtain DCS program exemption for the current identified websites and continue to extend existing Third Party hosting contracts for these websites. We would work to stand up new website environments in the DCS program contingent on funding.

*DCS - Migrate HHSC DCS Exempted Systems into DIR State Data Centers - Alternatives include requesting DIR to extend current DCS exemptions to allow existing outsourced contracts to continue. If exemptions are granted, HHSC can migrate some systems and require the HHSC program areas to develop new contracts for outsourced support.

*DCS - Upgrade WebSphere Environment in DIR State Data Center - In an effort to remove the dependency on the higher priced IBM WebSphere, HHSC has considered migration to other platforms; however, this requires code remediation to apply the technological requirements of other middleware products for which time and costs are not always feasible. HHSC will consider future migrations to non-WebSphere middleware platforms as programs undergo code remediation or when new programs are introduced. Due to DCS licensing costs, scalability is very minimal.

*DCS - Legacy Application Hardware & Software Remediation - The alternative is to continue with the current state of the systems if no funding is provided. The project is

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scalable in that the applications are independent from each other. HHSC would remediate specific applications, choosing which ones we benefit from the most.

*DCS - Legacy Long Term Care Applications Modernization - The alternative is to continue with the existing applications if no funding is provided. Slowing the initiative delays the time in migrating applications off of the IBM mainframe. The project can be scalable in that the mainframe programs are not dependent on each other. HHSC would slow the modernization effort and take a smaller portion of the applications to modern platforms.

*DCS - Legacy DSHS Application Remediation - As an alternative, HHSC and DSHS could continue to run the software applications in their current operating system environments, incurring the associated cost and risk. The project can be scalable in that the programs are not dependent on each other.

*DCS - DSHS Data Center Consolidation - As an alternative, DSHS could run applications outside of DCS and delay recommended refreshes. The project can be scalable in that the programs are not dependent on each other.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$289,634	\$289,634	\$20,309,612	\$12,521,679	\$7,091,662	\$6,886,662	\$6,886,662	\$54,275,545

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$289,634	\$289,634	\$17,459,709	\$10,745,851	\$6,468,247	\$6,314,497	\$6,314,497	\$47,882,068

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	52.0	40.0	12.0	12.0	12.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

*DCS - Hardware and Software Security Currency in DIR State Data Centers - There will be ongoing costs for the continued maintenance of software licenses and refreshed hardware.

*DCS - Migrate Third Party Websites into DIR State Data Centers - There will be ongoing operating costs for maintenance and support for the server and storage infrastructure as well as the ongoing maintenance costs for the related software products' licenses and the continuation of state staff to provide the support outlined above.

*DCS - Migrate HHSC DCS Exempted Systems into DIR State Data Centers - There will be ongoing costs for the continued operating costs and maintenance of the infrastructure.

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
*DCS - Upgrade WebSphere Environment in DIR State Data Center-	There will be ongoing costs for the continued operating costs of the server and storage infrastructure as well as the ongoing maintenance costs for the IBM WebSphere licenses.		
*DCS - Legacy Application Hardware & Software Remediation -	Additional ongoing data storage costs with the Department of Information Resources Data Center Services at \$4k per fiscal year.		
*DCS - Legacy Long Term Care Applications Modernization -	Additional ongoing data storage costs with the Department of Information Resources Data Center Services at \$4k per fiscal year.		
*DCS - Legacy DSHS Application Remediation -	Additional ongoing data storage costs with the Department of Information Resources Data Center Services at \$4k per fiscal year.		
*DCS - DSHS Data Center Consolidation -	There will be ongoing costs for the continued maintenance of software licenses and refreshed hardware.		

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$7,091,662	\$6,886,662	\$6,886,662

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 94.00%

CONTRACT DESCRIPTION :

*DCS - Hardware and Software Security Currency in DIR State Data Centers - HHSC procures the DCS services from DIR through the established IAC number 529-13-0088-0001. HHSC would procure these exceptional items requests through the already established contract; expanding the operating costs of the already established contract. Additionally, staff augmentation contractors will be required to coordinate the upgrades and timely decommissions. Resources will be competitively procured using the Information Technology Staff Augmentation Contracting (ITSAC) process as specified by the Department of Information Resources.

*DCS - Migrate Third Party Websites into DIR State Data Centers - HHSC procures the DCS software and hardware from DIR through the established IAC number 529-13-0088-0001. HHSC would procure these exceptional items requests through the already established contract; expanding the operating costs of the already established contract.

*DCS - Migrate HHSC DCS Exempted Systems into DIR State Data Centers - HHSC procures the DCS services from DIR through the established IAC number 529-13-0088-0001. HHSC would procure these exceptional items requests through the already established contract; expanding the operating costs of the already established contract.

*DCS - Upgrade WebSphere Environment in DIR State Data Center- HHSC procures the DCS services from DIR through the established IAC number 529-13-0088-0001. HHSC would procure these exceptional items requests through the already established contract; expanding the operating costs of the already established contract.

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*DCS - Legacy Application Hardware & Software Remediation - Staff Augmentation contractors will be required to perform the majority of the remediation efforts. Resources will be competitively procured using the Information Technology Staff Augmentation Contracting (ITSAC) process as specified by the Department of Information Resources.

*DCS - Legacy Long Term Care Applications Modernization - Specific skills sets will be required to augment resources currently available within state resources. Staff Augmentation contractors will be competitively procured using the Information Technology Staff Augmentation Contracting (ITSAC) process as specified by the Department of Information Resources.

*DCS - Legacy DSHS Application Remediation - The Agency requests to upgrade the technology stack for multiple software application environments. HHSC IT staff are at capacity for maintenance and project support with a backlog of unmet demand for new work. The contract will be a staff augmentation or Deliverables-Based IT Services (DBITS), for information systems. The term of the contract will be for two years.

*DCS - DSHS Data Center Consolidation - DSHS procures the DCS software and hardware from DIR through the established IAC. DSHS would procure these exceptional items requests through the already established contract; expanding the operating costs of the already established contract.

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Item Name:	Child Care Licensing New License Types
Item Priority:	31
IT Component:	Yes
Anticipated Out-year Costs:	Yes
Involve Contracts > \$50,000:	Yes
Includes Funding for the Following Strategy or Strategies:	12-01-02 Information Technology Capital Projects Oversight & Program Support

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	8,896	4,448
2001	PROFESSIONAL FEES AND SERVICES	2,377,716	1,088,857
2009	OTHER OPERATING EXPENSE	188,994	51,641
TOTAL, OBJECT OF EXPENSE		\$2,575,606	\$1,144,946

METHOD OF FINANCING:

1	General Revenue Fund	2,575,606	1,144,946
TOTAL, METHOD OF FINANCING		\$2,575,606	\$1,144,946

FULL-TIME EQUIVALENT POSITIONS (FTE):

	11.70	5.60
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DESCRIPTION / JUSTIFICATION:

This item would fund the enhancement of the Child-Care Licensing Automated Support System (CLASS) to accommodate four new license types created by the legislature when it passed House Bill 7 (85R).

The Child Care Licensing (CCL) Division is responsible for protecting the health, safety, and well-being of Texas children who reside in or attend child-care operations. The program regulates licensed child care homes, day care centers, registered family homes, listed family homes, child-placing agencies, general residential operations, independent family and group foster homes, collectively referred to as child-care operations. CCL issues licenses to and regulates child-care administrators. Texas Human Resources Code, Section 42.002, amended in 2017, created definitions of the following new license types: continuum of care operation, cottage home operation, cottage family home, and specialized child-care home. References to the new operation types requiring licenses were also updated in Sections 42.041(b), 42.042, 42.0421(e), 42.044(e), 42.0448, 42.0449, 42.045(d), 42.0451, 42.0452, 42.046, 42.0561, and 42.063(d).

The current CLASS consists of a web application used by HHSC/DFPS Inspectors and Investigators; a Public and Provider website used by external users and the general public; and a mobile version of the CLASS system called CLASSMATE used by inspectors and investigators. These applications must be enhanced to accommodate the new license types, and the implementation cost of these changes was not funded during the 85th Legislative session. Without this funding, it will be difficult to monitor the safety of children in these settings.

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EXTERNAL/INTERNAL FACTORS:

Texas Human Resources Code, Section 42.002, amended in 2017, created definitions of the following new types of definitions: continuum of care operation, cottage home operation, cottage family home, and specialized child-care home. References to the new operation types requiring licenses were also updated at 42.041(b), 42.042, 42.0421(e), 42.044(e), 42.0448, 42.0449, 42.045(d), 42.0451, 42.0452, 42.046, 42.0561, and 42.063(d).

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Below is a high-level description of the new license types:

*Residential Child-Care Facility - This license type allows one license to cover multiple services such as a Child Placing Agency (CPA) and/or General Residential Operation (GRO) with multiple types. The license is not specific to one location. It allows children to move between a continuum of placements within the same license.

*Child Placing Agency - This follows the current CPA license type, but eliminates foster group homes and limits foster family homes to a capacity of 6. However, it does allow a capacity of 8 with a waiver.

*Specialized Child-Care Operation - This replaces the Independent Foster Home (IFH) license types. The homes will not have to be a primary residence of the caregiver and limited to a capacity of 6, but will allow a capacity of 8 with a waiver. It will require a houseparent(s) with a director to oversee the operation. This license type will handle operations focusing on a specialized population of children.

*Foster Family Operation - This is similar to the current GRO license, but allows multiple foster family homes with a houseparent(s) in each foster family homes with oversight by an administrator. Homes will be limited to a capacity of 6, but will allow a capacity of 8 with a waiver.

*General Residential Operation - This is similar to the current GRO license type. Capacity will be changed to serve 7 or more children. This will include the Residential Treatment Centers (RTC), group care, and emergency shelters.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

Implementing the 5 new license types in CLASS, CLASSMATE, and Public & Provider will allow CCL to regulate the new license types as defined in Human Resources Code Section 42.002 as amended through SB2108 of the 85th Texas Legislative Session.

OUTPUTS:

The changes to the CLASS, CLASSMATE, and Public & Provider applications will allow CCL to regulate the 5 new license types as well as the 3 existing license types.

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TYPE OF PROJECT

Licensing / Permitting / Monitoring / Enforcement

ALTERNATIVE ANALYSIS

If full funding is not available, the new license types will not be implement. The work has already been scaled to a three year effort versus a two year effort.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,377,716	\$1,088,857	\$1,113,857	\$0	\$0	\$4,580,430

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,377,716	\$1,088,857	\$1,113,857	\$0	\$0	\$4,580,430

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	11.7	5.6	5.6	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year cost is continuation of staff aug contractors for system changes. This project will span two biennium (2020-2021 and 2022-2023) with the schedule dependent on contract award.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$1,113,857	\$1,113,857	\$0

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 93.00%

CONTRACT DESCRIPTION :

The project would be achieved through multiple contract vehicles including Request for Proposal, DBITS and staff augmentation contracts.

Agency code: **529** Agency name:

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Increase Availability of Child Advocacy Services Throughout the State for CASA and CACs Item Priority: 32 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 06-03-02 Child Advocacy Programs		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	4,000,000	4,000,000
TOTAL, OBJECT OF EXPENSE		\$4,000,000	\$4,000,000

METHOD OF FINANCING:

1	General Revenue Fund	4,000,000	4,000,000
TOTAL, METHOD OF FINANCING		\$4,000,000	\$4,000,000

DESCRIPTION / JUSTIFICATION:

Additional funding would allow CACTX to maintain levels of funding to keep local CACs whole, to meet the tremendous growth in demand for CAC services which would in turn increase direct services to abused children, expand capacity to facilitate collaborative joint investigations of critical child sexual and physical abuse cases, and strengthen the ability to facilitate joint investigations using real-time notifications of abuse from the DFPS Statewide Intake system.

Additional funding would also allow Texas CASA to serve more children entering the foster care system. This request is intended to cover the anticipated costs of continued expansion of volunteers and children served across the CASA network. In fiscal year 2017, CASA experienced a 6.4 percent growth in children served and a 14% increase in volunteers, serving 58.4 percent of children in state care. This item requests \$8,000,000 to increase the availability of child advocacy capacity and services for children's advocacy programs. This request will help to increase direct care services, facilitate more joint investigations of child abuse cases and ensure that all children in foster care have an advocate.

EXTERNAL/INTERNAL FACTORS:

Senate Bill 354, 84th Legislature, Regular Session, 2015, transferred the powers and duties for contracting authority from the Office of the Attorney General to the Health and Human Services Commission (HHSC) for children's advocacy programs. HHSC contracts with the Texas Court Appointed Special Advocates (Texas CASA) and Children's Advocacy Centers of Texas (CACTX) to provide support for the protection of abused and neglected children.

CACTX develops and supports local child advocacy centers offering a multidisciplinary team approach in the investigation and prosecution of child physical and sexual abuse cases. This team is comprised of law enforcement, child protective services, prosecution, and medical and mental health professionals who develop effective, coordinated strategies sensitive to the needs of each case and child. CACTX operates 71 local CACs. In fiscal year 2017, CACTX served 41,238 children across 236 counties.

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Texas CASA develops and supports local CASA programs through curriculum development for court-appointed volunteers and local staff training on CASA standards. Each court-appointed volunteer represents children ages 0-18 in the child protection system of the Texas Department of Family and Protective Services (DFPS). Texas CASA operates 71 local CASA programs. In fiscal year 2017, Texas CASA served 29,747 children across 217 counties.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

This would allow us to increase the availability of child advocacy capacity and services for children's advocacy programs. This request will help to increase direct care services, facilitate more joint investigations of child abuse cases and ensure that all children in foster care have an advocate.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2022</u>	<u>2023</u>	<u>2024</u>
\$4,000,000	\$4,000,000	\$4,000,000

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

This would allow us to increase the availability of child advocacy capacity and services for children's advocacy programs. This request will help to increase direct care services, facilitate more joint investigations of child abuse cases and ensure that all children in foster care have an advocate.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Ensure Sustainability of Home Delivered Meals Program to Support Older Texans Item Priority: 33 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 06-01-02 Non-Medicaid Services		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	3,894,973	3,894,973
TOTAL, OBJECT OF EXPENSE		3,894,973	3,894,973

METHOD OF FINANCING:

1	General Revenue Fund	3,894,973	3,894,973
TOTAL, METHOD OF FINANCING		3,894,973	3,894,973

DESCRIPTION / JUSTIFICATION:

This item would fund an increase in the maximum rate for Title XX Home Delivered Meals (HDM) to \$5.42 per meal, from the current \$4.95 maximum. The requested 9.5 percent increase from the current rate of \$4.95 per meal will partially offset effects of past inflation. HDM programs began in 1975 and continue to serve as a cornerstone to independent living and healthy aging.

As the older population in Texas grows, HDM programs allow more individuals to age in place without needing to access more costly Medicaid long-term services and supports, including placement in a nursing facility. Additional funding will allow local Area Agencies on Aging (AAAs) and other contracted providers to continue providing nutrition services to older individuals and people with disabilities who are not yet eligible for Medicaid. Without additional funding, a rate increase could only be achieved by reducing the number of meals provided despite growing demand.

EXTERNAL/INTERNAL FACTORS:

HDM program funding has not kept pace with inflation and the growth of the program. The rate was increased to \$4.95 per meal in 2007, but has only increased by \$0.07 since 1993.

PCLS TRACKING KEY:

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$3,894,973	\$3,894,973	\$3,894,973

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Services provided are delivering meals to approximately 100,000 Texans daily. Providing meals enables seniors to remain more healthy and independent in their own homes, where they want to be, avoiding far more costly healthcare alternatives, such as unnecessary trips to the emergency room, hospitalizations and nursing home placements.

Funds will support client services through contracts with Home Delivered Meal providers.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	<p>Item Name: Enhance Services for the Family Violence Program Item Priority: 34 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 06-03-01 Family Violence Services</p>		
OBJECTS OF EXPENSE:			
4000	GRANTS	1,500,000	1,500,000
TOTAL, OBJECT OF EXPENSE		1,500,000	1,500,000
METHOD OF FINANCING:			
1	General Revenue Fund	1,500,000	1,500,000
TOTAL, METHOD OF FINANCING		1,500,000	1,500,000

DESCRIPTION / JUSTIFICATION:

This request is for \$3,000,000 to enhance services, including additional legal, mental health and economic stability services dedicated to addressing complex survivor needs and to serve additional clients. Stakeholders, including service providers and victims of family violence, have indicated a need for additional resources to address the increasingly complex and challenging issues facing victims. While shelter and non-residential staff have the skills and training to address many situations, some clients present with issues requiring specialized expertise. A survivor who receives the necessary supports is much more likely to successfully escape an abusive relationship and become self-sufficient. This request is for \$3,000,000 to enhance services, including additional legal, mental health and economic stability services dedicated to addressing complex survivor needs. FVP promotes self-sufficiency, safety and long-term independence for people who have experienced family violence or teen dating violence.

EXTERNAL/INTERNAL FACTORS:

The Texas Health and Human Services Commission (HHSC) administers FVP by supporting a network of domestic violence services through contracts with local community non-profit organizations. These organizations provide shelter services, emergency transportation, intervention services, 24-hour hotlines, and access to emergency medical care. Since its inception in 1981, the HHSC FVP has grown from an original partnership with 6 local shelters to a shelter and service network with 71, 24-hour shelter facilities, 9 non-residential centers, and 25 special non-residential projects. These enhanced services include services for victims with disabilities, child advocacy and prevention activities in schools, and outreach to traditionally underserved geographic areas.

The number of unduplicated clients receiving shelter and/or non-residential services under the traditional family violence services contracts totaled 72,782 in fiscal year 2016, and 71,090 in fiscal year 2017.

PCLS TRACKING KEY:

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

To pay for contracts with family violence centers to provide emergency shelter and/or nonresidential services to adult victims of family violence and their dependent children.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$1,500,000	\$1,500,000	\$1,500,000

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

To pay for contracts with family violence centers to provide emergency shelter and/or nonresidential services to adult victims of family violence and their dependent children.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Attendant Wage Increases		
	Item Priority: 35		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Aged and Medicare-related Eligibility Group		
	01-01-02 Disability-Related Eligibility Group		
	01-02-01 Community Attendant Services		
	01-02-02 Primary Home Care		
	01-02-03 Day Activity and Health Services (DAHS)		
	01-03-02 Community Living Assistance and Support Services (CLASS)		
	06-01-02 Non-Medicaid Services		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	189,818,942	199,573,747
TOTAL, OBJECT OF EXPENSE		\$189,818,942	\$199,573,747

METHOD OF FINANCING:

1	General Revenue Fund	2,203,876	2,203,876
555	Federal Funds		
93.778.000	XIX FMAP	114,541,700	120,757,216
758	GR Match For Medicaid	73,073,366	76,612,655
TOTAL, METHOD OF FINANCING		\$189,818,942	\$199,573,747

DESCRIPTION / JUSTIFICATION:

Attendants assist consumers (aged and disabled) with activities of daily living (toileting, transferring, dressing, grooming, mobility) and instrumental activities of daily living (shopping, cooking, cleaning, accompanying to doctors' appointments).

The 2014-2015 General Appropriations Act, 83rd Legislature, Regular Session, 2013 (Article II, Special Provision 61, Information on Funding Provided for Direct Care Workers and Attendant Wages) provided funds for an increase in the base wage of community attendants to \$7.50 per hour in fiscal year 2014 and \$7.86 per hour in fiscal year 2015.

The 2016-2017 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article II, Special Provision 47, Information on Funding Provided for Attendant Wages) provided funds for an increase in the base wage of community attendants from \$7.86 per hour to \$8.00 per hour.

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The above-referenced funding affected community attendant wages in the following programs: Primary Home Care (to include Community Attendant Services & Family Care) - Non Priority services, Day Activity and Health Services, Residential Care, Medically Dependent Children Program, all associated Consumer Directed Services, and all associated attendant services under managed care.

Rates for community attendant services currently support a minimum attendant wage of \$8.00 per hour. At this hourly wage providers have difficulties hiring and retaining qualified attendants. Providers are required to pay at least the mandated minimum wage to their staff attendants.

EXTERNAL/INTERNAL FACTORS:

With base wages near minimum wage, prospective employees often can earn higher wages in the fast food and other industries that hire low-wage workers. Without an increase to the minimum hourly wage, providers will continue to experience high turnover among community attendants.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$204,033,146	\$204,033,146	\$204,033,146

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Improving Access to Specialty Services for Individuals with Intellectual Disabilities		
	Item Priority: 36		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 07-01-01 State Supported Living Centers		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,003,324	5,994,970
1002	OTHER PERSONNEL COSTS	32,400	64,800
2001	PROFESSIONAL FEES AND SERVICES	248,300	484,054
2005	TRAVEL	9,000	9,000
2009	OTHER OPERATING EXPENSE	71,133	140,443
	TOTAL, OBJECT OF EXPENSE	\$3,364,157	\$6,693,267
 METHOD OF FINANCING:			
1	General Revenue Fund	3,364,157	6,693,267
	TOTAL, METHOD OF FINANCING	\$3,364,157	\$6,693,267
FULL-TIME EQUIVALENT POSITIONS (FTE):		35.00	69.70

DESCRIPTION / JUSTIFICATION:

Individuals with an intellectual or developmental disability (IDD) face challenges finding medical, dental, wheelchair fabrication, and/or therapeutic providers in the community. To address the difficulty individuals face in the community, the Health and Human Services Commission (HHSC) plans to begin offering limited services at one or two State Supported Living Centers (SSLCs) within existing resources. SSLCs would leverage their current physical space and staff expertise for this purpose, but additional staffing will be required for this pilot to be expanded to meet the needs of community clients across the state. HHSC has existing authority for the SSLCs to provide services in the community, under the Human Resources Code, Section 161.080.

This item assumes services would be rolled out to the SSLCs in two phases – three SSLCs each year of the biennium. The item funds clinical staff (e.g., nurses, psychiatrists, dentists) and support staff to operate each clinic; however, it is estimated that physical plant costs associated with setting up each clinic can be absorbed within current resources. HHSC estimates the annual cost to operate would be \$1.1 million per clinic. However, HHSC expects operating costs to be partially offset by revenue from billing Medicaid for the services and become cost neutral two years after a site is fully operational.

EXTERNAL/INTERNAL FACTORS:

Stakeholders across the state recognize a shortage of available services for individuals living with intellectual and developmental disabilities. Establishing clinics at SSLCs would help meet community demand for providers specializing in care for individuals with IDD who may have significant medical and behavioral needs.

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This pilot would also potentially enable more individuals to successfully transition from an SSLC to a less restrictive environment, as residents encounter difficulty transitioning into the community due to a lack of adequate providers.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

HHSC estimates the annual cost to operate would be \$1.1 million per clinic. However, HSCS expects operating costs to be partially offset by revenue from billing Medicaid for the services and become cost neutral two years after a site is fully operational.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$4,953,585	\$1,651,195	\$0

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain Service Levels for Mental Health Grant Programs Item Priority: 37 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 04-02-03 Community Mental Health Crisis Services (CMHCS)		
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	112,500	112,500
4000	GRANTS	11,250,000	11,250,000
TOTAL, OBJECT OF EXPENSE		\$11,362,500	\$11,362,500

METHOD OF FINANCING:

1	General Revenue Fund	11,362,500	11,362,500
TOTAL, METHOD OF FINANCING		\$11,362,500	\$11,362,500

DESCRIPTION / JUSTIFICATION:

This item would maintain fiscal year 2019 funding and service levels for the Community Mental Health Grant Program and the Mental Health Grant Program for Justice-Involved Individuals, established in 2018 as directed by House Bill 13 (85R) and Senate Bill 292 (85R), respectively.

These grant programs support community mental health programs for individuals experiencing mental illness and reduce recidivism rates, arrests, incarceration, and wait times for forensic commitments. Fiscal year 2018 appropriations for these programs were used as “ramp-up”, and additional funds are necessary to maintain the fiscal year 2019 funding levels for the future. Total awards for these programs will be reduced if this item is not funded. While this item is meant to ensure level funding for each grant program overall, it is not intended to sustain individual programs receiving awards during fiscal years 2018 and 2019. Instead, each grant program would solicit new grant project proposals for fiscal year 2020.

EXTERNAL/INTERNAL FACTORS:

These grant programs provide funding to local mental health authorities and other service providers to significantly impact local mental health challenges throughout Texas . Recipients of these grants are required to align programs with the Statewide Behavioral Health Strategic Plan.

PCLS TRACKING KEY:

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$11,362,500	\$11,362,500	\$11,362,500

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Contracts with local mental health authorities and other service providers.

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Support Medically Complex Individuals with IDD Living in Community Settings		
	Item Priority: 38		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	01-03-01 Home and Community-based Services (HCS)		
	02-01-01 Medicaid Contracts and Administration		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	74,548	74,548
1002	OTHER PERSONNEL COSTS	1,200	1,200
2001	PROFESSIONAL FEES AND SERVICES	1,750,195	36,195
2003	CONSUMABLE SUPPLIES	500	500
2005	TRAVEL	1,000	1,000
2009	OTHER OPERATING EXPENSE	17,993	10,969
3001	CLIENT SERVICES	5,999,438	6,020,867
	TOTAL, OBJECT OF EXPENSE	\$7,844,874	\$6,145,279
 METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	3,939,231	3,961,128
93.778.003	XIX 50%	47,621	44,108
93.778.004	XIX ADM @ 75%	1,312,646	27,146
758	GR Match For Medicaid	2,545,376	2,112,897
	TOTAL, METHOD OF FINANCING	\$7,844,874	\$6,145,279
	FULL-TIME EQUIVALENT POSITIONS (FTE):	1.00	1.00

DESCRIPTION / JUSTIFICATION:

This item provides funds to meet needs for some individuals enrolled in the Home and Community-based Services (HCS) Medicaid waiver program with unique medical needs. Additionally, this item would also fund the development of a high medical needs (HMN) support service designed to increase one-to-one medical interventions, transfers, feedings, or other activities of daily living, and nursing tasks delegated by a registered nurse (RN).

Funding from this item would allow individuals who reach the dental services cap (\$2,000 per year), and who meet criteria for health and safety needs, to access to adaptive aid funds (capped at \$10,000 per year). This ensures individuals in HCS can receive quality dental care, which prevents more serious medical conditions from developing due to poor oral health.

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The service would be available in any HCS living setting and in combination with any other HCS program service for individuals who meet the criteria for these supports. Funding HMN will help individuals with significant medical needs avoid hospitalization, ensure health and safety, and increase access to community services.

EXTERNAL/INTERNAL FACTORS:

The 84th Legislature increased the annual dental services cap for HCS from \$1,000 to the current \$2,000. In some instances, however, the current cap does not meet an individual's needs related to medically necessary dental treatment. A part of the waiver population, for either functional or behavioral reasons, requires IV sedation to receive dental services to promote proper dental health. The IV sedation cost, up to \$1,000, must be covered within the cap, lowering available funds for dental treatment.

The 84th Legislature provided funding for adding HMN services; however, the service was not implemented in the 2016-17 biennium due to a prolonged rule development process resulting from extended stakeholder engagement. The rule project was halted when continued funding for the services was not included in the 2018-19 General Appropriations Act.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

HCS Dental: In addition, HHSC needs funds for a contracted dentist to review requests for access to adaptive aid funding. The basis for the cost of these reviews is the current cost for a dental consultant in the CLASS program. The consultant rate is \$95/hour. The cost for the contracted dentist to review 381 cases at one hour per case is \$36,195 per year. HHSC estimates that 40 percent of those who reach the \$2,000 limit will use an average of \$4,000 in adaptive aids funding for dental services. Assuming 381 individuals use \$4000 annually, the total anticipated increase in HCS adaptive aid spending is \$ 1,560,195 for FY 2020 and \$1,581,624 for FY 2021. High Medical Needs: Additional HMN services for 64 individuals per year.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$6,165,448	\$6,165,448	\$6,165,448

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 86.00%

CONTRACT DESCRIPTION :

HCS Dental: In addition, HHSC needs funds for a contracted dentist to review requests for access to adaptive aid funding. The basis for the cost of these reviews is the current cost for a dental consultant in the CLASS program. The consultant rate is \$95/hour. The cost for the contracted dentist to review 381 cases at one hour per case is

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	\$36,195 per year. High Medical Needs : Current TMHP contract.		

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Additional FTEs for Protection of Vulnerable Texans		
	Item Priority: 39		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	08-01-01 Health Care Facilities & Community-based Regulation		
	08-02-01 Child Care Regulation		

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	2,254,952	2,254,952
1002	OTHER PERSONNEL COSTS	24,000	24,000
2001	PROFESSIONAL FEES AND SERVICES	12,258	12,258
2003	CONSUMABLE SUPPLIES	69,000	69,000
2005	TRAVEL	223,000	223,000
2009	OTHER OPERATING EXPENSE	985,260	547,253
TOTAL, OBJECT OF EXPENSE		\$3,568,470	\$3,130,463

METHOD OF FINANCING:

1	General Revenue Fund	3,401,791	2,978,030
555	Federal Funds		
93.778.003	XIX 50%	40,299	37,086
758	GR Match For Medicaid	126,380	115,347
TOTAL, METHOD OF FINANCING		\$3,568,470	\$3,130,463

FULL-TIME EQUIVALENT POSITIONS (FTE):

56.10	56.10
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DESCRIPTION / JUSTIFICATION:

This exceptional item is to restore FTE and funding reductions from the 85th Legislative Session and to fund additional FTE's to ensure efficient and effective delivery of regulatory services and responsibilities.

In September 2016, Texas began transforming how it delivers health and human services to qualified Texans, with a goal of making the HHS System more efficient and effective. September 1, 2017, marked another major milestone in this transformation; the new accountable, restructured Regulatory Services Division was implemented.

The new Regulatory Services Division oversees regulatory functions for the Health and Human Services System, including regulation, licensing and credentialing of long-term care facilities, child care providers, acute health care facilities, and various occupational licenses. The division also handles complaint intake functions and investigates allegations of abuse, neglect and exploitation in provider settings.

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The newly formed division experienced a reduction of 151 FTEs and associated funding. The request for additional FTEs will provide needed resources in licensing and inspections. These positions will allow the program areas the ability to address backlogs in licensing, meet new requirements, and conduct proactive searches on illegal operations.

EXTERNAL/INTERNAL FACTORS:

For all Regulatory Services programs, an increase in workload has been experienced. In many areas, trend analysis and formal projections indicate continued increases anticipated. There is an increasing number of applications for provider licenses in the state of Texas. Although the workload has increased, the number of staff to support these function has been reduced. This has resulted in backlogs in licensing and, additionally, the ability to conduct proactive searches for illegal child care operations has been reduced.

The delay of these operations can impose a large financial burden on providers and puts vulnerable citizens at risk.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 20-21 biennium services into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$3,130,463	\$3,130,463	\$3,130,463

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Enhance Background Checks		
	Item Priority: 40		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	08-02-01 Child Care Regulation		
	08-03-01 Credentialing/Certification of Health Care Professionals & Others		
	12-01-02 Information Technology Capital Projects Oversight & Program Support		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	614,908	609,348
1002	OTHER PERSONNEL COSTS	15,600	15,600
2001	PROFESSIONAL FEES AND SERVICES	878,329	0
2009	OTHER OPERATING EXPENSE	351,940	145,186
TOTAL, OBJECT OF EXPENSE		\$1,860,777	\$770,134
 METHOD OF FINANCING:			
1	General Revenue Fund	1,860,777	770,134
TOTAL, METHOD OF FINANCING		\$1,860,777	\$770,134
 FULL-TIME EQUIVALENT POSITIONS (FTE):		20.20	13.10

DESCRIPTION / JUSTIFICATION:

This request would allow HHSC to continue to work toward compliance with the background check requirements of the Child Care Development Block Grant (CCDBG) Act of 2014. It would also allow the implementation of a fingerprint-based criminal background check (CBC) process for certified nurse aides, medication aides, and occupational professional licensees, similar to the process used for other licensed direct care staff and child care providers.

The Centralized Background Check Unit (CBCU) within Child Care Licensing (CCL) is charged with carrying out required background checks for regulated child care providers. Previous funding has been received for other components of the checks, and an IT vendor continues to work toward system changes that will facilitate these checks. However, one component of the background check requirements, the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search, has been challenging to prepare for. The NCIC database is currently only available to law enforcement agencies, and the Texas Department of Public Safety (DPS) and the FBI have been working together to determine how this data could be made available to other agencies. Preliminary decisions have been made that would allow an automated solution, which would limit staff needs by both DPS and HHS over time. However, funding is needed to implement the automated solution as well as to provide additional staff to review and process the results. The automation will assist with timely completion of the checks, which will ensure federal funds are received by meeting federal time frame requirements, allow child care staff to begin work quickly, and ensure child safety in regulated care. The CBC currently required for these licensed/certified individuals are DPS name-based checks, which provide only an initial, snap-shot view of an individual's criminal history. New enhancement allows ongoing notifications of any criminal history

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CODE DESCRIPTION

Excp 2020

Excp 2021

anywhere in the nation.

EXTERNAL/INTERNAL FACTORS:

The Child Care and Development Block Grant (CCDBG) Act of 2014, reauthorizes the Child Care and Development Fund (CCDF) program. The law amends the CCDF regulations. The Texas Workforce Commission (TWC) administers the CCDF, which is the primary federal funding source devoted to providing low-income families with access to child care. Compliance with CCDBG requirements ensures continued receipt of federal funding for this program. Approximately \$16M is received annually from this program.

Stakeholders and media have expressed concern that current law is not stringent enough to protect resident safety and ensure that CNAs convicted of offenses that are bars to employment are not working in nursing facilities and other facilities regulated by HHSC. Additionally, there has been legislative interest concerning the current level of background checks conducted for CNAs. While some stakeholders may have concern in implementing a proposal that will require individuals to incur more cost on the front-end to get their certification or license, this proposal will ultimately save providers time and resources because they will no longer be required to conduct these checks themselves. The proposal would also ensure greater protections for individuals served by certified nurse aides, medication aides, and occupational professional licensees. Additionally, the Sunset Commission has previously recommended in its review of the Board of Examiners of Marriage and Family Therapists, the Board of Examiners of Professional Counselors, and the Board of Social Worker Examiners that occupational licensees issued by these boards undergo a finger-print based CBC.

PCLS TRACKING KEY:

NA

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The credentialing application for Nurse Aide, Medication Aide and Nursing Facility Administrator registries would be automated to receive fingerprint results from DPS instead of CBC staff manually monitoring a group email and then logging into the "secure" site to obtain the results. The existing DPS interface used by Child Care Licensing would be enhanced to send and receive the CBC results.

The NCIC database is currently only available to law enforcement agencies. The Texas Department of Public Safety (DPS) and the FBI have been working together to determine how this data could be made available to other agencies. Preliminary decisions have been made that would allow an automated solution, which would limit staff needs by both DPS and HHS over time. The automation will enhance the Childcare Licensing Automation Support System (CLASS) to interface with DPS to make a request to search the NSOR. DPS will need to enhance their system to accept the request from CLASS, process the request and provide the result back to CLASS.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature.

OUTCOMES:

Long Term Care Enhanced Criminal Background Checks:

*This project would transition from an initial name-based background check to ongoing fingerprint-based background checks.

*Automating the process will reduce the amount of time it currently takes to obtain fingerprint results from DPS. The program has estimated there will be 2100 results to process monthly at 5 minutes each. Therefore, the automated process will save 175 hours per month (2100 transactions x 5 minutes divided by 60 minutes = 175 hours per

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month or 2100 hours annually). The cost avoidance of this automated process is:
 *2,100 hours annually @ \$45 per hour equals \$94,000 annually.

Child Care Licensing Automated Support System (CLASS) National Sex Offender Registry:

Implementation of this project will provide compliance with the background check requirements of the Child Care Development Block Grant (CCDBG) Act of 2014, including the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) component.

Implementation of this project will limit staff needs for both Department of Public Safety (DPS) and Health and Human Services (HHS). With an estimated 75,000 background checks performed annually, automation of this process is expected to reduce manual reviews to only 15,000 per year. The cost avoidance of implementing this automated process is:

HHS - 20 FTEs X \$45/hour X 2080 = \$1,872,000 per year

DPS - 10 FTEs X \$45/hour X 2080 = \$936,000 per year

Automation of this process will assist with timely completion of the background checks, meeting the current two-day service level agreement (SLA).

OUTPUTS:

Long Term Care Enhanced Criminal Background Checks:

This project will implement a fingerprint-based criminal background check process for certified nurse aides (CNAs), medication aides, and occupational professional licensees. Additionally, this project will automate the process of obtaining fingerprint results from DPS.

Child Care Licensing Automated Support System (CLASS) National Sex Offender Registry:

Enhancing the CCDBG background check process to include NSOR checks for staff evaluation provides the follow output measures:

6250 new comprehensive NSOR background checks conducted per month;

CCDBG audit will provide a report of compliance. CCDBG has not defined the state's audit schedule but it is expected to be 1-3 years post implementation.

TYPE OF PROJECT

Licensing / Permitting / Monitoring / Enforcement

ALTERNATIVE ANALYSIS

If funding is not available for the automation of this effort, then the employees will have to perform this function manually. The information would be pulled through a request versus pushed through automation (less efficient and effective).

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$878,353	\$0	\$0	\$0	\$0	\$878,353

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SCALABILITY									
	2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project	
	\$0	\$0	\$878,353	\$0	\$0	\$0	\$0	\$878,353	

FTE									
	2018	2019	2020	2021	2022	2023	2024		
	0.0	0.0	7.0	0.0	0.0	0.0	0.0		

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 20-21 biennium services into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$770,135	\$770,135	\$770,135

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 47.00%

CONTRACT DESCRIPTION :

Multiple Staff Augmentation Contracts will be required to fill the postions listed in this exceptional item.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Meet State Requirements to Ensure Quality for Long-Term Care Services		
	Item Priority: 41		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 08-01-02 Long-Term Care Quality Outreach		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,099,569	1,099,569
1002	OTHER PERSONNEL COSTS	16,800	16,800
2001	PROFESSIONAL FEES AND SERVICES	11,250	11,250
2003	CONSUMABLE SUPPLIES	6,000	6,000
2004	UTILITIES	16,800	16,800
2005	TRAVEL	212,000	212,000
2009	OTHER OPERATING EXPENSE	340,216	221,612
TOTAL, OBJECT OF EXPENSE		\$1,702,635	\$1,584,031
 METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	514,706	477,716
	93.778.004 XIX ADM @ 75%	504,913	471,446
758	GR Match For Medicaid	683,016	634,869
TOTAL, METHOD OF FINANCING		\$1,702,635	\$1,584,031
FULL-TIME EQUIVALENT POSITIONS (FTE):		15.20	15.20

DESCRIPTION / JUSTIFICATION:

This item would fund FTEs to allow HHSC to extend the Quality Monitoring Program to serve all assisted living facilities (ALFs) and intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID), thereby fully implementing statutory requirements outlined in Texas Health and Safety Code, Chapter 255. The Quality Monitoring Program conducts onsite visits to identify conditions in Texas nursing facilities that could be detrimental to the health, safety and welfare of residents. It is not a regulatory program and quality monitors do not cite deficient practices. Rather, multidisciplinary teams evaluate a facility's system of care in specific clinical areas and provide technical assistance to help the facility improve those systems.

The FTEs funded by this item would allow HHSC establish a team to conduct quality monitoring visits in accordance with statute for ALFs and ICFs/IID across the state. The team would be comprised of nurses, pharmacists, dietitians, a psychologist or behaviorist, and a qualified intellectual disability professional, as well as management and administrative support.

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This item will also fund FTEs for the Quality Reporting Program to perform quality reporting functions and support the state’s responsibility to report 1915(c) waiver performance measures and other major reporting functions required by the Centers for Medicare and Medicaid (CMS) and the legislature. These FTEs are required to continue to perform CMS and legislative required quality reporting functions after the expiration of current funding. The FTEs are funded by the Money Follows the Person (MFP) program that will expire in fiscal year 2019.

The Quality Reporting Unit was created to exclusively support the performance measures of the 1915(c) Medicaid waiver programs within the Department of Aging and Disability Services, now HHSC.

EXTERNAL/INTERNAL FACTORS:

Texas Health and Safety Code, Chapter 255, relating to a quality assurance early warning system for long-term care facilities and rapid response teams, applies to all long-term care facilities, including nursing facilities, ALFs, and ICFs/IID. However, resource constraints have limited program implementation to nursing facilities only.

Funding the Quality Reporting request would allow HHSC to remain in complicate with state law and waiver terms and conditions as the work performed today must continue after MFP funding is no longer available.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

The estimated out-year cost for fiscal years 2022, 2022 and 2024 represent salaries and longevity. No changes in full-time equivalent positions are planned.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,362,798	\$1,362,798	\$1,362,798

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Ensure State Oversight of Community Programs for Individuals with IDD		
	Item Priority: 42		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 02-01-01 Medicaid Contracts and Administration		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	336,208	336,208
1002	OTHER PERSONNEL COSTS	6,000	6,000
2001	PROFESSIONAL FEES AND SERVICES	4,655,420	500,000
2003	CONSUMABLE SUPPLIES	2,500	2,500
2004	UTILITIES	720	720
2005	TRAVEL	5,000	5,000
2009	OTHER OPERATING EXPENSE	89,753	54,492
TOTAL, OBJECT OF EXPENSE		\$5,095,601	\$904,920
 METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	220,091	202,460
	93.778.004 XIX ADM @ 75%	3,491,565	375,000
758	GR Match For Medicaid	1,383,945	327,460
TOTAL, METHOD OF FINANCING		\$5,095,601	\$904,920
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.10	5.10

DESCRIPTION / JUSTIFICATION:

This item would support a centralized data repository that, leveraging existing reporting systems, can develop efficiencies in analysis, trending, and oversight of critical incidents across waiver programs to comply with CMS requirements. The Centers for Medicare & Medicaid Services (CMS) requires critical incident management systems that include safeguards to prevent abuse, neglect, and exploitation. Five FTEs will review critical incident reports and follow up with service providers to ensure appropriate actions are taken.

In addition to ensuring compliance with federal regulations, individuals receiving long-term services and supports in community settings will benefit from more robust monitoring of critical incidents. This centralized system will allow the State to better track and trend data, leading to improved regulatory oversight, identification of needed policy changes, and the prevention of future abuse, neglect, or exploitation.

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EXTERNAL/INTERNAL FACTORS:

Currently, HHSC has disparate systems in place for receiving provider-reported critical incident data; however, there is no central place to track, analyze, and monitor data across all waiver programs. Additionally, HHSC does not currently have staff dedicated to reviewing, monitoring, or following up on serious critical incidents for Community Living Assistance and Support Services (CLASS), Youth Empowerment Services (YES), Deaf-Blind Multiple Disabilities (DBMD), STAR+PLUS home and community-based services (HCBS), and STAR Kids HCBS.

CMS allowed states a grace period up to the time of waiver renewal for the state to achieve compliance. As YES and DBMD will be renewed in 2018, and CLASS in 2019, HHSC will not be in compliance with these federal regulations.

PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Data warehouse capable of receiving critical incident data, including abuse, neglect and exploitation data from CARE, Salesforce, and MCO data systems used to collect critical incident data from the MCOs. Effort assumes leveraging the Medicaid/CHIP Data Analytics Platform.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

Reduce staff time associated with manual data entry of critical incident data from multiple sources and reduce potential errors.

OUTPUTS:

Today the function cannot occur given the number of disparate data sources and limited staff resources. The measure of success would be the ability to collect and analyze data from disparate sources to comply with federal regulations.

TYPE OF PROJECT

Data Management / Data Warehousing

ALTERNATIVE ANALYSIS

The alternative is to build/buy a new standalone reporting structure which would require duplication of data and tools. This type of implementation may not qualify for federal financial participation. Implementing over multiple years will not meet the mandated implementation timeframe.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$4,655,420	\$500,000	\$500,000	\$500,000	\$500,000	\$6,655,420

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Agency code: **529** Agency name:

Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>							<u>Excp 2020</u>	<u>Excp 2021</u>
SCALABILITY									
2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project		
\$0	\$0	\$4,655,420	\$500,000	\$500,000	\$500,000	\$500,000	\$6,655,420		

FTE								
2018	2019	2020	2021	2022	2023	2024		
0.0	0.0	0.0	0.0	0.0	0.0	0.0		

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Accenture contract for maintaining and enhancing the MMIS and continued funding for the additional staff requested in this item.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$904,920	\$904,920	\$904,920

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 86.00%

CONTRACT DESCRIPTION :

Accenture contract for maintaining and enhancing the MMIS.

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: SBHCC: Enhance Real-Time Behavioral Health Data Sharing Item Priority: 43 IT Component: Yes Anticipated Out-year Costs: No Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	435,265	0
TOTAL, OBJECT OF EXPENSE		\$435,265	\$0

METHOD OF FINANCING:

1	General Revenue Fund	395,081	0
555	Federal Funds		
	93.558.667 TANF to Title XX	4,910	0
	93.778.003 XIX 50%	17,637	0
758	GR Match For Medicaid	17,637	0
TOTAL, METHOD OF FINANCING		\$435,265	\$0

FULL-TIME EQUIVALENT POSITIONS (FTE):

3.00	0.00
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DESCRIPTION / JUSTIFICATION:

This one-time funding request would expand real-time data sharing among jails, local mental health authority (LMHA) or local IDD authority (LIDDA), to more quickly address the needs of justice-involved persons with behavioral health or IDD-related conditions. These data system improvements also address an identified continuity of care gap for individuals exiting county and local jails, as well as services for special populations.

Gap 15 of the Statewide Behavioral Health Strategic Plan identifies a lack of and need for shared and usable data throughout the Texas behavioral health system for timely decision making. Enhanced data sharing between HHSC's Mental and Behavioral Health Outpatient Data Warehouse (MBOW) and the Department of Public Safety's Texas Law Enforcement Telecommunications System (TLETS) will enable better tracking of multi-system users, including those with co-occurring conditions, and identify entry and exit into each system.

Currently, local jails are notified in real-time if persons with a history of mental health services are booked into jail. This functionality does not provide similar information for persons who have a history of intellectual and developmental disability (IDD) services, or provide similar real-time information on the jail booking back to the LMHA) or LIDDA.

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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EXTERNAL/INTERNAL FACTORS:

This request will enable local governmental entities who provide direct services to individuals with behavioral health and IDD-related conditions to better coordinate care through real-time data sharing. This request will also directly support the Statewide Behavioral Health Strategic Plan strategies 1.2.1, 1.2.2, 5.2.2, 5.2.3, and 5.2.4.

PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Currently, when the Continuity of Care Query (CCQ) process results in a match, HHSC Clinical Management for Behavioral Health Services (CMBHS) sends a CCQ return report to the authorized DPS-operated Texas Law Enforcement Telecommunication System (TLETS) user (i.e., county jail personnel). It is then the authorized TLETS user's responsibility to notify the Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) of the match. There is shared agreement between HHSC and the Texas Commission on Jail Standards, the regulatory authority for county jails, that it may be beneficial for the CMBHS CCQ includes IDD clients and that the return report be sent to the county jail along with LMHA's, LBHA's, or LIDDA's. The benefit of the CMBHS CCQ return report being sent to the county jail, LMHA, LBHA, or LIDDA is that all parties are concurrently notified of the match, and can more expediently activate post-booking jail diversion practices.

These costs represent the development costs to modify CMBHS.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature.

OUTCOMES:

The project will result in increased screening, assessment, and linkage to care for individuals with intellectual disabilities involved in the criminal justice system. TLETS users will save time by not having to notify the LMHA or LBHA of matches.

The project also strongly aligns with the Texas Statewide Behavioral Health Strategic Plan (TSBHSP), strategy 5.2.2, relating to identifying barriers including confidentiality, data points, and existing information technology systems regarding near real-time data exchange across targeted agencies; and strategy 1.1, relating to increasing statewide service coordination for special populations by fiscal year 2018.

OUTPUTS:

The CCQ will be modified to include IDD clients.

Notifications will be generated to LMHAs, LBHAs and LIDDAs when a client is identified as needing post-booking jail diversion services.

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

All costs are for labor only. This request can be implemented in two phases. The first phase would modify and update the data streams to collect and include IDD clients into

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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the existing CCQ that is returned to County Jails. This work is estimated at a cost of \$191,885. The second phase is to implement the automated notification to LMHA's and LIDDA's. The cost for this work is estimated at \$191,884. This work is planned to be completed in one fiscal year. Phase I must be completed and implemented before Phase II can start. Should the request be only partially funded, then the CCQ can be modified to return IDD clients, however, automated notifications to LMHA's and LIDDA's would not be generated. The number of contracted resources to perform the work would be adjusted appropriately based on the level of funding and scope received for this request.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$435,265	\$0	\$0	\$0	\$0	\$435,265

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	435,265.0	0.0	0.0	0.0	0.0

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

Multiple Staff Augmentation Contracts will be required to filled the positions and will be acquired through Department of Information Resources contracts.

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Provide Intensive Behavioral Intervention for Children with Autism Spectrum Disorder		
	Item Priority: 44		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-02 Disability-Related Eligibility Group		
	01-01-05 Children Eligibility Group		

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	32,550,904	160,084,793
TOTAL, OBJECT OF EXPENSE		\$32,550,904	\$160,084,793

METHOD OF FINANCING:

555	Federal Funds		
93.778.000	XIX FMAP	19,419,869	95,714,698
758	GR Match For Medicaid	13,131,035	64,370,095
TOTAL, METHOD OF FINANCING		\$32,550,904	\$160,084,793

DESCRIPTION / JUSTIFICATION:

This item would add IBI as a Medicaid state plan benefit for members under the age of 20. Cost projections are based on the Applied Behavior Analysis (ABA) model, which is the most commonly recognized modality of Intensive Behavioral Intervention (IBI). Cost projections also include a one-time cost of adding a provider type for certain IBI providers. Medical policy would apply evidence-based research to: authorize the service hours and duration appropriate for each client; establish requirements for caregiver involvement; and establish criteria for demonstrating client progress toward treatment goals for continued authorization.

Autism Spectrum Disorder (ASD) is a developmental disorder that affects communication and behavior. Medical behavioral interventions exist to treat deficient adaptive or maladaptive behaviors among individuals with ASD. These services are called IBI and are not currently covered benefits in Texas Medicaid.

EXTERNAL/INTERNAL FACTORS:

Since 2014, the federal Centers for Medicare & Medicaid Services (CMS) have provided guidance regarding state provision of medically necessary services to treat ASD. Additionally in September 2018, the State of Texas will license Board Certified Behavior Analysts (BCBAs) and Board Certified Assistant Behavior Analysts (BCaBAs) for the first time. These providers specialize in the delivery of IBI.

PCLS TRACKING KEY:

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Agency name:
Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2020-21 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$183,536,631	\$183,536,631	\$183,536,631

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Comply with State Law to Conduct Mortality Reviews for Individuals with Intellectual and Developmental Disabilities Living in Community Settings		
	Item Priority: 45		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 02-01-01 Medicaid Contracts and Administration		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	2,085,000	2,085,000
2009	OTHER OPERATING EXPENSE	31,818	31,818
TOTAL, OBJECT OF EXPENSE		\$2,116,818	\$2,116,818

METHOD OF FINANCING:

555	Federal Funds		
93.778.003	XIX 50%	1,058,409	1,058,409
758	GR Match For Medicaid	1,058,409	1,058,409
TOTAL, METHOD OF FINANCING		\$2,116,818	\$2,116,818

DESCRIPTION / JUSTIFICATION:

This item provides funding to fully comply with state law to review the deaths of individuals with intellectual and developmental disabilities (IDD) who, at the time of the person's death, or at any time during the 24-hour period before the person's death, resided in or received services from a state supported living center (SSLC) or a 1915(c) IDD waiver program.

Current funding covers mortality reviews and required reporting for SSLCs, but is not sufficient to implement mortality reviews and reporting processes for deaths occurring in the community programs. This item allows the agency to expand the mortality review process to community IDD programs by contracting with an independent entity to develop a web-based review and reporting system, conduct each review, and collect and analyze data to identify trends to contribute to quality improvement across IDD programs. The item also includes IT costs associated with server hosting and maintenance for the HHSC reporting portal.

EXTERNAL/INTERNAL FACTORS:

The mortality review process typically involves screening a death to improve the quality of supports offered by learning from and responding to patterns and trends in mortality in the IDD population. A comprehensive mortality system will allow HHSC to track deaths in both institutional and community settings, trend and analyze deaths across program areas, take follow-up actions as necessary on a case-by-case basis, and implement system-wide improvements.

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

A web-based Mortality Review and Reporting System (MRRS) is developed by Texas A&M University (TAMU) for SSLCs and this system will be upgraded by TAMU in the future to include all 3500 Community Providers for intellectual and developmental disabilities (IDD).

All development cost, maintenance and support cost of this system are in an Interagency Cooperation Contract and Amendments between HHSC and Texas A&M University Health Science Center (TAMU-HSC).

Development: Biennial All Funds = \$4,170,000

Hosting services to be provided via the Department of Information Resources Data Center Consolidation: \$31,817 annually

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature.

OUTCOMES:

The expected benefit of a comprehensive mortality reporting system is to track deaths in both institutional and community settings, trend and analyze deaths across program areas, take follow-up actions as necessary on a case- by-case basis, and implement system-wide improvements.

OUTPUTS:

Expected outcome is that all 3500 Community Providers will use the new web-based system to submit data and to access the Mortality Reports.

TYPE OF PROJECT

Data Center Consolidation

ALTERNATIVE ANALYSIS

As an alternative, TAMU could seek to obtain a Department of Information Resources Data Center Services Exemption to allow TAMU to host the needed infrastructure support at TAMU. The servers will need to be scalable for 3500 Community Providers and will be designed by TAMU.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,116,817	\$2,116,817	\$31,817	\$31,817	\$31,817	\$4,329,085

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SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$2,116,817	\$2,116,817	\$31,817	\$31,817	\$31,817	\$4,329,085

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	0.0	0.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

HHSC procures the Data Center Consolidation services from the Department of Information Resources through the established IAC number 529-13-0088-0001. HHSC would procure this exceptional items request through the already established contract; expanding the operating costs of the already established contract. On-going costs associated with contractor to conduct mortality reviews for individuals in community IDD programs total 1,200,000 annually.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$1,231,817	\$1,231,817	\$1,231,817

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

All development cost, maintenance and support cost of this system are in an Interagency Cooperation Contract and Amendments between HHSC MCC and Texas A&M University Health Science Center (TAMU-HSC).

HHSC procures the DCS services from DIR through the established IAC number 529-13-0088-0001. HHSC would procure the hosting services through the already established contract; expanding the operating costs of the already established contract.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
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Item Name:	CAPPS HCM & Financials Upgrades (includes inventory module)		
Item Priority:	46		
IT Component:	Yes		
Anticipated Out-year Costs:	Yes		
Involve Contracts > \$50,000:	Yes		
Includes Funding for the Following Strategy or Strategies:	07-04-01	Facility Program Support	
	12-01-02	Information Technology Capital Projects Oversight & Program Support	

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	11,120	43,504
1002	OTHER PERSONNEL COSTS	0	2,400
2001	PROFESSIONAL FEES AND SERVICES	3,090,266	4,269,138
2007	RENT - MACHINE AND OTHER	48,696	48,696
2009	OTHER OPERATING EXPENSE	696,012	325,619
TOTAL, OBJECT OF EXPENSE		\$3,846,094	\$4,689,357

METHOD OF FINANCING:

1	General Revenue Fund	3,107,927	3,567,800
555	Federal Funds		
10.561.000	State Admin Match SNAP	87,578	133,062
93.558.000	Temp AssistNeedy Families	4,597	6,984
93.558.667	TANF to Title XX	466	709
93.767.000	CHIP	28,016	42,562
93.778.003	XIX 50%	260,123	395,231
758	GR Match For Medicaid	267,620	406,621
777	Interagency Contracts	14	23
8010	GR Match For Title XXI	2,175	3,303
8014	GR Match for Food Stamp Admin	87,578	133,062
TOTAL, METHOD OF FINANCING		\$3,846,094	\$4,689,357

FULL-TIME EQUIVALENT POSITIONS (FTE):

	14.30	20.30
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DESCRIPTION / JUSTIFICATION:

This item would fund necessary upgrades to the PeopleSoft Centralized Accounting and Payroll/Personnel System (CAPPS) Human Capital Management (HCM) and Financials systems, which are systems that all state agencies are required to utilize by state law. It also would fund the replacement of an unsupported, legacy Materials and Inventory Management System (MIMS) for State Operated Hospitals and State Supported Living Centers (SSLCs).

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To meet the unique needs of our system, HHS operates significantly customized versions of the CAPPs Baseline for PeopleSoft HCM and Financials. As a CAPPs Hub Agency approved by the Comptroller of Public Accounts (CPA), HHS is required to stay up-to-date with the CAPPs "Baseline" within 15 months of CPA PeopleTools and Image upgrades and within three months of monthly release packages. To keep the HHS System's customizations functioning and to comply with the CPA's upgrade timeline, significant resources and effort are required.

Failure to make these updates will leave the agency's essential systems vulnerable and unsupported and could lead to outages in our budgeting, accounts payable/accounts receivable, payroll, and purchasing systems. Such outages would have devastating impacts including potentially not being able to process payroll, pay vendors, purchase essential supplies, initiate procurements, adjust rates, and meet LBB and federal reporting requirements.

EXTERNAL/INTERNAL FACTORS:

Funding this item would allow HHS to remain in compliance with the CAPPs Hub agreement with CPA and would ensure the ongoing support and functionality of systems that are essential to the daily business operations of the HHS system.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

CPA requires CAPPs Hub agencies to stay up to date with the CAPPs "Baseline" within 15 months of CPA PeopleTools and Image upgrades and within 3 months of Monthly Release packages. HHS operates versions of PeopleSoft HCM and Financials that are significantly customized versions of the CAPPs Baseline. To keep these customizations functioning and comply with the upgrade timeline, significant resources and effort will be required.

In addition, the Materials and Inventory Management System replacement solution is targeted to utilize the PeopleSoft Inventory and Mobile Inventory modules. This will replace an out of support (Lawson) solution and migrate its capabilities onto the HHSC PeopleSoft platform.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

CURRENT

STATUS:

Funding to maintain HUB for CAPPs HCM and Financials and inventory module new request for consideration by 86th Legislature

OUTCOMES:

No net cost savings are anticipated.

Intangible, non-cost gains will be realized in business process improvements overall for both CAPPs HCM and CAPPs Financials. The project will contribute to the shared services across the HHS System.

Risk and cost avoidance associated with staying on the current non-supported inventory system will be realized.

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OUTPUTS:

Improved functionality delivered with the upgrades can expect to result in:
 Full integration of Inventory management into CAPPs Financials.

Improved reporting will contribute to the goal of improved transparency across agencies and provides policymakers with a statewide view of HCM and Financials.

TYPE OF PROJECT

Enterprise Resource Planning (ERP)

ALTERNATIVE ANALYSIS

Alternatives considered including use of existing staff for all CAPPs components but not feasible due to lack of available resources with the skillset required. Additionally, an analysis was performed of current inventory system as an upgrade and the software is not Section 508 compliant.

This project is scalable at the sub initiative level only. CAPPs Human Capital Management (HCM), CAPPs Financials and Mobile Inventory Management System (MIMS) are discrete initiatives. As such each sub initiative can be funded or not funded with virtually no impact to the others. However each sub initiative has NO feasible incremental funding. The amount requested for each is considered the minimum to either maintain compliance with existing agreements or implement a new system.

*If the CAPPs HCM or CAPPs Financials sub initiatives are NOT funded, then HHS will fall out of compliance with the Inter Agency Contract signed with the Comptroller of Public Accounts (CPA). HHS would lose CPA support for its CAPPs implementation and punitive escalation clauses would be available for CPA to pursue.

*If the MIMS project is not funded, the existing out of support Inventory system would need to continue functioning for several additional years. HHS ability to support the solution from potential security and other risks will increase each year.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$3,604,804	\$4,443,835	\$1,501,370	\$1,414,901	\$1,457,348	\$12,422,258

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$3,604,804	\$4,443,835	\$1,501,370	\$1,414,901	\$1,457,348	\$12,422,258

4.A. Exceptional Item Request Schedule
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Health and Human Services Commission

CODE	DESCRIPTION						Excp 2020	Excp 2021
FTE								
		2018	2019	2020	2021	2022	2023	2024
		0.0	0.0	14.2	20.3	4.1	2.0	2.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

- *MIMS Ongoing equipment and licensing costs: \$168,160 annually with projected 3% costs per year increase
- *CAPPS Financial FTE Costs for new MIMS Modules: \$123,164 annually yearly for 2 FTEs with projected 3% costs per year increase
- *CAPPS HCM Managed Services Cost: \$1,029,600 annually with projected 3% costs per year increase
- *CAPPS Financial Contractor Costs Overlap for knowledge transfer: \$127,680 (FY2022 only)
- *CAPPS HCM Hardware: \$52,766 annually with projected 3% costs per year increase

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,501,370	\$1,414,901	\$1,457,348

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 99.00%

CONTRACT DESCRIPTION :

- *Staff Aug/CAPPS Financial: procure thru Department of Information Resources contracts - 2 year contracts
- *Managed services/CAPPS HCM: 2 year contract - sole source - amendment to existing managed services contract
- *PeopleSoft Mobile Inventory Module: 2 year contract - sole source

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: HHS Telecom Technology Upgrade Item Priority: 47 IT Component: Yes Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	4,511,159	1,820,434
TOTAL, OBJECT OF EXPENSE		4,511,159	1,820,434

METHOD OF FINANCING:

1	General Revenue Fund	3,483,607	1,405,776
555	Federal Funds		
10.561.000	State Admin Match SNAP	121,937	49,206
93.558.000	Temp AssistNeedy Families	6,406	2,585
93.558.667	TANF to Title XX	677	273
93.767.000	CHIP	39,112	15,783
93.778.003	XIX 50%	361,975	146,072
758	GR Match For Medicaid	372,441	150,295
777	Interagency Contracts	45	18
8010	GR Match For Title XXI	3,022	1,220
8014	GR Match for Food Stamp Admin	121,937	49,206
TOTAL, METHOD OF FINANCING		4,511,159	1,820,434

DESCRIPTION / JUSTIFICATION:

This item would fund necessary upgrades to HHS telecommunications technology. The current technology supporting voice calls to and from HHSC is slated to “sunset” nationally, as approved by the Federal Communications Commission (FCC). Upgrades are necessary to prepare HHS telephony platform(s) to effectively support the telecommunications industry’s latest communications standard for delivering voice services, as legacy digital service offerings will be retired in 2021. This upgrade will also result in service consolidation and a reduction in ongoing operational costs.

In addition, the current industry standard technology is available at a significantly lower cost when compared to legacy services. HHSC Telecommunications requires authority to spend \$6.33M to enable the transition from legacy Time Division Multiplexed (TDM) to Session Initiation Protocol (SIP) voice technology. Once the migration is complete, HHSC will avoid costs of \$2.7M per year through the reduction of operating expenditures associated with replacing legacy services with new IP based services.

Agency code: 529

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This request will also allow HHSC to complete a necessary technology refresh for aging telephone instruments.

EXTERNAL/INTERNAL FACTORS:

The current technology supporting voice calls to and from HHSC is slated to “sunset” nationally, as approved by the Federal Communications Commission (FCC). Upgrades are necessary to prepare HHS telephony platform(s) to effectively support the telecommunications industry’s latest communications standard for delivering voice services, as legacy digital service offerings will be retired in 2021.

PCLS TRACKING KEY:

PCLS_86R_529_431217

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

This Exceptional Item is a new IT sponsored and led initiative that will ultimately provide for upgrades to the current Avaya software platform. The project serves to enable the Agency to complete the necessary technology upgrade to prepare the HHS Enterprise telephony platform(s) to effectively support the telecommunications industry’s latest communications standard for delivering voice services. Legacy digital service offerings will be retired in 2021, and service consolidation is a beneficial bi-product of this change that will result in HHS’s realization of substantial reductions in ongoing operational costs. There are no software development efforts associated with this initiative, and the only hardware associated with the initiative would include user telephone instruments which HHS will continue to retain ownership. This will benefit all users of the Avaya platform.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

The ROI for this project is estimated at 2.3 years.

HHSC Telecommunications estimates that completing the project will result in an annual cost avoidance or savings of \$2.7M once fully transitioned; \$6.3M (Project Cost) / \$2.7M (Annual Cost Avoidance) = 2.3 Years

PSTN TDM access services currently cost approximately \$377,000 / mo., and domestic Long Distance (LD) averages approximately \$90,000 / month. Thus, in the current environment, these services average \$467,000 / mo. as an aggregate expense.

Once upgraded, the equivalent IP based PSTN services are estimated to be \$242,000 / mo. equating to a \$227,000 / mo. total cost avoidance. \$227,000 / mo. X 12 mo. = \$2,724,000 in annual cost avoidance.

OUTPUTS:

- Reduce voice access & LD service expense from an average of \$467,000 / mo. to \$242,000 / mo.
- Reduce media gateways enterprise-wide from 344 to under 250 (reduction of at least 94 gateways).

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- Consolidate the Moreton & Winters Avaya cores (i.e., 2 cores to 1 core).

- Establish diversity of service (i.e., 1 centralized access point to 2 geographically diverse and redundant service access points) to the PSTN for the HHS enterprise.

TYPE OF PROJECT

Voice Over IP (VoIP) / Telephony Managed Services

ALTERNATIVE ANALYSIS

The systemic upgrades will benefit all programs and users that are served by and through HHS telecommunication services; more specifically, upgrading to the current industry standard will enable several enhanced capabilities, such as the ability to embed and pass caller data along with the associated calls, to facilitate enhanced integration opportunities and intelligent call routing options. Moreover, Telecommunications estimates that by completing the upgrade and transitioning to the new IP-based carrier services solution will result in an annual cost avoidance or savings of \$2.7M once fully transitioned. Conversely, not upgrading the telecommunications infrastructure will place HHS in a precarious situation of utilizing an antiquated transport/connectivity solution that is scheduled for decommission. The upgrade is not scalable.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$4,511,159	\$1,820,434	\$0	\$0	\$0	\$6,331,593

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$4,511,159	\$1,820,434	\$0	\$0	\$0	\$6,331,593

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	0.0	0.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

The reduction in operating expenses associated with the legacy TDM access & domestic LD exceeds the value of the costs associated with the new SIP & 911 services. Thus, the estimated Out-Year costs are expected to incur a net decrease and not increase.

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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$0	\$0	\$0

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

This exceptional item request will require the services of the incumbent Telecommunications' Managed Services Provider (MSP) that is contracted to support & maintain the Avaya enterprise platform at the time of acquisition (i.e., currently Century Link). By default, the MSP will be the prime contractor responsible for performing the highly advanced and specialized work since they would be the party responsible for maintaining and managing the Avaya platform. The MSP's services are obtained through the Department of Information Resource's Cooperative Purchasing program. A Statement of Work (SOW) will serve as the means by which services are defined and acquired to upgrade the platform & refresh the endpoint telephones to utilize the new SIP standard and carrier delivered services. The duration of the anticipated contract or contracts is from 9/1/19 through 8/31/21.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: HHSC Seat Management		
	Item Priority: 48		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 12-01-02 Information Technology Capital Projects Oversight & Program Support		

OBJECTS OF EXPENSE:

2007	RENT - MACHINE AND OTHER	5,177,655	4,578,737
TOTAL, OBJECT OF EXPENSE		\$5,177,655	\$4,578,737

METHOD OF FINANCING:

1	General Revenue Fund	1,667,515	1,474,628
555	Federal Funds		
10.561.000	State Admin Match SNAP	416,439	368,268
93.558.000	Temp AssistNeedy Families	21,850	19,322
93.558.667	TANF to Title XX	2,226	1,969
93.767.000	CHIP	133,169	117,765
93.778.003	XIX 50%	1,236,994	1,093,906
758	GR Match For Medicaid	1,272,616	1,125,408
777	Interagency Contracts	52	46
8010	GR Match For Title XXI	10,355	9,157
8014	GR Match for Food Stamp Admin	416,439	368,268
TOTAL, METHOD OF FINANCING		\$5,177,655	\$4,578,737

DESCRIPTION / JUSTIFICATION:

This item would fund computer managed services, including hardware and software, to ensure agency staff have the technology required to provide critical and ongoing services to the citizens of Texas. HHSC and DSHS require additional funding for computer managed services including the deployment, operation, and maintenance of assigned computer hardware (such as tablet, laptop, and desktop computers) and software (such as Microsoft Office). Uninterrupted funding for seat management services is crucial to HHS and DSHS operations, and it is essential to have computing devices that support newer technology, including assistive and adaptive technology applications and critical enterprise applications. Based on industry standards and Department of Information Resources (DIR) guidelines, HHS uses a four-year replacement life cycle and procures managed services through a state enterprise contract. The project that would be funded by this item is necessary to meet contractual obligations to provide software and equipment that staff need to complete their job duties and maintain ongoing operations. The refresh plan improves systems reliability through the provision of current technology, achieves economies of scale, and reduces maintenance costs on equipment past end-of-life.

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EXTERNAL/INTERNAL FACTORS:

Software manufacturers are currently in a transition upgrade cycle where the software operating on older computers will no longer be supported. That same set of software on the older machines cannot be upgraded to a current supported level, as the new machines will not support the revised requirements necessary to reliably run the software. As a result, businesses around the world are forced to continually update the end user computing devices in order to maintain a mode of operation that will be supported by the suppliers such that the overall operating and security posture can be maintained.

Funding is required to meet contractual obligations for the subscription agreement and leased computing devices and to provide the necessary software and equipment for staff to complete their job duties to maintain ongoing operations.

Without the additional base funding, the overall security posture of HHS and DSHS will be adversely affected as the operating system running on those devices will be too old to be supported by software vendors. Funding is required to meet contractual obligations. These expenditures cannot be deferred as staff will not have the equipment necessary to maintain ongoing operations.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

End User computing hardware (laptops, desktops, tablets and monitors) and Enterprise software licensing agreements

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

CURRENT

STATUS:

Seat Management is an ongoing project. This includes all devices necessary to support HHSC staff and operations. Baseline funding is not sufficient to meet projected contractual obligations. Additional funding and capital authority is requested. This exceptional item request is a portion of the overall project.

OUTCOMES:

A reduction in outdated technology reduces service desk calls and enables advances in application development to function as expected. Services provided to constituents can allow for new mobile technologies and advances in information distribution.

OUTPUTS:

Desktop and laptop computers are refreshed on a four year life cycle resulting in approximately 8,000 systems each year.

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

HHS utilizes the Department of Information Resources (DIR) guidelines related to leasing versus purchasing information technologies as directed by the General Appropriations Act of the 75th Texas Legislature. These key criteria in evaluating lease versus purchase decisions to determine cost alternatives include the following:

*Useful Life & Residual Value

*Maintenance & Training

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- *Cost to Sell & Cost of Return
- *Discount Rates
- *Managed Services Offsets

This request is needed to meet contractual obligations for leased computing devices to supply the necessary hardware and software for staff to full fill agency operations .

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$5,177,655	\$4,578,737	\$4,578,737	\$4,578,737	\$4,578,737	23,492,603

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$5,177,655	\$4,578,737	\$4,578,737	\$4,578,737	\$4,578,737	\$23,492,603

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	0.0	0.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Continuation of base funding with projections for maintaining the current rate required of technology refreshes at the DIR recommended rate of replacement every 4 years will require maintenance of the base with expected annual growth to account for inflation of commodities and services costs.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$4,649,585	\$4,649,585	\$4,649,585

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

The Hardware Acquisition & Leasing Services contract includes the following:

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CODE	DESCRIPTION	Excp 2020	Excp 2021
*Account Management Support			
*Web Portal - Agency and Enterprise			
*Pre-Ordering Support			
*Order Support			
*Return Specifications			
*Leasing Agreements			

The HHS Enterprise contract is for Seat Management Services and includes the following:

- *Account Management & Project Management
- *On Site Deployment Services
- *Move/Change Services of existing equipment
- *Return Services
- *Ongoing Services
- *Break Fix Management and Repair Support

The individual lease schedules executed against the master lease agreement will vary in amounts. The amounts of the executed lease schedules will vary by location, equipment ordered, and total quantities allocated to each schedule. Execution of leases are consistent with DIR recommendations and the types of equipment are adequate to satisfy program demands given the expected four year life expectancy.

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Pediatric Telemedicine Grant Program for Rural Texas		
	Item Priority: 49		
	IT Component: No		
	Anticipated Out-year Costs: No		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 04-01-10 Additional Specialty Care		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	289,764	289,764
1002	OTHER PERSONNEL COSTS	4,800	4,800
2003	CONSUMABLE SUPPLIES	4,000	4,000
2005	TRAVEL	20,000	20,000
2007	RENT - MACHINE AND OTHER	4,000	4,000
2009	OTHER OPERATING EXPENSE	70,182	41,945
4000	GRANTS	2,500,000	2,500,000
	TOTAL, OBJECT OF EXPENSE	\$2,892,746	\$2,864,509
METHOD OF FINANCING:			
555	Federal Funds		
93.767.000	CHIP	233,821	231,538
93.778.003	XIX 50%	1,319,758	1,306,875
758	GR Match For Medicaid	1,319,757	1,306,875
8010	GR Match For Title XXI	19,410	19,221
	TOTAL, METHOD OF FINANCING	\$2,892,746	\$2,864,509
	FULL-TIME EQUIVALENT POSITIONS (FTE):	4.00	4.00

DESCRIPTION / JUSTIFICATION:

Funds will be used to administer the grant program, which would fund the initial equipment, infrastructure and connectivity costs, as well as annual fees required for the non-urban health care facilities to implement a telemedicine program with a pediatric tele-specialty provider. House Bill 1697 (85R) directed HHSC to implement a pediatric health tele-connectivity grant program for rural Texas. HHSC is prohibited from using state funds to administer the program, unless a specific appropriation is made.

EXTERNAL/INTERNAL FACTORS:

House Bill 1697, 85th Legislature, Regular Session, 2017, was passed by both chambers of the legislature with overwhelming support and was signed into law. However, due to a clerical error, it was not given a specific appropriation. If state funding would have been provided as intended, a grant program at HHSC would have resulted in increased access to pediatric subspecialist care in rural areas of Texas through the expanded use of telemedicine – enabling pediatric patients in rural areas to receive the same level of care as they would in metropolitan hospitals.

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PCLS TRACKING KEY:

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Ensure PACE Sustainability		
	Item Priority: 50		
	IT Component: No		
	Anticipated Out-year Costs: No		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-03-05 Program of All-inclusive Care for the Elderly (PACE)		
	09-02-01 Intake, Access, and Eligibility to Services and Supports		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	52,540	52,540
1002	OTHER PERSONNEL COSTS	1,200	1,200
2003	CONSUMABLE SUPPLIES	500	500
2004	UTILITIES	720	720
2005	TRAVEL	1,000	1,000
2009	OTHER OPERATING EXPENSE	18,163	11,138
3001	CLIENT SERVICES	19,579,664	19,579,664
TOTAL, OBJECT OF EXPENSE		\$19,653,787	\$19,646,762
 METHOD OF FINANCING:			
1	General Revenue Fund	28,819	26,088
555	Federal Funds		
93.778.000	XIX FMAP	11,681,228	11,706,681
93.778.003	XIX 50%	22,652	20,505
758	GR Match For Medicaid	7,921,088	7,893,488
TOTAL, METHOD OF FINANCING		\$19,653,787	\$19,646,762
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.00	1.00

DESCRIPTION / JUSTIFICATION:

This exceptional item would fund cost growth for the Programs of All-Inclusive Care for the Elderly (PACE), based upon projected inflation, necessary to ensure full funding for the program in the 2020-21 biennium. The item assumes no caseload growth for the existing three PACE sites which have been collectively allocated to serve 1,271 recipients. The item would also fully fund three expansion sites (each serving up to 150 participants) authorized by the 85th Legislature.

PACE provides community-based services to people who are aged 55 and older who meet Medicaid financial eligibility, qualify for nursing facility level of care, and are able to reside safely in the community as determined by the PACE interdisciplinary team. PACE uses a comprehensive care approach, providing an array of services at a capitated rate in three service areas—El Paso, Amarillo, and Lubbock. PACE provides all health-related services for an individual, including in-patient and out-patient medical care, and

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specialty services, including dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance.

EXTERNAL/INTERNAL FACTORS:

The 2018-19 General Appropriations Act (Article II, HHSC, Rider 53) gave HHSC authority to add up to three additional PACE sites, each serving up to 150 participants beginning in fiscal year 2018. Rider 53 did not appropriate additional funding for these new sites.

PCLS TRACKING KEY:

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2020</u>	<u>Excp 2021</u>
	Item Name: Protect Assisted Living Facility Residents with Ombudsman Services		
	Item Priority: 51		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 12-02-01 Central Program Support		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	40,106	40,106
2005	TRAVEL	3,200	3,200
2009	OTHER OPERATING EXPENSE	320,758	320,758
	TOTAL, OBJECT OF EXPENSE	\$364,064	\$364,064
 METHOD OF FINANCING:			
1	General Revenue Fund	364,064	364,064
	TOTAL, METHOD OF FINANCING	\$364,064	\$364,064

DESCRIPTION / JUSTIFICATION:

This request would allow the Long Term Care (LTC) Ombudsmen to meet the demand for services as a result of growth in the number of assisted living facilities (ALFs) and fund the costs of the LTC Ombudsmen to provide services to residents of ALFs, which includes staff training, salaries, and travel.

42 U.S.C. Section 3058(g) and Texas Human Resources Code, Section 101A.251 require the State LTC Ombudsman Program to provide services to ALF residents to protect residents' health, safety, welfare, and rights. LTC Ombudsmen are unable to provide needed services because of the constant increase of new ALFs. This request would increase LTC Ombudsman services to that growing number of ALFs.

LTC Ombudsmen provide services in person to residents by making routine, unannounced visits to facilities to monitor the conditions of the buildings, investigate complaints from residents and family members, and work with ALF management to resolve problems. LTC Ombudsmen also give problem-solving advice and other consultation services to ALF providers, residents and family members, and other professionals. The cost of these in person visits include staff time and travel expenses to locations throughout the state.

EXTERNAL/INTERNAL FACTORS:

In 2000, when the program was first required to provide LTC Ombudsman services in ALFs, additional funding was not provided for this expansion of program responsibility. The number of licensed nursing facilities and the number of people living in them has increased slightly in the last five years, but the number of licensed ALFs is growing at a rate of 2.3 percent annually. The needs of residents living in ALFs has increased to routinely include residents with dementia, on hospice, and with serious mental illness.

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Fifty-six percent of ALFs are licensed for a capacity of 16 residents or fewer, and these small facilities have been found to have small operating margins that increase the risk of abuse and poor care and need to be closely monitored by an ombudsman. With HHS Regulatory Services surveying ALFs once every two years, the staff and residents in ALFs benefit from more frequent monitoring by an LTC ombudsman to check for unsafe conditions and help solve problems on behalf of residents. The public is also becoming increasingly concerned about the care of family members living in ALFs. With minimal state requirements to operate an ALF, in comparison to a nursing facility, ALF residents are at risk of their rights being overlooked or infringed, and significant risk of financial and other forms of abuse by an ALF operator.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

This request is intended to be on-going funding for the operation of the State LTC Ombudsman Program in ALFs to accommodate the demand for ombudsman services as a result of ALF industry growth. A 2.3 percent increase is applied annually to 2022-2024, as reported below.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
<hr/>	<hr/>	<hr/>
\$50,158	\$100,316	\$150,473

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 88.00%

CONTRACT DESCRIPTION :

This request would not generate new contracts, but would result in the distribution of additional funds to 28 existing HHSC contracts for Older Americans Act Long-Term Care Ombudsman services. The amount to these contractors would be at least 88 percent of the request.

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CODE	DESCRIPTION		Excp 2020	Excp 2021
	Item Name:	Improper Payment Recoveries		
	Item Priority:	52		
	IT Component:	No		
	Anticipated Out-year Costs:	Yes		
	Involve Contracts > \$50,000:	No		
	Includes Funding for the Following Strategy or Strategies:	11-01-01 Office of Inspector General		
OBJECTS OF EXPENSE:				
1001	SALARIES AND WAGES		562,728	562,728
1002	OTHER PERSONNEL COSTS		12,000	12,000
2003	CONSUMABLE SUPPLIES		5,000	2,000
2004	UTILITIES		3,240	4,320
2005	TRAVEL		27,466	31,128
2007	RENT - MACHINE AND OTHER		5,400	7,200
2009	OTHER OPERATING EXPENSE		184,915	103,363
TOTAL, OBJECT OF EXPENSE			\$800,749	\$722,739

METHOD OF FINANCING:

555	Federal Funds			
10.561.000	State Admin Match SNAP		368,385	332,496
93.558.000	Temp AssistNeedy Families		10,666	9,627
93.778.003	XIX 50%		26,657	24,060
758	GR Match For Medicaid		26,656	24,060
8014	GR Match for Food Stamp Admin		368,385	332,496
TOTAL, METHOD OF FINANCING			\$800,749	\$722,739

DESCRIPTION / JUSTIFICATION:

The Office of the Inspector General (OIG), Division of General Investigations (GI) investigates allegations of overpayments to health and human services program clients enrolled in the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF) program; Medicaid; Children's Health Insurance Program (CHIP); and the Women, Infants, and Children (WIC) program. The GI Deputyship also works to maximize the potential for reducing improper payments made to Medical Care Organizations (MCO) through clearing entries in an accepted income and eligibility verification system - Public Assistance Reporting Information System (PARIS) - as is mandated by the Social Security Act, Title XI, Section 1137 (42 U.S.C. § 1320b-7).

This exceptional item will add funding (no FTEs) to augment the GI staff which would increase GI's productivity, and lead to more fraud dollars being identified, which

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translates to an increase in recoveries and cost savings. The additional FTE funding will also ease the burden of the current average caseload per investigator of 114 investigations.

The average recoveries per year/per investigator, based on FY 2017, is \$339,788.22. An inspection by the OIG has shown that MCO capitation payments can be recovered once certain external criteria has been met. The additional Claims Investigators and administrative staff will increase recoveries and cost savings remarkably with MCOs.

EXTERNAL/INTERNAL FACTORS:

It takes 3 to 6 months to train an OIG Investigator, who will be working on actual fraud cases, but completion will be slower than average. There will be 7 Regional Staff hired for this EI. To hire the best person for the different postings across the state, it will take a few months into the fiscal year before hiring is finalized. Based on these two factors, the numbers for the first year of each biennium is for a period of 9 months with a 3 month period to 'ramp up'. Planning each Inv. 1st year case load performance at 80%. The second year, along with all future years, would show both expenses and measures at the full potential.

Medicaid is moving from using Fee for Service to Medical Care Organizations, therefore Medicaid investigations numbers could be lower. Currently most recoveries occur within the SNAP arena, the effect is expected to be minimal.

To increase PARIS Match recoveries: 1) Access and Eligibility Services needs policy changes that would allow backdating. 2) AES had a 6 month backlog in 2018 but added temp staff to bring processing PARIS Alerts to 3 days. They will need to add perm. staff. 3) The Customer Care Center may have to update their process to recover MCO payments. *Any of the above noted items (#1 - #3) not in force for the FY 20-21 Biennium would result in a remarkable change in the recoveries.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

All 10 Investigators positions will continue as part of the Office of the Inspector General. Taking into consideration a 2% salary increase per year for each of the 10 positions should cover any merits or cost of living legislated increases. We also increase travel to 10% of the Field Investigators, which is the FY 2018 average. Cell phone costs were increase 2% and Other Operating, Consumables and Training were estimated on average dollars spent to date in FY 2018.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$640,529	\$652,906	\$665,530

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Automated System for the Office of the Inspector General Replacement (ASOIG)		
	Item Priority: 53		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 11-01-01 Office of Inspector General		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	550,060	503,356
1002	OTHER PERSONNEL COSTS	8,400	7,800
2001	PROFESSIONAL FEES AND SERVICES	1,577,256	30,000
2009	OTHER OPERATING EXPENSE	254,906	148,341
TOTAL, OBJECT OF EXPENSE		\$2,390,622	\$689,497

METHOD OF FINANCING:

1	General Revenue Fund	476,417	115,110
555	Federal Funds		
10.561.000	State Admin Match SNAP	204,920	100,983
93.558.000	Temp AssistNeedy Families	7,174	3,224
93.558.667	TANF to Title XX	311	75
93.767.000	CHIP	23,824	5,756
93.778.003	XIX 50%	733,581	180,971
758	GR Match For Medicaid	737,629	181,949
8010	GR Match For Title XXI	1,846	446
8014	GR Match for Food Stamp Admin	204,920	100,983
TOTAL, METHOD OF FINANCING		\$2,390,622	\$689,497

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.20 15.20

DESCRIPTION / JUSTIFICATION:

This request is intended to fund the redesign of the application used by the Office of the Inspector General (OIG). The ASOIG application system is currently used to track and monitor over payments and fraud referrals received from various sources. General Investigations (GI) investigates allegations of overpayments to health and human services program clients enrolled in the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF) program; Medicaid; Children's Health Insurance Program (CHIP); and the Women, Infants, and Children (WIC) program. The Automated System for the Office of Inspector General (ASOIG) was implemented in 2007. After the initial release, the application went through a series of enhancements that enabled new functionality, additional programs and more inclusive interfaces from outside entities and internal sources. Each expansion was developed to allow the Office of the Inspector General (OIG) to provide greater visibility to its investigators in

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real-time to its investigators.

Along with the expansions, additions and improvements there were policy changes that required additional screens, functionality and extensive reporting. All were made as additions to the original system. Though the technology is current and fully support, less expensive, higher performing and more reliable technologies are now available.

The reengineering proposed will include an extensive rewrite of the existing User Interface (UI) geared toward the user's ability to better navigate the features by reducing the number of actions and screens (currently over 200). This along with the new methods of improving the web-browser compatibility will ensure faster investigative related navigation, more closely align with the current web browsers (IE/Chrome) being used and support easier modification and enhancement of the system.

EXTERNAL/INTERNAL FACTORS:

With advances in technology, IG staff are looking for ways to improve performance and ensure accurate reporting.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The objective of this project is to redesign the application User Interface (UI) currently in use by the Office of the Inspector General (OIG) in order to immediately improve user experience and application performance, as well as application support and maintenance, going forward.

The ASOIG system has many interfaces with internal/external databases and sub-systems. These include:

- *TIERS - Texas Integrated Eligibility and Redesign System
- *TWC - Texas Workforce Commission
- *Paris - Public Assistance Reporting Information System
- *IRS - Internal Revenue Service
- *SSA -Social Security Administration
- *ARTS - Accounts Receivable Tracking System

Proposal of Remediation: The remediation proposed will include an extensive rewrite of the existing User Interface (UI) geared toward the user's ability to better navigate the features by reducing the number of actions and screens (currently over 200). This along with the new methods of improving the web-browser compatibility will ensure faster investigative related navigation, more closely align with the current web browsers (IE/Chrome) being used and support easier modification and enhancement of the system. In addition, use of the new technology will significantly reduce costs for licensing, support and subscription services that are associated with the current technology infrastructure and be on a widely utilized, reliable, standard technology platform.

Though the major effort of the project will be focused on the UI layer of ASOIG, changes and additions (example: data for the Child Health Insurance Program - CHIP along and new database tables) there will be database work included. This has been taken into consideration/included in the remediation effort estimate.

The remediation will be done using the existing hardware which is being newly implemented as an upgrade that will be complete prior to this work being done. That is a separate project under DCS of which this project and the hardware are mutually exclusive. The hardware and itself and any remediation effort are scalable to last beyond the

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current road map period for the application - greater than 5 years.

Additional staff is needed to support ongoing maintenance and requests made by OIG to support; new programs/data inclusions and more extensive investigation methods/processes to complete the backlog of work that has accumulated since the staffing was reduced to a maintenance only team. The ongoing work needed by OIG includes, new more extensive reporting with longer historical periods, on-line ad-hoc reporting for the better management of the investigators work load and performance metrics as well as various other changes geared toward investigative support and state funds recovery. In summary, the new on-going staffing requests are being made for additional contractors that will be needed due to the current staff not having the knowledge/skills to work with the new technology that will implemented and a large amount of work that is needed for OIG to expand the investigative and funds recovery actions.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

The reengineering effort is estimated to yield a 40% improvement in the overall UI response time and will be measured through baseline statistics developed during the analysis phase.

Time Savings: The saving of the time it takes an investigator 5%-10% (8 to 16 man-hours) or more, depending on the job tasks and functions of the user. This will result in a saving of dollars. The calculation for the expected savings will be done when the baseline estimates are derived.

Enhanced Product Quality: Investigative research and reporting product quality will be higher with the new reengineered UI will result in cost savings as users spend less time resolving errors or reentering corrected data fields. The increased accuracy and timeliness of determinations will result in the reductions of appeals and delays in repayment efforts as well as faster payment receipt because the recipient of the recover letter and payment schedule will have less reasons to refute the amount of the repayment amount. The calculation for the expected savings will be done when baseline estimates are derived.

Higher Operational Efficiency - The implementation of reengineered UI will result in increased staff productivity and operational efficiency. This will generate a cost savings of time/effort and allow the time saved to be better spent on research or efforts to recover funds. The calculation for the expected savings will be done when the baseline estimates are derived.

Flexible System, Easier to Maintain - The remediated system will be more flexible, more easily configurable and adaptable, allowing changes to be made rapidly with less IT expense and implementation effort. As the ASOIG application is reengineered a great deal of the focus will be in the flexibility of the overall design and technologies used. Current rigidity of the application layer technology makes implementation difficult. The reduction of IT time needed for changes, additions and enhancements will be reduced resulting in a cost and time for development/delivery savings.

The amount of savings cannot be made at this time on cost savings since user's salaries vary by job position/title and the design of the new UI has not gone through a full requirements phase for estimates.

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Further analysis to define the requirements and baselines for the actual savings or cost avoidances are planned during the initial phase of the reengineering project. Below are estimates derived from; meetings, discussions, system experience and historical knowledge projects where UI reengineering was accomplished previously.

OUTPUTS:

User Interface reengineering effort will provide the following performance benefits:

Improved User Experience– The remediated system will improve user experience and user productivity with better screens, menus, and features that provide real-time help to OIG staff.

Enhanced Product Quality - Investigative research and reporting product quality will be higher with the new reengineered UI. System and data accuracy will increase and error rates will be reduced. For example, overpayment determinations that require recovery of dollars will be more accurate and completed in a timelier manner which should result in reductions in appeals and delays in repayment efforts.

Higher Operational Efficiency - The implementation of a remediated system will result in increased staff productivity and operational efficiency. The automation of many time-consuming, labor-intensive processes will speed up tasks while, at the same time, reducing errors introduced through manual interactions.

Flexible System, Easier to Maintain - The remediated system will be more flexible, more easily configurable and adaptable, allowing changes to be made rapidly with less IT expense and implementation effort. The inclusion of modern technologies (replacement of current legacy technologies) will provide more flexible options for user needed solutions at a lower development and implementation cost for licenses and man-hours.

Security – The new remediated system will implement state-of-the-art security protocols to better protect Internal Revenue Service (IRS - income and tax details/numbers) and other data items collected.

During the requirements gathering and design analysis/planning, options and opportunities will be reviewed to ensure the most optimal performance method is implemented and baseline estimates are made for the “from now” to the “after” expectations are documented for tracking and reporting and results validation purposes.

TYPE OF PROJECT

Application Remediation

ALTERNATIVE ANALYSIS

In order to make the changes that are deemed necessary to ASOIG, two main proposals were discussed. 1) was a total replacement of the ASOIG application. This would entail replacing the application through either a contract written to a 3rd party or increasing the staff level to rebuild the application within the agency. 2) was to systematically review each of the more than 200 individual screens along with the processes and new technologies as a UI reengineering effort. Through the discussions and high-level estimates it was determined that a full replacement was not necessary as the database, hardware and interfaces are optimal and able to fully support the needs of OIG. In addition, a full replacement of the application would take several years and procurements to be accomplished.

The best approach was selected for reengineering the screens (UI) using new technologies that are less costly from a support and licensing standpoint. The new technologies are also easier to maintain long-term and enable more rapid development to be done. This is critical because the on-going needs of OIG will require more development for adding data types and more of it along with other changes that will be implemented to provide support to the growing investigator base and constant changes to policy,

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procedures and practices as well as much more detailed reporting.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$1,915,348	\$368,092	\$368,092	\$368,092	\$368,092	\$3,387,716

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	15.0	6.5	6.5	6.5	6.5

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Annual software licenses and support - \$30k annually plus personnel cost.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$689,498	\$689,498	\$689,498

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 70.00%

CONTRACT DESCRIPTION :

Multiple Staff Augmentation Contracts will be required to filled the positions and will be acquired through Department of Information Resources contracts.

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Item Name: Medicaid Fraud and Abuse Detection System (MFADS)
Item Priority: 54
IT Component: Yes
Anticipated Out-year Costs: Yes
Involve Contracts > \$50,000: Yes
Includes Funding for the Following Strategy or Strategies: 11-01-01 Office of Inspector General

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	1,129,507	3,855,708
2009	OTHER OPERATING EXPENSE	3,065,000	1,710,017
5000	CAPITAL EXPENDITURES	239,769	0
TOTAL, OBJECT OF EXPENSE		\$4,434,276	\$5,565,725

METHOD OF FINANCING:

1	General Revenue Fund	1,702,541	2,136,960
555	Federal Funds		
10.561.000	State Admin Match SNAP	324,101	406,799
93.558.000	Temp AssistNeedy Families	16,983	21,317
93.558.667	TANF to Title XX	1,729	2,171
93.767.000	CHIP	103,629	130,071
93.778.003	XIX 50%	962,681	1,208,319
758	GR Match For Medicaid	990,396	1,243,104
777	Interagency Contracts	44	56
8010	GR Match For Title XXI	8,071	10,129
8014	GR Match for Food Stamp Admin	324,101	406,799
TOTAL, METHOD OF FINANCING		\$4,434,276	\$5,565,725

FULL-TIME EQUIVALENT POSITIONS (FTE):

	0.00	20.20
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DESCRIPTION / JUSTIFICATION:

The OIG is statutorily required under both Federal and State statutes and regulations to perform program integrity functions on behalf of the State of Texas . Since 1998, the automated technology solution supporting OIG efforts in the Medicaid program has been referred to as Medicaid Fraud and Abuse Detection System (MFADS). This project will continue the development of MFADS functionality to meet the changing business needs of the OIG . Appropriated funds will be used to procure professional and technology services, analytical and data visualization tools, and the development of more complex analytical and reporting functionality. In addition, there is a need to expand the footprint of OIG activities in this space beyond provider-focused activity. To this end, OIG seeks to expand the data sources available to the re-platformed MFADS to include Managed Care Organization data such as complaints, authorizations and other financial data to support this expansion of focus and

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activity.

OIG seeks to develop processes, reports and other content that will succinctly identify entities and/or categories of concerning trends in areas such as claims billing, service utilization, clinical assessments, eligibility and enrollment, and administrative functions contractually required of Managed Care Organizations.

OIG relies on the data and information output of MFADS to set priorities and develop work plans for audits, investigations, inspections and utilization review activities. Investment in the integration of new technologies and processes is expected to increase the ability of OIG business areas to more efficiently identify areas of risk, and effectively allocate staff resources accordingly.

EXTERNAL/INTERNAL FACTORS:

There is a need for OIG to be able to not only continue to adapt quickly to changing scenarios of fraud, waste, and abuse, but to also be responsive to state and federally directed changes to Medicaid service delivery models. The continued ability of the OIG to enhance and evolve analytic and data visualization capabilities is a critical factor in OIG's ability to meet its statutory mandates.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

This project will continue the use of existing IGDA Platform and tools to advance the OIG's analytical capacity to identify fraud, waste, and abuse. The additional hardware and software will allow state staff and staff augmentation resources to develop and implement processes to sustain OIG operations, and adapt to changes in the Medicaid Program.

The existing IGDA Platform includes the following hardware, data, and tools:

- TMAS data structures provide access to data from Visiosn21 Data Warehouse and MMIS source systems.
- Statistical Analysis Software (SAS) Enterprise Guide, Studio, and Data Miner, on a dedicated SAS server.
- Python Command Line Software
- Tableau Server Hardware and Software
- ARCGIS Geo-Analysis Software
- 5 TB Network File Server
- 5 TB Oracle Database instance, with Oracle SQL Developer and SQL+ and SQL Server Management Studio

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

For current IT projects, describe the status of the project, including:

- amounts appropriated, expended or allocated and allocation of FTE positions in both the 2018–19 and 2020–21 biennia;
- the total expenditures to date and how funding was expended; and
- any detail on changes in cost, schedule, or scope since the project was initiated.

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OUTCOMES:

Enhancement of the MFADS system will allow the OIG to focus on areas of greatest risk to Medicaid Recipients, payment errors to providers and/or other contractors, and internal business processes that support the Medicaid program. It is expected that the system will assist in the prompt identification of cost and utilization anomalies that can be referred for further action by OIG business areas. This will result in OIG audit, investigation, inspection and review activities that are more timely, efficient and cost effective.

OUTPUTS:

OIG will measure success of the MFADS Data Analytics Enhancements project by studying changes in the volume of entities identified that result in successful provider education, recoupment of erroneous payments, and/or exclusions from the program. Changes in cost avoidance volumes will also be studied to determine the benefit of early identification of fraudulent, wasteful or abusive practices within the Medicaid program.

TYPE OF PROJECT

Other Administrative Functions

ALTERNATIVE ANALYSIS

If the requested funding is not appropriated, or a lesser amount is appropriated, then the OIG will assess critical needs acknowledging available time and funding to develop a business plan to maintain daily operations. This may entail the use of available data, infrastructure, and software to meet critical functionality needs. If any funding is appropriated then options for procuring necessary services will be considered.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$0	\$4,606,784	\$5,393,216	\$0	\$0	\$10,000,000

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	0.0	20.2	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Data center infrastructure operational management services for servers, storage, database and network.

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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,256,768	\$1,256,768	\$1,256,768

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 94.00%

CONTRACT DESCRIPTION :

10% of the contract is for DCS management services.
 Staff Aug
 SW licenses
 Other IT Contracts

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CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Texas Civil Commitment Office (TCCO) Caseload Growth Item Priority: 55 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies: 13-01-01 Texas Civil Commitment Office		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	317,954	944,776
2006	RENT - BUILDING	266,005	790,414
2009	OTHER OPERATING EXPENSE	20,407	60,637
TOTAL, OBJECT OF EXPENSE		\$604,366	\$1,795,827
METHOD OF FINANCING:			
1	General Revenue Fund	604,366	1,795,827
TOTAL, METHOD OF FINANCING		\$604,366	\$1,795,827

DESCRIPTION / JUSTIFICATION:

The passage of SB 746 during the 84th Legislative Session revamped the state's civil commitment program. One of the changes shifted jurisdiction for civil commitment cases from a centralized Special Prosecutions Unit and 435th District Court in Montgomery County to cases being tried in the client's court of last conviction for a qualifying sex offense. This change means that there is no longer a funding limit to the number of trials that can be conducted each year and trials are decentralized across the state of Texas. As a result, it is difficult to predict the number of sexually violent predators (SVPs) that will be committed each year by local courts. The number of civilly committed SVPs will continue to grow annually as cases are tried and local courts order the commitment of SVPs. TCCO has no control over the number of SVPs committed each year, but is required by law to provide supervision and treatment. SVPs are civilly committed until their behavioral abnormality has changed to the extent that the SVP is no longer likely to engage in a predatory act of sexual violence and the local courts release the SVP from civil commitment. The number of SVPs who are civilly committed and in TCCO's program is projected to increase to 409 in FY 2020 and 444 in FY 2021. For the FY 2020-2021 biennium, the increase caseload will require \$2,400,193 in additional funding above baseline.

EXTERNAL/INTERNAL FACTORS:

TCCO has no control over the number of cases that are tried and the civil commitments that are ordered by local courts, but is required by law to provide supervision and treatment to all Sexually Violent Predators (SVPs) who are civilly committed. Currently there are 10,923 individuals in TDCJ units that meet the screening criteria established for civil commitment evaluation and an additional 22,534 sex offenders in TDCJ units. This pool of TDCJ sex offenders provides a steady pipeline of individuals who could be committed to the Texas Civil Commitment Program. Commitment is dependent upon various factors including: separate independent state agencies involved during the commitment process including TDCJ, local prosecutors, courts, and TCCO; prosecutorial discretion during the commitment proceedings; judicial discretion in sentencing;

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	parole board discretionary releases; and prosecutorial discretion regarding civil commitment violations.		
PCLS TRACKING KEY:			

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2020-21 biennium caseload growth into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2022	2023	2024
	\$1,795,827	\$1,795,827	\$1,795,827

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	Item Name: Texas Civil Commitment Office (TCCO) Increased Facility Capacity		
	Item Priority: 56		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 13-01-01 Texas Civil Commitment Office		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	351,482	650,444
2006	RENT - BUILDING	333,156	616,529
TOTAL, OBJECT OF EXPENSE		\$684,638	\$1,266,973

METHOD OF FINANCING:

1	General Revenue Fund	684,638	1,266,973
TOTAL, METHOD OF FINANCING		\$684,638	\$1,266,973

DESCRIPTION / JUSTIFICATION:

The Texas Civil Commitment Center (TCCC) in Littlefield, Texas is the only confined facility in the state that houses sexually violent predators (SVPs) and it will reach capacity in FY 2019 at 346 SVPs. The TCCC is owned by the City of Littlefield and is leased to Correct Care, LLC d/b/s CCRS of Texas, who operates the TCCC under contract with TCCO. In February 2018 TCCO initiated a Request for Proposal through the Health and Human Services Commission to explore vendor/facility options to secure additional capacity. At the time of this Exceptional Item submission, the RFP has not been published so TCCO does not have the benefit of vendor responses to project costs. TCCO is also exploring the feasibility of expanded capacity at the TCCC confined facility. The current TCCC contract does not envision the cost of expansion and it is expected that additional capacity at the TCCC would include an increase to fixed costs equivalent to the start up cost of a new or second facility. To quantify these costs TCCO assumed the initial FY 2016 daily per diem rate of \$128.70 for the expanded capacity (above 346 SVPs) during the FY 2020-2021 biennium. Therefore, this exceptional item requests the difference between the start up or expanded capacity daily per diem rate of \$128.70 and the current daily per diem rate of \$85.58 (\$43.12) for capacity above 346 SVPs. For the FY 2020-2021 biennium, the costs associated with expanded capacity or a second facility are expected to be \$1,951,611.

EXTERNAL/INTERNAL FACTORS:

TCCO has no control over the number of SVPs that are civilly committed or when those SVPs transfer to the civil commitment program from the Texas Department of Criminal Justice. TCCO is required to provide supervision and treatment to the SVPs, including confined housing such as that provided by TCCC. There are few vendors that provide the type of confined facility which TCCO requires to house SVPs. When TCCO has issued RFPs for confined housing services in previous years there has been little interest from vendors who wish to provide the necessary housing services to SVPs and little to no interest from communities in siting a facility for sexually violent predators within their community. With limited interest from vendors and communities, the costs of procuring the necessary services is extremely difficult to predict with limited opportunity for negotiation following the RFP process.

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PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2020-21 biennium increased facility capacity into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2022</u>	<u>2023</u>	<u>2024</u>
\$1,266,973	\$1,266,973	\$1,266,973

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	Item Name: Texas Civil Commitment Office (TCCO) Offsite Healthcare Item Priority: 57 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies: 13-01-01 Texas Civil Commitment Office		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	267,737	267,737
TOTAL, OBJECT OF EXPENSE		\$267,737	\$267,737

METHOD OF FINANCING:

1	General Revenue Fund	267,737	267,737
TOTAL, METHOD OF FINANCING		\$267,737	\$267,737

DESCRIPTION / JUSTIFICATION:

Sexually Violent Predators (SVPs) located at the Texas Civil Commitment Center (TCCC) in Littlefield, Texas require offsite health care. The TCCC Littlefield facility is operated by Correct Care, LLC d/b/a CCRS of Texas, under contract with TCCO to provide housing, treatment and related services for sex offenders civilly committed pursuant to Chapter 841 of the Texas Health and Safety Code. The current contract provides for an onsite primary care clinic and covers the first \$25,000 of offsite health care costs including prescriptions, per client, per contract year. The contract does not cover the cost of medications for Hepatitis C treatment. Health care services are provided to SVPs onsite at the primary care clinic and offsite by local providers, clinics and hospitals depending on the medical services needed. As the SVP population increases, the need for additional offsite health care funding also increases. The funds requested in this Exceptional Item would pay for the projected non-contracted SVP health care above the \$25,000 threshold covered by the current contract. This would ensure that the catastrophic medical care needed by an increasing SVP population, which averages 55.96 years of age, does not fall on the local taxpayers of a small rural county. For the FY 2020-2021 biennium, these expenses are expected to be \$535,474.

EXTERNAL/INTERNAL FACTORS:

TCCO has no control over the number of SVPs that are civilly committed or when those SVPs transfer to the civil commitment program from the Texas Department of Criminal Justice. The average age of the SVPs at the TCCC is 55.96 years old and they tend to be less healthy than the average population. Additionally, the vast majority of the SVPs are indigent. The number of SVPs at the TCCC is expected to reach 409 in FY 2020 and 444 in FY 2021. Without additional funding for offsite health care, the costs of these services will fall on the taxpayers of a small rural community which could overwhelm their county indigent care system.

PCLS TRACKING KEY:

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2020-21 biennium offsite healthcare into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2022</u>	<u>2023</u>	<u>2024</u>
\$267,737	\$267,737	\$267,737

4.A. Exceptional Item Request Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:56:07AM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Texas Civil Commitment Office (TCCO) Case Manager Career Ladder Increases - Implementation		
	Item Priority: 58		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 13-01-01 Texas Civil Commitment Office		

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	19,812	41,148
TOTAL, OBJECT OF EXPENSE		\$19,812	\$41,148

METHOD OF FINANCING:

1	General Revenue Fund	19,812	41,148
TOTAL, METHOD OF FINANCING		\$19,812	\$41,148

DESCRIPTION / JUSTIFICATION:

Section 420A.009 of the Texas Government Code, as amended by SB 1576 during the 85th Legislative Session, requires the Texas Civil Commitment Office (TCCO) to develop and implement a salary career ladder for its Case Managers based on the Case Manager's classification and years of service with TCCO. As adopted by TCCO's Governing Board at the May 4, 2018 public meeting, the Case Manager Career Ladder provides for an annual salary adjustment to the next higher career ladder pay level within the same salary group, not to exceed the maximum pay for the position classification as established by Article IX of the General Appropriation Act. For the FY 2020-2021 biennium, the Case Manager Career Ladder increases are expected to total \$60,960.

EXTERNAL/INTERNAL FACTORS:

TCCO is required by statute to establish and utilize a salary career ladder for its Case Managers based upon the Case Manager's classification and years of service with TCCO. The agency anticipates that the implementation and funding of the TCCO Case Manager Career Ladder will have a positive impact on the recruitment and retention of qualified and experienced Case Management staff and reduce the excessive turnover in these critical positions that are responsible for the supervision and case management of sexually violent predators committed to the Texas Civil Commitment Program.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
TIME: **8:56:07AM**

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE DESCRIPTION

Excp 2020

Excp 2021

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2020-21 biennium case manager career ladder into FY 2022, FY 2023, and FY 2024.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
\$41,148	\$41,148	\$41,148

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-1 Aged and Medicare-related Eligibility Group			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>4</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	22.62	46.41
EFFICIENCY MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	57.82	118.63
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	256,173,746	533,942,694
TOTAL, OBJECT OF EXPENSE		\$256,173,746	\$533,942,694
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	154,134,464	321,861,478
758	GR Match For Medicaid	102,039,282	212,081,216
TOTAL, METHOD OF FINANCING		\$256,173,746	\$533,942,694

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-2 Disability-Related Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Disability-Related Cost Per Recipient Month	66.87	137.50
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	330,298,092	691,466,658
TOTAL, OBJECT OF EXPENSE		\$330,298,092	\$691,466,658
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	197,899,678	415,128,107
758	GR Match For Medicaid	132,398,414	276,338,551
TOTAL, METHOD OF FINANCING		\$330,298,092	\$691,466,658

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-3 Pregnant Women Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Pregnant Women Cost Per Recipient Month	12.49	25.17
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	20,852,907	42,759,470
TOTAL, OBJECT OF EXPENSE		\$20,852,907	\$42,759,470
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	21,616	38,962
555	Federal Funds		
	93.778.000 XIX FMAP	11,952,347	24,540,993
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	713,822	1,494,580
758	GR Match For Medicaid	8,165,122	16,684,935
TOTAL, METHOD OF FINANCING		\$20,852,907	\$42,759,470

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-4 Other Adults Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Other Adult Cost Per Recipient Month	21.25	44.06
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	37,284,591	79,248,098
TOTAL, OBJECT OF EXPENSE		\$37,284,591	\$79,248,098
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	1,431	8,055,646
555	Federal Funds		
	93.778.000 XIX FMAP	22,604,068	40,058,398
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	441,657	944,026
758	GR Match For Medicaid	14,237,435	30,190,028
TOTAL, METHOD OF FINANCING		\$37,284,591	\$79,248,098

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-5 Children Eligibility Group			
EFFICIENCY MEASURES:			
<u>1</u>	Average Income-Eligible Children Cost Per Recipient Month	6.43	13.16
<u>2</u>	Average STAR Health Foster Care Children Cost Per Recipient Month	40.76	84.10
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	240,218,713	500,601,147
TOTAL, OBJECT OF EXPENSE		\$240,218,713	\$500,601,147
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	12,897,434	23,693,991
555	Federal Funds		
	93.778.000 XIX FMAP	133,930,527	279,327,486
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	379,593	802,335
758	GR Match For Medicaid	93,011,159	196,777,335
TOTAL, METHOD OF FINANCING		\$240,218,713	\$500,601,147

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-6 Medicaid Prescription Drugs			
EFFICIENCY MEASURES:			
1	Average Cost/Medicaid Recipient Month: Prescription Drugs	4.16	8.54
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	200,386,187	417,822,203
TOTAL, OBJECT OF EXPENSE		\$200,386,187	\$417,822,203
METHOD OF FINANCING:			
555	Federal Funds		
93.767.778	CHIP for Medicaid (EFMAP)	5,466,676	10,124,139
555	Federal Funds		
93.778.000	XIX FMAP	115,346,677	241,859,116
555	Federal Funds		
93.778.005	XIX FMAP @ 90%	499,665	0
706	Vendor Drug Rebates-Medicaid	45,026,579	93,226,517
758	GR Match For Medicaid	29,836,570	63,895,501
8081	Vendor Drug Rebates-Sup Rebates	4,210,020	8,716,930
TOTAL, METHOD OF FINANCING		\$200,386,187	\$417,822,203

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-7 Health Steps (EPSDT) Dental			
EFFICIENCY MEASURES:			
<u>1</u>	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	1.29	2.22
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	47,904,891	83,582,331
TOTAL, OBJECT OF EXPENSE		\$47,904,891	\$83,582,331
METHOD OF FINANCING:			
555	Federal Funds		
93.767.778	CHIP for Medicaid (EFMAP)	3,685,865	5,859,058
555	Federal Funds		
93.778.000	XIX FMAP	25,969,055	45,162,544
758	GR Match For Medicaid	18,249,971	32,560,729
TOTAL, METHOD OF FINANCING		\$47,904,891	\$83,582,331

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-1-8 Medical Transportation			
EFFICIENCY MEASURES:			
	<u>1</u> Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	0.17	0.34
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	7,726,334	15,683,368
TOTAL, OBJECT OF EXPENSE		\$7,726,334	\$15,683,368
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	151,552	274,209
555	Federal Funds		
	93.778.000 XIX FMAP	4,501,769	9,151,079
758	GR Match For Medicaid	3,073,013	6,258,080
TOTAL, METHOD OF FINANCING		\$7,726,334	\$15,683,368

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-2-4 Nursing Facility Payments			
EFFICIENCY MEASURES:			
	<u>1</u> Net Nursing Facility Cost Per Medicaid Resident Per Month	91.95	184.71
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	5,252,639	12,243,901
TOTAL, OBJECT OF EXPENSE		\$5,252,639	\$12,243,901
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	3,133,725	7,320,628
758	GR Match For Medicaid	2,118,914	4,923,273
TOTAL, METHOD OF FINANCING		\$5,252,639	\$12,243,901

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-2-5 Medicare Skilled Nursing Facility			
EFFICIENCY MEASURES:			
<u>1</u>	Net Medicaid/Medicare Copay Per Individual-FFS Nursing Facility Svcs	41.89	113.03
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	427,520	1,844,567
TOTAL, OBJECT OF EXPENSE		\$427,520	\$1,844,567
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	255,059	1,102,867
758	GR Match For Medicaid	172,461	741,700
TOTAL, METHOD OF FINANCING		\$427,520	\$1,844,567

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-2-7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)			
EFFICIENCY MEASURES:			
	<u>1</u> Monthly Cost Per ICF/IID Medicaid Eligible Individual	6.40	12.70
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	348,432	718,514
TOTAL, OBJECT OF EXPENSE		\$348,432	\$718,514
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	207,875	429,600
758	GR Match For Medicaid	140,557	288,914
TOTAL, METHOD OF FINANCING		\$348,432	\$718,514

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-4-1 Non-Full Benefit Payments			
EFFICIENCY MEASURES:			
<u>1</u>	Average Emergency Services for Non-citizens Cost Per Recipient Month	60.94	122.97
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	31,146,903	64,187,525
TOTAL, OBJECT OF EXPENSE		\$31,146,903	\$64,187,525
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	6,644,161	13,654,847
555	Federal Funds		
93.778.009	SHARS	20,010,193	41,349,514
758	GR Match For Medicaid	4,492,549	9,183,164
TOTAL, METHOD OF FINANCING		\$31,146,903	\$64,187,525

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Entitlement Program Cost Growth			
Allocation to Strategy: 1-4-2 For Clients Dually Eligible for Medicare and Medicaid			
EFFICIENCY MEASURES:			
<u>1</u>	Average Part B Premium Per Month	4.68	11.96
<u>2</u>	Average Part A Premium Per Month	5.67	14.22
<u>3</u>	Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	0.21	0.41
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	50,610,272	141,391,224
TOTAL, OBJECT OF EXPENSE		\$50,610,272	\$141,391,224
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	22,815,267	61,185,454
555	Federal Funds		
	93.778.007 XIX ADM @ 100	2,288,976	5,985,934
758	GR Match For Medicaid	15,426,883	41,148,471
8092	Medicare Giveback Provision	10,079,146	33,071,365
TOTAL, METHOD OF FINANCING		\$50,610,272	\$141,391,224

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain CHIP Non-Entitlement Program Cost Growth			
Allocation to Strategy: 3-1-1 Children's Health Insurance Program (CHIP)			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>3</u>	Average CHIP Programs Benefit Cost with Prescription Benefit	6.62	13.48
EFFICIENCY MEASURES:			
<u>1</u>	Average CHIP Children Benefit Cost Per Recipient Month	5.11	10.42
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	21,110,004	45,363,699
TOTAL, OBJECT OF EXPENSE		\$21,110,004	\$45,363,699
METHOD OF FINANCING:			
555	Federal Funds		
93.767.000	CHIP	17,778,845	33,029,309
8025	Tobacco Receipts Match For Chip	3,331,159	12,334,390
TOTAL, METHOD OF FINANCING		\$21,110,004	\$45,363,699

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain CHIP Non-Entitlement Program Cost Growth			
Allocation to Strategy: 3-1-2 CHIP Perinatal Services			
EFFICIENCY MEASURES:			
	<u>1</u> Average Perinatal Benefit Cost Per Recipient Month	8.75	17.69
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	3,378,872	6,915,352
TOTAL, OBJECT OF EXPENSE		\$3,378,872	\$6,915,352
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	2,845,686	5,035,068
8025	Tobacco Receipts Match For Chip	533,186	1,880,284
TOTAL, METHOD OF FINANCING		\$3,378,872	\$6,915,352

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain CHIP Non-Entitlement Program Cost Growth			
Allocation to Strategy: 3-1-3 CHIP Prescription Drugs			
EFFICIENCY MEASURES:			
<u>1</u>	Average Cost/CHIP Recipient Month: Pharmacy Benefit	1.26	2.56
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	6,880,401	14,666,336
TOTAL, OBJECT OF EXPENSE		\$6,880,401	\$14,666,336
METHOD OF FINANCING:			
555	Federal Funds		
93.767.000	CHIP	5,794,674	10,678,559
8025	Tobacco Receipts Match For Chip	1,085,727	3,987,777
TOTAL, METHOD OF FINANCING		\$6,880,401	\$14,666,336

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain CHIP Non-Entitlement Program Cost Growth			
Allocation to Strategy: 3-1-4 CHIP Dental Services			
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	0.96	1.97
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	4,904,614	10,495,631
TOTAL, OBJECT OF EXPENSE		\$4,904,614	\$10,495,631
METHOD OF FINANCING:			
555	Federal Funds		
93.767.000	CHIP	4,130,666	7,641,869
8025	Tobacco Receipts Match For Chip	773,948	2,853,762
TOTAL, METHOD OF FINANCING		\$4,904,614	\$10,495,631

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Non-Entitlement Cost Growth			
Allocation to Strategy: 1-3-1 Home and Community-based Services (HCS)			
EFFICIENCY MEASURES:			
1	Avg Mthly Cost Per Individual Served: Home & Community Based Services	33.07	66.44
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	9,743,925	20,109,503
TOTAL, OBJECT OF EXPENSE		\$9,743,925	\$20,109,503
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	5,854,209	12,108,053
758	GR Match For Medicaid	3,889,716	8,001,450
TOTAL, METHOD OF FINANCING		\$9,743,925	\$20,109,503

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Non-Entitlement Cost Growth			
Allocation to Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual: CLASS Waiver	124.85	249.69
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	7,614,541	15,716,510
TOTAL, OBJECT OF EXPENSE		\$7,614,541	\$15,716,510
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	4,867,443	10,066,896
758	GR Match For Medicaid	2,747,098	5,649,614
TOTAL, METHOD OF FINANCING		\$7,614,541	\$15,716,510

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Medicaid Non-Entitlement Cost Growth			
Allocation to Strategy: 1-3-4 Texas Home Living Waiver			
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	120.90	241.79
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	6,896,859	14,330,480
TOTAL, OBJECT OF EXPENSE		\$6,896,859	\$14,330,480
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	4,350,580	9,058,382
758	GR Match For Medicaid	2,546,279	5,272,098
TOTAL, METHOD OF FINANCING		\$6,896,859	\$14,330,480

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-1-1 Aged and Medicare-related Eligibility Group			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>2</u>	Average Full Benefit Medicaid Recipient Months Per Month	652.00	1,500.00
<u>4</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	0.02	0.03
EFFICIENCY MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	-2.15	-5.97
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	-5,376,087	-16,801,311
TOTAL, OBJECT OF EXPENSE		-5,376,087	-16,801,311
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	-3,151,955	-9,899,697
758	GR Match For Medicaid	-2,224,132	-6,901,614
TOTAL, METHOD OF FINANCING		-5,376,087	-16,801,311

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-1-2 Disability-Related Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Disability-Related Cost Per Recipient Month	0.41	1.63
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	7,385,245	20,159,690
TOTAL, OBJECT OF EXPENSE		\$7,385,245	\$20,159,690
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	4,458,685	12,187,226
758	GR Match For Medicaid	2,926,560	7,972,464
TOTAL, METHOD OF FINANCING		\$7,385,245	\$20,159,690

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-1-6 Medicaid Prescription Drugs			
EFFICIENCY MEASURES:			
	<u>1</u> Average Cost/Medicaid Recipient Month: Prescription Drugs	0.04	0.11
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,650,465	6,844,665
TOTAL, OBJECT OF EXPENSE		\$2,650,465	\$6,844,665
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	1,584,713	4,092,425
758	GR Match For Medicaid	1,065,752	2,752,240
TOTAL, METHOD OF FINANCING		\$2,650,465	\$6,844,665

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-2-5 Medicare Skilled Nursing Facility			
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	-1,541,913	-4,585,660
TOTAL, OBJECT OF EXPENSE		-\$1,541,913	-\$4,585,660
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	-919,905	-2,741,766
758	GR Match For Medicaid	-622,008	-1,843,894
TOTAL, METHOD OF FINANCING		-\$1,541,913	-\$4,585,660

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-3-1 Home and Community-based Services (HCS)			
OUTPUT MEASURES:			
<u>1</u>	Avg # Individuals Served Per Mth: Home & Commity Based Services (HCS)	1,007.00	2,634.00
EFFICIENCY MEASURES:			
<u>1</u>	Avg Mthly Cost Per Individual Served: Home & Community Based Services	113.61	249.76
<u>2</u>	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	-51.71	-116.79
<u>3</u>	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	0.94	3.89
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	# Individuals Receiving Services at the End of the Fiscal Year: HCS	3,063.00	4,851.00
<u>2</u>	Avg # Individis on Interest List Per Month: Home & Commity Based Svcs	-1,466.00	-3,149.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	80,868,292	201,474,341
TOTAL, OBJECT OF EXPENSE		\$80,868,292	\$201,474,341
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	48,487,529	120,861,194
758	GR Match For Medicaid	32,380,763	80,613,147
TOTAL, METHOD OF FINANCING		\$80,868,292	\$201,474,341

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Provide Transition to the Community and Reduce Community Program Interest Lists	
Allocation to Strategy:		1-3-2	Community Living Assistance and Support Services (CLASS)
OUTPUT MEASURES:			
<u>1</u>	Average Number of Individuals Served Per Month: CLASS Waiver	116.00	237.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Individual: CLASS Waiver	171.83	358.69
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	Average Number on Interest List: Community Living Assistance & Support	171.83	358.69
<u>2</u>	# of Persons Receiving Svcs at the End of the Fiscal Year: CLASS	-964.00	-1,971.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	17,438,059	36,654,651
TOTAL, OBJECT OF EXPENSE		\$17,438,059	\$36,654,651
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	11,181,171	23,502,725
758	GR Match For Medicaid	6,256,888	13,151,926
TOTAL, METHOD OF FINANCING		\$17,438,059	\$36,654,651

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)			
OUTPUT MEASURES:			
<u>1</u>	Average Number of Individuals Served Per Month: Deaf-Blind Waiver	0.00	2.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Individual: Deaf-Blind Waiver	4.09	24.67
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	Average Number on Interest List: Deaf-Blind Mult Disabilities Waiver	-1.00	-1.00
<u>2</u>	# of Persons Receiving Services at the End of the Fiscal Year: DBMD	1.00	8.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	16,924	185,969
TOTAL, OBJECT OF EXPENSE		\$16,924	\$185,969
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	10,661	117,143
758	GR Match For Medicaid	6,263	68,826
TOTAL, METHOD OF FINANCING		\$16,924	\$185,969

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Transition to the Community and Reduce Community Program Interest Lists			
Allocation to Strategy: 1-3-4 Texas Home Living Waiver			
OUTPUT MEASURES:			
<u>1</u>	Avg Number of Individuals Served Per Month: Texas Home Living Waiver	64.00	127.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	145.75	307.15
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	# of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML	788.00	905.00
<u>2</u>	Average Number Individuals on Interest List Per Month: TXHMLV Waiver	-1,033.00	-2,061.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	10,565,682	22,315,031
TOTAL, OBJECT OF EXPENSE		\$10,565,682	\$22,315,031
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	6,677,243	14,102,534
758	GR Match For Medicaid	3,888,439	8,212,497
TOTAL, METHOD OF FINANCING		\$10,565,682	\$22,315,031

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Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Prevent Loss of Service			
Allocation to Strategy: 7-1-1 State Supported Living Centers			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	0	0
2009	OTHER OPERATING EXPENSE	1,744,429	1,899,320
3001	CLIENT SERVICES	22,508,758	24,507,355
TOTAL, OBJECT OF EXPENSE		\$24,253,187	\$26,406,675
METHOD OF FINANCING:			
1	General Revenue Fund	1,025,424	1,116,474
555	Federal Funds		
	93.778.000 XIX FMAP	13,211,924	14,385,036
8032	GR Certified As Match For Medicaid	10,015,839	10,905,165
TOTAL, METHOD OF FINANCING		\$24,253,187	\$26,406,675

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **8/31/2018**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Prevent Loss of Service			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,415,382	1,491,812
2009	OTHER OPERATING EXPENSE	2,030,000	2,030,000
3001	CLIENT SERVICES	41,127,216	41,770,625
TOTAL, OBJECT OF EXPENSE		\$44,572,598	\$45,292,437
METHOD OF FINANCING:			
1	General Revenue Fund	44,572,598	45,292,437
TOTAL, METHOD OF FINANCING		\$44,572,598	\$45,292,437

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain ECI Services for Children with Disabilities			
Allocation to Strategy: 4-1-3 Early Childhood Intervention Services			
OUTPUT MEASURES:			
<u>3</u>	Average Monthly Number of Children Served in Comprehensive Services	0.00	3,314.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Child: Comprehensive Services/State & Federal	70.14	70.97
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	26,454,476	44,290,952
TOTAL, OBJECT OF EXPENSE		\$26,454,476	\$44,290,952
METHOD OF FINANCING:			
1	General Revenue Fund	26,454,476	44,290,952
TOTAL, METHOD OF FINANCING		\$26,454,476	\$44,290,952

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **8/31/2018**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Funding Expanded Capacity at Renovated State Hospitals (Comprehensive Plan Phase I Projects)	
Allocation to Strategy:		7-2-1	Mental Health State Hospitals
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	4,575,287	14,436,495
1002	OTHER PERSONNEL COSTS	30,000	88,800
2001	PROFESSIONAL FEES AND SERVICES	229,429	727,875
2005	TRAVEL	60,000	195,000
2007	RENT - MACHINE AND OTHER	88,450	87,550
2009	OTHER OPERATING EXPENSE	858,557	3,182,251
3001	CLIENT SERVICES	46,501	174,379
5000	CAPITAL EXPENDITURES	2,680,000	160,000
TOTAL, OBJECT OF EXPENSE		\$8,568,224	\$19,052,350
METHOD OF FINANCING:			
1 General Revenue Fund		8,568,224	19,052,350
TOTAL, METHOD OF FINANCING		\$8,568,224	\$19,052,350
FULL-TIME EQUIVALENT POSITIONS (FTE):		116.5	378.3

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Funding State Hospital Planning and Construction (Comprehensive Plan Phase II)			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1	1
TOTAL, OBJECT OF EXPENSE		\$1	\$1
METHOD OF FINANCING:			
1	General Revenue Fund	1	1
TOTAL, METHOD OF FINANCING		\$1	\$1

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Funding State Hospital Planning and Construction (Comprehensive Plan Phase II)			
Allocation to Strategy: 7-4-2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1	1
5000	CAPITAL EXPENDITURES	1	1
TOTAL, OBJECT OF EXPENSE		\$2	\$2
METHOD OF FINANCING:			
1	General Revenue Fund	2	2
TOTAL, METHOD OF FINANCING		\$2	\$2
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	0.0

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Funding for Current Women's Health Program Services			
Allocation to Strategy: 4-1-1 Women's Health Programs			
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	1	1
TOTAL, OBJECT OF EXPENSE		\$1	\$1
METHOD OF FINANCING:			
1	General Revenue Fund	1	1
TOTAL, METHOD OF FINANCING		\$1	\$1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhance Procurement and Contract Management Functions			
Allocation to Strategy: 4-2-1 Community Mental Health Services (MHS) for Adults			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,489,225	1,489,225
1002	OTHER PERSONNEL COSTS	25,200	25,200
2003	CONSUMABLE SUPPLIES	12,600	12,600
2004	UTILITIES	15,120	15,120
2005	TRAVEL	126,000	126,000
2009	OTHER OPERATING EXPENSE	388,723	240,581
TOTAL, OBJECT OF EXPENSE		\$2,056,868	\$1,908,726
METHOD OF FINANCING:			
1	General Revenue Fund	1,553,935	1,553,933
555	Federal Funds		
	93.558.667 TANF to Title XX	14,587	14,587
555	Federal Funds		
	93.778.003 XIX 50%	244,173	170,103
758	GR Match For Medicaid	244,173	170,103
TOTAL, METHOD OF FINANCING		\$2,056,868	\$1,908,726
FULL-TIME EQUIVALENT POSITIONS (FTE):		21.3	21.3

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		Enhance Procurement and Contract Management Functions	
Allocation to Strategy:		9-2-1	Intake, Access, and Eligibility to Services and Supports
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	634,112	634,112
1002	OTHER PERSONNEL COSTS	10,800	10,800
2003	CONSUMABLE SUPPLIES	6,000	6,000
2004	UTILITIES	7,200	7,200
2005	TRAVEL	47,000	47,000
2009	OTHER OPERATING EXPENSE	183,915	113,391
TOTAL, OBJECT OF EXPENSE		\$889,027	\$818,503
METHOD OF FINANCING:			
1	General Revenue Fund	119,289	119,289
555	Federal Funds		
	93.778.003 XIX 50%	384,869	349,607
758	GR Match For Medicaid	384,869	349,607
TOTAL, METHOD OF FINANCING		\$889,027	\$818,503
FULL-TIME EQUIVALENT POSITIONS (FTE):		10.1	10.1

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Enhance Procurement and Contract Management Functions	
Allocation to Strategy:		12-1-1	Enterprise Oversight and Policy
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	4,684,202	4,684,202
1002	OTHER PERSONNEL COSTS	78,000	78,000
2001	PROFESSIONAL FEES AND SERVICES	121,500	121,500
2004	UTILITIES	11,016	11,016
2005	TRAVEL	3,600	3,600
2009	OTHER OPERATING EXPENSE	1,139,335	680,792
TOTAL, OBJECT OF EXPENSE		\$6,037,653	\$5,579,110
METHOD OF FINANCING:			
1	General Revenue Fund	2,321,026	2,321,026
555	Federal Funds		
10.561.000	State Admin Match SNAP	287,582	287,582
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	15,077	15,077
555	Federal Funds		
93.558.667	TANF to Title XX	1,535	1,535
555	Federal Funds		
93.767.000	CHIP	91,961	91,961
555	Federal Funds		
93.778.003	XIX 50%	1,414,424	1,185,153
555	Federal Funds		
96.001.000	Social Security Disability Ins	172,240	172,240
758	GR Match For Medicaid	1,439,036	1,209,764
777	Interagency Contracts	49	49
8010	GR Match For Title XXI	7,141	7,141
8014	GR Match for Food Stamp Admin	287,582	287,582
TOTAL, METHOD OF FINANCING		\$6,037,653	\$5,579,110
FULL-TIME EQUIVALENT POSITIONS (FTE):		66.0	66.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhance Procurement and Contract Management Functions			
Allocation to Strategy: 12-2-1 Central Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	175,344	175,344
1002	OTHER PERSONNEL COSTS	2,400	2,400
2009	OTHER OPERATING EXPENSE	45,548	31,429
TOTAL, OBJECT OF EXPENSE		\$223,292	\$209,173
METHOD OF FINANCING:			
1	General Revenue Fund	51,689	51,685
555	Federal Funds		
	10.561.000 State Admin Match SNAP	15,179	15,179
555	Federal Funds		
	93.558.000 Temp AssistNeedy Families	796	796
555	Federal Funds		
	93.558.667 TANF to Title XX	81	81
555	Federal Funds		
	93.767.000 CHIP	4,854	4,857
555	Federal Funds		
	93.778.003 XIX 50%	62,374	55,315
555	Federal Funds		
	96.001.000 Social Security Disability Ins	9,091	9,091
758	GR Match For Medicaid	63,672	56,613
8010	GR Match For Title XXI	377	377
8014	GR Match for Food Stamp Admin	15,179	15,179
TOTAL, METHOD OF FINANCING		\$223,292	\$209,173
FULL-TIME EQUIVALENT POSITIONS (FTE):		2.0	2.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhance Mental Health Capacity			
Allocation to Strategy: 4-2-1 Community Mental Health Services (MHS) for Adults			
OUTPUT MEASURES:			
1	Average Monthly Number of Adults Receiving Community MH Services	4,641.00	4,641.00
EXPLANATORY/INPUT MEASURES:			
1	Number of Adults Receiving Community Mental Health Services Per Year	211,473.00	211,473.00
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	233,884	233,884
4000	GRANTS	23,388,424	23,388,424
TOTAL, OBJECT OF EXPENSE		\$23,622,308	\$23,622,308
METHOD OF FINANCING:			
1	General Revenue Fund	20,479,596	20,479,596
555	Federal Funds		
93.558.667	TANF to Title XX	192,758	192,758
555	Federal Funds		
93.778.003	XIX 50%	1,474,977	1,474,977
758	GR Match For Medicaid	1,474,977	1,474,977
TOTAL, METHOD OF FINANCING		\$23,622,308	\$23,622,308

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhance Mental Health Capacity			
Allocation to Strategy: 4-2-2 Community Mental Health Services (MHS) for Children			
OUTPUT MEASURES:			
1	Average Monthly Number of Children Receiving Community MH Services	1,206.00	1,206.00
EXPLANATORY/INPUT MEASURES:			
1	Number of Children Receiving Community MH Services Per Year	65,940.00	65,940.00
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	58,471	58,471
4000	GRANTS	5,847,106	5,847,106
TOTAL, OBJECT OF EXPENSE		\$5,905,577	\$5,905,577
METHOD OF FINANCING:			
1	General Revenue Fund	5,119,899	5,119,899
555	Federal Funds		
93.558.667	TANF to Title XX	48,190	48,190
555	Federal Funds		
93.778.003	XIX 50%	368,744	368,744
758	GR Match For Medicaid	368,744	368,744
TOTAL, METHOD OF FINANCING		\$5,905,577	\$5,905,577

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Funding for Client Services to Replace Money Follows the Person			
Allocation to Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	65,368	65,368
1002	OTHER PERSONNEL COSTS	1,200	1,200
2001	PROFESSIONAL FEES AND SERVICES	1,643,000	1,673,000
2003	CONSUMABLE SUPPLIES	12,500	12,500
2005	TRAVEL	15,000	15,000
2009	OTHER OPERATING EXPENSE	17,338	10,313
TOTAL, OBJECT OF EXPENSE		\$1,754,406	\$1,777,381
METHOD OF FINANCING:			
1 General Revenue Fund		1,754,406	1,777,381
TOTAL, METHOD OF FINANCING		\$1,754,406	\$1,777,381
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.0	1.0

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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		HHS Information Technology Security	
Allocation to Strategy:		12-1-2	Information Technology Capital Projects Oversight & Program Support
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,628,446	1,628,446
1002	OTHER PERSONNEL COSTS	20,400	20,400
2001	PROFESSIONAL FEES AND SERVICES	18,044,587	8,532,015
2003	CONSUMABLE SUPPLIES	4,200	4,200
2005	TRAVEL	2,850	2,850
2009	OTHER OPERATING EXPENSE	1,014,906	674,863
5000	CAPITAL EXPENDITURES	90,000	90,000
TOTAL, OBJECT OF EXPENSE		\$20,805,389	\$10,952,774
METHOD OF FINANCING:			
1	General Revenue Fund	7,596,924	4,411,074
555	Federal Funds		
10.561.000	State Admin Match SNAP	1,567,046	776,109
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	82,202	40,703
555	Federal Funds		
93.558.667	TANF to Title XX	8,375	4,147
555	Federal Funds		
93.767.000	CHIP	501,102	248,175
555	Federal Funds		
93.778.003	XIX 50%	4,654,741	2,305,334
758	GR Match For Medicaid	4,788,779	2,371,715
777	Interagency Contracts	198	100
8010	GR Match For Title XXI	38,976	19,308
8014	GR Match for Food Stamp Admin	1,567,046	776,109
TOTAL, METHOD OF FINANCING		\$20,805,389	\$10,952,774
FULL-TIME EQUIVALENT POSITIONS (FTE):		25.8	26.8

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		System-Wide Business Enablement Platform	
Allocation to Strategy:		12-1-2	Information Technology Capital Projects Oversight & Program Support
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	631,148	631,148
1002	OTHER PERSONNEL COSTS	7,200	7,200
2001	PROFESSIONAL FEES AND SERVICES	3,112,569	2,734,377
2007	RENT - MACHINE AND OTHER	134,985	269,970
2009	OTHER OPERATING EXPENSE	272,461	159,582
TOTAL, OBJECT OF EXPENSE		\$4,158,363	\$3,802,277
METHOD OF FINANCING:			
1	General Revenue Fund	1,596,601	1,459,885
555	Federal Funds		
10.561.000	State Admin Match SNAP	303,935	277,908
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	15,927	14,563
555	Federal Funds		
93.558.667	TANF to Title XX	1,622	1,483
555	Federal Funds		
93.767.000	CHIP	97,181	88,859
555	Federal Funds		
93.778.003	XIX 50%	902,781	825,474
758	GR Match For Medicaid	928,771	849,239
777	Interagency Contracts	42	38
8010	GR Match For Title XXI	7,568	6,920
8014	GR Match for Food Stamp Admin	303,935	277,908
TOTAL, METHOD OF FINANCING		\$4,158,363	\$3,802,277
FULL-TIME EQUIVALENT POSITIONS (FTE):		16.2	16.2

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Baseline for Claims Administrator Support			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	28,062,562	31,920,646
TOTAL, OBJECT OF EXPENSE		\$28,062,562	\$31,920,646
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	14,031,281	15,960,323
758	GR Match For Medicaid	14,031,281	15,960,323
TOTAL, METHOD OF FINANCING		\$28,062,562	\$31,920,646

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 7-1-1 State Supported Living Centers			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	13,309,532	13,309,532
2009	OTHER OPERATING EXPENSE	199,643	199,643
TOTAL, OBJECT OF EXPENSE		\$13,509,175	\$13,509,175
METHOD OF FINANCING:			
1	General Revenue Fund	571,168	571,168
555	Federal Funds		
	93.778.000 XIX FMAP	7,359,123	7,359,123
8032	GR Certified As Match For Medicaid	5,578,884	5,578,884
TOTAL, METHOD OF FINANCING		\$13,509,175	\$13,509,175

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	6,166,186	6,166,186
2009	OTHER OPERATING EXPENSE	92,493	92,493
TOTAL, OBJECT OF EXPENSE		\$6,258,679	\$6,258,679
METHOD OF FINANCING:			
1	General Revenue Fund	6,258,679	6,258,679
TOTAL, METHOD OF FINANCING		\$6,258,679	\$6,258,679

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	39,478	81,974
2009	OTHER OPERATING EXPENSE	592	1,230
TOTAL, OBJECT OF EXPENSE		\$40,070	\$83,204
METHOD OF FINANCING:			
1	General Revenue Fund	25,039	51,992
555	Federal Funds		
	93.778.000 XIX FMAP	8,520	17,692
777	Interagency Contracts	52	108
8032	GR Certified As Match For Medicaid	6,459	13,412
TOTAL, METHOD OF FINANCING		\$40,070	\$83,204

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 8-1-1 Health Care Facilities & Community-based Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,689,346	3,689,346
2009	OTHER OPERATING EXPENSE	55,340	55,340
TOTAL, OBJECT OF EXPENSE		\$3,744,686	\$3,744,686
METHOD OF FINANCING:			
1	General Revenue Fund	3,168,474	3,168,474
555	Federal Funds		
	93.778.003 XIX 50%	288,106	288,106
758	GR Match For Medicaid	288,106	288,106
TOTAL, METHOD OF FINANCING		\$3,744,686	\$3,744,686

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 8-2-1 Child Care Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,894,072	3,894,072
2009	OTHER OPERATING EXPENSE	58,411	58,411
TOTAL, OBJECT OF EXPENSE		\$3,952,483	\$3,952,483
METHOD OF FINANCING:			
1	General Revenue Fund	3,952,483	3,952,483
TOTAL, METHOD OF FINANCING		\$3,952,483	\$3,952,483

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Recruiting and Retaining a Capable and Competent Workforce			
Allocation to Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	104,726	104,726
2009	OTHER OPERATING EXPENSE	1,571	1,571
TOTAL, OBJECT OF EXPENSE		\$106,297	\$106,297
METHOD OF FINANCING:			
1	General Revenue Fund	106,297	106,297
TOTAL, METHOD OF FINANCING		\$106,297	\$106,297

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		Comply with Statutory Requirements for IDD System Redesign	
Allocation to Strategy:		2-1-1	Medicaid Contracts and Administration
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	6,519,271	6,519,271
2009	OTHER OPERATING EXPENSE	137,567	81,162
4000	GRANTS	500,000	500,000
TOTAL, OBJECT OF EXPENSE		\$7,156,838	\$7,100,433
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	3,578,419	3,550,217
758	GR Match For Medicaid	3,578,419	3,550,216
TOTAL, METHOD OF FINANCING		\$7,156,838	\$7,100,433
FULL-TIME EQUIVALENT POSITIONS (FTE):		8.1	8.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Sustain Services for Blind Children			
Allocation to Strategy: 4-1-5 Children's Blindness Services			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	694,857	694,857
1002	OTHER PERSONNEL COSTS	14,400	14,400
2001	PROFESSIONAL FEES AND SERVICES	20,000	20,000
2003	CONSUMABLE SUPPLIES	2,227	2,227
2005	TRAVEL	220,000	220,000
2007	RENT - MACHINE AND OTHER	15,000	15,000
2009	OTHER OPERATING EXPENSE	277,294	150,099
3001	CLIENT SERVICES	465,121	465,121
TOTAL, OBJECT OF EXPENSE		\$1,708,899	\$1,581,704
METHOD OF FINANCING:			
1	General Revenue Fund	807,385	772,384
555	Federal Funds		
	93.778.003 XIX 50%	450,757	404,660
758	GR Match For Medicaid	450,757	404,660
TOTAL, METHOD OF FINANCING		\$1,708,899	\$1,581,704
FULL-TIME EQUIVALENT POSITIONS (FTE):		15.4	15.4

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: SBHCC: Ensure Services for Individuals Experiencing Early Psychosis			
Allocation to Strategy: 4-2-1 Community Mental Health Services (MHS) for Adults			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	350,824	350,824
1002	OTHER PERSONNEL COSTS	6,000	6,000
2003	CONSUMABLE SUPPLIES	4,500	4,500
2004	UTILITIES	3,600	3,600
2005	TRAVEL	30,000	30,000
2009	OTHER OPERATING EXPENSE	87,472	65,331
4000	GRANTS	7,500,000	7,500,000
TOTAL, OBJECT OF EXPENSE		\$7,982,396	\$7,960,255
METHOD OF FINANCING:			
1	General Revenue Fund	7,926,209	7,904,068
555	Federal Funds		
	93.558.667 TANF to Title XX	5,335	5,335
555	Federal Funds		
	93.778.003 XIX 50%	25,426	25,426
758	GR Match For Medicaid	25,426	25,426
TOTAL, METHOD OF FINANCING		\$7,982,396	\$7,960,255
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.1	5.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		SBHCC: Ensure Access to Residential Treatment Center Beds for Children	
Allocation to Strategy:		4-2-2	Community Mental Health Services (MHS) for Children
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	73,348	73,348
1002	OTHER PERSONNEL COSTS	1,200	1,200
2003	CONSUMABLE SUPPLIES	600	600
2004	UTILITIES	720	720
2005	TRAVEL	6,000	6,000
2009	OTHER OPERATING EXPENSE	27,971	20,946
4000	GRANTS	949,621	949,621
TOTAL, OBJECT OF EXPENSE		\$1,059,460	\$1,052,435
METHOD OF FINANCING:			
1	General Revenue Fund	1,057,364	1,050,339
555	Federal Funds		
93.558.667	TANF to Title XX	2,096	2,096
TOTAL, METHOD OF FINANCING		\$1,059,460	\$1,052,435
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.0	1.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Substance Use Disorder Treatment			
Allocation to Strategy: 4-2-4 Substance Abuse Prevention, Intervention, and Treatment			
EFFICIENCY MEASURES:			
<u>4</u>	Average Mo Cost Per Adult Served in Treatment Programs for SA	2,583.00	2,583.00
<u>5</u>	Average Mo Cost Per Youth Served in Treatment Programs for SA	3,157.00	3,157.00
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	277,529	277,529
1002	OTHER PERSONNEL COSTS	4,800	4,800
2001	PROFESSIONAL FEES AND SERVICES	2,941,400	377,000
2003	CONSUMABLE SUPPLIES	1,000	1,000
2005	TRAVEL	24,000	24,000
2009	OTHER OPERATING EXPENSE	291,740	168,289
4000	GRANTS	0	40,920,737
TOTAL, OBJECT OF EXPENSE		\$3,540,469	\$41,773,355
METHOD OF FINANCING:			
1	General Revenue Fund	3,269,105	817,998
555	Federal Funds		
	93.558.667 TANF to Title XX	33,156	4,230
555	Federal Funds		
	93.778.003 XIX 50%	119,104	15,195
758	GR Match For Medicaid	119,104	15,195
8002	GR For Subst Abuse Prev	0	40,920,737
TOTAL, METHOD OF FINANCING		\$3,540,469	\$41,773,355
FULL-TIME EQUIVALENT POSITIONS (FTE):		17.8	17.8

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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		SBHCC: Maintain and Expand IDD Crisis Continuum of Care	
Allocation to Strategy:		6-1-3	Non-Medicaid Developmental Disability Community Services
OBJECTS OF EXPENSE:			
	4000 GRANTS	16,226,128	16,226,128
TOTAL, OBJECT OF EXPENSE		\$16,226,128	\$16,226,128
METHOD OF FINANCING:			
	1 General Revenue Fund	16,226,128	16,226,128
TOTAL, METHOD OF FINANCING		\$16,226,128	\$16,226,128

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		SBHCC: Maintain and Expand IDD Crisis Continuum of Care	
Allocation to Strategy:		9-2-1	Intake, Access, and Eligibility to Services and Supports
OBJECTS OF EXPENSE:			
4000	GRANTS	6,997,855	6,997,855
TOTAL, OBJECT OF EXPENSE		6,997,855	6,997,855
METHOD OF FINANCING:			
1	General Revenue Fund	6,997,855	6,997,855
TOTAL, METHOD OF FINANCING		6,997,855	6,997,855

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Make Necessary Electronic Visit Verification System Improvements			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	367,852	367,852
1002	OTHER PERSONNEL COSTS	6,000	6,000
2001	PROFESSIONAL FEES AND SERVICES	25,877,382	25,701,747
2004	UTILITIES	50,000	50,000
2005	TRAVEL	50,000	50,000
2007	RENT - MACHINE AND OTHER	50,000	50,000
2009	OTHER OPERATING EXPENSE	87,729	52,468
TOTAL, OBJECT OF EXPENSE		\$26,488,963	\$26,278,067
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	4,480,957	4,375,509
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	13,145,287	13,145,287
758	GR Match For Medicaid	8,862,719	8,757,271
TOTAL, METHOD OF FINANCING		\$26,488,963	\$26,278,067
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.1	5.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Improve System Efficiency to Comply with PASRR Requirements			
Allocation to Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	211,420	211,420
1002	OTHER PERSONNEL COSTS	3,600	3,600
2001	PROFESSIONAL FEES AND SERVICES	8,272,500	8,272,500
2009	OTHER OPERATING EXPENSE	52,464	31,321
TOTAL, OBJECT OF EXPENSE		\$8,539,984	\$8,518,841
METHOD OF FINANCING:			
1	General Revenue Fund	13,803	12,630
555	Federal Funds		
	93.778.003 XIX 50%	34,573	31,636
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	6,342,776	6,332,204
758	GR Match For Medicaid	2,148,832	2,142,371
TOTAL, METHOD OF FINANCING		\$8,539,984	\$8,518,841
FULL-TIME EQUIVALENT POSITIONS (FTE):		3.1	3.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Guardianship Services for Vulnerable Texans			
Allocation to Strategy: 6-1-1 Guardianship			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	426,984	426,984
1002	OTHER PERSONNEL COSTS	6,000	6,000
2003	CONSUMABLE SUPPLIES	14,170	14,170
2005	TRAVEL	60,000	60,000
2007	RENT - MACHINE AND OTHER	2,000	2,000
2009	OTHER OPERATING EXPENSE	90,151	53,384
3001	CLIENT SERVICES	651,434	651,434
TOTAL, OBJECT OF EXPENSE		\$1,250,739	\$1,213,972
METHOD OF FINANCING:			
1 General Revenue Fund		1,250,739	1,213,972
TOTAL, METHOD OF FINANCING		\$1,250,739	\$1,213,972
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.1	5.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhancing State Hospital and SSLC Services Through Technology			
Allocation to Strategy: 7-1-1 State Supported Living Centers			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	3,547,450	452,675
2009	OTHER OPERATING EXPENSE	9,344,515	4,170,000
TOTAL, OBJECT OF EXPENSE		\$12,891,965	\$4,622,675
METHOD OF FINANCING:			
1	General Revenue Fund	545,072	195,447
555	Federal Funds		
	93.778.000 XIX FMAP	7,022,898	2,518,202
8032	GR Certified As Match For Medicaid	5,323,995	1,909,026
TOTAL, METHOD OF FINANCING		\$12,891,965	\$4,622,675

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Enhancing State Hospital and SSLC Services Through Technology			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	2,800,000	300,000
2009	OTHER OPERATING EXPENSE	6,800,000	1,040,000
TOTAL, OBJECT OF EXPENSE		\$9,600,000	\$1,340,000
METHOD OF FINANCING:			
1	General Revenue Fund	9,600,000	1,340,000
TOTAL, METHOD OF FINANCING		\$9,600,000	\$1,340,000

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Enhancing State Hospital and SSLC Services Through Technology			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	83,854	83,854
1002	OTHER PERSONNEL COSTS	1,200	1,200
2009	OTHER OPERATING EXPENSE	1,567,633	1,010,608
TOTAL, OBJECT OF EXPENSE		\$1,652,687	\$1,095,662
METHOD OF FINANCING:			
1	General Revenue Fund	1,652,687	1,095,662
TOTAL, METHOD OF FINANCING		\$1,652,687	\$1,095,662
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.0	1.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		Improve Capacity for Community Inpatient Psychiatric Services	
Allocation to Strategy:		7-2-2	Mental Health Community Hospitals
OUTPUT MEASURES:			
<u>1</u>	Average Daily Number of Occupied MH Community Hospital Beds	677.00	677.00
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	277,476	277,476
1002	OTHER PERSONNEL COSTS	4,800	4,800
2001	PROFESSIONAL FEES AND SERVICES	2,000	2,000
2003	CONSUMABLE SUPPLIES	1,000	1,000
2005	TRAVEL	9,960	9,960
2009	OTHER OPERATING EXPENSE	261,623	233,385
4000	GRANTS	19,162,500	19,162,500
TOTAL, OBJECT OF EXPENSE		\$19,719,359	\$19,691,121
METHOD OF FINANCING:			
1	General Revenue Fund	19,719,359	19,691,121
TOTAL, METHOD OF FINANCING		\$19,719,359	\$19,691,121
FULL-TIME EQUIVALENT POSITIONS (FTE):		4.1	4.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities			
Allocation to Strategy: 1-3-1 Home and Community-based Services (HCS)			
EFFICIENCY MEASURES:			
1	Avg Mthly Cost Per Individual Served: Home & Community Based Services	204.84	614.51
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	63,659,375	190,974,316
TOTAL, OBJECT OF EXPENSE		\$63,659,375	\$190,974,316
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	37,979,183	114,183,544
758	GR Match For Medicaid	25,680,192	76,790,772
TOTAL, METHOD OF FINANCING		\$63,659,375	\$190,974,316

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities			
Allocation to Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual: Deaf-Blind Waiver	63.94	191.82
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	264,715	794,130
TOTAL, OBJECT OF EXPENSE		\$264,715	\$794,130
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	157,929	474,810
758	GR Match For Medicaid	106,786	319,320
TOTAL, METHOD OF FINANCING		\$264,715	\$794,130

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities			
Allocation to Strategy: 1-3-4 Texas Home Living Waiver			
EFFICIENCY MEASURES:			
1	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	91.61	274.84
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	5,633,215	16,899,309
TOTAL, OBJECT OF EXPENSE		\$5,633,215	\$16,899,309
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	3,360,776	10,104,097
758	GR Match For Medicaid	2,272,439	6,795,212
TOTAL, METHOD OF FINANCING		\$5,633,215	\$16,899,309

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Comply with Federal Requirements for Community Integration for Individuals with Disabilities	
Allocation to Strategy:		2-1-1	Medicaid Contracts and Administration
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	404,168	404,168
1002	OTHER PERSONNEL COSTS	7,200	7,200
2005	TRAVEL	161,500	161,500
2009	OTHER OPERATING EXPENSE	108,740	62,158
TOTAL, OBJECT OF EXPENSE		\$681,608	\$635,026
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003	XIX 50%	
		340,804	317,513
758	GR Match For Medicaid	340,804	317,513
TOTAL, METHOD OF FINANCING		\$681,608	\$635,026
FULL-TIME EQUIVALENT POSITIONS (FTE):		6.1	6.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities			
Allocation to Strategy: 8-1-1 Health Care Facilities & Community-based Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,512,481	1,512,481
1002	OTHER PERSONNEL COSTS	26,400	26,400
2001	PROFESSIONAL FEES AND SERVICES	437,145	10,000
2003	CONSUMABLE SUPPLIES	13,000	13,000
2004	UTILITIES	8,640	8,640
2005	TRAVEL	159,000	159,000
2007	RENT - MACHINE AND OTHER	600	600
2009	OTHER OPERATING EXPENSE	486,408	278,653
TOTAL, OBJECT OF EXPENSE		\$2,643,674	\$2,008,774
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	1,321,837	1,004,387
758	GR Match For Medicaid	1,321,837	1,004,387
TOTAL, METHOD OF FINANCING		\$2,643,674	\$2,008,774
FULL-TIME EQUIVALENT POSITIONS (FTE):		26.5	26.5

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Addressing Major Building, Fleet, and Equipment Failures at State Hospitals and SSLCs	
Allocation to Strategy:		7-4-1	Facility Program Support
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	688,356	688,356
1002	OTHER PERSONNEL COSTS	9,600	9,600
2005	TRAVEL	216,000	216,000
2009	OTHER OPERATING EXPENSE	141,829	85,424
5000	CAPITAL EXPENDITURES	21,245,029	0
TOTAL, OBJECT OF EXPENSE		\$22,300,814	\$999,380
METHOD OF FINANCING:			
1 General Revenue Fund		22,300,814	999,380
TOTAL, METHOD OF FINANCING		\$22,300,814	\$999,380
FULL-TIME EQUIVALENT POSITIONS (FTE):		8.1	8.1

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:			
	Addressing Major Building, Fleet, and Equipment Failures at State Hospitals and SSLCs		
Allocation to Strategy:			
	7-4-2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other		
OBJECTS OF EXPENSE:			
	5000 CAPITAL EXPENDITURES	271,683,656	0
TOTAL, OBJECT OF EXPENSE		\$271,683,656	\$0
METHOD OF FINANCING:			
	780 Bond Proceed-Gen Obligat	271,683,656	0
TOTAL, METHOD OF FINANCING		\$271,683,656	\$0

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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Data Center Services Projects			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	976,118	976,118
1002	OTHER PERSONNEL COSTS	14,400	14,400
2001	PROFESSIONAL FEES AND SERVICES	6,368,457	4,520,525
2004	UTILITIES	12,960	12,960
2009	OTHER OPERATING EXPENSE	2,641,944	635,068
5000	CAPITAL EXPENDITURES	11,192,482	6,892,482
TOTAL, OBJECT OF EXPENSE		\$21,206,361	\$13,051,553
METHOD OF FINANCING:			
1	General Revenue Fund	7,961,336	4,738,851
555	Federal Funds		
10.561.000	State Admin Match SNAP	1,569,413	986,231
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	82,280	51,703
555	Federal Funds		
93.558.667	TANF to Title XX	8,381	5,266
555	Federal Funds		
93.767.000	CHIP	501,832	315,354
555	Federal Funds		
93.778.003	XIX 50%	4,670,110	2,929,448
758	GR Match For Medicaid	4,804,330	3,013,792
777	Interagency Contracts	207	131
8010	GR Match For Title XXI	39,059	24,546
8014	GR Match for Food Stamp Admin	1,569,413	986,231
TOTAL, METHOD OF FINANCING		\$21,206,361	\$13,051,553
FULL-TIME EQUIVALENT POSITIONS (FTE):		52.8	52.8

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Child Care Licensing New License Types			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	8,896	4,448
2001	PROFESSIONAL FEES AND SERVICES	2,377,716	1,088,857
2009	OTHER OPERATING EXPENSE	188,994	51,641
TOTAL, OBJECT OF EXPENSE		\$2,575,606	\$1,144,946
METHOD OF FINANCING:			
1	General Revenue Fund	2,575,606	1,144,946
TOTAL, METHOD OF FINANCING		\$2,575,606	\$1,144,946
FULL-TIME EQUIVALENT POSITIONS (FTE):		11.7	5.6

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Increase Availability of Child Advocacy Services Throughout the State for CASA and CACs			
Allocation to Strategy: 6-3-2 Child Advocacy Programs			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	4,000,000	4,000,000
TOTAL, OBJECT OF EXPENSE		\$4,000,000	\$4,000,000
METHOD OF FINANCING:			
1	General Revenue Fund	4,000,000	4,000,000
TOTAL, METHOD OF FINANCING		\$4,000,000	\$4,000,000

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Ensure Sustainability of Home Delivered Meals Program to Support Older Texans			
Allocation to Strategy: 6-1-2 Non-Medicaid Services			
EFFICIENCY MEASURES:			
2	Average Cost Per Home-delivered Meal (SSBG)	0.47	0.47
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	3,894,973	3,894,973
TOTAL, OBJECT OF EXPENSE		\$3,894,973	\$3,894,973
METHOD OF FINANCING:			
1	General Revenue Fund	3,894,973	3,894,973
TOTAL, METHOD OF FINANCING		\$3,894,973	\$3,894,973

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:	Enhance Services for the Family Violence Program		
Allocation to Strategy:	6-3-1 Family Violence Services		
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>1</u>	% of Adult Victims of Family Violence Denied Shelter	-2.00%	-2.00%
OUTPUT MEASURES:			
<u>1</u>	Number of Persons Served by Family Violence Programs/Shelters	1,000.00	1,000.00
OBJECTS OF EXPENSE:			
4000	GRANTS	1,500,000	1,500,000
TOTAL, OBJECT OF EXPENSE		\$1,500,000	\$1,500,000
METHOD OF FINANCING:			
1	General Revenue Fund	1,500,000	1,500,000
TOTAL, METHOD OF FINANCING		\$1,500,000	\$1,500,000

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-1-1 Aged and Medicare-related Eligibility Group			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>4</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	3.13	3.26
EFFICIENCY MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	17.96	18.78
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	80,419,985	84,900,378
TOTAL, OBJECT OF EXPENSE		\$80,419,985	\$84,900,378
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	49,435,833	52,300,378
758	GR Match For Medicaid	30,984,152	32,600,000
TOTAL, METHOD OF FINANCING		\$80,419,985	\$84,900,378

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-1-2 Disability-Related Eligibility Group			
EFFICIENCY MEASURES:			
<u>1</u>	Average Disability-Related Cost Per Recipient Month	14.24	14.85
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	71,258,875	75,123,645
TOTAL, OBJECT OF EXPENSE		\$71,258,875	\$75,123,645
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	43,666,327	46,127,755
758	GR Match For Medicaid	27,592,548	28,995,890
TOTAL, METHOD OF FINANCING		\$71,258,875	\$75,123,645

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-2-1 Community Attendant Services			
EFFICIENCY MEASURES:			
<u>1</u>	Average Mthly Cost Per Individual Served: Community Attendant Services	45.14	45.60
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	34,891,323	36,299,179
TOTAL, OBJECT OF EXPENSE		\$34,891,323	\$36,299,179
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	20,816,163	21,703,279
758	GR Match For Medicaid	14,075,160	14,595,900
TOTAL, METHOD OF FINANCING		\$34,891,323	\$36,299,179

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-2-2 Primary Home Care			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual Served: Primary Home Care	43.67	43.67
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	512,253	512,253
TOTAL, OBJECT OF EXPENSE		\$512,253	\$512,253
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	305,610	306,276
758	GR Match For Medicaid	206,643	205,977
TOTAL, METHOD OF FINANCING		\$512,253	\$512,253

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-2-3 Day Activity and Health Services (DAHS)			
EFFICIENCY MEASURES:			
	<u>1</u> Avg Mthly Cost Per Individual Served: Day Activity and Health Services	4.70	4.70
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	76,700	78,486
TOTAL, OBJECT OF EXPENSE		\$76,700	\$78,486
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	45,759	46,927
758	GR Match For Medicaid	30,941	31,559
TOTAL, METHOD OF FINANCING		\$76,700	\$78,486

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **8/31/2018**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual: CLASS Waiver	7.03	7.03
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	455,930	455,930
TOTAL, OBJECT OF EXPENSE		\$455,930	\$455,930
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	272,008	272,601
758	GR Match For Medicaid	183,922	183,329
TOTAL, METHOD OF FINANCING		\$455,930	\$455,930

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Attendant Wage Increases			
Allocation to Strategy: 6-1-2 Non-Medicaid Services			
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,203,876	2,203,876
TOTAL, OBJECT OF EXPENSE		\$2,203,876	\$2,203,876
METHOD OF FINANCING:			
1	General Revenue Fund	2,203,876	2,203,876
TOTAL, METHOD OF FINANCING		\$2,203,876	\$2,203,876

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name:		Improving Access to Specialty Services for Individuals with Intellectual Disabilities	
Allocation to Strategy:		7-1-1	State Supported Living Centers
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,003,324	5,994,970
1002	OTHER PERSONNEL COSTS	32,400	64,800
2001	PROFESSIONAL FEES AND SERVICES	248,300	484,054
2005	TRAVEL	9,000	9,000
2009	OTHER OPERATING EXPENSE	71,133	140,443
TOTAL, OBJECT OF EXPENSE		\$3,364,157	\$6,693,267
METHOD OF FINANCING:			
1 General Revenue Fund		3,364,157	6,693,267
TOTAL, METHOD OF FINANCING		\$3,364,157	\$6,693,267
FULL-TIME EQUIVALENT POSITIONS (FTE):		35.0	69.7

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Maintain Service Levels for Mental Health Grant Programs			
Allocation to Strategy: 4-2-3 Community Mental Health Crisis Services (CMHCS)			
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	112,500	112,500
4000	GRANTS	11,250,000	11,250,000
TOTAL, OBJECT OF EXPENSE		\$11,362,500	\$11,362,500
METHOD OF FINANCING:			
1	General Revenue Fund	11,362,500	11,362,500
TOTAL, METHOD OF FINANCING		\$11,362,500	\$11,362,500

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Support Medically Complex Individuals with IDD Living in Community Settings			
Allocation to Strategy: 1-3-1 Home and Community-based Services (HCS)			
EFFICIENCY MEASURES:			
<u>1</u>	Avg Mthly Cost Per Individual Served: Home & Community Based Services	20.03	20.08
<u>2</u>	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	20.03	20.08
<u>3</u>	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	20.03	20.08
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	5,999,438	6,020,867
TOTAL, OBJECT OF EXPENSE		\$5,999,438	\$6,020,867
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	3,939,231	3,961,128
758	GR Match For Medicaid	2,060,207	2,059,739
TOTAL, METHOD OF FINANCING		\$5,999,438	\$6,020,867

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Support Medically Complex Individuals with IDD Living in Community Settings			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	74,548	74,548
1002	OTHER PERSONNEL COSTS	1,200	1,200
2001	PROFESSIONAL FEES AND SERVICES	1,750,195	36,195
2003	CONSUMABLE SUPPLIES	500	500
2005	TRAVEL	1,000	1,000
2009	OTHER OPERATING EXPENSE	17,993	10,969
TOTAL, OBJECT OF EXPENSE		\$1,845,436	\$124,412
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	47,621	44,108
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	1,312,646	27,146
758	GR Match For Medicaid	485,169	53,158
TOTAL, METHOD OF FINANCING		\$1,845,436	\$124,412
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.0	1.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Additional FTEs for Protection of Vulnerable Texans			
Allocation to Strategy: 8-1-1 Health Care Facilities & Community-based Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,132,762	1,132,761
1002	OTHER PERSONNEL COSTS	24,000	24,000
2001	PROFESSIONAL FEES AND SERVICES	12,258	12,258
2003	CONSUMABLE SUPPLIES	32,000	32,000
2005	TRAVEL	44,000	44,000
2009	OTHER OPERATING EXPENSE	346,001	204,884
TOTAL, OBJECT OF EXPENSE		\$1,591,021	\$1,449,903
METHOD OF FINANCING:			
1	General Revenue Fund	1,424,342	1,297,470
555	Federal Funds		
	93.778.003 XIX 50%	40,299	37,086
758	GR Match For Medicaid	126,380	115,347
TOTAL, METHOD OF FINANCING		\$1,591,021	\$1,449,903
FULL-TIME EQUIVALENT POSITIONS (FTE):		20.3	20.3

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Additional FTEs for Protection of Vulnerable Texans			
Allocation to Strategy: 8-2-1 Child Care Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,122,190	1,122,191
2003	CONSUMABLE SUPPLIES	37,000	37,000
2005	TRAVEL	179,000	179,000
2009	OTHER OPERATING EXPENSE	639,259	342,369
TOTAL, OBJECT OF EXPENSE		\$1,977,449	\$1,680,560
METHOD OF FINANCING:			
1 General Revenue Fund		1,977,449	1,680,560
TOTAL, METHOD OF FINANCING		\$1,977,449	\$1,680,560
FULL-TIME EQUIVALENT POSITIONS (FTE):		35.8	35.8

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:			
Enhance Background Checks			
Allocation to Strategy:			
	8-2-1 Child Care Regulation		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	460,460	460,460
1002	OTHER PERSONNEL COSTS	12,000	12,000
2009	OTHER OPERATING EXPENSE	182,328	111,804
TOTAL, OBJECT OF EXPENSE		\$654,788	\$584,264
METHOD OF FINANCING:			
1	General Revenue Fund	654,788	584,264
TOTAL, METHOD OF FINANCING		\$654,788	\$584,264
FULL-TIME EQUIVALENT POSITIONS (FTE):		10.1	10.1

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **8/31/2018**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Enhance Background Checks			
Allocation to Strategy: 8-3-1		Credentialing/Certification of Health Care Professionals & Others	
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	148,888	148,888
1002	OTHER PERSONNEL COSTS	3,600	3,600
2009	OTHER OPERATING EXPENSE	54,526	33,382
TOTAL, OBJECT OF EXPENSE		\$207,014	\$185,870
METHOD OF FINANCING:			
1 General Revenue Fund		207,014	185,870
TOTAL, METHOD OF FINANCING		\$207,014	\$185,870
FULL-TIME EQUIVALENT POSITIONS (FTE):		3.0	3.0

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:			
	Enhance Background Checks		
Allocation to Strategy:			
	12-1-2 Information Technology Capital Projects Oversight & Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	5,560	0
2001	PROFESSIONAL FEES AND SERVICES	878,329	0
2009	OTHER OPERATING EXPENSE	115,086	0
TOTAL, OBJECT OF EXPENSE		\$998,975	\$0
METHOD OF FINANCING:			
1	General Revenue Fund	998,975	0
TOTAL, METHOD OF FINANCING		\$998,975	\$0
FULL-TIME EQUIVALENT POSITIONS (FTE):		7.1	0.0

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **8/31/2018**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Meet State Requirements to Ensure Quality for Long-Term Care Services	
Allocation to Strategy:		8-1-2	Long-Term Care Quality Outreach
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,099,569	1,099,569
1002	OTHER PERSONNEL COSTS	16,800	16,800
2001	PROFESSIONAL FEES AND SERVICES	11,250	11,250
2003	CONSUMABLE SUPPLIES	6,000	6,000
2004	UTILITIES	16,800	16,800
2005	TRAVEL	212,000	212,000
2009	OTHER OPERATING EXPENSE	340,216	221,612
TOTAL, OBJECT OF EXPENSE		\$1,702,635	\$1,584,031
METHOD OF FINANCING:			
555	Federal Funds		
93.778.003	XIX 50%	514,706	477,716
555	Federal Funds		
93.778.004	XIX ADM @ 75%	504,913	471,446
758	GR Match For Medicaid	683,016	634,869
TOTAL, METHOD OF FINANCING		\$1,702,635	\$1,584,031
FULL-TIME EQUIVALENT POSITIONS (FTE):		15.2	15.2

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Ensure State Oversight of Community Programs for Individuals with IDD			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	336,208	336,208
1002	OTHER PERSONNEL COSTS	6,000	6,000
2001	PROFESSIONAL FEES AND SERVICES	4,655,420	500,000
2003	CONSUMABLE SUPPLIES	2,500	2,500
2004	UTILITIES	720	720
2005	TRAVEL	5,000	5,000
2009	OTHER OPERATING EXPENSE	89,753	54,492
TOTAL, OBJECT OF EXPENSE		\$5,095,601	\$904,920
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	220,091	202,460
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	3,491,565	375,000
758	GR Match For Medicaid	1,383,945	327,460
TOTAL, METHOD OF FINANCING		\$5,095,601	\$904,920
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.1	5.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: SBHCC: Enhance Real-Time Behavioral Health Data Sharing			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	435,265	0
TOTAL, OBJECT OF EXPENSE		\$435,265	\$0
METHOD OF FINANCING:			
1	General Revenue Fund	395,081	0
555	Federal Funds		
93.558.667	TANF to Title XX	4,910	0
555	Federal Funds		
93.778.003	XIX 50%	17,637	0
758	GR Match For Medicaid	17,637	0
TOTAL, METHOD OF FINANCING		\$435,265	\$0
FULL-TIME EQUIVALENT POSITIONS (FTE):		3.0	0.0

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Intensive Behavioral Intervention for Children with Autism Spectrum Disorder			
Allocation to Strategy: 1-1-2 Disability-Related Eligibility Group			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>4</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	0.67	3.26
EFFICIENCY MEASURES:			
<u>1</u>	Average Disability-Related Cost Per Recipient Month	4.94	24.05
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	24,738,687	121,664,443
TOTAL, OBJECT OF EXPENSE		\$24,738,687	\$121,664,443
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	14,759,100	72,743,170
758	GR Match For Medicaid	9,979,587	48,921,273
TOTAL, METHOD OF FINANCING		\$24,738,687	\$121,664,443

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Provide Intensive Behavioral Intervention for Children with Autism Spectrum Disorder			
Allocation to Strategy: 1-1-5 Children Eligibility Group			
EFFICIENCY MEASURES:			
<u>1</u>	Average Income-Eligible Children Cost Per Recipient Month	0.22	1.08
<u>2</u>	Average STAR Health Foster Care Children Cost Per Recipient Month	3.06	14.82
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	7,812,217	38,420,350
TOTAL, OBJECT OF EXPENSE		\$7,812,217	\$38,420,350
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	4,660,769	22,971,528
758	GR Match For Medicaid	3,151,448	15,448,822
TOTAL, METHOD OF FINANCING		\$7,812,217	\$38,420,350

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Comply with State Law to Conduct Mortality Reviews for Individuals with Intellectual and Developmental Disabilities Living in Community Settings			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	2,085,000	2,085,000
2009	OTHER OPERATING EXPENSE	31,818	31,818
TOTAL, OBJECT OF EXPENSE		\$2,116,818	\$2,116,818
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	1,058,409	1,058,409
758	GR Match For Medicaid	1,058,409	1,058,409
TOTAL, METHOD OF FINANCING		\$2,116,818	\$2,116,818

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: CAPPS HCM & Financials Upgrades (includes inventory module)			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,892	34,052
1002	OTHER PERSONNEL COSTS	0	2,400
2001	PROFESSIONAL FEES AND SERVICES	1,336,272	1,607,760
2007	RENT - MACHINE AND OTHER	48,696	48,696
2009	OTHER OPERATING EXPENSE	548,020	191,854
TOTAL, OBJECT OF EXPENSE		\$1,936,880	\$1,884,762
METHOD OF FINANCING:			
1 General Revenue Fund		1,936,880	1,884,762
TOTAL, METHOD OF FINANCING		\$1,936,880	\$1,884,762
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.1	8.1

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: CAPPS HCM & Financials Upgrades (includes inventory module)			
Allocation to Strategy: 12-1-2		Information Technology Capital Projects Oversight & Program Support	
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	7,228	9,452
2001	PROFESSIONAL FEES AND SERVICES	1,753,994	2,661,378
2009	OTHER OPERATING EXPENSE	147,992	133,765
TOTAL, OBJECT OF EXPENSE		\$1,909,214	\$2,804,595
METHOD OF FINANCING:			
1	General Revenue Fund	1,171,047	1,683,038
555	Federal Funds		
10.561.000	State Admin Match SNAP	87,578	133,062
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	4,597	6,984
555	Federal Funds		
93.558.667	TANF to Title XX	466	709
555	Federal Funds		
93.767.000	CHIP	28,016	42,562
555	Federal Funds		
93.778.003	XIX 50%	260,123	395,231
758	GR Match For Medicaid	267,620	406,621
777	Interagency Contracts	14	23
8010	GR Match For Title XXI	2,175	3,303
8014	GR Match for Food Stamp Admin	87,578	133,062
TOTAL, METHOD OF FINANCING		\$1,909,214	\$2,804,595
FULL-TIME EQUIVALENT POSITIONS (FTE):		9.2	12.2

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: HHS Telecom Technology Upgrade			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	4,511,159	1,820,434
TOTAL, OBJECT OF EXPENSE		\$4,511,159	\$1,820,434
METHOD OF FINANCING:			
1	General Revenue Fund	3,483,607	1,405,776
555	Federal Funds		
10.561.000	State Admin Match SNAP	121,937	49,206
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	6,406	2,585
555	Federal Funds		
93.558.667	TANF to Title XX	677	273
555	Federal Funds		
93.767.000	CHIP	39,112	15,783
555	Federal Funds		
93.778.003	XIX 50%	361,975	146,072
758	GR Match For Medicaid	372,441	150,295
777	Interagency Contracts	45	18
8010	GR Match For Title XXI	3,022	1,220
8014	GR Match for Food Stamp Admin	121,937	49,206
TOTAL, METHOD OF FINANCING		\$4,511,159	\$1,820,434

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: HHSC Seat Management			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
2007	RENT - MACHINE AND OTHER	5,177,655	4,578,737
TOTAL, OBJECT OF EXPENSE		\$5,177,655	\$4,578,737
METHOD OF FINANCING:			
1	General Revenue Fund	1,667,515	1,474,628
555	Federal Funds		
10.561.000	State Admin Match SNAP	416,439	368,268
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	21,850	19,322
555	Federal Funds		
93.558.667	TANF to Title XX	2,226	1,969
555	Federal Funds		
93.767.000	CHIP	133,169	117,765
555	Federal Funds		
93.778.003	XIX 50%	1,236,994	1,093,906
758	GR Match For Medicaid	1,272,616	1,125,408
777	Interagency Contracts	52	46
8010	GR Match For Title XXI	10,355	9,157
8014	GR Match for Food Stamp Admin	416,439	368,268
TOTAL, METHOD OF FINANCING		\$5,177,655	\$4,578,737

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Pediatric Telemedicine Grant Program for Rural Texas			
Allocation to Strategy: 4-1-10 Additional Specialty Care			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	289,764	289,764
1002	OTHER PERSONNEL COSTS	4,800	4,800
2003	CONSUMABLE SUPPLIES	4,000	4,000
2005	TRAVEL	20,000	20,000
2007	RENT - MACHINE AND OTHER	4,000	4,000
2009	OTHER OPERATING EXPENSE	70,182	41,945
4000	GRANTS	2,500,000	2,500,000
TOTAL, OBJECT OF EXPENSE		\$2,892,746	\$2,864,509
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	233,821	231,538
555	Federal Funds		
	93.778.003 XIX 50%	1,319,758	1,306,875
758	GR Match For Medicaid	1,319,757	1,306,875
8010	GR Match For Title XXI	19,410	19,221
TOTAL, METHOD OF FINANCING		\$2,892,746	\$2,864,509
FULL-TIME EQUIVALENT POSITIONS (FTE):		4.0	4.0

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Ensure PACE Sustainability			
Allocation to Strategy: 1-3-5 Program of All-inclusive Care for the Elderly (PACE)			
EFFICIENCY MEASURES:			
<u>1</u>	Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	163.91	163.91
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	19,579,664	19,579,664
TOTAL, OBJECT OF EXPENSE		\$19,579,664	\$19,579,664
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	11,681,228	11,706,681
758	GR Match For Medicaid	7,898,436	7,872,983
TOTAL, METHOD OF FINANCING		\$19,579,664	\$19,579,664

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Ensure PACE Sustainability			
Allocation to Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	52,540	52,540
1002	OTHER PERSONNEL COSTS	1,200	1,200
2003	CONSUMABLE SUPPLIES	500	500
2004	UTILITIES	720	720
2005	TRAVEL	1,000	1,000
2009	OTHER OPERATING EXPENSE	18,163	11,138
TOTAL, OBJECT OF EXPENSE		\$74,123	\$67,098
METHOD OF FINANCING:			
1	General Revenue Fund	28,819	26,088
555	Federal Funds		
	93.778.003 XIX 50%	22,652	20,505
758	GR Match For Medicaid	22,652	20,505
TOTAL, METHOD OF FINANCING		\$74,123	\$67,098
FULL-TIME EQUIVALENT POSITIONS (FTE):		1.0	1.0

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name:		Protect Assisted Living Facility Residents with Ombudsman Services	
Allocation to Strategy:		12-2-1	Central Program Support
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	40,106	40,106
2005	TRAVEL	3,200	3,200
2009	OTHER OPERATING EXPENSE	320,758	320,758
TOTAL, OBJECT OF EXPENSE		\$364,064	\$364,064
METHOD OF FINANCING:			
1	General Revenue Fund	364,064	364,064
TOTAL, METHOD OF FINANCING		\$364,064	\$364,064

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description		Excp 2020	Excp 2021
Item Name: Improper Payment Recoveries				
Allocation to Strategy: 11-1-1 Office of Inspector General				
OBJECTS OF EXPENSE:				
1001	SALARIES AND WAGES		562,728	562,728
1002	OTHER PERSONNEL COSTS		12,000	12,000
2003	CONSUMABLE SUPPLIES		5,000	2,000
2004	UTILITIES		3,240	4,320
2005	TRAVEL		27,466	31,128
2007	RENT - MACHINE AND OTHER		5,400	7,200
2009	OTHER OPERATING EXPENSE		184,915	103,363
TOTAL, OBJECT OF EXPENSE			\$800,749	\$722,739
METHOD OF FINANCING:				
555	Federal Funds			
	10.561.000	State Admin Match SNAP	368,385	332,496
555	Federal Funds			
	93.558.000	Temp AssistNeedy Families	10,666	9,627
555	Federal Funds			
	93.778.003	XIX 50%	26,657	24,060
758	GR Match For Medicaid		26,656	24,060
8014	GR Match for Food Stamp Admin		368,385	332,496
TOTAL, METHOD OF FINANCING			\$800,749	\$722,739
FULL-TIME EQUIVALENT POSITIONS (FTE):			0.0	0.0

4.B. Exceptional Items Strategy Allocation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME: **8:57:44AM**

Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2020	Excp 2021
Item Name: Automated System for the Office of the Inspector General Replacement (ASOIG)			
Allocation to Strategy: 11-1-1 Office of Inspector General			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	550,060	503,356
1002	OTHER PERSONNEL COSTS	8,400	7,800
2001	PROFESSIONAL FEES AND SERVICES	1,577,256	30,000
2009	OTHER OPERATING EXPENSE	254,906	148,341
TOTAL, OBJECT OF EXPENSE		\$2,390,622	\$689,497
METHOD OF FINANCING:			
1	General Revenue Fund	476,417	115,110
555	Federal Funds		
10.561.000	State Admin Match SNAP	204,920	100,983
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	7,174	3,224
555	Federal Funds		
93.558.667	TANF to Title XX	311	75
555	Federal Funds		
93.767.000	CHIP	23,824	5,756
555	Federal Funds		
93.778.003	XIX 50%	733,581	180,971
758	GR Match For Medicaid	737,629	181,949
8010	GR Match For Title XXI	1,846	446
8014	GR Match for Food Stamp Admin	204,920	100,983
TOTAL, METHOD OF FINANCING		\$2,390,622	\$689,497
FULL-TIME EQUIVALENT POSITIONS (FTE):		15.2	15.2

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Medicaid Fraud and Abuse Detection System (MFADS)			
Allocation to Strategy: 11-1-1 Office of Inspector General			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,129,507	3,855,708
2009	OTHER OPERATING EXPENSE	3,065,000	1,710,017
5000	CAPITAL EXPENDITURES	239,769	0
TOTAL, OBJECT OF EXPENSE		\$4,434,276	\$5,565,725
METHOD OF FINANCING:			
1	General Revenue Fund	1,702,541	2,136,960
555	Federal Funds		
10.561.000	State Admin Match SNAP	324,101	406,799
555	Federal Funds		
93.558.000	Temp AssistNeedy Families	16,983	21,317
555	Federal Funds		
93.558.667	TANF to Title XX	1,729	2,171
555	Federal Funds		
93.767.000	CHIP	103,629	130,071
555	Federal Funds		
93.778.003	XIX 50%	962,681	1,208,319
758	GR Match For Medicaid	990,396	1,243,104
777	Interagency Contracts	44	56
8010	GR Match For Title XXI	8,071	10,129
8014	GR Match for Food Stamp Admin	324,101	406,799
TOTAL, METHOD OF FINANCING		\$4,434,276	\$5,565,725
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	20.2

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Texas Civil Commitment Office (TCCO) Caseload Growth			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	317,954	944,776
2006	RENT - BUILDING	266,005	790,414
2009	OTHER OPERATING EXPENSE	20,407	60,637
TOTAL, OBJECT OF EXPENSE		\$604,366	\$1,795,827
METHOD OF FINANCING:			
1	General Revenue Fund	604,366	1,795,827
TOTAL, METHOD OF FINANCING		\$604,366	\$1,795,827

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Texas Civil Commitment Office (TCCO) Increased Facility Capacity			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	351,482	650,444
2006	RENT - BUILDING	333,156	616,529
TOTAL, OBJECT OF EXPENSE		\$684,638	\$1,266,973
METHOD OF FINANCING:			
1	General Revenue Fund	684,638	1,266,973
TOTAL, METHOD OF FINANCING		\$684,638	\$1,266,973

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Texas Civil Commitment Office (TCCO) Offsite Healthcare			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	267,737	267,737
TOTAL, OBJECT OF EXPENSE		\$267,737	\$267,737
METHOD OF FINANCING:			
1	General Revenue Fund	267,737	267,737
TOTAL, METHOD OF FINANCING		\$267,737	\$267,737

Agency code: 529 Agency name: Health and Human Services Commission

Code	Description	Excp 2020	Excp 2021
Item Name: Texas Civil Commitment Office (TCCO) Case Manager Career Ladder Increases - Implementation			
Allocation to Strategy:		13-1-1	Texas Civil Commitment Office
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	19,812	41,148
TOTAL, OBJECT OF EXPENSE		\$19,812	\$41,148
METHOD OF FINANCING:			
1	General Revenue Fund	19,812	41,148
TOTAL, METHOD OF FINANCING		\$19,812	\$41,148

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 1 Aged and Medicare-related Eligibility Group

Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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STRATEGY IMPACT ON OUTCOME MEASURES:

<u>4</u> Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	507.97	537.75
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EFFICIENCY MEASURES:

<u>1</u> Average Aged and Medicare-Related Cost Per Recipient Month	1,213.81	1,273.85
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	331,217,644	602,041,761
Total, Objects of Expense	\$331,217,644	\$602,041,761

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	200,418,342	364,262,159
758 GR Match For Medicaid	130,799,302	237,779,602
Total, Method of Finance	\$331,217,644	\$602,041,761

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth
 Provide Transition to the Community and Reduce Community Program Interest Lists
 Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 2 Disability-Related Eligibility Group

Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Disability-Related Cost Per Recipient Month	1,389.47	1,478.83
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	433,680,899	908,414,436
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Total, Objects of Expense	\$433,680,899	\$908,414,436
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	260,783,790	546,186,258

758 GR Match For Medicaid	172,897,109	362,228,178
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Total, Method of Finance	\$433,680,899	\$908,414,436
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

Provide Transition to the Community and Reduce Community Program Interest Lists

Attendant Wage Increases

Provide Intensive Behavioral Intervention for Children with Autism Spectrum Disorder

4.C. Exceptional Items Strategy Request
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 3 Pregnant Women Eligibility Group

Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Pregnant Women Cost Per Recipient Month	657.84	681.38
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	20,852,907	42,759,470
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Total, Objects of Expense	\$20,852,907	\$42,759,470
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METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	21,616	38,962

555 Federal Funds		
93.778.000 XIX FMAP	11,952,347	24,540,993

555 Federal Funds		
93.778.005 XIX FMAP @ 90%	713,822	1,494,580

758 GR Match For Medicaid	8,165,122	16,684,935
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Total, Method of Finance	\$20,852,907	\$42,759,470
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 4 Other Adults Eligibility Group

Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Other Adult Cost Per Recipient Month	382.77	410.64
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	37,284,591	79,248,098
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Total, Objects of Expense	\$37,284,591	\$79,248,098
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METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	1,431	8,055,646

555 Federal Funds		
93.778.000 XIX FMAP	22,604,068	40,058,398

555 Federal Funds		
93.778.005 XIX FMAP @ 90%	441,657	944,026

758 GR Match For Medicaid	14,237,435	30,190,028
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Total, Method of Finance	\$37,284,591	\$79,248,098
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 5 Children Eligibility Group

Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u>	Average Income-Eligible Children Cost Per Recipient Month	171.18	180.32
<u>2</u>	Average STAR Health Foster Care Children Cost Per Recipient Month	807.68	874.39

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	248,030,930	539,021,497
Total, Objects of Expense		\$248,030,930	\$539,021,497

METHOD OF FINANCING:

555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	12,897,434	23,693,991
555	Federal Funds		
	93.778.000 XIX FMAP	138,591,296	302,299,014
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	379,593	802,335
758	GR Match For Medicaid	96,162,607	212,226,157
Total, Method of Finance		\$248,030,930	\$539,021,497

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

Provide Intensive Behavioral Intervention for Children with Autism Spectrum Disorder

4.C. Exceptional Items Strategy Request
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 6 Medicaid Prescription Drugs

Service: 30 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Cost/Medicaid Recipient Month: Prescription Drugs	84.67	90.81
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	203,036,652	424,666,868
Total, Objects of Expense	\$203,036,652	\$424,666,868

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	5,466,676	10,124,139
555 Federal Funds		
93.778.000 XIX FMAP	116,931,390	245,951,541
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	499,665	0
706 Vendor Drug Rebates-Medicaid	45,026,579	93,226,517
758 GR Match For Medicaid	30,902,322	66,647,741
8081 Vendor Drug Rebates-Sup Rebates	4,210,020	8,716,930
Total, Method of Finance	\$203,036,652	\$424,666,868

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

Provide Transition to the Community and Reduce Community Program Interest Lists

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 7 Health Steps (EPSDT) Dental

Service: 22 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	34.01	35.97
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	47,904,891	83,582,331
Total, Objects of Expense	\$47,904,891	\$83,582,331

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	3,685,865	5,859,058
555 Federal Funds		
93.778.000 XIX FMAP	25,969,055	45,162,544
758 GR Match For Medicaid	18,249,971	32,560,729
Total, Method of Finance	\$47,904,891	\$83,582,331

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
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DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Service Categories:

STRATEGY: 8 Medical Transportation

Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	3.61	3.72
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	7,726,334	15,683,368
Total, Objects of Expense	\$7,726,334	\$15,683,368

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	151,552	274,209
555 Federal Funds		
93.778.000 XIX FMAP	4,501,769	9,151,079
758 GR Match For Medicaid	3,073,013	6,258,080
Total, Method of Finance	\$7,726,334	\$15,683,368

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

Service Categories:

STRATEGY: 1 Community Attendant Services

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Mthly Cost Per Individual Served: Community Attendant Services	1,087.28	1,087.74
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	34,891,323	36,299,179
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Total, Objects of Expense	\$34,891,323	\$36,299,179
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	20,816,163	21,703,279

758 GR Match For Medicaid	14,075,160	14,595,900
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Total, Method of Finance	\$34,891,323	\$36,299,179
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 2 Primary Home Care

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Individual Served: Primary Home Care	1,063.25	1,063.25
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	512,253	512,253
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Total, Objects of Expense	\$512,253	\$512,253
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	305,610	306,276

758 GR Match For Medicaid	206,643	205,977
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Total, Method of Finance	\$512,253	\$512,253
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

Service Categories:

STRATEGY: 3 Day Activity and Health Services (DAHS)

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Avg Mthly Cost Per Individual Served: Day Activity and Health Services	564.35	564.35
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	76,700	78,486
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Total, Objects of Expense	\$76,700	\$78,486
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	45,759	46,927

758 GR Match For Medicaid	30,941	31,559
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Total, Method of Finance	\$76,700	\$78,486
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 4 Nursing Facility Payments

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	5,252,639	12,243,901
Total, Objects of Expense	\$5,252,639	\$12,243,901

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	3,133,725	7,320,628
758 GR Match For Medicaid	2,118,914	4,923,273
Total, Method of Finance	\$5,252,639	\$12,243,901

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 5 Medicare Skilled Nursing Facility

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	(1,114,393)	(2,741,093)
Total, Objects of Expense		\$(1,114,393)	\$(2,741,093)

METHOD OF FINANCING:

555	Federal Funds		
	93.778.000 XIX FMAP	(664,846)	(1,638,899)
758	GR Match For Medicaid	(449,547)	(1,102,194)
Total, Method of Finance		\$(1,114,393)	\$(2,741,093)

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

Provide Transition to the Community and Reduce Community Program Interest Lists

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

Service Categories:

STRATEGY: 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	348,432	718,514
Total, Objects of Expense	\$348,432	\$718,514

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	207,875	429,600
758 GR Match For Medicaid	140,557	288,914
Total, Method of Finance	\$348,432	\$718,514

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 3 Long-term Care - Non-entitlement

Service Categories:

STRATEGY: 1 Home and Community-based Services (HCS)

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	160,271,030	418,579,027
Total, Objects of Expense	\$160,271,030	\$418,579,027

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	96,260,152	251,113,919
758 GR Match For Medicaid	64,010,878	167,465,108
Total, Method of Finance	\$160,271,030	\$418,579,027

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

- Maintain Medicaid Non-Entitlement Cost Growth
- Provide Transition to the Community and Reduce Community Program Interest Lists
- Comply with Federal Requirements for Community Integration for Individuals with Disabilities
- Support Medically Complex Individuals with IDD Living in Community Settings

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 3 Long-term Care - Non-entitlement

Service Categories:

STRATEGY: 2 Community Living Assistance and Support Services (CLASS)

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	25,508,530	52,827,091
Total, Objects of Expense	\$25,508,530	\$52,827,091

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	16,320,622	33,842,222
758 GR Match For Medicaid	9,187,908	18,984,869
Total, Method of Finance	\$25,508,530	\$52,827,091

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Non-Entitlement Cost Growth

Provide Transition to the Community and Reduce Community Program Interest Lists

Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 3 Long-term Care - Non-entitlement

STRATEGY: 3 Deaf-Blind Multiple Disabilities (DBMD)

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	281,639	980,099
Total, Objects of Expense	\$281,639	\$980,099

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	168,590	591,953
758 GR Match For Medicaid	113,049	388,146
Total, Method of Finance	\$281,639	\$980,099

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Provide Transition to the Community and Reduce Community Program Interest Lists

Comply with Federal Requirements for Community Integration for Individuals with Disabilities

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 3 Long-term Care - Non-entitlement

STRATEGY: 4 Texas Home Living Waiver

Service Categories:

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	23,095,756	53,544,820
Total, Objects of Expense	\$23,095,756	\$53,544,820

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	14,388,599	33,265,013
758 GR Match For Medicaid	8,707,157	20,279,807
Total, Method of Finance	\$23,095,756	\$53,544,820

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Non-Entitlement Cost Growth
 Provide Transition to the Community and Reduce Community Program Interest Lists
 Comply with Federal Requirements for Community Integration for Individuals with Disabilities

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 3 Long-term Care - Non-entitlement

Service Categories:

STRATEGY: 5 Program of All-inclusive Care for the Elderly (PACE)

Service: 26 Income: A.1 Age: B.2

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	19,579,664	19,579,664
Total, Objects of Expense	\$19,579,664	\$19,579,664

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	11,681,228	11,706,681
758 GR Match For Medicaid	7,898,436	7,872,983
Total, Method of Finance	\$19,579,664	\$19,579,664

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure PACE Sustainability

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 4 Other Medicaid Services

STRATEGY: 1 Non-Full Benefit Payments

Service Categories:

Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Emergency Services for Non-citizens Cost Per Recipient Month	3,494.69	3,556.71
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	31,146,903	64,187,525
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Total, Objects of Expense	\$31,146,903	\$64,187,525
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	6,644,161	13,654,847

555 Federal Funds		
93.778.009 SHARS	20,010,193	41,349,514

758 GR Match For Medicaid	4,492,549	9,183,164
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Total, Method of Finance	\$31,146,903	\$64,187,525
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 1 Medicaid

OBJECTIVE: 4 Other Medicaid Services

STRATEGY: 2 For Clients Dually Eligible for Medicare and Medicaid

Service Categories:

Service: 22 Income: A.2 Age: B.2

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Part B Premium Per Month	145.38	152.66
<u>2</u> Average Part A Premium Per Month	413.79	422.45
<u>3</u> Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	48.33	48.55

OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	50,610,272	141,391,224
Total, Objects of Expense	\$50,610,272	\$141,391,224

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	22,815,267	61,185,454
555 Federal Funds		
93.778.007 XIX ADM @ 100	2,288,976	5,985,934
758 GR Match For Medicaid	15,426,883	41,148,471
8092 Medicare Giveback Provision	10,079,146	33,071,365
Total, Method of Finance	\$50,610,272	\$141,391,224

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Medicaid Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid and CHIP Contracts and Administration

OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration

Service Categories:

STRATEGY: 1 Medicaid Contracts and Administration

Service: 30 Income: A.1 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	1,182,776	1,182,776
1002 OTHER PERSONNEL COSTS	20,400	20,400
2001 PROFESSIONAL FEES AND SERVICES	68,949,830	66,762,859
2003 CONSUMABLE SUPPLIES	3,000	3,000
2004 UTILITIES	50,720	50,720
2005 TRAVEL	217,500	217,500
2007 RENT - MACHINE AND OTHER	50,000	50,000
2009 OTHER OPERATING EXPENSE	473,600	293,067
4000 GRANTS	500,000	500,000
Total, Objects of Expense	\$71,447,826	\$69,080,322

METHOD OF FINANCING:

555 Federal Funds		
93.778.003 XIX 50%	23,757,582	25,508,539
555 Federal Funds		
93.778.004 XIX ADM @ 75%	17,949,498	13,547,433
758 GR Match For Medicaid	29,740,746	30,024,350
Total, Method of Finance	\$71,447,826	\$69,080,322

FULL-TIME EQUIVALENT POSITIONS (FTE):	25.4	25.4
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Baseline for Claims Administrator Support

Comply with Statutory Requirements for IDD System Redesign

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid and CHIP Contracts and Administration

OBJECTIVE: 1 Medicaid & CHIP Contracts and Administration

Service Categories:

STRATEGY: 1 Medicaid Contracts and Administration

Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
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Make Necessary Electronic Visit Verification System Improvements

Comply with Federal Requirements for Community Integration for Individuals with Disabilities

Support Medically Complex Individuals with IDD Living in Community Settings

Ensure State Oversight of Community Programs for Individuals with IDD

Comply with State Law to Conduct Mortality Reviews for Individuals with Intellectual and Developmental Disabilities Living in Community Settings

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 3 Children's Health Insurance Program Services

OBJECTIVE: 1 CHIP Services

Service Categories:

STRATEGY: 1 Children's Health Insurance Program (CHIP)

Service: 22 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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STRATEGY IMPACT ON OUTCOME MEASURES:

<u>3</u> Average CHIP Programs Benefit Cost with Prescription Benefit	193.84	199.88
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EFFICIENCY MEASURES:

<u>1</u> Average CHIP Children Benefit Cost Per Recipient Month	138.58	143.90
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	21,110,004	45,363,699
Total, Objects of Expense	\$21,110,004	\$45,363,699

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	17,778,845	33,029,309
8025 Tobacco Receipts Match For Chip	3,331,159	12,334,390
Total, Method of Finance	\$21,110,004	\$45,363,699

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain CHIP Non-Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 3 Children's Health Insurance Program Services

OBJECTIVE: 1 CHIP Services

Service Categories:

STRATEGY: 2 CHIP Perinatal Services

Service: 22 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Perinatal Benefit Cost Per Recipient Month	426.51	435.41
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	3,378,872	6,915,352
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Total, Objects of Expense	\$3,378,872	\$6,915,352
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METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	2,845,686	5,035,068

8025 Tobacco Receipts Match For Chip	533,186	1,880,284
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Total, Method of Finance	\$3,378,872	\$6,915,352
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain CHIP Non-Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 3 Children's Health Insurance Program Services

OBJECTIVE: 1 CHIP Services

Service Categories:

STRATEGY: 3 CHIP Prescription Drugs

Service: 22 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Cost/CHIP Recipient Month: Pharmacy Benefit	34.98	36.18
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	6,880,401	14,666,336
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Total, Objects of Expense	\$6,880,401	\$14,666,336
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METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	5,794,674	10,678,559

8025 Tobacco Receipts Match For Chip	1,085,727	3,987,777
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Total, Method of Finance	\$6,880,401	\$14,666,336
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain CHIP Non-Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 3 Children's Health Insurance Program Services

OBJECTIVE: 1 CHIP Services

Service Categories:

STRATEGY: 4 CHIP Dental Services

Service: 22 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	25.04	26.05
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	4,904,614	10,495,631
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Total, Objects of Expense	\$4,904,614	\$10,495,631
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METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	4,130,666	7,641,869

8025 Tobacco Receipts Match For Chip	773,948	2,853,762
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Total, Method of Finance	\$4,904,614	\$10,495,631
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain CHIP Non-Entitlement Program Cost Growth

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 1 Women's Health Programs

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Healthy Texas Women Client	13.91	0.00
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	1	1
Total, Objects of Expense	\$1	\$1

METHOD OF FINANCING:

1 General Revenue Fund	1	1
Total, Method of Finance	\$1	\$1

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Funding for Current Women's Health Program Services

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 3 Early Childhood Intervention Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	26,454,476	44,290,952
Total, Objects of Expense	\$26,454,476	\$44,290,952

METHOD OF FINANCING:

1 General Revenue Fund	26,454,476	44,290,952
Total, Method of Finance	\$26,454,476	\$44,290,952

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain ECI Services for Children with Disabilities

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 5 Children's Blindness Services

Service Categories:
 Service: 27 Income: A.2 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	694,857	694,857
1002 OTHER PERSONNEL COSTS	14,400	14,400
2001 PROFESSIONAL FEES AND SERVICES	20,000	20,000
2003 CONSUMABLE SUPPLIES	2,227	2,227
2005 TRAVEL	220,000	220,000
2007 RENT - MACHINE AND OTHER	15,000	15,000
2009 OTHER OPERATING EXPENSE	277,294	150,099
3001 CLIENT SERVICES	465,121	465,121
Total, Objects of Expense	\$1,708,899	\$1,581,704

METHOD OF FINANCING:

1 General Revenue Fund	807,385	772,384
555 Federal Funds		
93.778.003 XIX 50%	450,757	404,660
758 GR Match For Medicaid	450,757	404,660
Total, Method of Finance	\$1,708,899	\$1,581,704

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.4	15.4
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Sustain Services for Blind Children

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care
 STRATEGY: 10 Additional Specialty Care

Service Categories:
 Service: 22 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	289,764	289,764
1002 OTHER PERSONNEL COSTS	4,800	4,800
2003 CONSUMABLE SUPPLIES	4,000	4,000
2005 TRAVEL	20,000	20,000
2007 RENT - MACHINE AND OTHER	4,000	4,000
2009 OTHER OPERATING EXPENSE	70,182	41,945
4000 GRANTS	2,500,000	2,500,000
Total, Objects of Expense	\$2,892,746	\$2,864,509

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	233,821	231,538
555 Federal Funds		
93.778.003 XIX 50%	1,319,758	1,306,875
758 GR Match For Medicaid	1,319,757	1,306,875
8010 GR Match For Title XXI	19,410	19,221
Total, Method of Finance	\$2,892,746	\$2,864,509

FULL-TIME EQUIVALENT POSITIONS (FTE):	4.0	4.0
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Pediatric Telemedicine Grant Program for Rural Texas

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 1 Community Mental Health Services (MHS) for Adults

Service: 24 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OUTPUT MEASURES:

<u>1</u> Average Monthly Number of Adults Receiving Community MH Services	93,077.00	93,077.00
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EXPLANATORY/INPUT MEASURES:

<u>1</u> Number of Adults Receiving Community Mental Health Services Per Year	211,473.00	211,473.00
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	1,840,049	1,840,049
1002 OTHER PERSONNEL COSTS	31,200	31,200
2003 CONSUMABLE SUPPLIES	17,100	17,100
2004 UTILITIES	18,720	18,720
2005 TRAVEL	156,000	156,000
2009 OTHER OPERATING EXPENSE	710,079	539,796
4000 GRANTS	30,888,424	30,888,424
Total, Objects of Expense	\$33,661,572	\$33,491,289

METHOD OF FINANCING:

1 General Revenue Fund	29,959,740	29,937,597
555 Federal Funds		
93.558.667 TANF to Title XX	212,680	212,680
555 Federal Funds		
93.778.003 XIX 50%	1,744,576	1,670,506
758 GR Match For Medicaid	1,744,576	1,670,506
Total, Method of Finance	\$33,661,572	\$33,491,289

FULL-TIME EQUIVALENT POSITIONS (FTE):	26.4	26.4
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4.C. Exceptional Items Strategy Request
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 1 Community Mental Health Services (MHS) for Adults

Service: 24 Income: A.2 Age: B.3

CODE DESCRIPTION

Exp 2020

Exp 2021

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Procurement and Contract Management Functions

Enhance Mental Health Capacity

SBHCC: Ensure Services for Individuals Experiencing Early Psychosis

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 2 Community Mental Health Services (MHS) for Children

Service: 24 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OUTPUT MEASURES:

<u>1</u> Average Monthly Number of Children Receiving Community MH Services	29,907.00	29,907.00
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EXPLANATORY/INPUT MEASURES:

<u>1</u> Number of Children Receiving Community MH Services Per Year	65,940.00	65,940.00
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	73,348	73,348
1002 OTHER PERSONNEL COSTS	1,200	1,200
2003 CONSUMABLE SUPPLIES	600	600
2004 UTILITIES	720	720
2005 TRAVEL	6,000	6,000
2009 OTHER OPERATING EXPENSE	86,442	79,417
4000 GRANTS	6,796,727	6,796,727
Total, Objects of Expense	\$6,965,037	\$6,958,012

METHOD OF FINANCING:

1 General Revenue Fund	6,177,263	6,170,238
555 Federal Funds		
93.558.667 TANF to Title XX	50,286	50,286
555 Federal Funds		
93.778.003 XIX 50%	368,744	368,744
758 GR Match For Medicaid	368,744	368,744
Total, Method of Finance	\$6,965,037	\$6,958,012

FULL-TIME EQUIVALENT POSITIONS (FTE):	1.0	1.0
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4.C. Exceptional Items Strategy Request
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 2 Community Mental Health Services (MHS) for Children

Service: 24 Income: A.2 Age: B.3

CODE DESCRIPTION

Exp 2020

Exp 2021

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Mental Health Capacity

SBHCC: Ensure Access to Residential Treatment Center Beds for Children

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 3 Community Mental Health Crisis Services (CMHCS)

Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

2009	OTHER OPERATING EXPENSE	112,500	112,500
4000	GRANTS	11,250,000	11,250,000
Total, Objects of Expense		\$11,362,500	\$11,362,500

METHOD OF FINANCING:

1	General Revenue Fund	11,362,500	11,362,500
Total, Method of Finance		\$11,362,500	\$11,362,500

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Service Levels for Mental Health Grant Programs

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service: 25 Income: A.2 Age: B.3

CODE	DESCRIPTION	Excp 2020	Excp 2021
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EFFICIENCY MEASURES:

<u>4</u>	Average Mo Cost Per Adult Served in Treatment Programs for SA	2,583.00	2,583.00
<u>5</u>	Average Mo Cost Per Youth Served in Treatment Programs for SA	3,157.00	3,157.00

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	277,529	277,529
1002	OTHER PERSONNEL COSTS	4,800	4,800
2001	PROFESSIONAL FEES AND SERVICES	2,941,400	377,000
2003	CONSUMABLE SUPPLIES	1,000	1,000
2005	TRAVEL	24,000	24,000
2009	OTHER OPERATING EXPENSE	291,740	168,289
4000	GRANTS	0	40,920,737
Total, Objects of Expense		\$3,540,469	\$41,773,355

METHOD OF FINANCING:

1	General Revenue Fund	3,269,105	817,998
555	Federal Funds		
	93.558.667 TANF to Title XX	33,156	4,230
555	Federal Funds		
	93.778.003 XIX 50%	119,104	15,195
758	GR Match For Medicaid	119,104	15,195
8002	GR For Subst Abuse Prev	0	40,920,737
Total, Method of Finance		\$3,540,469	\$41,773,355

FULL-TIME EQUIVALENT POSITIONS (FTE):	17.8	17.8
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4.C. Exceptional Items Strategy Request
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 4 Provide Additional Health-related Services

OBJECTIVE: 2 Provide Community Behavioral Health Services

Service Categories:

STRATEGY: 4 Substance Abuse Prevention, Intervention, and Treatment

Service: 25 Income: A.2 Age: B.3

CODE DESCRIPTION

Exp 2020

Exp 2021

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Substance Use Disorder Treatment

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Community & Independent Living Services & Coordination

OBJECTIVE: 1 Long-term Care Services & Coordination

STRATEGY: 1 Guardianship

Service Categories:

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

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	426,984	426,984
1002 OTHER PERSONNEL COSTS	6,000	6,000
2003 CONSUMABLE SUPPLIES	14,170	14,170
2005 TRAVEL	60,000	60,000
2007 RENT - MACHINE AND OTHER	2,000	2,000
2009 OTHER OPERATING EXPENSE	90,151	53,384
3001 CLIENT SERVICES	651,434	651,434
Total, Objects of Expense	\$1,250,739	\$1,213,972

METHOD OF FINANCING:

1 General Revenue Fund	1,250,739	1,213,972
Total, Method of Finance	\$1,250,739	\$1,213,972

FULL-TIME EQUIVALENT POSITIONS (FTE):	5.1	5.1
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Guardianship Services for Vulnerable Texans

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Community & Independent Living Services & Coordination

OBJECTIVE: 1 Long-term Care Services & Coordination

Service Categories:

STRATEGY: 2 Non-Medicaid Services

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
-------------------------	------------------	------------------

OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	6,098,849	6,098,849
Total, Objects of Expense	\$6,098,849	\$6,098,849

METHOD OF FINANCING:

1 General Revenue Fund	6,098,849	6,098,849
Total, Method of Finance	\$6,098,849	\$6,098,849

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure Sustainability of Home Delivered Meals Program to Support Older Texans

Attendant Wage Increases

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Community & Independent Living Services & Coordination

OBJECTIVE: 1 Long-term Care Services & Coordination

Service Categories:

STRATEGY: 3 Non-Medicaid Developmental Disability Community Services

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

4000 GRANTS	16,226,128	16,226,128
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Total, Objects of Expense	\$16,226,128	\$16,226,128
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METHOD OF FINANCING:

1 General Revenue Fund	16,226,128	16,226,128
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Total, Method of Finance	\$16,226,128	\$16,226,128
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

SBHCC: Maintain and Expand IDD Crisis Continuum of Care

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Community & Independent Living Services & Coordination

OBJECTIVE: 3 Other Community Support Services

Service Categories:

STRATEGY: 1 Family Violence Services

Service: 28 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

4000 GRANTS	1,500,000	1,500,000
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Total, Objects of Expense	\$1,500,000	\$1,500,000
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METHOD OF FINANCING:

1 General Revenue Fund	1,500,000	1,500,000
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Total, Method of Finance	\$1,500,000	\$1,500,000
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Services for the Family Violence Program

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Community & Independent Living Services & Coordination

OBJECTIVE: 3 Other Community Support Services

Service Categories:

STRATEGY: 2 Child Advocacy Programs

Service: 28 Income: A.2 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

2001 PROFESSIONAL FEES AND SERVICES	4,000,000	4,000,000
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Total, Objects of Expense	\$4,000,000	\$4,000,000
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METHOD OF FINANCING:

1 General Revenue Fund	4,000,000	4,000,000
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Total, Method of Finance	\$4,000,000	\$4,000,000
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Increase Availability of Child Advocacy Services Throughout the State for CASA and CACs

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 1 State Supported Living Centers

Service Categories:

STRATEGY: 1 State Supported Living Centers

Service: 26 Income: A.1 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	16,312,856	19,304,502
1002 OTHER PERSONNEL COSTS	32,400	64,800
2001 PROFESSIONAL FEES AND SERVICES	3,795,750	936,729
2005 TRAVEL	9,000	9,000
2009 OTHER OPERATING EXPENSE	11,359,720	6,409,406
3001 CLIENT SERVICES	22,508,758	24,507,355
Total, Objects of Expense	\$54,018,484	\$51,231,792

METHOD OF FINANCING:

1 General Revenue Fund	5,505,821	8,576,356
555 Federal Funds		
93.778.000 XIX FMAP	27,593,945	24,262,361
8032 GR Certified As Match For Medicaid	20,918,718	18,393,075
Total, Method of Finance	\$54,018,484	\$51,231,792

FULL-TIME EQUIVALENT POSITIONS (FTE):	35.0	69.7
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

- Prevent Loss of Service
- Recruiting and Retaining a Capable and Competent Workforce
- Enhancing State Hospital and SSLC Services Through Technology
- Improving Access to Specialty Services for Individuals with Intellectual Disabilities

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 2 Mental Health State Hospital Facilities and Services

Service Categories:

STRATEGY: 1 Mental Health State Hospitals

Service: 24 Income: A.1 Age: B.1

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	10,741,473	20,602,681
1002 OTHER PERSONNEL COSTS	30,000	88,800
2001 PROFESSIONAL FEES AND SERVICES	4,444,811	2,519,687
2005 TRAVEL	60,000	195,000
2007 RENT - MACHINE AND OTHER	88,450	87,550
2009 OTHER OPERATING EXPENSE	9,781,050	6,344,744
3001 CLIENT SERVICES	41,173,717	41,945,004
5000 CAPITAL EXPENDITURES	2,680,000	160,000
Total, Objects of Expense	\$68,999,501	\$71,943,466

METHOD OF FINANCING:

1 General Revenue Fund	68,999,501	71,943,466
Total, Method of Finance	\$68,999,501	\$71,943,466

FULL-TIME EQUIVALENT POSITIONS (FTE):

	116.5	378.3
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Prevent Loss of Service

Funding Expanded Capacity at Renovated State Hospitals (Comprehensive Plan Phase I Projects)

Recruiting and Retaining a Capable and Competent Workforce

Enhancing State Hospital and SSLC Services Through Technology

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 2 Mental Health State Hospital Facilities and Services

Service Categories:

STRATEGY: 2 Mental Health Community Hospitals

Service: 24 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
-------------------------	-----------------	-----------------

OUTPUT MEASURES:

1 Average Daily Number of Occupied MH Community Hospital Beds	677.00	677.00
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	277,476	277,476
1002 OTHER PERSONNEL COSTS	4,800	4,800
2001 PROFESSIONAL FEES AND SERVICES	2,000	2,000
2003 CONSUMABLE SUPPLIES	1,000	1,000
2005 TRAVEL	9,960	9,960
2009 OTHER OPERATING EXPENSE	261,623	233,385
4000 GRANTS	19,162,500	19,162,500
Total, Objects of Expense	\$19,719,359	\$19,691,121

METHOD OF FINANCING:

1 General Revenue Fund	19,719,359	19,691,121
Total, Method of Finance	\$19,719,359	\$19,691,121

FULL-TIME EQUIVALENT POSITIONS (FTE):

4.1	4.1
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Improve Capacity for Community Inpatient Psychiatric Services

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 4 Facility Program Support

Service Categories:

STRATEGY: 1 Facility Program Support

Service: 09 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	815,581	888,237
1002 OTHER PERSONNEL COSTS	10,800	13,200
2001 PROFESSIONAL FEES AND SERVICES	1,336,272	1,607,760
2005 TRAVEL	216,000	216,000
2007 RENT - MACHINE AND OTHER	48,696	48,696
2009 OTHER OPERATING EXPENSE	2,258,074	1,289,116
5000 CAPITAL EXPENDITURES	21,245,029	0
Total, Objects of Expense	\$25,930,452	\$4,063,009

METHOD OF FINANCING:

1 General Revenue Fund	25,915,421	4,031,797
555 Federal Funds		
93.778.000 XIX FMAP	8,520	17,692
777 Interagency Contracts	52	108
8032 GR Certified As Match For Medicaid	6,459	13,412
Total, Method of Finance	\$25,930,452	\$4,063,009

FULL-TIME EQUIVALENT POSITIONS (FTE):

14.2	17.2
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Funding State Hospital Planning and Construction (Comprehensive Plan Phase II)

Recruiting and Retaining a Capable and Competent Workforce

Enhancing State Hospital and SSLC Services Through Technology

Addressing Major Building, Fleet, and Equipment Failures at State Hospitals and SSLCs

4.C. Exceptional Items Strategy Request
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 4 Facility Program Support

Service Categories:

STRATEGY: 1 Facility Program Support

Service: 09 Income: A.2 Age: B.3

CODE DESCRIPTION

Exp 2020

Exp 2021

CAPPS HCM & Financials Upgrades (includes inventory module)

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities

OBJECTIVE: 4 Facility Program Support

Service Categories:

STRATEGY: 2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other

Service: 10 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	1	1
5000 CAPITAL EXPENDITURES	271,683,657	1
Total, Objects of Expense	\$271,683,658	\$2

METHOD OF FINANCING:

1 General Revenue Fund	2	2
780 Bond Proceed-Gen Obligat	271,683,656	0
Total, Method of Finance	\$271,683,658	\$2

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Funding State Hospital Planning and Construction (Comprehensive Plan Phase II)
 Addressing Major Building, Fleet, and Equipment Failures at State Hospitals and SSLCs

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 8 Regulatory, Licensing and Consumer Protection Services

OBJECTIVE: 1 Long-Term Care and Acute Care Regulation

STRATEGY: 1 Health Care Facilities & Community-based Regulation

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	6,334,589	6,334,588
1002 OTHER PERSONNEL COSTS	50,400	50,400
2001 PROFESSIONAL FEES AND SERVICES	449,403	22,258
2003 CONSUMABLE SUPPLIES	45,000	45,000
2004 UTILITIES	8,640	8,640
2005 TRAVEL	203,000	203,000
2007 RENT - MACHINE AND OTHER	600	600
2009 OTHER OPERATING EXPENSE	887,749	538,877
Total, Objects of Expense	\$7,979,381	\$7,203,363

METHOD OF FINANCING:

1 General Revenue Fund	4,592,816	4,465,944
555 Federal Funds		
93.778.003 XIX 50%	1,650,242	1,329,579
758 GR Match For Medicaid	1,736,323	1,407,840
Total, Method of Finance	\$7,979,381	\$7,203,363

FULL-TIME EQUIVALENT POSITIONS (FTE):	46.8	46.8
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Recruiting and Retaining a Capable and Competent Workforce

Comply with Federal Requirements for Community Integration for Individuals with Disabilities

Additional FTEs for Protection of Vulnerable Texans

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 8 Regulatory, Licensing and Consumer Protection Services

OBJECTIVE: 1 Long-Term Care and Acute Care Regulation

STRATEGY: 2 Long-Term Care Quality Outreach

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	1,099,569	1,099,569
1002 OTHER PERSONNEL COSTS	16,800	16,800
2001 PROFESSIONAL FEES AND SERVICES	11,250	11,250
2003 CONSUMABLE SUPPLIES	6,000	6,000
2004 UTILITIES	16,800	16,800
2005 TRAVEL	212,000	212,000
2009 OTHER OPERATING EXPENSE	340,216	221,612
Total, Objects of Expense	\$1,702,635	\$1,584,031

METHOD OF FINANCING:

555 Federal Funds		
93.778.003 XIX 50%	514,706	477,716
555 Federal Funds		
93.778.004 XIX ADM @ 75%	504,913	471,446
758 GR Match For Medicaid	683,016	634,869
Total, Method of Finance	\$1,702,635	\$1,584,031

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.2	15.2
------	------

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Meet State Requirements to Ensure Quality for Long-Term Care Services

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 8 Regulatory, Licensing and Consumer Protection Services

OBJECTIVE: 2 Child Care Regulation

Service Categories:

STRATEGY: 1 Child Care Regulation

Service: 16 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	5,476,722	5,476,723
1002 OTHER PERSONNEL COSTS	12,000	12,000
2003 CONSUMABLE SUPPLIES	37,000	37,000
2005 TRAVEL	179,000	179,000
2009 OTHER OPERATING EXPENSE	879,998	512,584
Total, Objects of Expense	\$6,584,720	\$6,217,307

METHOD OF FINANCING:

1 General Revenue Fund	6,584,720	6,217,307
Total, Method of Finance	\$6,584,720	\$6,217,307

FULL-TIME EQUIVALENT POSITIONS (FTE):	45.9	45.9
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Recruiting and Retaining a Capable and Competent Workforce

Additional FTEs for Protection of Vulnerable Texans

Enhance Background Checks

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 8 Regulatory, Licensing and Consumer Protection Services

OBJECTIVE: 3 Professional and Occupational Regulation

Service Categories:

STRATEGY: 1 Credentialing/Certification of Health Care Professionals & Others

Service: 16 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	253,614	253,614
1002 OTHER PERSONNEL COSTS	3,600	3,600
2009 OTHER OPERATING EXPENSE	56,097	34,953
Total, Objects of Expense	\$313,311	\$292,167

METHOD OF FINANCING:

1 General Revenue Fund	313,311	292,167
Total, Method of Finance	\$313,311	\$292,167

FULL-TIME EQUIVALENT POSITIONS (FTE):

3.0	3.0
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Recruiting and Retaining a Capable and Competent Workforce
 Enhance Background Checks

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment

OBJECTIVE: 2 Community Access and Supports

Service Categories:

STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service: 08 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	963,440	963,440
1002 OTHER PERSONNEL COSTS	16,800	16,800
2001 PROFESSIONAL FEES AND SERVICES	9,915,500	9,945,500
2003 CONSUMABLE SUPPLIES	19,000	19,000
2004 UTILITIES	7,920	7,920
2005 TRAVEL	63,000	63,000
2009 OTHER OPERATING EXPENSE	271,880	166,163
4000 GRANTS	6,997,855	6,997,855
Total, Objects of Expense	\$18,255,395	\$18,179,678

METHOD OF FINANCING:

1 General Revenue Fund	8,914,172	8,933,243
555 Federal Funds		
93.778.003 XIX 50%	442,094	401,748
555 Federal Funds		
93.778.004 XIX ADM @ 75%	6,342,776	6,332,204
758 GR Match For Medicaid	2,556,353	2,512,483
Total, Method of Finance	\$18,255,395	\$18,179,678

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.2 15.2

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Procurement and Contract Management Functions

Maintain Funding for Client Services to Replace Money Follows the Person

4.C. Exceptional Items Strategy Request
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 9 Program Eligibility Determination & Enrollment

OBJECTIVE: 2 Community Access and Supports

Service Categories:

STRATEGY: 1 Intake, Access, and Eligibility to Services and Supports

Service: 08 Income: A.2 Age: B.3

CODE DESCRIPTION

Exp 2020

Exp 2021

SBHCC: Maintain and Expand IDD Crisis Continuum of Care

Improve System Efficiency to Comply with PASRR Requirements

Ensure PACE Sustainability

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General

OBJECTIVE: 1 Client and Provider Accountability

STRATEGY: 1 Office of Inspector General

Service Categories:

Service: 17 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
OBJECTS OF EXPENSE:		
1001 SALARIES AND WAGES	1,112,788	1,066,084
1002 OTHER PERSONNEL COSTS	20,400	19,800
2001 PROFESSIONAL FEES AND SERVICES	2,706,763	3,885,708
2003 CONSUMABLE SUPPLIES	5,000	2,000
2004 UTILITIES	3,240	4,320
2005 TRAVEL	27,466	31,128
2007 RENT - MACHINE AND OTHER	5,400	7,200
2009 OTHER OPERATING EXPENSE	3,504,821	1,961,721
5000 CAPITAL EXPENDITURES	239,769	0
Total, Objects of Expense	\$7,625,647	\$6,977,961

METHOD OF FINANCING:

1 General Revenue Fund	2,178,958	2,252,070
555 Federal Funds		
10.561.000 State Admin Match SNAP	897,406	840,278
555 Federal Funds		
93.558.000 Temp AssistNeedy Families	34,823	34,168
555 Federal Funds		
93.558.667 TANF to Title XX	2,040	2,246
555 Federal Funds		
93.767.000 CHIP	127,453	135,827
555 Federal Funds		
93.778.003 XIX 50%	1,722,919	1,413,350
758 GR Match For Medicaid	1,754,681	1,449,113
777 Interagency Contracts	44	56

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 11 Office of Inspector General

OBJECTIVE: 1 Client and Provider Accountability

STRATEGY: 1 Office of Inspector General

Service Categories:

Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2020	Exp 2021
8010	GR Match For Title XXI	9,917	10,575
8014	GR Match for Food Stamp Admin	897,406	840,278
Total, Method of Finance		\$7,625,647	\$6,977,961
FULL-TIME EQUIVALENT POSITIONS (FTE):		15.2	35.4

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Improper Payment Recoveries

Automated System for the Office of the Inspector General Replacement (ASOIG)

Medicaid Fraud and Abuse Detection System (MFADS)

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 1 Enterprise Oversight and Policy

STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:

Service: 30 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
OBJECTS OF EXPENSE:		
1001 SALARIES AND WAGES	4,684,202	4,684,202
1002 OTHER PERSONNEL COSTS	78,000	78,000
2001 PROFESSIONAL FEES AND SERVICES	121,500	121,500
2004 UTILITIES	11,016	11,016
2005 TRAVEL	3,600	3,600
2009 OTHER OPERATING EXPENSE	1,139,335	680,792
Total, Objects of Expense	\$6,037,653	\$5,579,110

METHOD OF FINANCING:

1 General Revenue Fund	2,321,026	2,321,026
555 Federal Funds		
10.561.000 State Admin Match SNAP	287,582	287,582
555 Federal Funds		
93.558.000 Temp AssistNeedy Families	15,077	15,077
555 Federal Funds		
93.558.667 TANF to Title XX	1,535	1,535
555 Federal Funds		
93.767.000 CHIP	91,961	91,961
555 Federal Funds		
93.778.003 XIX 50%	1,414,424	1,185,153
555 Federal Funds		
96.001.000 Social Security Disability Ins	172,240	172,240
758 GR Match For Medicaid	1,439,036	1,209,764
777 Interagency Contracts	49	49

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 1 Enterprise Oversight and Policy

STRATEGY: 1 Enterprise Oversight and Policy

Service Categories:

Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Excp 2020	Excp 2021
8010	GR Match For Title XXI	7,141	7,141
8014	GR Match for Food Stamp Admin	287,582	287,582
Total, Method of Finance		\$6,037,653	\$5,579,110
FULL-TIME EQUIVALENT POSITIONS (FTE):		66.0	66.0

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Procurement and Contract Management Functions

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 1 Enterprise Oversight and Policy

Service Categories:

STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support

Service: 09 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
OBJECTS OF EXPENSE:		
1001 SALARIES AND WAGES	3,257,396	3,249,612
1002 OTHER PERSONNEL COSTS	42,000	42,000
2001 PROFESSIONAL FEES AND SERVICES	37,482,076	21,357,586
2003 CONSUMABLE SUPPLIES	4,200	4,200
2004 UTILITIES	12,960	12,960
2005 TRAVEL	2,850	2,850
2007 RENT - MACHINE AND OTHER	5,312,640	4,848,707
2009 OTHER OPERATING EXPENSE	4,381,383	1,654,919
5000 CAPITAL EXPENDITURES	11,282,482	6,982,482
Total, Objects of Expense	\$61,777,987	\$38,155,316

METHOD OF FINANCING:

1 General Revenue Fund	27,446,692	16,318,198
555 Federal Funds		
10.561.000 State Admin Match SNAP	4,066,348	2,590,784
555 Federal Funds		
93.558.000 Temp AssistNeedy Families	213,262	135,860
555 Federal Funds		
93.558.667 TANF to Title XX	26,657	13,847
555 Federal Funds		
93.767.000 CHIP	1,300,412	828,498
555 Federal Funds		
93.778.003 XIX 50%	12,104,361	7,695,465
758 GR Match For Medicaid	12,452,194	7,917,070
777 Interagency Contracts	558	356

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 1 Enterprise Oversight and Policy

Service Categories:

STRATEGY: 2 Information Technology Capital Projects Oversight & Program Support

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Excp 2020	Excp 2021
8010	GR Match For Title XXI	101,155	64,454
8014	GR Match for Food Stamp Admin	4,066,348	2,590,784
Total, Method of Finance		\$61,777,987	\$38,155,316
FULL-TIME EQUIVALENT POSITIONS (FTE):		125.8	113.6

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

- HHS Information Technology Security
- System-Wide Business Enablement Platform
- Data Center Services Projects
- Child Care Licensing New License Types
- Enhance Background Checks
- SBHCC: Enhance Real-Time Behavioral Health Data Sharing
- CAPPS HCM & Financials Upgrades (includes inventory module)
- HHS Telecom Technology Upgrade
- HHSC Seat Management

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 2 Program Support

STRATEGY: 1 Central Program Support

Service Categories:

Service: 09 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
OBJECTS OF EXPENSE:		
1001 SALARIES AND WAGES	215,450	215,450
1002 OTHER PERSONNEL COSTS	2,400	2,400
2005 TRAVEL	3,200	3,200
2009 OTHER OPERATING EXPENSE	366,306	352,187
Total, Objects of Expense	\$587,356	\$573,237

METHOD OF FINANCING:

1 General Revenue Fund	415,753	415,749
555 Federal Funds		
10.561.000 State Admin Match SNAP	15,179	15,179
555 Federal Funds		
93.558.000 Temp AssistNeedy Families	796	796
555 Federal Funds		
93.558.667 TANF to Title XX	81	81
555 Federal Funds		
93.767.000 CHIP	4,854	4,857
555 Federal Funds		
93.778.003 XIX 50%	62,374	55,315
555 Federal Funds		
96.001.000 Social Security Disability Ins	9,091	9,091
758 GR Match For Medicaid	63,672	56,613
8010 GR Match For Title XXI	377	377
8014 GR Match for Food Stamp Admin	15,179	15,179
Total, Method of Finance	\$587,356	\$573,237

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 12 HHS Enterprise Oversight and Policy

OBJECTIVE: 2 Program Support

Service Categories:

STRATEGY: 1 Central Program Support

Service: 09 Income: A.2 Age: B.3

CODE DESCRIPTION	Exp 2020	Exp 2021
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FULL-TIME EQUIVALENT POSITIONS (FTE):	2.0	2.0
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Enhance Procurement and Contract Management Functions
 Protect Assisted Living Facility Residents with Ombudsman Services

4.C. Exceptional Items Strategy Request
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 8:58:46AM

Agency Code: **529** Agency name: **Health and Human Services Commission**

GOAL: 13 Texas Civil Commitment Office

OBJECTIVE: 1 Administer Texas Civil Commitment Program

Service Categories:

STRATEGY: 1 Texas Civil Commitment Office

Service: 34 Income: A.2 Age: B.3

CODE DESCRIPTION	Excp 2020	Excp 2021
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	19,812	41,148
2001 PROFESSIONAL FEES AND SERVICES	937,173	1,862,957
2006 RENT - BUILDING	599,161	1,406,943
2009 OTHER OPERATING EXPENSE	20,407	60,637
Total, Objects of Expense	\$1,576,553	\$3,371,685

METHOD OF FINANCING:

1 General Revenue Fund	1,576,553	3,371,685
Total, Method of Finance	\$1,576,553	\$3,371,685

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

- Texas Civil Commitment Office (TCCO) Caseload Growth
- Texas Civil Commitment Office (TCCO) Increased Facility Capacity
- Texas Civil Commitment Office (TCCO) Offsite Healthcare
- Texas Civil Commitment Office (TCCO) Case Manager Career Ladder Increases - Implementation

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

5002 Construction of Buildings and Facilities

*1/1 New Construction of SHs & Other Inpatient MH
 Facilities*

OBJECTS OF EXPENSE

Capital

General	1001	SALARIES AND WAGES	\$700,000	\$1,000,000	\$0	\$0	
General	2009	OTHER OPERATING EXPENSE	\$7,000,000	\$10,000,000	\$0	\$0	
General	5000	CAPITAL EXPENDITURES	\$142,300,000	\$139,000,000	\$0	\$0	
Capital Subtotal OOE, Project			1	\$150,000,000	\$150,000,000	\$0	\$0
Subtotal OOE, Project			1	\$150,000,000	\$150,000,000	\$0	\$0

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	599	Economic Stabilization Fund	\$150,000,000	\$150,000,000	\$0	\$0
Capital Subtotal TOF, Project			1	\$150,000,000	\$150,000,000	\$0	\$0
Subtotal TOF, Project			1	\$150,000,000	\$150,000,000	\$0	\$0
Capital Subtotal, Category			5002	\$150,000,000	\$150,000,000	\$0	\$0
Informational Subtotal, Category			5002				
Total, Category			5002	\$150,000,000	\$150,000,000	\$0	\$0

5003 Repair or Rehabilitation of Buildings and Facilities

*2/2 Facilities Repair and Renovations - State
 Supported Living Centers and State Hospitals*

OBJECTS OF EXPENSE

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
<u>Capital</u>								
General	2009	OTHER OPERATING EXPENSE		\$15,942,186	\$15,942,186	\$352,186	\$352,186	
General	5000	CAPITAL EXPENDITURES		\$68,520,998	\$63,760,000	\$0	\$0	
Capital Subtotal OOE, Project				2	\$84,463,184	\$79,702,186	\$352,186	\$352,186
Subtotal OOE, Project				2	\$84,463,184	\$79,702,186	\$352,186	\$352,186
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	1	General Revenue Fund	\$62,384	\$62,384	\$62,384	\$62,384	
General	CA	543	Texas Capital Trust Acct	\$289,802	\$289,802	\$289,802	\$289,802	
General	CA	599	Economic Stabilization Fund	\$77,950,000	\$79,350,000	\$0	\$0	
General	CA	780	Bond Proceed-Gen Obligat	\$6,160,998	\$0	\$0	\$0	
Capital Subtotal TOF, Project				2	\$84,463,184	\$79,702,186	\$352,186	\$352,186
Subtotal TOF, Project				2	\$84,463,184	\$79,702,186	\$352,186	\$352,186
<i>3/3 WIC Relocation</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001	PROFESSIONAL FEES AND SERVICES		\$1,300,000	\$0	\$0	\$0	
Capital Subtotal OOE, Project				3	\$1,300,000	\$0	\$0	\$0
Subtotal OOE, Project				3	\$1,300,000	\$0	\$0	\$0
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	555	Federal Funds	\$1,300,000	\$0	\$0	\$0	

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal TOF, Project	3	\$1,300,000	\$0	\$0	\$0
Subtotal TOF, Project	3	\$1,300,000	\$0	\$0	\$0

*4/4 Facilities Repairs and Renovations -
 WacoCenter for Youth*

OBJECTS OF EXPENSE

Capital

General	2009	OTHER OPERATING EXPENSE	\$130,000	\$130,000	\$0	\$0
General	5000	CAPITAL EXPENDITURES	\$520,000	\$520,000	\$0	\$0

Capital Subtotal OOE, Project	4	\$650,000	\$650,000	\$0	\$0
Subtotal OOE, Project	4	\$650,000	\$650,000	\$0	\$0

TYPE OF FINANCING

Capital

General	CA	599 Economic Stabilization Fund	\$650,000	\$650,000	\$0	\$0
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Capital Subtotal TOF, Project	4	\$650,000	\$650,000	\$0	\$0
Subtotal TOF, Project	4	\$650,000	\$650,000	\$0	\$0

Capital Subtotal, Category	5003	\$86,413,184	\$80,352,186	\$352,186	\$352,186
Informational Subtotal, Category	5003				
Total, Category	5003	\$86,413,184	\$80,352,186	\$352,186	\$352,186

5005 Acquisition of Information Resource Technologies

*5/5 Seat Management Services (PCs, Laptops, &
 Servers)*

OBJECTS OF EXPENSE

Capital

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

		OOE / TOF / MOF CODE	Est 2018	Bud 2019	BL 2020	BL 2021
General	2001	PROFESSIONAL FEES AND SERVICES	\$1,679,687	\$1,615,605	\$12,961,531	\$12,961,531
General	2002	FUELS AND LUBRICANTS	\$12,820	\$0	\$0	\$0
General	2003	CONSUMABLE SUPPLIES	\$12,820	\$0	\$0	\$0
General	2007	RENT - MACHINE AND OTHER	\$18,690,829	\$19,287,922	\$19,529,377	\$19,385,677
General	2009	OTHER OPERATING EXPENSE	\$11,662,901	\$11,273,620	\$0	\$0
General	5000	CAPITAL EXPENDITURES	\$196,976	\$196,976	\$0	\$0
Capital Subtotal OOE, Project 5			\$32,256,033	\$32,374,123	\$32,490,908	\$32,347,208
Subtotal OOE, Project 5			\$32,256,033	\$32,374,123	\$32,490,908	\$32,347,208
TYPE OF FINANCING						
<u>Capital</u>						
General	CA	1 General Revenue Fund	\$5,806,868	\$6,301,602	\$5,235,880	\$5,315,332
General	CA	555 Federal Funds	\$14,061,523	\$12,852,897	\$14,775,756	\$14,607,702
General	CA	666 Appropriated Receipts	\$2,115	\$2,265	\$0	\$0
General	CA	758 GR Match For Medicaid	\$7,988,578	\$8,530,931	\$7,979,869	\$7,944,549
General	CA	777 Interagency Contracts	\$1,349,877	\$1,445,548	\$1,382,135	\$1,376,095
General	CA	8010 GR Match For Title XXI	\$63,708	\$65,678	\$65,072	\$64,785
General	CA	8014 GR Match for Food Stamp Admin	\$2,564,706	\$2,726,870	\$2,625,543	\$2,613,985
General	CA	8032 GR Certified As Match For Medicaid	\$394,794	\$422,778	\$402,375	\$400,589
General	CA	8095 ID Collect-Pat Supp & Maint	\$22,957	\$24,584	\$23,307	\$23,204
General	CA	8096 ID Appropriated Receipts	\$907	\$970	\$971	\$967
Capital Subtotal TOF, Project 5			\$32,256,033	\$32,374,123	\$32,490,908	\$32,347,208
Subtotal TOF, Project 5			\$32,256,033	\$32,374,123	\$32,490,908	\$32,347,208

6/6 Texas Integrated Eligibility Redesign System

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$6,470,082	\$6,491,332	\$6,861,128	\$7,204,185
General	2007 RENT - MACHINE AND OTHER	\$146,040	\$146,040	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$34,783,669	\$42,690,668	\$31,674,770	\$32,376,061
General	5000 CAPITAL EXPENDITURES	\$2,579,685	\$2,575,928	\$15,494,296	\$14,515,597
	Capital Subtotal OOE, Project 6	\$43,979,476	\$51,903,968	\$54,030,194	\$54,095,843
<u>Informational</u>					
General	1001 SALARIES AND WAGES	\$19,166,295	\$19,558,154	\$19,558,154	\$19,558,154
General	1002 OTHER PERSONNEL COSTS	\$642,349	\$655,482	\$655,482	\$655,482
General	2001 PROFESSIONAL FEES AND SERVICES	\$102,176,447	\$101,569,192	\$75,080,083	\$74,737,026
General	2003 CONSUMABLE SUPPLIES	\$5,253	\$6,000	\$6,000	\$6,000
General	2004 UTILITIES	\$8,405,476	\$8,277,070	\$8,130,614	\$8,130,614
General	2005 TRAVEL	\$26,408	\$26,500	\$26,500	\$26,500
General	2007 RENT - MACHINE AND OTHER	\$37,951	\$39,846	\$39,846	\$39,846
General	2009 OTHER OPERATING EXPENSE	\$9,967,376	\$9,880,078	\$9,743,095	\$9,743,095
	Informational Subtotal OOE, Project 6	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
	Subtotal OOE, Project 6	\$184,407,031	\$191,916,290	\$167,269,968	\$166,992,560
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$1,426,069	\$1,293,902	\$1,688,964	\$2,271,464
General	CA 555 Federal Funds	\$29,599,440	\$35,311,537	\$34,135,392	\$33,619,301
General	CA 758 GR Match For Medicaid	\$5,171,950	\$6,406,094	\$5,590,868	\$5,574,780
General	CA 8010 GR Match For Title XXI	\$146,476	\$181,828	\$184,243	\$184,467

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

		OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
General	CA	8014	GR Match for Food Stamp Admin	\$7,635,541	\$8,710,607	\$12,430,727	\$12,445,831
		Capital Subtotal TOF, Project	6	\$43,979,476	\$51,903,968	\$54,030,194	\$54,095,843
		<u>Informational</u>					
General	CA	1	General Revenue Fund	\$1,517,457	\$1,736,247	\$4,175,339	\$4,699,076
General	CA	555	Federal Funds	\$94,250,293	\$93,863,511	\$71,964,981	\$71,216,855
General	CA	758	GR Match For Medicaid	\$17,689,573	\$17,466,717	\$13,412,874	\$13,372,060
General	CA	777	Interagency Contracts	\$459,485	\$464,270	\$465,377	\$465,377
General	CA	8010	GR Match For Title XXI	\$462,400	\$439,273	\$369,383	\$368,230
General	CA	8014	GR Match for Food Stamp Admin	\$26,048,347	\$26,042,304	\$22,699,354	\$22,622,653
General	CA	8032	GR Certified As Match For Medicaid	\$0	\$0	\$143,775	\$143,775
General	CA	8095	ID Collect-Pat Supp & Maint	\$0	\$0	\$8,328	\$8,328
General	CA	8096	ID Appropriated Receipts	\$0	\$0	\$363	\$363
		Informational Subtotal TOF, Project	6	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
		Subtotal TOF, Project	6	\$184,407,031	\$191,916,290	\$167,269,968	\$166,992,560
		<i>7/7 Network, Performance and Capacity</i>					
		OBJECTS OF EXPENSE					
		<u>Capital</u>					
General	2001	PROFESSIONAL FEES AND SERVICES		\$827,031	\$936,938	\$0	\$0
General	2009	OTHER OPERATING EXPENSE		\$548,207	\$621,062	\$0	\$0
General	5000	CAPITAL EXPENDITURES		\$182,762	\$0	\$1,558,000	\$1,558,000
		Capital Subtotal OOE, Project	7	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
		Subtotal OOE, Project	7	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000

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Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

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TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$123,532	\$150,964	\$164,198	\$167,407
General	CA	555	Federal Funds	\$484,025	\$456,652	\$462,118	\$458,909
General	CA	666	Appropriated Receipts	\$77	\$78	\$0	\$0
General	CA	758	GR Match For Medicaid	\$261,667	\$261,666	\$249,685	\$249,685
General	CA	777	Interagency Contracts	\$586,852	\$586,851	\$584,889	\$584,889
General	CA	8010	GR Match For Title XXI	\$2,134	\$2,077	\$2,025	\$2,025
General	CA	8014	GR Match for Food Stamp Admin	\$85,628	\$85,628	\$81,702	\$81,702
General	CA	8032	GR Certified As Match For Medicaid	\$13,274	\$13,274	\$12,620	\$12,620
General	CA	8095	ID Collect-Pat Supp & Maint	\$779	\$779	\$732	\$732
General	CA	8096	ID Appropriated Receipts	\$32	\$31	\$31	\$31

Capital Subtotal TOF, Project	7	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
Subtotal TOF, Project	7	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000

8/8 MMIS - Medicaid Management Information System

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$37,095,313	\$45,476,817	\$44,406,284	\$83,546,265
General	2009	OTHER OPERATING EXPENSE	\$137,037	\$159,563	\$0	\$0

Capital Subtotal OOE, Project	8	\$37,232,350	\$45,636,380	\$44,406,284	\$83,546,265
Subtotal OOE, Project	8	\$37,232,350	\$45,636,380	\$44,406,284	\$83,546,265

TYPE OF FINANCING

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$5,133,931	\$5,350,000	\$4,213,951	\$213,369
General	CA 555 Federal Funds	\$24,328,048	\$31,522,413	\$30,341,982	\$69,549,866
General	CA 758 GR Match For Medicaid	\$7,626,537	\$8,689,408	\$9,821,531	\$13,753,634
General	CA 8010 GR Match For Title XXI	\$143,834	\$74,559	\$28,820	\$29,396
Capital Subtotal TOF, Project 8		\$37,232,350	\$45,636,380	\$44,406,284	\$83,546,265
Subtotal TOF, Project 8		\$37,232,350	\$45,636,380	\$44,406,284	\$83,546,265

9/9 Application Remediation for Data Center Consolidation

OBJECTS OF EXPENSE

Capital

General	2001 PROFESSIONAL FEES AND SERVICES	\$355,416	\$355,416	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$0	\$0	\$300,000	\$300,000
General	5000 CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0
Capital Subtotal OOE, Project 9		\$355,416	\$355,416	\$300,000	\$300,000
Subtotal OOE, Project 9		\$355,416	\$355,416	\$300,000	\$300,000

TYPE OF FINANCING

Capital

General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
General	CA 555 Federal Funds	\$177,708	\$177,708	\$150,000	\$150,000
General	CA 758 GR Match For Medicaid	\$177,708	\$177,708	\$150,000	\$150,000
General	CA 777 Interagency Contracts	\$0	\$0	\$0	\$0
General	CA 8010 GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0

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Est 2018

Bud 2019

BL 2020

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Capital Subtotal TOF, Project 9

\$355,416

\$355,416

\$300,000

\$300,000

Subtotal TOF, Project 9

\$355,416

\$355,416

\$300,000

\$300,000

11/11 Enterprise Data Governance

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$5,044,698

\$5,149,543

\$4,500,263

\$4,497,135

General 2009 OTHER OPERATING EXPENSE

\$956,660

\$931,382

\$0

\$0

General 5000 CAPITAL EXPENDITURES

\$0

\$0

\$960,437

\$961,140

Capital Subtotal OOE, Project 11

\$6,001,358

\$6,080,925

\$5,460,700

\$5,458,275

Subtotal OOE, Project 11

\$6,001,358

\$6,080,925

\$5,460,700

\$5,458,275

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$5,200,827

\$5,260,768

\$4,668,525

\$4,666,706

General CA 758 GR Match For Medicaid

\$800,531

\$820,157

\$792,175

\$791,569

Capital Subtotal TOF, Project 11

\$6,001,358

\$6,080,925

\$5,460,700

\$5,458,275

Subtotal TOF, Project 11

\$6,001,358

\$6,080,925

\$5,460,700

\$5,458,275

12/12 Social Security Number Removal Initiative (SSNRI)

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$463,187

\$0

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$1,335

\$0

\$0

\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal OOE, Project 12

\$464,522

\$0

\$0

\$0

Subtotal OOE, Project 12

\$464,522

\$0

\$0

\$0

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$417,804

\$0

\$0

\$0

General CA 758 GR Match For Medicaid

\$46,718

\$0

\$0

\$0

Capital Subtotal TOF, Project 12

\$464,522

\$0

\$0

\$0

Subtotal TOF, Project 12

\$464,522

\$0

\$0

\$0

13/13 Infrastructure Maintenance at SSLCs to support Electronic Health Records

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$27,480

\$125,000

\$500,000

\$500,000

General 2004 UTILITIES

\$299,934

\$0

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$82,440

\$375,000

\$0

\$0

General 5000 CAPITAL EXPENDITURES

\$90,146

\$0

\$0

\$0

Capital Subtotal OOE, Project 13

\$500,000

\$500,000

\$500,000

\$500,000

Subtotal OOE, Project 13

\$500,000

\$500,000

\$500,000

\$500,000

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$7,040

\$7,040

\$3,810

\$3,810

General CA 555 Federal Funds

\$273,270

\$273,270

\$285,010

\$285,635

General CA 8032 GR Certified As Match For Medicaid

\$207,166

\$207,166

\$192,720

\$192,095

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	CA	8095	ID Collect-Pat Supp & Maint	\$11,994	\$11,994	\$18,110	\$18,110
General	CA	8096	ID Appropriated Receipts	\$530	\$530	\$350	\$350
Capital Subtotal TOF, Project				\$500,000	\$500,000	\$500,000	\$500,000
Subtotal TOF, Project				\$500,000	\$500,000	\$500,000	\$500,000

*14/14 Regulatory Services System Automation
 Modernization*

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES		\$1,238,262	\$436,240	\$1,838,000	\$694,000
General	2009	OTHER OPERATING EXPENSE		\$890,640	\$313,772	\$0	\$0
Capital Subtotal OOE, Project				\$2,128,902	\$750,012	\$1,838,000	\$694,000
Subtotal OOE, Project				\$2,128,902	\$750,012	\$1,838,000	\$694,000

TYPE OF FINANCING

Capital

General	CA	555	Federal Funds	\$1,064,451	\$375,006	\$919,000	\$347,000
General	CA	758	GR Match For Medicaid	\$1,064,451	\$375,006	\$919,000	\$347,000
Capital Subtotal TOF, Project				\$2,128,902	\$750,012	\$1,838,000	\$694,000
Subtotal TOF, Project				\$2,128,902	\$750,012	\$1,838,000	\$694,000

15/15 WIC PC Replacement

OBJECTS OF EXPENSE

Capital

General	2007	RENT - MACHINE AND OTHER		\$194,004	\$194,004	\$0	\$0
General	2009	OTHER OPERATING EXPENSE		\$393,285	\$393,285	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal OOE, Project 15

\$587,289

\$587,289

\$0

\$0

Subtotal OOE, Project 15

\$587,289

\$587,289

\$0

\$0

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$587,289

\$587,289

\$0

\$0

Capital Subtotal TOF, Project 15

\$587,289

\$587,289

\$0

\$0

Subtotal TOF, Project 15

\$587,289

\$587,289

\$0

\$0

*16/16 Clinical Management for Behavioral Health
 Services (CMBHS) Modifications - DSM-5*

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$1,148,252

\$948,252

\$0

\$0

Capital Subtotal OOE, Project 16

\$1,148,252

\$948,252

\$0

\$0

Subtotal OOE, Project 16

\$1,148,252

\$948,252

\$0

\$0

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$1,116,330

\$916,330

\$0

\$0

General CA 8002 GR For Subst Abuse Prev

\$31,922

\$31,922

\$0

\$0

Capital Subtotal TOF, Project 16

\$1,148,252

\$948,252

\$0

\$0

Subtotal TOF, Project 16

\$1,148,252

\$948,252

\$0

\$0

*17/17 WIC Information Network (WIN) Evolution
 Implementation*

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$5,356,940	\$5,114,096	\$0	\$0
General	2002 FUELS AND LUBRICANTS	\$65,824	\$32,913	\$0	\$0
General	2003 CONSUMABLE SUPPLIES	\$65,825	\$32,913	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$65,825	\$32,912	\$0	\$0
Capital Subtotal OOE, Project 17		\$5,554,414	\$5,212,834	\$0	\$0
Subtotal OOE, Project 17		\$5,554,414	\$5,212,834	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$5,554,414	\$5,212,834	\$0	\$0
Capital Subtotal TOF, Project 17		\$5,554,414	\$5,212,834	\$0	\$0
Subtotal TOF, Project 17		\$5,554,414	\$5,212,834	\$0	\$0
<i>18/18 Improve Client CARE Systems – Enterprise</i>					
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
General	CA 555 Federal Funds	\$0	\$0	\$0	\$0
General	CA 758 GR Match For Medicaid	\$0	\$0	\$0	\$0
General	CA 777 Interagency Contracts	\$0	\$0	\$0	\$0
General	CA 8095 ID Collect-Pat Supp & Maint	\$0	\$0	\$0	\$0
General	CA 8096 ID Appropriated Receipts	\$0	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

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Capital Subtotal TOF, Project 18

\$0

\$0

\$0

\$0

Subtotal TOF, Project 18

\$0

\$0

\$0

\$0

19/19 Information Technology - Mental Health

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$780,048

\$657,764

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$512,164

\$512,164

\$869,249

\$869,248

Capital Subtotal OOE, Project 19

\$1,292,212

\$1,169,928

\$869,249

\$869,248

Subtotal OOE, Project 19

\$1,292,212

\$1,169,928

\$869,249

\$869,248

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$1,292,212

\$1,169,928

\$869,249

\$869,248

Capital Subtotal TOF, Project 19

\$1,292,212

\$1,169,928

\$869,249

\$869,248

Subtotal TOF, Project 19

\$1,292,212

\$1,169,928

\$869,249

\$869,248

20/20 Mental Health Clinical Management for Behavioral Health Services (CMBHS), Youth Empowerment Services (YES) Waiver Batch APD

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$631,117

\$0

\$0

\$0

Capital Subtotal OOE, Project 20

\$631,117

\$0

\$0

\$0

Subtotal OOE, Project 20

\$631,117

\$0

\$0

\$0

TYPE OF FINANCING

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
<u>Capital</u>								
General	CA	555	Federal Funds	\$568,005	\$0	\$0	\$0	
General	CA	758	GR Match For Medicaid	\$63,112	\$0	\$0	\$0	
Capital Subtotal TOF, Project				20	\$631,117	\$0	\$0	\$0
Subtotal TOF, Project				20	\$631,117	\$0	\$0	\$0
<i>21/21 Business Process Redesign</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001	PROFESSIONAL FEES AND SERVICES		\$905,055	\$920,827	\$0	\$0	
General	2002	FUELS AND LUBRICANTS		\$50,000	\$50,000	\$0	\$0	
General	2003	CONSUMABLE SUPPLIES		\$50,000	\$50,000	\$0	\$0	
General	2009	OTHER OPERATING EXPENSE		\$52,119	\$52,158	\$1,057,174	\$1,072,985	
Capital Subtotal OOE, Project				21	\$1,057,174	\$1,072,985	\$1,057,174	\$1,072,985
Subtotal OOE, Project				21	\$1,057,174	\$1,072,985	\$1,057,174	\$1,072,985
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	1	General Revenue Fund	\$25,277	\$25,655	\$25,277	\$25,655	
General	CA	555	Federal Funds	\$902,195	\$916,105	\$930,081	\$943,991	
General	CA	758	GR Match For Medicaid	\$126,150	\$127,620	\$98,264	\$99,734	
General	CA	8010	GR Match For Title XXI	\$3,552	\$3,605	\$3,552	\$3,605	
Capital Subtotal TOF, Project				21	\$1,057,174	\$1,072,985	\$1,057,174	\$1,072,985
Subtotal TOF, Project				21	\$1,057,174	\$1,072,985	\$1,057,174	\$1,072,985

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
<i>22/22 Medicaid Fraud Detection System</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
General	2009 OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0
General	5000 CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0
Capital Subtotal OOE, Project 22		\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Subtotal OOE, Project 22		\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
General	CA 555 Federal Funds	\$1,875,000	\$1,875,000	\$1,875,000	\$1,875,000
General	CA 758 GR Match For Medicaid	\$625,000	\$625,000	\$625,000	\$625,000
General	CA 777 Interagency Contracts	\$0	\$0	\$0	\$0
General	CA 8010 GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0
Capital Subtotal TOF, Project 22		\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Subtotal TOF, Project 22		\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
<i>23/23 System Information & Asset Management</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$245,909	\$27,680,000	\$0	\$0
Capital Subtotal OOE, Project 23		\$245,909	\$27,680,000	\$0	\$0

5.A. Capital Budget Project Schedule
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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Subtotal OOE, Project 23

\$245,909

\$27,680,000

\$0

\$0

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$184,432

\$20,760,000

\$0

\$0

General CA 758 GR Match For Medicaid

\$61,477

\$6,920,000

\$0

\$0

Capital Subtotal TOF, Project 23

\$245,909

\$27,680,000

\$0

\$0

Subtotal TOF, Project 23

\$245,909

\$27,680,000

\$0

\$0

24/24 Avatar (EMR) Support for State Hospital System

OBJECTS OF EXPENSE

Capital

General 1001 SALARIES AND WAGES

\$394,880

\$422,776

\$0

\$0

General 2001 PROFESSIONAL FEES AND SERVICES

\$1,940,514

\$1,912,199

\$0

\$0

General 2002 FUELS AND LUBRICANTS

\$750,000

\$750,000

\$0

\$0

General 2003 CONSUMABLE SUPPLIES

\$750,000

\$750,000

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$755,923

\$756,342

\$0

\$0

Capital Subtotal OOE, Project 24

\$4,591,317

\$4,591,317

\$0

\$0

Subtotal OOE, Project 24

\$4,591,317

\$4,591,317

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$4,591,317

\$4,591,317

\$0

\$0

Capital Subtotal TOF, Project 24

\$4,591,317

\$4,591,317

\$0

\$0

Subtotal TOF, Project 24

\$4,591,317

\$4,591,317

\$0

\$0

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

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OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
<i>33/33 WIC Stateside and WIC Field Hardware/Software Refresh</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2009	OTHER OPERATING EXPENSE		\$0	\$0	\$775,000	\$575,000
Capital Subtotal OOE, Project				33	\$0	\$775,000	\$575,000
Subtotal OOE, Project				33	\$0	\$775,000	\$575,000
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	555 Federal Funds		\$0	\$0	\$775,000	\$575,000
Capital Subtotal TOF, Project				33	\$0	\$775,000	\$575,000
Subtotal TOF, Project				33	\$0	\$775,000	\$575,000
<i>34/34 Performance Management and Analytics System</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$0	\$1,897,580	\$1,897,580
General	2009	OTHER OPERATING EXPENSE		\$0	\$0	\$1,234,000	\$1,234,000
Capital Subtotal OOE, Project				34	\$0	\$3,131,580	\$3,131,580
Subtotal OOE, Project				34	\$0	\$3,131,580	\$3,131,580
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	555 Federal Funds		\$0	\$0	\$1,565,790	\$1,565,790

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
General	CA	758	GR Match For Medicaid	\$0	\$0	\$1,565,790	\$1,565,790	
			Capital Subtotal TOF, Project	34	\$0	\$0	\$3,131,580	\$3,131,580
			Subtotal TOF, Project	34	\$0	\$0	\$3,131,580	\$3,131,580
<i>35/35 System Changes to Support IDD Carve-In</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001		PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	
			Capital Subtotal OOE, Project	35	\$0	\$0	\$0	
			Subtotal OOE, Project	35	\$0	\$0	\$0	
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	555	Federal Funds	\$0	\$0	\$0	\$0	
General	CA	758	GR Match For Medicaid	\$0	\$0	\$0	\$0	
			Capital Subtotal TOF, Project	35	\$0	\$0	\$0	
			Subtotal TOF, Project	35	\$0	\$0	\$0	
<i>36/36 Automated System for the Office of the Inspector General Remediation (ASOIG) Re-engineering</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001		PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	
			Capital Subtotal OOE, Project	36	\$0	\$0	\$0	

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Subtotal OOE, Project 36

\$0 \$0 \$0 \$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$0 \$0 \$0 \$0

General CA 555 Federal Funds

\$0 \$0 \$0 \$0

General CA 758 GR Match For Medicaid

\$0 \$0 \$0 \$0

General CA 8010 GR Match For Title XXI

\$0 \$0 \$0 \$0

General CA 8014 GR Match for Food Stamp Admin

\$0 \$0 \$0 \$0

Capital Subtotal TOF, Project 36

\$0 \$0 \$0 \$0

Subtotal TOF, Project 36

\$0 \$0 \$0 \$0

37/37 System-Wide Business Enablement Platform

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$0 \$0 \$0 \$0

General 2007 RENT - MACHINE AND OTHER

\$0 \$0 \$0 \$0

Capital Subtotal OOE, Project 37

\$0 \$0 \$0 \$0

Subtotal OOE, Project 37

\$0 \$0 \$0 \$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$0 \$0 \$0 \$0

General CA 555 Federal Funds

\$0 \$0 \$0 \$0

General CA 758 GR Match For Medicaid

\$0 \$0 \$0 \$0

General CA 777 Interagency Contracts

\$0 \$0 \$0 \$0

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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	CA	8010	GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0
Capital Subtotal TOF, Project 37				\$0	\$0	\$0	\$0
Subtotal TOF, Project 37				\$0	\$0	\$0	\$0
<i>38/38 HHS Telecom Technology Upgrade</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$0	\$0	\$0
Capital Subtotal OOE, Project 38				\$0	\$0	\$0	\$0
Subtotal OOE, Project 38				\$0	\$0	\$0	\$0
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	555	Federal Funds	\$0	\$0	\$0	\$0
General	CA	758	GR Match For Medicaid	\$0	\$0	\$0	\$0
General	CA	777	Interagency Contracts	\$0	\$0	\$0	\$0
General	CA	8010	GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0
Capital Subtotal TOF, Project 38				\$0	\$0	\$0	\$0
Subtotal TOF, Project 38				\$0	\$0	\$0	\$0

39/39 Regulatory Licensing and Reporting System

OBJECTS OF EXPENSE

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

		Est 2018	Bud 2019	BL 2020	BL 2021
OOE / TOF / MOF CODE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0
	Capital Subtotal OOE, Project 39	\$0	\$0	\$0	\$0
	Subtotal OOE, Project 39	\$0	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
	Capital Subtotal TOF, Project 39	\$0	\$0	\$0	\$0
	Subtotal TOF, Project 39	\$0	\$0	\$0	\$0
<i>40/40 Criminal Background Checks</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0
	Capital Subtotal OOE, Project 40	\$0	\$0	\$0	\$0
	Subtotal OOE, Project 40	\$0	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
	Capital Subtotal TOF, Project 40	\$0	\$0	\$0	\$0
	Subtotal TOF, Project 40	\$0	\$0	\$0	\$0
<i>41/41 Health & Specialty Care System Technology Enhancements</i>					

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2009 OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0
	Capital Subtotal OOE, Project 41	\$0	\$0	\$0	\$0
	Subtotal OOE, Project 41	\$0	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
General	CA 555 Federal Funds	\$0	\$0	\$0	\$0
General	CA 8032 GR Certified As Match For Medicaid	\$0	\$0	\$0	\$0
	Capital Subtotal TOF, Project 41	\$0	\$0	\$0	\$0
	Subtotal TOF, Project 41	\$0	\$0	\$0	\$0
<i>42/42 CMBHS Roadmap Enhancements Phase 3</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$6,532,812	\$6,532,812
	Capital Subtotal OOE, Project 42	\$0	\$0	\$6,532,812	\$6,532,812
	Subtotal OOE, Project 42	\$0	\$0	\$6,532,812	\$6,532,812
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$3,266,406	\$3,266,406
General	CA 555 Federal Funds	\$0	\$0	\$3,266,406	\$3,266,406

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
General	CA	758	GR Match For Medicaid	\$0	\$0	\$0	\$0	
			Capital Subtotal TOF, Project	42	\$0	\$0	\$6,532,812	\$6,532,812
			Subtotal TOF, Project	42	\$0	\$0	\$6,532,812	\$6,532,812
<i>43/43 Healthcare Provider's Guide to Breastfeeding Web site and Mobile App</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001		PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$270,000	\$90,000	
			Capital Subtotal OOE, Project	43	\$0	\$0	\$270,000	\$90,000
			Subtotal OOE, Project	43	\$0	\$0	\$270,000	\$90,000
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	555	Federal Funds	\$0	\$0	\$270,000	\$90,000	
			Capital Subtotal TOF, Project	43	\$0	\$0	\$270,000	\$90,000
			Subtotal TOF, Project	43	\$0	\$0	\$270,000	\$90,000
<i>44/44 MyTexasWIC Mobile App – Mobile Shopping Experience Function</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001		PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$250,000	\$250,000	
			Capital Subtotal OOE, Project	44	\$0	\$0	\$250,000	\$250,000
			Subtotal OOE, Project	44	\$0	\$0	\$250,000	\$250,000

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$0	\$0	\$250,000	\$250,000
	Capital Subtotal TOF, Project 44	\$0	\$0	\$250,000	\$250,000
	Subtotal TOF, Project 44	\$0	\$0	\$250,000	\$250,000
<i>45/45 WIC Chatbot Messenger</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$500,000	\$450,000
	Capital Subtotal OOE, Project 45	\$0	\$0	\$500,000	\$450,000
	Subtotal OOE, Project 45	\$0	\$0	\$500,000	\$450,000
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$0	\$0	\$500,000	\$450,000
	Capital Subtotal TOF, Project 45	\$0	\$0	\$500,000	\$450,000
	Subtotal TOF, Project 45	\$0	\$0	\$500,000	\$450,000
<i>46/46 WIC Mosaic</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$30,000,000	\$10,000,000
	Capital Subtotal OOE, Project 46	\$0	\$0	\$30,000,000	\$10,000,000
	Subtotal OOE, Project 46	\$0	\$0	\$30,000,000	\$10,000,000

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	555	Federal Funds	\$0	\$0	\$30,000,000	\$10,000,000	
Capital Subtotal TOF, Project				46	\$0	\$0	\$30,000,000	\$10,000,000
Subtotal TOF, Project				46	\$0	\$0	\$30,000,000	\$10,000,000
<i>47/47 Health, Development & Independence Services (HDIS) Shared Platform (Rehab Works)</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$0	\$951,860	\$951,860	
Capital Subtotal OOE, Project				47	\$0	\$0	\$951,860	\$951,860
Subtotal OOE, Project				47	\$0	\$0	\$951,860	\$951,860
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	1	General Revenue Fund	\$0	\$0	\$951,860	\$951,860	
Capital Subtotal TOF, Project				47	\$0	\$0	\$951,860	\$951,860
Subtotal TOF, Project				47	\$0	\$0	\$951,860	\$951,860
<i>48/48 Child Care Licensing Automated Support System (CLASS)</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$0	\$950,000	\$950,000	

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Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

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Capital Subtotal OOE, Project 48

\$0

\$0

\$950,000

\$950,000

Subtotal OOE, Project 48

\$0

\$0

\$950,000

\$950,000

TYPE OF FINANCING

Capital

General CA 777 Interagency Contracts

\$0

\$0

\$950,000

\$950,000

Capital Subtotal TOF, Project 48

\$0

\$0

\$950,000

\$950,000

Subtotal TOF, Project 48

\$0

\$0

\$950,000

\$950,000

*49/49 Substance Use Disorder Billing Code
 Realignment*

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$0

\$0

\$0

\$0

Capital Subtotal OOE, Project 49

\$0

\$0

\$0

\$0

Subtotal OOE, Project 49

\$0

\$0

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$0

\$0

\$0

\$0

General CA 555 Federal Funds

\$0

\$0

\$0

\$0

General CA 758 GR Match For Medicaid

\$0

\$0

\$0

\$0

Capital Subtotal TOF, Project 49

\$0

\$0

\$0

\$0

Subtotal TOF, Project 49

\$0

\$0

\$0

\$0

*53/53 Disaster Assistance Payment Program
 (DAPP)*

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$2,005,768	\$0	\$0	\$0
	Capital Subtotal OOE, Project 53	\$2,005,768	\$0	\$0	\$0
	Subtotal OOE, Project 53	\$2,005,768	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$2,005,768	\$0	\$0	\$0
	Capital Subtotal TOF, Project 53	\$2,005,768	\$0	\$0	\$0
	Subtotal TOF, Project 53	\$2,005,768	\$0	\$0	\$0
<i>54/54 SSLC WIFI Expansion</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$227,076	\$0	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$8,555	\$0	\$0	\$0
	Capital Subtotal OOE, Project 54	\$235,631	\$0	\$0	\$0
	Subtotal OOE, Project 54	\$235,631	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$3,318	\$0	\$0	\$0
General	CA 555 Federal Funds	\$128,781	\$0	\$0	\$0
General	CA 8032 GR Certified As Match For Medicaid	\$97,629	\$0	\$0	\$0
General	CA 8095 ID Collect-Pat Supp & Maint	\$5,653	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021	
General	CA	8096	ID Appropriated Receipts	\$250	\$0	\$0	\$0	
Capital Subtotal TOF, Project				54	\$235,631	\$0	\$0	\$0
Subtotal TOF, Project				54	\$235,631	\$0	\$0	\$0
<i>55/55 Summer EBT for Children</i>								
OBJECTS OF EXPENSE								
<u>Capital</u>								
General	2001	PROFESSIONAL FEES AND SERVICES		\$321,000	\$0	\$0	\$0	
General	2009	OTHER OPERATING EXPENSE		\$4,000	\$0	\$0	\$0	
Capital Subtotal OOE, Project				55	\$325,000	\$0	\$0	\$0
Subtotal OOE, Project				55	\$325,000	\$0	\$0	\$0
TYPE OF FINANCING								
<u>Capital</u>								
General	CA	555	Federal Funds	\$325,000	\$0	\$0	\$0	
Capital Subtotal TOF, Project				55	\$325,000	\$0	\$0	\$0
Subtotal TOF, Project				55	\$325,000	\$0	\$0	\$0
Capital Subtotal, Category				5005	\$144,650,140	\$182,921,429	\$188,371,761	\$205,873,076
Informational Subtotal, Category				5005	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
Total, Category				5005	\$285,077,695	\$322,933,751	\$301,611,535	\$318,769,793

5006 Transportation Items

25/25 Facility Support Services - Fleet Operations

OBJECTS OF EXPENSE

Capital

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	2009	OTHER OPERATING EXPENSE		\$0	\$112	\$0	\$0
General	5000	CAPITAL EXPENDITURES		\$431,742	\$148,390	\$431,742	\$148,502
		Capital Subtotal OOE, Project	25	\$431,742	\$148,502	\$431,742	\$148,502
		Subtotal OOE, Project	25	\$431,742	\$148,502	\$431,742	\$148,502
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	1 General Revenue Fund		\$431,742	\$148,502	\$431,742	\$148,502
		Capital Subtotal TOF, Project	25	\$431,742	\$148,502	\$431,742	\$148,502
		Subtotal TOF, Project	25	\$431,742	\$148,502	\$431,742	\$148,502
		Capital Subtotal, Category	5006	\$431,742	\$148,502	\$431,742	\$148,502
		Informational Subtotal, Category	5006				
		Total, Category	5006	\$431,742	\$148,502	\$431,742	\$148,502

5007 Acquisition of Capital Equipment and Items

*26/26 Improve Security Infrastructure for Regional
 HHS Client Delivery Facilities*

OBJECTS OF EXPENSE

Capital

General	2009	OTHER OPERATING EXPENSE		\$1,000,000	\$0	\$1,600,000	\$0
General	5000	CAPITAL EXPENDITURES		\$967,896	\$0	\$367,896	\$0
		Capital Subtotal OOE, Project	26	\$1,967,896	\$0	\$1,967,896	\$0
		Subtotal OOE, Project	26	\$1,967,896	\$0	\$1,967,896	\$0

TYPE OF FINANCING

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
<u>Capital</u>							
General	CA	1	General Revenue Fund	\$32,411	\$0	\$116,440	\$0
General	CA	555	Federal Funds	\$504,549	\$0	\$420,520	\$0
General	CA	758	GR Match For Medicaid	\$265,115	\$0	\$265,115	\$0
General	CA	777	Interagency Contracts	\$1,070,162	\$0	\$1,070,162	\$0
General	CA	8010	GR Match For Title XXI	\$2,381	\$0	\$2,381	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$92,688	\$0	\$92,688	\$0
General	CA	8032	GR Certified As Match For Medicaid	\$551	\$0	\$551	\$0
General	CA	8095	ID Collect-Pat Supp & Maint	\$39	\$0	\$39	\$0
Capital Subtotal TOF, Project 26				\$1,967,896	\$0	\$1,967,896	\$0
Subtotal TOF, Project 26				\$1,967,896	\$0	\$1,967,896	\$0
<i>27/27 Facility Equipment Purchases - SSLCs and State Hospitals</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2004	UTILITIES		\$34,303	\$0	\$17,151	\$17,151
General	2009	OTHER OPERATING EXPENSE		\$2,931,503	\$2,620,759	\$2,902,899	\$2,902,899
General	5000	CAPITAL EXPENDITURES		\$2,141,194	\$2,486,241	\$2,186,950	\$2,186,950
Capital Subtotal OOE, Project 27				\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000
Subtotal OOE, Project 27				\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	1	General Revenue Fund	\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000

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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal TOF, Project	27	\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000
Subtotal TOF, Project	27	\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000

56/56 Regional Laundry Equipment

OBJECTS OF EXPENSE

Capital

General	5000	CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0
Capital Subtotal OOE, Project	56		\$0	\$0	\$0	\$0
Subtotal OOE, Project	56		\$0	\$0	\$0	\$0

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
Capital Subtotal TOF, Project		56		\$0	\$0	\$0	\$0
Subtotal TOF, Project		56		\$0	\$0	\$0	\$0
Capital Subtotal, Category		5007		\$7,074,896	\$5,107,000	\$7,074,896	\$5,107,000
Informational Subtotal, Category		5007					
Total, Category		5007		\$7,074,896	\$5,107,000	\$7,074,896	\$5,107,000

5008 Other Lease Payments to the Master Lease Purchase Program (MLPP)

28/28 MLPP Payment - Energy Conservation

OBJECTS OF EXPENSE

Capital

General	5000	CAPITAL EXPENDITURES	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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5.A. Capital Budget Project Schedule
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DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal OOE, Project	28	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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Subtotal OOE, Project	28	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund		\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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Capital Subtotal TOF, Project	28	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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Subtotal TOF, Project	28	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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Capital Subtotal, Category	5008	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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Informational Subtotal, Category	5008				
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Total, Category	5008	\$3,829,386	\$3,799,718	\$3,304,022	\$3,275,525
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7000 Data Center Consolidation

29/29 Data Center Consolidation

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES		\$52,213,634	\$52,779,937	\$44,168,243	\$44,765,717
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General 2009 OTHER OPERATING EXPENSE		\$0	\$0	\$5,893,437	\$5,669,128
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General 5000 CAPITAL EXPENDITURES		\$379,510	\$0	\$0	\$0
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Capital Subtotal OOE, Project	29	\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845
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Subtotal OOE, Project	29	\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845
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TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund		\$9,392,705	\$9,787,255	\$8,181,101	\$8,396,159
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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	CA	555	Federal Funds	\$20,758,467	\$20,865,515	\$21,847,356	\$21,737,777
General	CA	666	Appropriated Receipts	\$2,553	\$2,600	\$0	\$0
General	CA	758	GR Match For Medicaid	\$11,710,888	\$11,906,604	\$11,393,056	\$11,345,930
General	CA	777	Interagency Contracts	\$4,377,294	\$3,790,031	\$3,037,507	\$3,223,838
General	CA	8010	GR Match For Title XXI	\$105,525	\$102,154	\$98,506	\$98,789
General	CA	8014	GR Match for Food Stamp Admin	\$5,164,755	\$5,232,351	\$4,547,744	\$4,626,290
General	CA	8032	GR Certified As Match For Medicaid	\$1,019,352	\$1,031,118	\$901,964	\$948,786
General	CA	8095	ID Collect-Pat Supp & Maint	\$59,129	\$59,806	\$52,213	\$54,921
General	CA	8096	ID Appropriated Receipts	\$2,476	\$2,503	\$2,233	\$2,355
Capital Subtotal TOF, Project 29				\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845
Subtotal TOF, Project 29				\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845
Capital Subtotal, Category 7000				\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845
Informational Subtotal, Category 7000							
Total, Category 7000				\$52,593,144	\$52,779,937	\$50,061,680	\$50,434,845

8000 Centralized Accounting and Payroll/Personnel System (CAPPS)

30/30 HHSAS to CAPPS Upgrade and Enhancements

OBJECTS OF EXPENSE

Capital

General	1001	SALARIES AND WAGES	\$1,506,806	\$1,224,683	\$1,001,261	\$1,048,028
General	1002	OTHER PERSONNEL COSTS	\$46,602	\$37,877	\$31,958	\$33,332
General	2001	PROFESSIONAL FEES AND SERVICES	\$2,630,084	\$3,249,725	\$1,288,331	\$1,331,632
General	2004	UTILITIES	\$820	\$265	\$0	\$0
General	2007	RENT - MACHINE AND OTHER	\$820	\$265	\$0	\$0

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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	2009	OTHER OPERATING EXPENSE		\$2,657,431	\$599,576	\$0	\$0
		Capital Subtotal OOE, Project	30	\$6,842,563	\$5,112,391	\$2,321,550	\$2,412,992
		Subtotal OOE, Project	30	\$6,842,563	\$5,112,391	\$2,321,550	\$2,412,992
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	1	General Revenue Fund	\$507,521	\$380,179	\$244,668	\$259,276
General	CA	555	Federal Funds	\$2,242,915	\$1,675,793	\$688,595	\$710,747
General	CA	666	Appropriated Receipts	\$273	\$206	\$0	\$0
General	CA	758	GR Match For Medicaid	\$1,096,592	\$819,311	\$372,052	\$386,706
General	CA	777	Interagency Contracts	\$2,568,771	\$1,919,245	\$871,533	\$905,862
General	CA	8010	GR Match For Title XXI	\$8,895	\$5,647	\$3,018	\$3,137
General	CA	8014	GR Match for Food Stamp Admin	\$358,823	\$268,094	\$121,742	\$126,537
General	CA	8032	GR Certified As Match For Medicaid	\$55,424	\$41,411	\$18,805	\$19,545
General	CA	8095	ID Collect-Pat Supp & Maint	\$3,214	\$2,402	\$1,091	\$1,134
General	CA	8096	ID Appropriated Receipts	\$135	\$103	\$46	\$48
		Capital Subtotal TOF, Project	30	\$6,842,563	\$5,112,391	\$2,321,550	\$2,412,992
		Subtotal TOF, Project	30	\$6,842,563	\$5,112,391	\$2,321,550	\$2,412,992
<i>31/31 Enterprise Resource Planning</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	1001	SALARIES AND WAGES		\$179,084	\$245,598	\$285,130	\$293,684
General	1002	OTHER PERSONNEL COSTS		\$905	\$1,239	\$0	\$0
General	2004	UTILITIES		\$171	\$10	\$0	\$0

5.A. Capital Budget Project Schedule
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DATE: **8/31/2018**
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Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
General	2007 RENT - MACHINE AND OTHER	\$9,490	\$579	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$4,116,571	\$4,132,133	\$4,864,641	\$4,906,822
General	5000 CAPITAL EXPENDITURES	\$115,189	\$0	\$0	\$0
Capital Subtotal OOE, Project 31		\$4,421,410	\$4,379,559	\$5,149,771	\$5,200,506
Subtotal OOE, Project 31		\$4,421,410	\$4,379,559	\$5,149,771	\$5,200,506

TYPE OF FINANCING

Capital

General	CA 1 General Revenue Fund	\$809,953	\$839,786	\$1,025,216	\$1,040,829
General	CA 555 Federal Funds	\$1,282,296	\$1,232,713	\$1,411,810	\$1,420,206
General	CA 666 Appropriated Receipts	\$88	\$88	\$0	\$0
General	CA 758 GR Match For Medicaid	\$360,303	\$356,889	\$419,655	\$423,789
General	CA 777 Interagency Contracts	\$1,390,315	\$1,377,156	\$1,619,346	\$1,635,299
General	CA 8010 GR Match For Title XXI	\$2,962	\$2,882	\$3,450	\$3,485
General	CA 8014 GR Match for Food Stamp Admin	\$117,963	\$116,848	\$137,396	\$138,750
General	CA 8032 GR Certified As Match For Medicaid	\$431,442	\$427,358	\$502,515	\$507,465
General	CA 8095 ID Collect-Pat Supp & Maint	\$24,982	\$24,745	\$29,096	\$29,383
General	CA 8096 ID Appropriated Receipts	\$1,106	\$1,094	\$1,287	\$1,300
Capital Subtotal TOF, Project 31		\$4,421,410	\$4,379,559	\$5,149,771	\$5,200,506
Subtotal TOF, Project 31		\$4,421,410	\$4,379,559	\$5,149,771	\$5,200,506

32/32 CAPPS PeopleSoft Licenses

OBJECTS OF EXPENSE

Capital

General	2009 OTHER OPERATING EXPENSE	\$1,317,448	\$1,363,558	\$1,356,972	\$1,397,681
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5.A. Capital Budget Project Schedule
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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal OOE, Project	32	\$1,317,448	\$1,363,558	\$1,356,972	\$1,397,681
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Subtotal OOE, Project	32	\$1,317,448	\$1,363,558	\$1,356,972	\$1,397,681
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TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$241,341	\$261,503	\$270,146	\$279,732
General	CA	555	Federal Funds	\$382,088	\$383,801	\$372,014	\$381,693
General	CA	666	Appropriated Receipts	\$26	\$27	\$0	\$0
General	CA	758	GR Match For Medicaid	\$107,359	\$111,116	\$110,580	\$113,897
General	CA	777	Interagency Contracts	\$414,271	\$428,771	\$426,700	\$439,501
General	CA	8010	GR Match For Title XXI	\$883	\$859	\$909	\$936
General	CA	8014	GR Match for Food Stamp Admin	\$35,150	\$36,380	\$36,204	\$37,290
General	CA	8032	GR Certified As Match For Medicaid	\$128,557	\$133,056	\$132,413	\$136,386
General	CA	8095	ID Collect-Pat Supp & Maint	\$7,444	\$7,704	\$7,667	\$7,897
General	CA	8096	ID Appropriated Receipts	\$329	\$341	\$339	\$349

Capital Subtotal TOF, Project	32	\$1,317,448	\$1,363,558	\$1,356,972	\$1,397,681
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Subtotal TOF, Project	32	\$1,317,448	\$1,363,558	\$1,356,972	\$1,397,681
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52/52 CAPPS Upgrades and Inventory

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0
General	2007	RENT - MACHINE AND OTHER	\$0	\$0	\$0	\$0
General	2009	OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0

Capital Subtotal OOE, Project	52	\$0	\$0	\$0	\$0
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5.A. Capital Budget Project Schedule
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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Subtotal OOE, Project 52

\$0

\$0

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$0

\$0

\$0

\$0

General CA 555 Federal Funds

\$0

\$0

\$0

\$0

General CA 758 GR Match For Medicaid

\$0

\$0

\$0

\$0

General CA 777 Interagency Contracts

\$0

\$0

\$0

\$0

General CA 8010 GR Match For Title XXI

\$0

\$0

\$0

\$0

General CA 8014 GR Match for Food Stamp Admin

\$0

\$0

\$0

\$0

Capital Subtotal TOF, Project 52

\$0

\$0

\$0

\$0

Subtotal TOF, Project 52

\$0

\$0

\$0

\$0

Capital Subtotal, Category 8000

\$12,581,421

\$10,855,508

\$8,828,293

\$9,011,179

Informational Subtotal, Category 8000

Total, Category 8000

\$12,581,421

\$10,855,508

\$8,828,293

\$9,011,179

9000 Cybersecurity

10/10 Cybersecurity Advancement for HHS

Enterprise

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$273,392

\$265,592

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$950,010

\$1,729,693

\$0

\$0

General 5000 CAPITAL EXPENDITURES

\$0

\$0

\$630,935

\$630,935

Capital Subtotal OOE, Project 10

\$1,223,402

\$1,995,285

\$630,935

\$630,935

5.A. Capital Budget Project Schedule
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Est 2018

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Subtotal OOE, Project 10

\$1,223,402

\$1,995,285

\$630,935

\$630,935

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$97,009

\$158,203

\$66,494

\$67,794

General CA 555 Federal Funds

\$380,073

\$619,877

\$187,142

\$185,842

General CA 666 Appropriated Receipts

\$62

\$99

\$0

\$0

General CA 758 GR Match For Medicaid

\$205,469

\$335,108

\$101,114

\$101,114

General CA 777 Interagency Contracts

\$460,815

\$751,564

\$236,859

\$236,859

General CA 8010 GR Match For Title XXI

\$1,677

\$2,735

\$820

\$820

General CA 8014 GR Match for Food Stamp Admin

\$67,238

\$109,661

\$33,086

\$33,086

General CA 8032 GR Certified As Match For Medicaid

\$10,423

\$17,000

\$5,111

\$5,111

General CA 8095 ID Collect-Pat Supp & Maint

\$612

\$998

\$296

\$296

General CA 8096 ID Appropriated Receipts

\$24

\$40

\$13

\$13

Capital Subtotal TOF, Project 10

\$1,223,402

\$1,995,285

\$630,935

\$630,935

Subtotal TOF, Project 10

\$1,223,402

\$1,995,285

\$630,935

\$630,935

50/50 IT Security Posture Improvement

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$0

\$0

\$0

\$0

Capital Subtotal OOE, Project 50

\$0

\$0

\$0

\$0

Subtotal OOE, Project 50

\$0

\$0

\$0

\$0

TYPE OF FINANCING

Capital

5.A. Capital Budget Project Schedule
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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2018	Bud 2019	BL 2020	BL 2021
General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	555	Federal Funds	\$0	\$0	\$0	\$0
General	CA	758	GR Match For Medicaid	\$0	\$0	\$0	\$0
General	CA	777	Interagency Contracts	\$0	\$0	\$0	\$0
General	CA	8010	GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0
Capital Subtotal TOF, Project				50	\$0	\$0	\$0
Subtotal TOF, Project				50	\$0	\$0	\$0
<i>51/51 Office for Civil Rights (OCR) Corrective Action Plan (CAP) Response</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$0	\$0	\$0
Capital Subtotal OOE, Project				51	\$0	\$0	\$0
Subtotal OOE, Project				51	\$0	\$0	\$0
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	555	Federal Funds	\$0	\$0	\$0	\$0
General	CA	758	GR Match For Medicaid	\$0	\$0	\$0	\$0
General	CA	777	Interagency Contracts	\$0	\$0	\$0	\$0
General	CA	8010	GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

Capital Subtotal TOF, Project	51	\$0	\$0	\$0	\$0
Subtotal TOF, Project	51	\$0	\$0	\$0	\$0
Capital Subtotal, Category	9000	\$1,223,402	\$1,995,285	\$630,935	\$630,935
Informational Subtotal, Category	9000				
Total, Category	9000	\$1,223,402	\$1,995,285	\$630,935	\$630,935
AGENCY TOTAL -CAPITAL		\$458,797,315	\$487,959,565	\$259,055,515	\$274,833,248
AGENCY TOTAL -INFORMATIONAL		\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
AGENCY TOTAL		\$599,224,870	\$627,971,887	\$372,295,289	\$387,729,965

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Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2018

Bud 2019

BL 2020

BL 2021

METHOD OF FINANCING:

Capital

General	1	General Revenue Fund	\$38,921,016	\$39,434,938	\$35,228,808	\$31,721,752
General	543	Texas Capital Trust Acct	\$289,802	\$289,802	\$289,802	\$289,802
General	555	Federal Funds	\$115,704,698	\$141,275,508	\$150,097,497	\$167,137,571
General	599	Economic Stabilization Fund	\$228,600,000	\$230,000,000	\$0	\$0
General	666	Appropriated Receipts	\$5,194	\$5,363	\$0	\$0
General	758	GR Match For Medicaid	\$37,759,605	\$46,462,618	\$40,453,754	\$43,473,177
General	777	Interagency Contracts	\$12,218,357	\$10,299,166	\$10,179,131	\$9,352,343
General	780	Bond Proceed-Gen Obligat	\$6,160,998	\$0	\$0	\$0
General	8002	GR For Subst Abuse Prev	\$31,922	\$31,922	\$0	\$0
General	8010	GR Match For Title XXI	\$482,027	\$442,024	\$392,796	\$391,445
General	8014	GR Match for Food Stamp Admin	\$16,122,492	\$17,286,439	\$20,106,832	\$20,103,471
General	8032	GR Certified As Match For Medicaid	\$2,358,612	\$2,293,161	\$2,169,074	\$2,222,597
General	8095	ID Collect-Pat Supp & Maint	\$136,803	\$133,012	\$132,551	\$135,677
General	8096	ID Appropriated Receipts	\$5,789	\$5,612	\$5,270	\$5,413

Total, Method of Financing-Capital

\$458,797,315

\$487,959,565

\$259,055,515

\$274,833,248

Informational

General	1	General Revenue Fund	\$1,517,457	\$1,736,247	\$4,175,339	\$4,699,076
General	555	Federal Funds	\$94,250,293	\$93,863,511	\$71,964,981	\$71,216,855
General	758	GR Match For Medicaid	\$17,689,573	\$17,466,717	\$13,412,874	\$13,372,060
General	777	Interagency Contracts	\$459,485	\$464,270	\$465,377	\$465,377
General	8010	GR Match For Title XXI	\$462,400	\$439,273	\$369,383	\$368,230
General	8014	GR Match for Food Stamp Admin	\$26,048,347	\$26,042,304	\$22,699,354	\$22,622,653
General	8032	GR Certified As Match For Medicaid	\$0	\$0	\$143,775	\$143,775

5.A. Capital Budget Project Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/31/2018**
 TIME : **9:39:36AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2018	Bud 2019	BL 2020	BL 2021
General	8095 ID Collect-Pat Supp & Maint	\$0	\$0	\$8,328	\$8,328
General	8096 ID Appropriated Receipts	\$0	\$0	\$363	\$363
Total, Method of Financing-Informational		\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
Total, Method of Financing		\$599,224,870	\$627,971,887	\$372,295,289	\$387,729,965
TYPE OF FINANCING:					
<u>Capital</u>					
General	CA CURRENT APPROPRIATIONS	\$458,797,315	\$487,959,565	\$259,055,515	\$274,833,248
Total, Type of Financing-Capital		\$458,797,315	\$487,959,565	\$259,055,515	\$274,833,248
<u>Informational</u>					
General	CA CURRENT APPROPRIATIONS	\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
Total, Type of Financing-Informational		\$140,427,555	\$140,012,322	\$113,239,774	\$112,896,717
Total, Type of Financing		\$599,224,870	\$627,971,887	\$372,295,289	\$387,729,965

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>	OOE / TOF / MOF CODE	Excp 2020	Excp 2021
5002 Construction of Buildings and Facilities			
<u>1 New Construction of MH Facilities</u>			
Objects of Expense			
5000 CAPITAL EXPENDITURES		1	1
Subtotal OOE, Project	1	1	1
Type of Financing			
CA 1 General Revenue Fund		1	1
Subtotal TOF, Project	1	1	1
Subtotal Category	5002	1	1
5003 Repair or Rehabilitation of Buildings and Facilities			
<u>2 Facilities Repair and Renovations</u>			
Objects of Expense			
5000 CAPITAL EXPENDITURES		271,683,656	0
Subtotal OOE, Project	2	271,683,656	0
Type of Financing			
CA 780 Bond Proceed-Gen Obligat		271,683,656	0
Subtotal TOF, Project	2	271,683,656	0
Subtotal Category	5003	271,683,656	0
5005 Acquisition of Information Resource Technologies			
<u>5 Seat Management</u>			
Objects of Expense			
2007 RENT - MACHINE AND OTHER		5,177,655	4,578,737
Subtotal OOE, Project	5	5,177,655	4,578,737

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
Type of Financing			
CA	1 General Revenue Fund	1,667,515	1,474,628
CA	555 Federal Funds	1,810,678	1,601,230
CA	758 GR Match For Medicaid	1,272,616	1,125,408
CA	777 Interagency Contracts	52	46
CA	8010 GR Match For Title XXI	10,355	9,157
CA	8014 GR Match for Food Stamp Admin	416,439	368,268
Subtotal TOF, Project	5	5,177,655	4,578,737
<u>8 MMIS - Medicaid Mgmt Info Sys</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	12,927,920	8,772,500
Subtotal OOE, Project	8	12,927,920	8,772,500
Type of Financing			
CA	555 Federal Funds	9,695,940	6,579,375
CA	758 GR Match For Medicaid	3,231,980	2,193,125
Subtotal TOF, Project	8	12,927,920	8,772,500
<u>9 Application Remediation for DCS</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	6,368,458	4,520,525
	2009 OTHER OPERATING EXPENSE	1,772,664	132,664
	5000 CAPITAL EXPENDITURES	1,149,508	1,149,508
Subtotal OOE, Project	9	9,290,630	5,802,697
Type of Financing			
CA	1 General Revenue Fund	3,359,130	1,976,901

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>	Excp 2020	Excp 2021
OOE / TOF / MOF CODE		
CA 555 Federal Funds	3,090,162	1,973,592
CA 758 GR Match For Medicaid	2,129,796	1,386,986
CA 777 Interagency Contracts	87	58
CA 8010 GR Match For Title XXI	17,266	11,290
CA 8014 GR Match for Food Stamp Admin	694,189	453,870
Subtotal TOF, Project 9	9,290,630	5,802,697
<u>22 MFADS</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	1,129,507	3,855,708
2009 OTHER OPERATING EXPENSE	3,065,000	1,365,000
5000 CAPITAL EXPENDITURES	239,769	0
Subtotal OOE, Project 22	4,434,276	5,220,708
Type of Financing		
CA 1 General Revenue Fund	1,702,540	2,004,491
CA 555 Federal Funds	1,409,125	1,659,036
CA 758 GR Match For Medicaid	990,396	1,166,045
CA 777 Interagency Contracts	44	52
CA 8010 GR Match For Title XXI	8,070	9,502
CA 8014 GR Match for Food Stamp Admin	324,101	381,582
Subtotal TOF, Project 22	4,434,276	5,220,708
<u>35 System Changes for IDD Carve-In</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	6,519,271	6,519,271
Subtotal OOE, Project 35	6,519,271	6,519,271

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
Type of Financing			
CA	555 Federal Funds	3,259,636	3,259,636
CA	758 GR Match For Medicaid	3,259,635	3,259,635
Subtotal TOF, Project	35	6,519,271	6,519,271
<hr/>			
<u>36 ASOIG Re-engineering</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	1,577,256	30,000
Subtotal OOE, Project	36	1,577,256	30,000
<hr/>			
Type of Financing			
CA	1 General Revenue Fund	337,801	6,425
CA	555 Federal Funds	627,953	11,944
CA	758 GR Match For Medicaid	519,091	9,873
CA	8010 GR Match For Title XXI	1,309	25
CA	8014 GR Match for Food Stamp Admin	91,102	1,733
Subtotal TOF, Project	36	1,577,256	30,000
<hr/>			
<u>37 System-Wide Bus Enablement Platform</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	3,112,569	2,734,377
	2007 RENT - MACHINE AND OTHER	134,985	269,970
Subtotal OOE, Project	37	3,247,554	3,004,347
<hr/>			
Type of Financing			
CA	1 General Revenue Fund	1,246,898	1,153,519
CA	555 Federal Funds	1,032,008	954,721
CA	758 GR Match For Medicaid	725,341	671,021

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
CA 777 Interagency Contracts		32	30
CA 8010 GR Match For Title XXI		5,911	5,468
CA 8014 GR Match for Food Stamp Admin		237,364	219,588
Subtotal TOF, Project	37	3,247,554	3,004,347
<hr/>			
<u>38 HHS Telecom Technology Upgrade</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		4,511,159	1,820,434
Subtotal OOE, Project	38	4,511,159	1,820,434
<hr/>			
Type of Financing			
CA 1 General Revenue Fund		3,483,607	1,405,776
CA 555 Federal Funds		530,106	213,919
CA 758 GR Match For Medicaid		372,441	150,295
CA 777 Interagency Contracts		45	18
CA 8010 GR Match For Title XXI		3,023	1,220
CA 8014 GR Match for Food Stamp Admin		121,937	49,206
Subtotal TOF, Project	38	4,511,159	1,820,434
<hr/>			
<u>39 Regulatory Licensing and Reporting</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		2,377,716	1,088,857
Subtotal OOE, Project	39	2,377,716	1,088,857
<hr/>			
Type of Financing			
CA 1 General Revenue Fund		2,377,716	1,088,857
Subtotal TOF, Project	39	2,377,716	1,088,857
<hr/>			
<u>40 Criminal Background Checks</u>			

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		878,329	0
Subtotal OOE, Project	40	878,329	0
Type of Financing			
CA 1 General Revenue Fund		878,329	0
Subtotal TOF, Project	40	878,329	0
<u>41 Health & Specialty Care System Tech</u>			
Objects of Expense			
2009 OTHER OPERATING EXPENSE		17,694,515	6,210,000
Subtotal OOE, Project	41	17,694,515	6,210,000
Type of Financing			
CA 1 General Revenue Fund		8,745,086	2,216,308
CA 555 Federal Funds		5,090,425	2,271,607
CA 8032 GR Certified As Match For Medica		3,859,004	1,722,085
Subtotal TOF, Project	41	17,694,515	6,210,000
<u>42 CMBHS Roadmap Enhancements Phase 3</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		383,769	0
Subtotal OOE, Project	42	383,769	0
Type of Financing			
CA 1 General Revenue Fund		348,340	0
CA 555 Federal Funds		19,879	0
CA 758 GR Match For Medicaid		15,550	0
Subtotal TOF, Project	42	383,769	0

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i> OOE / TOF / MOF CODE	Excp 2020	Excp 2021
<u>49 SA Disorder Billing Code Realign</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	2,939,400	375,000
Subtotal OOE, Project 49	2,939,400	375,000
Type of Financing		
CA 1 General Revenue Fund	2,668,036	340,380
CA 555 Federal Funds	152,260	19,425
CA 758 GR Match For Medicaid	119,104	15,195
Subtotal TOF, Project 49	2,939,400	375,000
Subtotal Category 5005	71,959,450	43,422,551
5006 Transportation Items		
<u>25 Facility Supp Services - Fleet Ops</u>		
Objects of Expense		
5000 CAPITAL EXPENDITURES	17,378,029	160,000
Subtotal OOE, Project 25	17,378,029	160,000
Type of Financing		
CA 1 General Revenue Fund	17,378,029	160,000
Subtotal TOF, Project 25	17,378,029	160,000
Subtotal Category 5006	17,378,029	160,000
5007 Acquisition of Capital Equipment and Items		
<u>27 Facility Equipment Purchases</u>		
Objects of Expense		
5000 CAPITAL EXPENDITURES	2,600,000	0

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
Subtotal OOE, Project	27	2,600,000	0
Type of Financing			
CA	1 General Revenue Fund	2,600,000	0
Subtotal TOF, Project	27	2,600,000	0
<u>56 Regional Laundry Equipment</u>			
Objects of Expense			
5000	CAPITAL EXPENDITURES	3,947,000	0
Subtotal OOE, Project	56	3,947,000	0
Type of Financing			
CA	1 General Revenue Fund	3,947,000	0
Subtotal TOF, Project	56	3,947,000	0
Subtotal Category	5007	6,547,000	0
7000 Data Center Consolidation			
<u>29 Data Center Consolidation</u>			
Objects of Expense			
2009	OTHER OPERATING EXPENSE	31,817	31,817
5000	CAPITAL EXPENDITURES	10,042,974	5,742,974
Subtotal OOE, Project	29	10,074,791	5,774,791
Type of Financing			
CA	1 General Revenue Fund	3,304,560	1,919,702
CA	555 Federal Funds	3,491,861	1,988,108
CA	758 GR Match For Medicaid	2,458,947	1,402,050
CA	777 Interagency Contracts	101	58

529 Health and Human Services Commission

Category Code / Category Name			Excp 2020	Excp 2021
<i>Project Number / Name</i>				
OOE / TOF / MOF CODE				
CA	8010 GR Match For Title XXI		19,882	11,282
CA	8014 GR Match for Food Stamp Admin		799,440	453,591
Subtotal TOF, Project		29	10,074,791	5,774,791
Subtotal Category		7000	10,074,791	5,774,791
8000	Centralized Accounting and Payroll/Personnel System (CAPPS)			
	<u>52 CAPPS Upgrades and Inventory</u>			
	Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES		3,090,266	4,269,138
	2007 RENT - MACHINE AND OTHER		48,696	48,696
	2009 OTHER OPERATING EXPENSE		465,842	95,210
Subtotal OOE, Project		52	3,604,804	4,413,044
	Type of Financing			
CA	1 General Revenue Fund		2,920,229	3,345,905
CA	555 Federal Funds		353,135	550,476
CA	758 GR Match For Medicaid		248,191	386,892
CA	777 Interagency Contracts		13	22
CA	8010 GR Match For Title XXI		2,017	3,143
CA	8014 GR Match for Food Stamp Admin		81,219	126,606
Subtotal TOF, Project		52	3,604,804	4,413,044
Subtotal Category		8000	3,604,804	4,413,044

9000 Cybersecurity
50 IT Security Posture Improvement
Objects of Expense

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2020	Excp 2021
OOE / TOF / MOF CODE			
2001 PROFESSIONAL FEES AND SERVICES		2,414,302	2,469,302
Subtotal OOE, Project	50	2,414,302	2,469,302
Type of Financing			
CA	1 General Revenue Fund	1,391,563	1,412,680
CA	555 Federal Funds	527,564	545,042
CA	758 GR Match For Medicaid	370,796	383,080
CA	777 Interagency Contracts	17	17
CA	8010 GR Match For Title XXI	3,021	3,122
CA	8014 GR Match for Food Stamp Admin	121,341	125,361
Subtotal TOF, Project	50	2,414,302	2,469,302
51 OCR CAP Response			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		15,450,641	5,938,069
Subtotal OOE, Project	51	15,450,641	5,938,069
Type of Financing			
CA	1 General Revenue Fund	4,976,033	1,912,415
CA	555 Federal Funds	5,403,244	2,076,602
CA	758 GR Match For Medicaid	3,797,613	1,459,518
CA	777 Interagency Contracts	155	59
CA	8010 GR Match For Title XXI	30,901	11,876
CA	8014 GR Match for Food Stamp Admin	1,242,695	477,599
Subtotal TOF, Project	51	15,450,641	5,938,069
Subtotal Category	9000	17,864,943	8,407,371

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i> OOE / TOF / MOF CODE	Excp 2020	Excp 2021
AGENCY TOTAL	399,112,674	62,177,758
METHOD OF FINANCING:		
1 General Revenue Fund	63,332,413	20,417,988
555 Federal Funds	36,493,976	23,704,713
758 GR Match For Medicaid	19,511,497	13,609,123
777 Interagency Contracts	546	360
780 Bond Proceed-Gen Obligat	271,683,656	0
8010 GR Match For Title XXI	101,755	66,085
8014 GR Match for Food Stamp Admin	4,129,827	2,657,404
8032 GR Certified As Match For Medicaid	3,859,004	1,722,085
Total, Method of Financing	399,112,674	62,177,758
TYPE OF FINANCING:		
CA CURRENT APPROPRIATIONS	399,112,674	62,177,758
Total, Type of Financing	399,112,674	62,177,758

5.B. Capital Budget Project Information
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 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5002	Category Name:	CONST OF BLDGS/FACILITIES
Project number:	1	Project Name:	New Construction of MH Facilities

PROJECT DESCRIPTION

General Information

The 85th Legislature appropriated \$300 million to HHSC for the significant repair and new construction of state-funded mental health facilities. The overall vision included a three-phased approach to address state hospital infrastructure needs.

HHSC submitted a comprehensive plan for the three phases of construction. Projects proposed for funding in the 2020-21 biennium include:

The construction of a 100-bed civil/non-MSU at Rusk SH and the replacement of the Austin and San Antonio State Hospitals for which planning is underway in the 2018-19 biennium.

Planning and construction of new hospitals in the Dallas area and panhandle region; and

Pre-planning and planning to replace North Texas – Wichita Falls and Terrell State Hospitals, as recommended in the Canon Report.

Pre-planning is proposed to begin in FY 2019; however, HHSC has not yet requested these funds. If these funds are not approved for FY 2019, HHSC would need additional funds in phase 2 and would update the timeline to reflect a delay in the phased approach for these projects.

PLCS Tracking Key	N/A				
Number of Units / Average Unit Cost	NA				
Estimated Completion Date	Dependent on Legislative direction				
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td>2022</td> <td>2023</td> </tr> <tr> <td align="right">0</td> <td align="right">0</td> </tr> </table>	2022	2023	0	0
2022	2023				
0	0				
Type of Financing	CA CURRENT APPROPRIATIONS				
Projected Useful Life	60 years				
Estimated/Actual Project Cost	\$300,000,002				
Length of Financing/ Lease Period	NA				

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: To continue state hospital infrastructure improvements, including pre-planning, planning, and construction for projects defined in A Comprehensive Plan for State-Funded Inpatient Mental Health Services or otherwise approved by the Legislature.

Project Location: Statewide

Beneficiaries: State hospital patients and staff

5.B. Capital Budget Project Information
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
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Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	2	Project Name:	Facilities Repair and Renovations

PROJECT DESCRIPTION

General Information

This exceptional item is to seek additional funding to increase efforts to protect the health, safety and welfare of individuals receiving services in state hospitals and state supported living center facilities. The repairs and renovations include electric panels, fire alarm systems, emergency generators, roofing, replace and update HVAC systems, water and waste water lines, electrical, plumbing, etc.

The request is based on a multi-layered approach to determine the criticality of each capital construction identified need comprised of:

- the most critical deficiencies from Computer Aided Facility Management submitted by each facility;
- priority ranking submitted by each facility; and
- an applied priority matrix for building systems and classifications.

This yielded the most critical health, safety, welfare and environment of care infrastructure items affecting patients, residents and staff. These critical items are the type of items required for the state hospitals to maintain in compliance with the Joint Commission on Accreditation Standards and for the state supported living centers (SSLCs) to maintain compliance with the Centers for Medicare and Medicaid Services' certification requirements. These critical items were then submitted for final review and approval by each agency.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	GO GENERAL OBLIGATION BONDS	
Projected Useful Life	60 years	
Estimated/Actual Project Cost	\$271,683,656	
Length of Financing/ Lease Period	35 years	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	5,071,428	11,229,591	17,058,832	21,361,021	452,802,242

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
---------------------------------	------------------------	------------------------------

Explanation: Requested exceptional item funding would be used to support and enhance both new and ongoing initiatives.

5.B. Capital Budget Project Information
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
TIME: 12:25:07PM

Project Location: Statewide

Beneficiaries: SSLC clients, State Hospital patients and facility staff

Frequency of Use and External Factors Affecting Use:

Daily use

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	3	Project Name:	WIC Relocation

PROJECT DESCRIPTION

General Information

Women, Infants and Children (WIC) staff are currently housed in two buildings at 4616 Howard Lane. A new lease area will be available in 2018 that will allow WIC to move 116 Full Time Employees (FTEs) into contiguous office space giving WIC the opportunity to consolidate its employees into one office for the first time, improving both work efficiency and morale. This project is to move WIC staff relocation, facility build out, and modular furniture purchase and installation.

PLCS Tracking Key

Number of Units / Average Unit Cost N/A
Estimated Completion Date 05/01/2018

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10	Years	
Estimated/Actual Project Cost	\$1,300,000		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This project is to move WIC staff relocation, facility build out, and modular furniture purchase and installation.

Project Location: HHSC WIC Offices - 4616 W Howard Lane, Austin, Texas

Beneficiaries: Texas WIC staff and clients

Frequency of Use and External Factors Affecting Use:
 Daily Use.

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	4	Project Name:	Facilities Repairs and Renov - WCF

PROJECT DESCRIPTION

General Information

Facilities repairs and renovations at Waco Center for Youth

PLCS Tracking Key

Number of Units / Average Unit Cost N/A

Estimated Completion Date 8/31/2023

Additional Capital Expenditure Amounts Required	2022	2023
	0	0

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life 60 years

Estimated/Actual Project Cost \$1,300,000

Length of Financing/ Lease Period NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Facilities repairs and renovations at Waco Center for Youth

Project Location: Waco Center for Youth

Beneficiaries: WCFY Patients and staff

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	5	Project Name:	Seat Management

PROJECT DESCRIPTION

General Information

Seat Management services provide agency computing devices and associated services for all staff and administrative productivity needs. The impact of not funding the addition to the baseline seat management contract will result in the agency being unable to fulfill the Microsoft ESA contract and impact the replacement of computers. Outdated technology is a security risk. This project will cover maintenance and lease payments for the existing leased equipment, and allow for replacement of PCs that have reached the end of their 4-year life cycle and no longer adequately support the business needs of the agency. This planned refresh improves systems reliability through the provision of current technology, achieves economies of scale, and reduces maintenance costs on equipment past end-of-life.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	Varies
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	32,419,058	32,419,058

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	4-year life cycle
Estimated/Actual Project Cost	\$139,224,664
Length of Financing/ Lease Period	NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHSC Seat Management Services provides leased computer equipment, services and software licenses for all HHSC state staff, contract staff, and training rooms.

Project Location: Statewide

Beneficiaries: HHS Employees and their customers.

Frequency of Use and External Factors Affecting Use:

Daily use by agency staff.

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	6	Project Name:	TIERS

PROJECT DESCRIPTION

General Information

The Health and Human Services Commission (HHSC) delivers eligibility services to clients for the state and federal programs administered by HHSC including Food Stamps, Temporary Assistance for Needy Families (TANF), Children's Health Insurance Program (CHIP), Medicaid for children and adults, and Medicaid for the Elderly and People with Disabilities (MEPD). Consumers access the eligibility services in person at local eligibility offices, by phone, mail, fax, or through the internet. Eligibility services are provided through a network of HHSC Benefits Offices in 254 counties in Texas. This project continues to support the enhanced eligibility system to increase access to services, implement efficient and simplified business processes, reduce fraud, and ensure compliance with federal law. Portal functionality will continue to be enhanced to expand client access mechanisms.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	57,184,176	57,184,176

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	11 years
Estimated/Actual Project Cost	\$204,009,481
Length of Financing/ Lease Period	NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This project is in an enhancement and maintenance phase, with activities continuing to align the application's functionality with the changing policy and business processes. Funding is needed to support ongoing enhancements and provide for operational leases of hardware and software.

Project Location: Statewide

Beneficiaries: Clients applying and receiving benefits as a result of the eligibility system (TIERS).

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	7	Project Name:	Network, Performance and Capacity

PROJECT DESCRIPTION

General Information

Initiatives focus on strategic directions to improve service, security, and integration of the enterprise network. These initiatives further support HHS agencies' business objectives to expand capabilities for teleworking, mobility, and an alternative office workforce. The HHSC system firewall serves as a protective boundary separating HHS internal resources from the Internet and worldwide attacks. WAN Optimization allows applications to use the wide area network in the most efficient means possible; thus improving application performance and preserving bandwidth as much as possible. This request will enable HHS to equip all of our sites with technology that will optimize email, TIERS, and other mission critical applications that server the citizens. The Secure Mobile and Enterprise Data Communications facilitated the design and implementation of a new HHS system network backbone, Wide Area Network and network perimeter security zone. Furthermore, it enabled HHS to contract for managed network services to support the new network infrastructure. Modern applications such as Voice over IP, Video Conferencing, cloud based applications, etc. require additional bandwidth, so that remote HHS sites throughout Texas can utilized these applications to better serve citizens. The new HHS network backbone and WAN equipment was implemented via the Secure Mobile and Enterprise Data Communications project in FY16/17, but the WAN bandwidth was not upgraded at our remote sites. Therefore, this request will enable HHS to request additional bandwidth from DIR and upgrade remote routers as needed, so that HHS remotes sites can effectively and efficiently use modern applications connected to the new backbone as well as in the cloud (Internet).

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	1,558,000	1,558,000
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	5 Years	
Estimated/Actual Project Cost	\$6,232,000	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Not enabling additional network capacity and performance impedes application performance and prevents the use of cloud technologies that reduce costs and increase flexibility and mobility. Efforts to expand mobility and teleworking will be impacted, as well.

5.B. Capital Budget Project Information
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Project Location: Statewide

Beneficiaries: All HHS agencies - DFPS, DSHS, and HHSC - as well as various business partners and clients who use networked services will benefit from this project.

Frequency of Use and External Factors Affecting Use:
Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	8	Project Name:	MMIS - Medicaid Mgmt Info Sys

PROJECT DESCRIPTION

General Information

The Medicaid Management Information System (MMIS) provides service to recipients, providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control. The MMIS is an integrated group of procedures and computer processing operations developed to meet principal objectives in accordance with guidelines. This project is vital for the administration of the Texas Medicaid Management Information System in direct relation to meeting the objectives of HHSC strategy 2.1.1 Medicaid Contracts and Administration. TMMIS relies heavily on capital IT purchases to develop and maintain the such a complex information system. Potential consequences of postponing this project is the delayed or deficient provision of Medicaid services to the Texas fee for service population.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required

2022	2023
36,969,545	36,969,545

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$232,521,699	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: This project is vital for the administration of the Texas Medicaid Management Information System (TMMIS) in direct relation to meeting the objectives of HHSC strategy 2.1.1 Medicaid Contracts and Administration. Potential consequences of postponing this project is the delayed or deficient provision of Medicaid services to the Texas fee for service population.

Project Location: Austin (TMMIS headquarters) effecting a Statewide population.

Beneficiaries: TMMIS Claims Administrator contractor, HHSC and DSHS Medicaid/CHIP Division employees, and statewide fee for service Medicaid recipient population.

Frequency of Use and External Factors Affecting Use:

1) Daily use. 2) Federal (CMS) and state mandates, applicable court rulings, Affordable Care Act provisions, and State Medicaid Manual.

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	9	Project Name:	Application Remediation for DCS

PROJECT DESCRIPTION

General Information

HHSC IT has identified critical applications and databases that must be remediated before being transformed to new servers in the data center. These systems that provide support for HHSC customers and stakeholders are running on outdated technology and aging hardware. The data center contract requires that applications and databases be transformed and run on servers in the DIR data center. These systems will not run efficiently on upgraded/ new hardware technologies without significant remediation and testing.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	300,000	300,000

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$16,404,159	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: There are applications currently running on end-of-life platforms with antiquated non- supported software in desperate need of being modernized. DSHS is required to remediate non-consolidated applications to current technology, and subsequently migrate to DCS. The upgrade of these systems will result in a more effective use of staff time and access to required applications needed to support HHS ongoing operations that serve vulnerable populations in the state of Texas.

Project Location: Austin

Beneficiaries: HHSC and DSHS

Frequency of Use and External Factors Affecting Use:

Daily/DIR DCS requirements

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	10	Project Name:	Cybersecurity Advancement

PROJECT DESCRIPTION

General Information

Phase 1 - Will address the protection of our clients' data in the face of increasingly sophisticated and complex threats. We will do so by: 1) reducing our vulnerabilities, including implementing an automated patching solution, improving mgmt of privileged accounts, and increasing control over endpoints, 2) improving our ability to identify and reduce threats, 3) improving our ability to respond to attacks by providing IT Ops & Incident Response teams with increased visibility into network and endpoint malware, and 4) complying with the following mandates: the safeguard requirements of the Texas Hlth & Safety Code, Texas Gov't Code, Hlth Insurance Portability and Accountability Act (HIPAA) of 1996, HITECH, FERPA, FISMA, Texas Business & Commerce Code,1 Texas Admin Code (TAC) §202, HHS Circular C-021, IRS Publication 1075, CMS policies, and HHS Info Security Policies and Stds.

Phase 2 - Repeated security intrusion attempts into critical systems and infrastructure have demonstrated the need to keep pace with new protection-in-depth strategies for protecting restricted, confidential, and sensitive information. As cybersecurity threats to confidential info continue to grow, they represent one of the most serious challenges that the HHS agencies must constantly confront. Security of our information depends on our ability to protect the agencies' critical systems and infrastructure in the face of such threats.2018-19 HHS Cybersecurity Project will provide the needed funding to help protect information from unauthorized access, use, disclosure, disruption, modification, or destruction by improvements in these areas:

- Data & Log Analysis Correlation Tools – Ensures regulatory compliance and protection of confidential data. Includes project management support and support for other security initiatives for HHS.
- HHS Securing Remote Access Improvement – Improves the security of remote access for both state owned devices and Bring Your Own Device (BYOD).

PLCS Tracking Key

Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required

2022	2023
1,941,337	1,941,337

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$4,480,557	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: As the services that HHS provides to Texas' most vulnerable citizens continue to grow, so too have the threats to the IT systems & networks that support these programs, and the need for funding to defend them. Cyber threats range from the work of malicious single hackers to coordinated efforts at security & economic espionage carried out by nation-states. Privacy concerns & the need for different networks to communicate have increased both the complexity of cybersecurity and its vulnerability.

Project Location: Statewide

Beneficiaries: HHS Systems

Frequency of Use and External Factors Affecting Use:

Ongoing/The HHS Cybersecurity Project implements safeguards from the Texas Health & Safety Code, Texas Government Code, Health Insurance Portability and Accountability Act (HIPAA) of 1996, HITECH, FERPA, FISMA, Texas Business & Commerce Code,1 Texas Administrative Code (TAC) §202, Health and Human Services Circular C-02, IRS Publication 1075, CMS policies, and HHS Information Security Policies and Standards.

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	11	Project Name:	Enterprise Data Governance

PROJECT DESCRIPTION

General Information

The Enterprise Data Governance (EDG) project is the development and implementation of a comprehensive Medicaid focused Enterprise Master Data Management (EMDM), Metadata Repository, and Information Management program. This project was identified as a strategic project on the MITA Roadmap provided to CMS in 2010 as part of the required MITA 2.0 State Self-Assessment conducted to allow HHSC to continue to receive enhanced funding (90/10) from CMS for key MMIS projects. Data Asset Inventory was created in direct response to Sunset Issue #7 for improved data management.

PLCS Tracking Key	PCLS_86R_529_431213
Number of Units / Average Unit Cost	NA
Estimated Completion Date	1/1/2022

Additional Capital Expenditure Amounts Required	2022	2023
	1,127,727	0

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing
Estimated/Actual Project Cost	\$23,001,258
Length of Financing/ Lease Period	NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
	2020	2021	2022	2023	
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: AY 2016 estimated expenditures and AY 2017 budgeted expenditures are for the Enterprise Information & Asset Management (Data Warehouse) project per 84th Leg. Reg. Session. Planned expenditures for AY 2018-19 provide for the continuation of the Enterprise Data Governance component of the funds appropriated for Enterprise Information & Asset Management; the remaining baseline has been repurposed for System Information & Asset Management in AY 18-19.

Project Location: Austin

Beneficiaries: HHS staff and clients.

Frequency of Use and External Factors Affecting Use:

Daily by various members or the HHS agency staff and management. The many changes in the health care industry and government regulations surrounding Medicaid make enhanced data analytics a priority for the agency and State.

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	12	Project Name:	Social Security Number Removal

PROJECT DESCRIPTION

General Information

CMS is leading the initiative to remove the SSNs from Medicare cards and systems. The HICN is the card's identifier, which consists of the primary claimant's SSN along with a supplemental code that establishes the beneficiary's relationship to a primary wage earner. The HICN is used to justify entitlement to Medicare benefits and is displayed on beneficiaries' Medicare cards. CMS intends to replace the HICN with a new, randomly generated, MBI. In order for States to be fully compliant, policies and systems must be examined and the appropriate changes identified, tested and implemented prior to CMS distribution of new Medicare cards (est. April 2019). Multiple HHS systems will be impacted. This initiative will encompass all HHS systems that currently use or contain the HICN.

The primary goal of this initiative is to decrease Medicare beneficiaries' vulnerability to identity theft by removing Social Security Numbers (SSN)s from Medicare cards. This initiative must be completed no later than four years from enactment of the Medicare Access and Children Health Insurance Program Reauthorization Act (MACRA) legislation (i.e., April 16, 2019).

PLCS Tracking Key

Number of Units / Average Unit Cost	NA
Estimated Completion Date	8/31/2018

Additional Capital Expenditure Amounts Required

	2022	2023
	0	0
Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$464,522	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Federal matching dollars could potentially be withheld and/or penalties accessed until Texas comes into compliance.

Project Location: Statewide

Beneficiaries: All Medicare Beneficiaries receiving Medicaid benefits.

Frequency of Use and External Factors Affecting Use:

Federal mandate require that State Medicaid Agencies comply with legislation.

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	13	Project Name:	Infrastructure Maintenance at SSLCs

PROJECT DESCRIPTION

General Information

State Supported Living Centers (SSLCs) provide campus-based direct services and supports to approximately 3,900 people with intellectual and developmental disabilities that are medically fragile or have behavioral challenges. They are located at 12 SSLCs across Texas. SSLCs provide 24-hour residential services. Other services include skills training; occupational, physical, and speech therapies; vocational programs; services to maintain connections between individuals and their families; and natural support systems.

To improve services to people living at SSLCs, Infrastructure improvements required to support the EHR/ELR system for each of the SSLCs included hardware such as additional switches, fiber replacement for aging cabling at selected areas of a campus, network improvements such as implementation of port level security, updated operating system software for 600 existing switches, creation of VLANS (virtual local area networks to segment network traffic), bandwidth upgrades to 50 MBs to provide increased capacity and to improve access, reliability, performance and security for all SSLC staffs. Wi-Fi infrastructure at selected sites at each SSLC campus to allow for the use of mobile devices to access the selected EHR/ELR system. And, the installation of video conferencing capabilities at each of the 12 SSLCS and Rio Grande State Center. Video conferencing will allow specialists to visually observe residents, consult and confer eliminating the cost and time for travel and providing more timely response in urgent situations. Video conferencing will also reduce time and travel costs for meetings and conferences between executives, managers, and staff located across Texas and with executives in State Office, Austin. It also offers revenue-generating potential by allowing local government to use the video conference facilities for a fee.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	Varies
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	500,000	500,000

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 Years
Estimated/Actual Project Cost	\$2,000,000
Length of Financing/ Lease Period	NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Explanation: The EHR/ELR infrastructure maintenance project will improve the network infrastructure such as cabling, bandwidth upgrades, in addition of security, network hardware, to provide a stabilized infrastructure to support access to an EHR/ELR system, video conferencing and the use of mobile computing. And, the result is to facilitate communication and information sharing with community providers regarding individuals who are referred for and are considering community placement.

Project Location: SSLCs Statewide

Beneficiaries: Clients, care-givers, and the general public.

Frequency of Use and External Factors Affecting Use:
Daily Use

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	14	Project Name:	Regulatory Svc Sys Auto Modernizatr

PROJECT DESCRIPTION

General Information

Disparate legacy systems are large, outdated, difficult to modify, and expensive to maintain. The goal of modernization and data standardization is to re-engineer legacy applications in a new technology or platform to retain core or enhanced functionality in a way that will reduce operational costs. Additional capabilities of new technologies can provide access to functions such as web services and integrated development environments. Once transformation efforts are achieved, applications can be aligned more closely to current and future business needs through the addition of new functionality to the transformed application.

Modernization efforts are large, multi-year projects. The approach to system modernization involves building new or replacement systems, and integrating the new systems with minimal disruptions to agency operations. Deploying modernization systems all at once introduces unacceptable levels of operational risk. During the previous legislative session, DADS identified several systems and databases at risk for catastrophic failure due to end-of-life issues. The following fourteen systems out of the total sixteen systems planned as a part of RSSM Phase II project for FY15/16 were successfully replaced on April 18, 2016 by a single consolidated Salesforce based system, while the remaining two systems are planned to be implemented by December 2016.

Continuation of the current project includes CARES/WAFER, HCSSA portal and all other systems identified in Phase I, but not included in Phase II (current phase) of this project. Modernization of these systems will allow us to mitigate the risk of system failure posed by end-of-life technology and enhance functionality. This will also eliminate the need for duplicate data entry and provide a customer-friendly, forward-facing interface for use by providers.

PLCS Tracking Key PCLS_86R_529_431218
Number of Units / Average Unit Cost N/A
Estimated Completion Date 08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	2,128,500	2,128,500

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life 10 Years
Estimated/Actual Project Cost \$5,410,914
Length of Financing/ Lease Period NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Once the project is completed, RS will better serve their clients and partners by being more efficient and timely with reports, surveys and certifications for regulated entities. This, along with the modernization of the RS systems may decrease costs by improving processes to maintain compliance with state and federal rules and policies. Once obsolete and antiquated systems are merged into one modern platform, the support and maintenance cost will be minimized due to economies of scale.

Project Location: Statewide

Beneficiaries: Staff and clients

Frequency of Use and External Factors Affecting Use:
Daily Use

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	15	Project Name:	WIC PC Replacement

PROJECT DESCRIPTION

General Information

The WIC (Women, Infants & Children) Program provides technical support including development of materials to nearly 600 clinics throughout the State of Texas. In order to maintain a high degree of reliability and minimize service disruptions, WIC adopted a standard replacement cycle for computer systems. Each year computer systems that have reached the end of their life cycle are replaced with new equipment. Computers, software and equipment are purchased based on their compatibility with the current WIC food delivery system and to take advantage of current and evolving technology

PLCS Tracking Key

Number of Units / Average Unit Cost N/A
Estimated Completion Date 8/31/2019

Additional Capital Expenditure Amounts Required

2022	2023
0	0

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life 4 years

Estimated/Actual Project Cost \$1,174,578

Length of Financing/ Lease Period NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: WIC has operated with a managed refresh cycle for several years and in doing so has limited the impact of unscheduled hardware failures. By continuing with the planned refresh schedule, WIC will continue to operate efficiently by providing WIC with current equipment and software, allowing WIC to respond favorably to changes in technology and industry best practices.

Project Location: Statewide

Beneficiaries: Texas WIC clients and staff

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	16	Project Name:	CMBHS Modifications - DSM-5

PROJECT DESCRIPTION

General Information

Clinical Management for Behavioral Health Services (CMBHS) is a web-based electronic health record for state-contracted community mental health and substance abuse service providers. Currently CMBHS interfaces with the Source contracting system so Local Mental Health Authorities (LMHAs) can submit invoices directly to Department of State Health Services (DSHS). This direct submission allows the LMHAs to be reimbursed quicker.

Source is the system of record for state-contracts with the LMHAs and will soon be modernized or replaced. Source must either be updated or replaced. This is being driven by two things: (1) comprehensive changes to state agency contracting, purchasing, and accounting procedures as a result of SB20 and (2) Source is on significantly outdated infrastructure and will soon go into quarantine. Whether Source is updated or replaced, CMBHS will need major updates to accommodate the changes.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	08/31/2019

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	8 years	
Estimated/Actual Project Cost	\$2,096,504	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The effort needed to create a new interface with an updated or replaced Source will be substantial. A significant portion of CMBHS will need to be re-coded. This will require: (1) re-evaluating what the business needs, (2) creation of a CMBHS solution, (3) software development, (4) testing, (5) training and (6) deployment.

Project Location: Statewide

Beneficiaries: MHSA Clients, MHSA Subcontractors, HHSC Employees

Frequency of Use and External Factors Affecting Use:

Daily use.

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	17	Project Name:	WIC Evolution

PROJECT DESCRIPTION

General Information

The current WIC client service delivery system does not meet the USDA Functional Requirements Document (FRED) standards for WIC MIS systems. The system's Disk Operating System (DOS) based software is no longer supported. The new system will modernize the Texas WIC client delivery system and will include an interface with the State's Health and Human Service delivery systems.

The WIN Evolution project involves replacing the current WIC Information Network (WIN) system. The current WIN system was deployed in 1995 using a now-obsolete programming language (FoxPro for DOS) for the field applications. A preliminary needs assessment and gap analysis showed new features must include:

- *enhancing fraud detection
- *more workstations and incremental data entry by contractors to save time and process more clients with same number of staff
- *automatic income eligibility calculation
- *sophisticated client scheduling system
- *automated child growth chart plotting
- *ability to modify current pre-set food packages for clients to meet specific client nutritional risk needs
- *enhanced and ad hoc reporting
- *enhanced nutrition/health surveillance capacity
- *enhanced referral capability
- *migration to a web-based system.

There are also desired enhancements at central office for more effective and efficient grocer compliance, financial, system, operations and caseload management.

PLCS Tracking Key

Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2019

Additional Capital Expenditure Amounts Required

2022	2023
0	0

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 years
Estimated/Actual Project Cost	\$10,767,248
Length of Financing/ Lease Period	NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Information Network (WIN) project is an initiative to replace a legacy management information system due to the obsolescence. A new management information system would reduce the risks due to current system's obsolescence and ensure timeliness and integrity of data, leverage new technology and processes to increase efficiency, and minimize fraud abuse potential and decrease training and technical assistance time.

Project Location: Statewide

Beneficiaries: Texas WIC staff and clients

Frequency of Use and External Factors Affecting Use:
Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	18	Project Name:	Improve Client CARE Systems

PROJECT DESCRIPTION

General Information

Upgrade, Migrate & Transform Client Assignment and Registration (CARE) System Mental Health (MH) functionality into modern applications. This implementation project, started in Fiscal Year (FY) 16/17, completes the MH CARE System Retirement project in FY19. This project uses the analysis outputs of the FY14/15 assessment project of CARE functions and interfaces to design, develop, deploy and consolidate MH functionality on new and/or existing systems, as well as oversee the retirement of MH costs associated with CARE.

The following applications functionality and data will be migrated and transformed on new and/or existing systems including the Clinical Management for Behavioral Health Services System (CMBHS), Mental & Behavioral Outpatient data Warehouse (MBOW), and the Health Services Gateway: NorthSTAR Premium Payments, Encounter Data, Medicaid & non-Medicaid drug data; State Hospital(s): Admission/Discharge, Medicaid/Medicare part D eligibility, Jail Match; State Hospital Allocation Method (SHAM) and data; Client Abuse and Neglect Reporting System (CANRS); Local Mental Health Authority (LMHA): Client data information, Jail Match data, Medicaid/Medicare eligibility, and LMHA budget information; Interfaces: Master Client Index to replace the CARE ID; Collection and transmission of a wide variety of data to internal/external systems and data warehouses, including MBOW and Health Services Gateway; Reporting systems: Develop new analytics and reporting in accordance with current requirements from behavioral health contract management.

Scope deferred to FY18/19 due to impact of HB-1: Retirement and disposition of legacy NorthSTAR Operational System, Premium Payments Systems, and legacy interfaces to mainframe; State Hospital Medicaid/Medicare part D eligibility; Medicaid match; State Hospital Allocation Method (SHAM); Health Services Gateway deployment to LMHAs

PLCS Tracking Key

Number of Units / Average Unit Cost	NA
Estimated Completion Date	NA

Additional Capital Expenditure Amounts Required

		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	NA		
Estimated/Actual Project Cost	\$0		
Length of Financing/ Lease Period	NA		

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

5.B. Capital Budget Project Information
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<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHSC will develop and/or enhance systems to replace the CARE.

Project Location: Statewide

Beneficiaries: Mental Health Clients, Mental Health Subcontractors, HHSC Employees.

Frequency of Use and External Factors Affecting Use:

Daily Use

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	19	Project Name:	Hospital IT Infrastructure

PROJECT DESCRIPTION

General Information

The HHSC State Hospital network architecture is a secure and highly available solution to service internal and external communication channels. Certain functional areas are of such a critical nature that an outage of 24 hours would make it difficult to carry out our mission statement. For these reasons the network must be highly available while balancing security, cost and complexity.

The Hospital infrastructure requires upgrades to ensure its 24/7 operational status. In addition, the evolving business requirements to eliminate distance barriers to improve access to care require technologies such as newer phone systems, standardized video conferencing systems and expansion of wireless infrastructure. Before these technologies can be considered, the underlying network infrastructure needs to be upgraded and, in some instances completely replaced. The current infrastructure cannot support this technology due to the age, architecture and type of technology currently in existence.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	869,248	869,248
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies depending on equipment type	
Estimated/Actual Project Cost	\$4,200,637	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This project is a continuation of the one which began at DSHS in FY16-17 which includes replacing end of life equipment and bandwidth optimization equipment at all of the State Hospitals.

Project Location: Statewide

Beneficiaries: HHSC State Mental Health Hospital staff and patients.

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	20	Project Name:	CMBHS YES Waiver Batch APD

PROJECT DESCRIPTION

General Information

The Clinical Management for Behavioral Health Services (CMBHS) system is an electronic health record for behavioral health. The contracted Local Mental Health Authorities (LMHAs) have requested the development of a batch process to complete the authority function of their responsibility for the Youth Empowerment Services (YES) Waiver program and provider function for waiver. Additionally, the scope of this project include the alignment of the future 1915i/Home and Community Based Services-Adult Mental Health (HCBS-AMH) processes with the current CMBHS YES Waiver processes.

The CMBHS system will be modified to automate the processes and integrate coordination of care. The modifications incorporates four primary goals of the YES Waver Batch / HCBS-AMH project.

1. Implement YES Waiver data uploads from LMHA systems directly into CMBHS.
2. Allow LMHAs the ability to send claims directly to Texas Medicaid & Healthcare Partnership (TMHP).
3. Recommend modifications to the current HCBS-AMH manual processes to more closely align with the YES Waiver process in CMBHS.
4. Identify and implement modifications to the CMBHS YES Waiver automated processes that will support HCBS-AMH.

PLCS Tracking Key

Number of Units / Average Unit Cost	NA						
Estimated Completion Date	04/30/2018						
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td></td> <td>2022</td> <td>2023</td> </tr> <tr> <td></td> <td align="right">0</td> <td align="right">0</td> </tr> </table>		2022	2023		0	0
	2022	2023					
	0	0					
Type of Financing	CA CURRENT APPROPRIATIONS						
Projected Useful Life	8 years						
Estimated/Actual Project Cost	\$631,117						
Length of Financing/ Lease Period	NA						

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The CMBHS system will be modified to automate the processes and integrate coordination of care. Batch processing required to efficiently operating the YES Waiver program.

Project Location: Statewide

5.B. Capital Budget Project Information
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Beneficiaries: Mental Health Clients, Mental Health Subcontractors, and HHSC Employees.

Frequency of Use and External Factors Affecting Use:

Daily Use

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	21	Project Name:	Business Process Redesign

PROJECT DESCRIPTION

General Information

Access and Eligibility Services (AES) Business Process Redesign Technology Support – Continuation of ongoing telephony integration and maintenance, licenses and support in FY20 and FY21 for toll-free number, interactive voice response (IVR) system, dynamic licensing assignment and automatic call distribution (ACD) routing based on caller selection, regional queues, enhanced IVR system, maximum concurrent users, consolidation of existing queues, workforce management, statewide call routing, call transfer options, 2-1-1 integration, enhanced reporting capabilities, call recording, and remote agent capability.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required

2022	2023
1,065,078	1,065,078

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	NA	
Estimated/Actual Project Cost	\$4,260,318	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: The expenses forecasted for AY 2018-2022 are enhancement and operational expenses associated with a project that supports AES' BPR project that is designed to enhance service and support to clients and drive efficiency of operations within AES.

Project Location: Statewide

Beneficiaries: AES staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	22	Project Name:	MFADS

PROJECT DESCRIPTION

General Information

In accordance with §531.106 of the Texas Government Code, the Health and Human Services Commission - Inspector General (HHSC-IG) is required to have a Medicaid Fraud and Abuse Detection System (MFADS). This project will continue the development of MFADS functionality to meet the changing business needs of the OIG. Appropriated funds will be used to procure professional and technology services, analytical and data visualization tools, and the development of more complex analytical and reporting functionality.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	NA

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	NA		
Estimated/Actual Project Cost	\$19,654,984		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: IG activities require data above and beyond provider-focused activity. IG plans to expand the data sources for the re-platformed MFADS to include Managed Care Organization information including complaints, authorizations and other financial data analyze and identify concerning trends in areas such as claims billing, service utilization, clinical assessments, eligibility and enrollment, and administrative functions contractually required of Managed Care Organizations.

Project Location: Austin

Beneficiaries: HHSC IG and HHSC Medicaid CHIP Services Division

Frequency of Use and External Factors Affecting Use:

Daily. The system function is required under both State and Federal regulations.

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	23	Project Name:	System Info & Asset Mgmt

PROJECT DESCRIPTION

General Information

System Info & Asset Management (SIAM) will integrate HHS data to help improve the delivery of health care services to Texans. It will help HHSC staff evaluate program effectiveness, assure that services were delivered in a cost effective manner, and help forecast the state’s human services needs and priorities in the future. By using this system for integrating related program data and conducting advanced data analysis, HHSC will have enhanced its ability to interpret patterns and gain insight into client outcomes.

HHSC has a need for an enterprise analytical system that will consolidate data across the HHS System. Recent transformation activities have consolidated agencies and necessitated the ability to quickly and easily consolidate the requisite data.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	NA

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$27,925,909	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Funding for this project is requested by repurposing AY 18-19 baseline budget from the 84th Leg. Reg. session approved project Enterprise Information & Asset Management (Data Warehouse) not allocated to the continuing project Enterprise Data Governance in AY 18-19.

Project Location: Austin

Beneficiaries: All HHS Programs, Clients, and Stakeholders

Frequency of Use and External Factors Affecting Use:
 Daily/State and Federal Reporting Requirements and Legislative and Public Inquiries

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	24	Project Name:	Avatar Support for State Hospitals

PROJECT DESCRIPTION

General Information

This request is essential for the MH hospitals to continue to use the EHR system. The EHR system provides the clinical information for the treatment of the patients. If there is no EHR system, the MH hospitals would need to go to a manual, paper based system and it could result in loss of accreditation with TJC and CMS. This will also result in the loss of revenue for the MH hospitals.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies by technology	
Estimated/Actual Project Cost	\$9,182,634	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHSC must maintain the current level of service to patients. The Avatar EHR supports the hospitals in maintaining the standards set by the Texas Administrative Code (TAC), The Joint Commission (TJC) and the Centers for Medicaid and Medicare Services (CMS). The continued funding for the Avatar EHR system is needed to continue with the level of patient care required for the hospitals to be compliant with TAC, TJC and CMS.

Project Location: Statewide

Beneficiaries: MH Hospital patients and staff

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5006	Category Name:	TRANSPORTATION ITEMS
Project number:	25	Project Name:	Facility Supp Services - Fleet Ops

PROJECT DESCRIPTION

General Information

This project will allow HHSC to replace old inefficient vehicles. HHSC has a vehicle replacement schedule which ideally all vehicles would be replaced by; however, funding is not always appropriated by the Legislature to adequately fund those replacement needs. Therefore, programs must continue to put excessive amounts of money into maintaining and repairing aging vehicles in order to continue providing services. Many HHS vehicles are currently meeting or exceeding established agency replacement criteria and if they are not replaced, certain services and jobs performed through the use of these vehicles may be adversely affected as they tend to breakdown or are in the shop for maintenance more often. As vehicles breakdown or become unusable, programs will be required to rent/lease vehicles. Maintenance, repair, and fuel costs on older vehicles are typically much more costly than newer vehicles. Newer more reliable vehicles would ensure that required services/job functions continue uninterrupted and reduce maintenance/repair expenses.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	\$36,188
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	17,298,029	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies on the type of vehicle purchase	
Estimated/Actual Project Cost	\$18,698,517	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The funds being requested will replace old inefficient vehicles. Vehicles are required in order for the agency to operate efficiently and provide services as required.

Project Location: Statewide

Beneficiaries: All HHSC regions and divisions as well as those receiving services

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5007	Category Name:	ACQUISITN CAP EQUIP ITEMS
Project number:	26	Project Name:	Regional Security Infrastructure

PROJECT DESCRIPTION

General Information

Security enhancements include installation of keyless entry access systems in 39 additional offices, video surveillance systems in 35 additional offices, security alarm monitoring systems in 11 additional offices, public address systems in 60 offices, routers for remote surveillance to improve safety of both clients and staff at regional HHS client delivery offices.

PLCS Tracking Key NA
Number of Units / Average Unit Cost NA
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required		2022	2023
		1,967,896	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10 years		
Estimated/Actual Project Cost	\$3,935,793		
Length of Financing/ Lease Period	NA		

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Security surveillance systems provide a deterrence factor & the ability to monitor facilities remotely. There is an expectation from staff and others to continue to improve the safety of our many clients and staff served or located in the regional facilities thought the state.

Project Location: HHS client services offices state wide

Beneficiaries: Clients and staff in HHS client services offices across the state of Texas

Frequency of Use and External Factors Affecting Use:

All security enhancement systems will be used on a daily basis by HHS staff to control access to facilities, to monitor office security and to provide announcements.

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5007	Category Name:	ACQUISITN CAPEQUIP ITEMS
Project number:	27	Project Name:	Facility Equipment Purchases

PROJECT DESCRIPTION

General Information

Funding for the replacement of furniture and equipment at all State Supported Living Centers (SSLCs) and State Hospitals due to general deterioration and resident damage.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	5,107,000	5,107,000

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$23,028,000	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This request is critical to comply with facility regulations which require State Supported Living Centers and State Hospitals to maintain buildings, equipment and living environment to levels that comply with federal, state and local policies and regulations.

Project Location: Statewide

Beneficiaries: SSLC clients, State Hospital patients and facility staff

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5008	Category Name:	LEASE PAYMENT/MST LSE PRG
Project number:	28	Project Name:	MLPP Payment - Energy Conservation

PROJECT DESCRIPTION

General Information

The mandate to implement energy and water conservation projects is found in Art. 447, Government Code and the authority to contract with TPFA for long-term financing of energy and water conservation projects found in Ar. 2166.406, Government Code and Art IX, Sec. 6.17, (k) (1)-(3), HB 1, 78th Legislature, Regular Session.

The agency has contracted with a qualified engineering firm for these services and has begun construction. MLPP payments are to be paid from utility savings and the agency requests that contracted savings be appropriated for debt services.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	8/31/2024

Additional Capital Expenditure Amounts Required

2022	2023
2,483,341	753,756

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	25	
Estimated/Actual Project Cost	\$14,208,651	
Length of Financing/ Lease Period	15 years	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: Funding request is for Debt Services Payments to TPFA For financing this project under the Master Lease Purchase Program (MLPP).

Project Location: Statewide

Beneficiaries: SSLC clients, State Hospital patients and facility staff

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	7000	Category Name:	Data Center Consolidation
Project number:	29	Project Name:	Data Center Consolidation

PROJECT DESCRIPTION

General Information

The statewide Data Center Services contract, administered by the Department of Information Resources (DIR) for data center services, established operating budgets for each participating agency which were approved by LBB. As a result of new programs, expanded initiatives, and federal and state mandates, the volumes of DCS program resource units have grown since the contract and budgets were established. The programs affecting growth most significantly are: Identity and Access Management, Hardware and Software Refresh, CAPPs, MFADS, OIG Administration consolidation and HHSAS Financials. These programs have expanded to meet legislative mandates, state security standards, as well as expand on statewide HR initiatives. These programs were not included in the original DCS operating budgets since they did not exist or were limited in scope of service. For example: HHSC contracted with the Comptroller of Public Accounts (CPA) as part of the Enterprise HR initiative. Since then, CPA, requested HHSC establish their own infrastructure and serve as a HUB to the master CAPPs environment, serving the HHS System as well as future service offerings such as Hybrid Cloud services. In accordance with Government Code 2054, Subchapter L, HHSC obtained the required data center services through the statewide DCS contract. HHSC has operated under this model since 2015 and requires additional capital base to meet future growth and/or new programs.

PLCS Tracking Key

Number of Units / Average Unit Cost NA
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	58,000,000	58,000,000

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life Ongoing
Estimated/Actual Project Cost \$221,719,187
Length of Financing/ Lease Period NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: Staying current with DCS requirements and funding agencies to pay for those services allows the HHS System to leverage technology advancements in infrastructure and data protection as well as complying with state requirements for using the state's Consolidated Data Centers.

Project Location: Austin Data Center, San Angelo Data Center, various non-consolidated date centers

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Beneficiaries: Several state agencies are involved in the project.

Frequency of Use and External Factors Affecting Use:

Daily. Government Code 2054, SubChapter L requires DCS participating agencies to use the statewide DCS program for their program needs and establishes DIR as the contracting agency through which services are obtained.

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	30	Project Name:	HHSAS to CAPPS Upgrade

PROJECT DESCRIPTION

General Information

To address the current problems and issues associated with HHSAS Financials, the following represents the proposed project scope: Upgrade to Oracle/PeopleSoft Financials 9.2, starting with a Comptroller of Public Accounts (CPA)-delivered statewide baseline version of CAPPS Financials. Implement additional Oracle/PeopleSoft modules Strategic Sourcing and Supplier Contract Management to address key PCS related requirements that are not currently met with the HHSAS Financials System. Develop and implement a new contract management system - SCOR (System of Contract Operation and Reporting) to address Senate Bill 20 requirements and current problems with HCATS.

PLCS Tracking Key

Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required

2022	2023
3,139,510	3,139,510

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	NA	
Estimated/Actual Project Cost	\$16,689,496	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Maintaining the currency of the agency's accounting system facilitates reporting, decision making, and processing. The system also allows the agency to coordinate financial information with the Comptroller of Public Accounts. Develop and implement a new contract management system - SCOR (System of Contract Operation and Reporting) to address Senate Bill 20 requirements and current problems with HCATS.

Project Location: Statewide

Beneficiaries: All those who rely on financial information regarding Texas HHS agencies' business.

Frequency of Use and External Factors Affecting Use:

Daily. Focus on increased transparency from the public and state leadership increases the need for better, faster, and more accurate financial data.

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	31	Project Name:	Enterprise Resource Planning

PROJECT DESCRIPTION

General Information

This HHS project will migrate the current HHSC CAPPS HCM 9.1 system from the CPA Data Center to new infrastructure at the San Angelo/Austin State Data Centers as well as upgrade from CAPPS 9.1 to CAPPS 9.2. This upgrade includes the Human Resources, Payroll, Time and Leave; and the Enterprise Learning Management PeopleSoft modules which support all HHS agency employees. This project was implemented in March 2016 and post go-live support ended in April 2016. Only ongoing licenses, maintenance, and support going forward from May 2016.

PLCS Tracking Key NA
Number of Units / Average Unit Cost NA
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	6,647,781	6,647,781

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life Ongoing
Estimated/Actual Project Cost \$19,151,246
Length of Financing/ Lease Period NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHSC is participating in the Comptrollers Project ONE project. CPA is maintaining all project documentation. On August 8, 2014, the Texas Comptroller of Public Accounts advised HHSC that it should put license maintenance support in the capital budget.

Project Location: Statewide

Beneficiaries: HHS System

Frequency of Use and External Factors Affecting Use:
 Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	32	Project Name:	CAPPS PeopleSoft Licenses

PROJECT DESCRIPTION

General Information

HHSC participates under an interagency contract with the Comptroller of Public Accounts (CPA) to manage the implementation and maintenance of an Enterprise Resource Planning (ERP) project. On August 8, 2014, the Texas Comptroller of Public Accounts advised HHSC that it should put license maintenance support in the capital budget.

PLCS Tracking Key NA
Number of Units / Average Unit Cost NA
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	1,439,611	1,482,800

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life 6 years
Estimated/Actual Project Cost \$5,435,659
Length of Financing/ Lease Period NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>				Total over project life
2020	2021	2022	2023	
0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: State regulations require HHSC to participate in the CPA ERP system. On August 8, 2014, the Texas Comptroller of Public Accounts, advised HHSC that it should put license maintenance support in the capital budget.

Project Location: Statewide

Beneficiaries: HHS System

Frequency of Use and External Factors Affecting Use:
 Daily. State regulations require HHS System to participate on the CPA ERP system.

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	33	Project Name:	WIC Stateside and HW/SW Refresh

PROJECT DESCRIPTION

General Information

The WIC (Women, Infants & Children) Program provides technical support including development of materials to nearly 600 clinics throughout the State of Texas. In order to maintain a high degree of reliability and minimize service disruptions, WIC adopted a standard replacement cycle for computer systems. Each year computer systems that have reached the end of their life cycle are replaced with new equipment. Computers, software and equipment are purchased based on their compatibility with the current WIC food delivery system and to take advantage of current and evolving technology.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	775,000	575,000

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing based on regular hardware refresh
Estimated/Actual Project Cost	\$1,350,000
Length of Financing/ Lease Period	NA

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: WIC has operated with a managed refresh cycle for several years and in doing so has limited the impact of unscheduled hardware failures. By continuing with the planned refresh schedule, WIC will continue to operate efficiently by providing WIC with current equipment and software, allowing WIC to respond favorably to changes in technology and industry best practices.

Project Location: Statewide

Beneficiaries: Texas WIC clients

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	34	Project Name:	Performance Management & Analytics

PROJECT DESCRIPTION

General Information

HHS is developing and implementing performance measures that foster data-driven decisions that help ensure the HHS system is accountable to the people it serves. These measures are critical to achieving our mission to improve the health, safety, and well-being of Texans through good stewardship of public resources.

The importance of data management and analytics cannot be overstated and are a foundation for HHS priorities for an integrated HHS system. Processes for data sharing, data analytics/interpretation, and transparency in measurement methods are vital for both payers and providers operating in this environment. Providing organizational support and investment in infrastructure for these activities is essential.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2023

Additional Capital Expenditure Amounts Required	2022	2023
	17,500,000	17,500,000

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Varies by technology
Estimated/Actual Project Cost	\$6,263,160
Length of Financing/ Lease Period	NA

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHS leadership has determined the need for an analytical platform that can address the wide and diverse needs of the HHS system.

Project Location: Statewide

Beneficiaries: HHS staff, clients and consumers

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	35	Project Name:	System Changes for IDD Carve-In

PROJECT DESCRIPTION

General Information

As required by S.B. 7, 83rd Legislature, Regular Session, 2013, (as amended by H.B. 3295, 85th Legislature, Regular Session, 2017), HHSC is implementing the transition of long-term services and supports (LTSS) for individuals with IDD into managed care. Current statutory requirements direct the transition of the Texas Home Living waiver program into managed care on September 1, 2020, with HCS, CLASS, DBMD and ICF/IID scheduled to transition on September 1, 2021.

Existing functionality will be migrated to established agency information applications to both modernize and consolidate IDD Program needs. This will also improve the Agency's posture related to vulnerabilities that risk client data and/or additional support maintenance costs through the use of older mainframe technology.

In addition, modernizing these functions into an enterprise application allows these functions to meet Texas Administrative Code, TAC 206 and TAC 213, which pertain to Accessibility Standards.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	15 years		
Estimated/Actual Project Cost	\$13,038,542		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
	2020	2021	2022	2023	project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This initiative continues the mandate by the Sunset Advisory Commission Staff Report with Commission Decisions, HHSC and System Issues, December 2014 and mandated by the Sunset Commission recommendations of SB 200, 84th Legislature.

Project Location: Statewide

Beneficiaries: IDD staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	36	Project Name:	ASOIG Re-engineering

PROJECT DESCRIPTION

General Information

The Automated System for the Office of Inspector General was implemented in 2007. After the initial release, the application went through a series of enhancements that enabled new functionality, enabled additional programs, and more inclusive interfaces from outside entities and internal sources. Each expansion was developed to provide the Office of the Inspector General (OIG) greater visibility of its investigators in real-time.

Along with the expansions, there were policy changes that required additional screens, functionality, and extensive reporting to be implemented. All of these were done as additions to the base system. Though the technology is current and fully supported at a reasonable cost, higher performing and more reliable technologies are now available.

OIG has had extensive meetings and discussions with the investigators/support teams and through those meetings/discussions the consensus is that the complexity of the screens and layouts are too cumbersome to easily navigate easily through the investigative process. The reengineering effort will include many changes geared toward improving performance and usage. This will result in higher productivity for the investigators and more detailed information that will support a higher quality result and reduce effort needed to pull a package together for the next steps to be taken such as recoupment of funds.

PLCS Tracking Key	NA						
Number of Units / Average Unit Cost	NA						
Estimated Completion Date	12/20/2020						
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td></td> <td>2022</td> <td>2023</td> </tr> <tr> <td></td> <td align="right">0</td> <td align="right">0</td> </tr> </table>		2022	2023		0	0
	2022	2023					
	0	0					
Type of Financing	CA CURRENT APPROPRIATIONS						
Projected Useful Life	15 years						
Estimated/Actual Project Cost	\$1,607,256						
Length of Financing/ Lease Period	NA						

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The new methods of improving the web-browser connectivity will ensure faster investigative navigation more closely aligned with the current web browser versions (IE/Chrome) being used in the ASOIG application. The current design of the UI was done through a single window method within the browser windows. The UI changes will also ensure compliance with IRS requirements related to timeout and screen/browser security.

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Project Location: Statewide

Beneficiaries: HHSC IG staff, Medicaid recipients and staff.

Frequency of Use and External Factors Affecting Use:

Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	37	Project Name:	System-Wide Bus Enablement Platform

PROJECT DESCRIPTION

General Information

Automation is becoming ever more critical to agency operations. Technology aids agency staff to fulfill the agency's mission in a more proficient manner. Use of mobile devices, robust applications and other technology tools enable staff to spend more time with clients.

Rapidly changing technology has rendered some technical equipment and software obsolete or non-supported by the manufacturer. As new hardware and software is introduced, earlier models or versions become unsupported by the manufacturer or copyright holder, placing the agency at risk if the agency continues to be dependent upon those non-supported products.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies by technology type	
Estimated/Actual Project Cost	\$6,251,901	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: HHSC is dependent upon daily operations funding to meet the ongoing and recurring costs of maintaining current levels of daily operations to services necessary to achieve agency goals. Meeting these goals will result in better quality service for agency clients and more efficient agency operations. Postponing or not meeting these goals would result in business interruptions that would impact client services and agency operations.

Project Location: Statewide

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	38	Project Name:	HHS Telecom Technology Upgrade

PROJECT DESCRIPTION

General Information

The current technological method by which carriers deliver voice calls to/from HHSC is slated to be discontinued nationally, as approved by the Federal Communications Commission (FCC). The new technological industry standard is IP-based. HHSC must upgrade its telephony platform to be compatible with the newer service delivery technology that industry has standardized upon.

The systemic upgrades will benefit all programs and users that are served by and through HHS telecommunication services; more specifically, upgrading to the preferred standard of voice service delivery will enable several enhancements, such as the ability to embed and pass call data (similar to metadata) along with the calls, to facilitate enhanced integration capabilities and intelligent call routing options. Furthermore, migrating to an IP-based service design will reduce the enterprise hardware footprint, eliminate critical single points of failure and enable enterprise voice service resiliency, provide needed technology refresh for aged telephone devices, and simplify operational support through the consolidation of multiple system cores.

It is estimated that by completing the upgrade and transitioning to the new IP-based carrier services solution will result in an annual cost avoidance or savings of \$2.7 million once fully transitioned. Conversely, not upgrading the telecommunications infrastructure will place HHS in a precarious situation of utilizing an antiquated transport/connectivity solution that is scheduled for decommission. Failure to maintain currency & compatibility with the new technologies and protocols, adopted as standards within the industry, will result in HHSC becoming a communications island. Under these circumstances, HHSC users will be unable to complete telephone calls to others outside the organization including users in the general public.

PLCS Tracking Key	PCLS_86R_529_431217						
Number of Units / Average Unit Cost	NA						
Estimated Completion Date	08/31/2021						
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td></td> <td>2022</td> <td>2023</td> </tr> <tr> <td></td> <td align="right">0</td> <td align="right">0</td> </tr> </table>		2022	2023		0	0
	2022	2023					
	0	0					
Type of Financing	CA CURRENT APPROPRIATIONS						
Projected Useful Life	Ongoing						
Estimated/Actual Project Cost	\$6,331,593						
Length of Financing/ Lease Period	NA						

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

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<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The current technological method by which carriers deliver voice calls to/from HHSC is slated to be discontinued nationally, as approved by the Federal Communications Commission (FCC). In preparation for this change, HHS must upgrade its telephony platform to be compatible with the go-forward service technology.

Project Location: Statewide

Beneficiaries: HHS staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	39	Project Name:	Regulatory Licensing and Reporting

PROJECT DESCRIPTION

General Information

As of 2017, Human Resources Code Section 42.002 defines five (5) new license types that replace the 3 current license types.

The CLASS, CLASSMATE, and Public & Provider applications must be enhanced to support the 5 new license types for these applications to remain operational and meet the business needs of CCL.

The new license types include Residential Child Care Facility, Child Placing Agency, Specialized Child Care Operation, Foster Family Operation, and General Residential Operation.

Accordingly, the following business capabilities are new or require changes:

- Provider application for new license type;
- Application issuance, renewal, closure;
- Compliance history;
- Minimum standard definition;
- Inspection page;
- Governing body;
- Reporting;
- Operation search results;
- Interface to IMPACT;
- Assessments;
- Alerts for workers; and
- Letters sent to providers.

The cost of changes to these systems was not funded during the 85th Legislative session.

PLCS Tracking Key	NA		
Number of Units / Average Unit Cost	NA		
Estimated Completion Date	08/31/2022		
Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing		
Estimated/Actual Project Cost	\$3,466,573		
Length of Financing/ Lease Period	NA		

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ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2020	2021	2022	2023	Total over project life
0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This request will provide funding to support required system changes.

Project Location: Statewide

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	40	Project Name:	Criminal Background Checks

PROJECT DESCRIPTION

General Information

This project will provide funding to enhance criminal background checks for State Hospitals, SSLCs and Child Care Licensing (CCL).

Implementation of this project will ensure greater protection for individuals served by certified nurse aides, medication aides, and occupational professional licensees, and enhance the safety of children in regulated care.

By enhancing the existing State Hospital and SSLC system to accept an automatic feed of fingerprint results, individual criminal offense updates would be received as they occur, versus only the pre-employment background check.

If an automated process is not implemented for CCL background checks, Health and Human Services would have to implement a manual process to attempt compliance with federal regulations. A manual process would have significant workload implications for HHSC and DPS, would further slow down the background check process, and would likely be unable to meet the federal requirement of a complete background check within 45 days, thereby jeopardizing the agency's receipt of federal funding.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	12/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$878,329	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: A fingerprint-based criminal background check process would ensure greater protection for individuals served by certified nurse aides (CNAs), medication aides, and occupational professional licensees. Implementation of this project will provide compliance with the background check requirements of the Child Care Development Block Grant (CCDBG) Act of 2014.

Project Location: Statewide

5.B. Capital Budget Project Information
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Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	41	Project Name:	Health & Specialty Care System Tech

PROJECT DESCRIPTION

General Information

The SSLCs and State Hospital infrastructure and system upgrades are critical to the delivery of modern care. The current infrastructure and systems impede the ability to provide modern care. IT upgrades are needed to implement new applications, expand the use of tele-medicine, upgrade the video surveillance systems and provide current technology to the staff to increase efficiency in delivering care to patients, patient safety and for daily operations.

Audit Findings: from Overtime Audit on SSLCs - SSLC management should investigate other means and research methods used by other organizations that have 24-hour operations to determine if a more efficient scheduling system could be adopted.

Technological advances: Current bandwidth at the facilities is insufficient to support telemedicine needs (e.g., video cuts out and does not always work appropriately). The implementation of a modern IT infrastructure will improve programmatic usage.

Statutory requirement: Health & Safety Code §555.025 requires SSLCs to install and operate video surveillance equipment at the facilities for the purpose of detecting and preventing the abuse, neglect, or exploitation of residents. HHSC is currently responsible for the outdated system. This project will permit HHSC to use modern technology and transfer the responsibility of constant video surveillance system updates.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies by technology type	
Estimated/Actual Project Cost	\$23,904,515	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

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Explanation: Current IT infrastructure at the SSLCs and state hospitals does not reliably support modern day healthcare practice and business processes. This item seeks to standardize technology throughout the facilities to better serve patients and residents, expand telemedicine practice, and create efficiencies for staff and daily facility operations

Project Location: Statewide

Beneficiaries: SSLC and State Hospital staff, clients and patients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	42	Project Name:	CMBHS Roadmap Enhancements Phase 3

PROJECT DESCRIPTION

General Information

The first release of CMBHS occurred in fiscal year 2009. This release migrated a legacy Texas Commission on Alcohol and Drug Abuse (TCADA) system for what is now the Substance Use Disorder (SUD) business area. During the design and development, a custom framework was developed to support the needed technical architecture for the system. Since the initial design and deployment, Microsoft introduced the Model View Controller (MVC) framework that performs the functions that the custom framework was designed for. The MVC framework has become an industry standard for use in developing large and scalable information systems such as CMBHS. Subsequent releases have expanded the use of CMBHS to not only collect information on clients receiving SUD services but those receiving Mental Health services as well. Mental Health information enters CMBHS via direct data entry or through data exchange from Mental Health service providers who typically have their own information systems which they use to capture and track client services they deliver. Data is extracted from their local systems and submitted to HHSC and loaded into the Client Assignment and Registration (CARE) system, an application that is over 30 years old, written in a proprietary, legacy programming language (Model 204) and maintained on an IBM mainframe. To keep the information in sync between CARE, CMBHS, and their associated sub-systems, additional data exchange processes are required.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$13,449,393	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This project will ensure the long-term sustainability of the CMBHS system, by reducing the ramp up time needed for new development resources performing defect repair and enhancement activities. It will update and modernize the way data is retrieved and displayed making it compatible with cell phones and tablets along with traditional PCs.

Project Location: Austin

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Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	43	Project Name:	Breastfeeding Web site & Mobile App

PROJECT DESCRIPTION

General Information

A needs and usage analysis of the existing app revealed that most of the content was very outdated, and the app's overall usage had dropped to its lowest level since the app was first developed in 2012. The primary reason for the drop in usage is that the information was only available on a mobile device that was not user friendly to view on a personal computer. In addition, the information in the current version of the mobile app continues to become outdated resulting in a reduced benefit to mothers and babies in Texas. This can quickly be remediated by developing a mobile responsive website that provides for both a desktop or mobile experience based on user preference.

PLCS Tracking Key NA
Number of Units / Average Unit Cost NA
Estimated Completion Date 11/30/2020

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing		
Estimated/Actual Project Cost	\$360,000		
Length of Financing/ Lease Period	NA		

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The mobile responsive redesign will solve the problem of rapidly declining usage and restore the original intent for providing breastfeeding information.

Project Location: Statewide

Beneficiaries: WIC clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	44	Project Name:	MyTexasWIC Mobile App

PROJECT DESCRIPTION

General Information

The vision for the MyTexasWIC mobile app is to provide a multi-purposed mobile app that supports a full program experience to all WIC clients; putting WIC in the palm of their hands, which research shows, suits communication preferences and supports busy lifestyles. The overall mobile app strategy is to allow non-WIC clients the ability to apply for benefits remotely, allow WIC clients to take full advantage of individual program benefits, interact with local clinic – remotely and virtually, manage clinic appointments, check remaining food benefit balances, and review and refer to individual nutritional plan information. In addition, it will improve the complex WIC food benefit shopping experience.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$500,000	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: WIC clients experience a variety of frustrations during the traditional WIC benefits shopping experience due the complexity of product / brand variety offered in most grocery stores. This results in certain products chosen for purchase (redemption) to be declined during the checkout process, forcing the client to forgo getting that product, or getting out of line to spend additional time to find the approved product leading to client frustration, wasted time, and in most cases, embarrassment.

Project Location: Statewide

Beneficiaries: WIC clients

Frequency of Use and External Factors Affecting Use:

Daily

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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	45	Project Name:	WIC Chatbot Messenger

PROJECT DESCRIPTION

General Information

WIC has developed a Chatbot interactive service within the program's public facing website, www.texaswic.org, and would like to expand services to include mobile applications. The new functionality will allow greater accessibility to WIC participants and Texas citizens. These new features and functionality will further enhance the program.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	09/30/2021

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing		
Estimated/Actual Project Cost	\$950,000		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2020	2021	2022	2023	2024	project life
0	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: WIC's core demographic; pregnant and post-partum women, children ages 0 to 59 months, commonly use mobile technologies and applications to communicate. WIC would be another extension into participant's mobile devices.

Project Location: Statewide

Beneficiaries: WIC clients

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	46	Project Name:	WIC Mosaic

PROJECT DESCRIPTION

General Information

The WIC Mosaic project will add functionality to the TXIN product that will provide the WIC clients a more efficient and pleasant experience. The project will include but will not be limited to creating web based participant and vendor Self service applications, seamless integration between the MIS and EBT portions of TXIN, new functionality for remote EBT issuance, increased security for clients and state and federal stakeholders, and the addition of new Independent Tribal Organizations (ITO) to the Mosaic consortium.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$40,000,000	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: TXIN is the service delivery system used by the Mosaic Consortium (Texas, New Mexico, Louisiana, ITOs of the Pueblo of Isleta and Cherokee Nation) to provide WIC benefits as mandated by USDA, our federal grantor.

Project Location: Statewide

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	47	Project Name:	HDIS Shared Platform Rehab Works

PROJECT DESCRIPTION

General Information

ReHab Works (RHW) is currently operated and maintained by Texas Workforce Commission (TWC), with an Inter-Agency Contract in place with Health and Human Services Commission (HHSC) for data sharing. RHW was built in 2008 to primarily support the Vocational Rehabilitation program. Today, RHW provides functionality to support the following HDIS programs: Comprehensive Rehabilitative Services program, Blind Children's Vocational Discovery and Development Program, and Blindness Education, Screening and Treatment program. TWC notified HHSC they will be migrating to a new system and will no longer maintain RHW in the future.

HHSC is invested in the design and maintenance of RHW. The technology and functionality of RHW fulfills the needs of three programs but can be extended and enhanced to include others. The current system integrates the client case management, provider payments and data reporting necessary to fulfill the Legislature's vision for several HDIS programs. This project will enhance and modify the system in order to address the eligibility determinations, provider enrollment, claims and case management to additional HDIS programs including the Kidney Health Care Program, Children with Special Health Care Needs Program, and the Title V Fee for Service Maternal and Child Health Program.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$1,903,720	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Implementation and modification of a case management system that meets the needs of seven HDIS program requirements will ensure HHSC can continue to provide comprehensive case management using the system functions and tools, including automated federal Rehabilitation Services Administration (RSA) mandated reports and 508 accessibility standards compliance. Integrated data modeling and business intelligence will assist staff in providing services to this population

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Project Location: Austin

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:
Daily

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	48	Project Name:	CLASS

PROJECT DESCRIPTION

General Information

The CLASS System maximizes benefits that directly affect the caseworker by incorporating technology into their day-to-day operations. Technical staff are actively involved in the design, development, and construction of minor changes to ensure that HHSC/DFPS are able to support the children, parents, and child care centers of Texas whose needs require quick access to CLASS records and forms. Assessments are conducted on a regular basis to try and meet the ever changing needs of the field inspectors and investigators, enabling them to improve performance through technology updates. These assessments later form project intake request through which the Regulatory Services Steering Committee via the HHSC IT governance process to prioritize projects. Changes to the CLASS System will be implemented based on prioritized intake requests and the funding available.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$1,900,000	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: System modifications seek to improve functionality, data integrity, performance, privacy, accessibility, security, system interoperability, usability and efficiency to keep CLASS operational while meeting State, Federal and DCS standards. These changes allow CLASS users to spend less time on their documentation efforts and more time in facilities to monitor and assess risk. This shift of time to facilities is crucial for ensuring safety of children in out-of-home care.

Project Location: Austin

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	49	Project Name:	SA Disorder Billing Code Realign

PROJECT DESCRIPTION

General Information

This project will facilitate necessary system changes to CMBHS allowing for the alignment of service provision rates with Medicaid rates as prescribed by SB 200 of the 84th Texas Legislature and the Sunset Commission. This funding is required to maintain current service delivery levels with the rate increases. These rate increases will align Texas substance use treatment rates at 70 percent of the median rates currently used in other states throughout the United States.

This will enhance the stability and sustainability of the current population of substance use treatment providers throughout Texas providing services to indigent clients. In recent years, 15 SUD providers have opted not to contract with the state for the SUD program, in part due to low reimbursement rates. Reductions in numbers served occurred as a result. Enhancing the stability and sustainability of the SUD provider base should avoid future loss of contract SUD providers and subsequent decreases in numbers served.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	02/28/2021

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	NA		
Estimated/Actual Project Cost	\$3,314,400		
Length of Financing/ Lease Period	0		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Senate Bill 200 of the 84th Texas Legislature along with the Texas Sunset Commission directed service provision rates and Medicaid rates be aligned. This project would bring the agency in line with this statute.

Providing effective and timely substance use treatment mitigates various social challenges, such as involvement with the criminal justice system, avoidable hospitalizations, and potential involvement with Child Protective Services.

Project Location: Austin

5.B. Capital Budget Project Information
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Beneficiaries: Substance Abuse staff and clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 8/31/2018
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	50	Project Name:	IT Security Posture Improvement

PROJECT DESCRIPTION

General Information

Information system security plans and risk assessment include on-going processes of discovering, correcting, and preventing security problems. The plans are an integral part of a risk management process designed to provide appropriate levels of security for information systems. Security plans and risk assessments are part of sound security practices and are required by TAC §202.24. The documentation related to these plans and assessments are also an integral part of compliance with Health Insurance Portability and Accountability Act (HIPAA) security standards. System security plans and related risk assessments require hundreds of hours of effort to create per system.

System users have direct access to critical, confidential information such as Personally identifiable information (PII) and HIPAA which poses a risk in that these individuals could use their access maliciously or negligently manipulate the agency's data. The Privileged Identity Management Program expansion will secure privileged access for hundreds of the agency's information resources ensuring the determent and prevention of insider threat, adherence to state and federal security standards as well as improve the agency's security posture regarding the protection of sensitive data.

Security certificates are used to verify that the website is legitimate, can encrypt files to ensure data is protected, and non-repudiation of transmitted messages exist. Both state and federal statutes require secure transmission of agency information not only across the web but within internal network infrastructure as well. This effort will resolve HHS' chronic issues with the management of security certificates that have resulted in multiple outages of HHS information resources.

PLCS Tracking Key	PCLS_86R_529_431214						
Number of Units / Average Unit Cost	NA						
Estimated Completion Date	08/31/2021						
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td></td> <td>2022</td> <td>2023</td> </tr> <tr> <td></td> <td align="right">0</td> <td align="right">0</td> </tr> </table>		2022	2023		0	0
	2022	2023					
	0	0					
Type of Financing	CA CURRENT APPROPRIATIONS						
Projected Useful Life	NA						
Estimated/Actual Project Cost	\$4,883,604						
Length of Financing/ Lease Period	NA						

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: Potential data breaches are currently high risk for the agency. All individuals with data stored by HHS systems, including Texas citizens with PII, Protected Health Information, and HIPAA data, will be served by securing their information and ensuring that data breaches and malicious acts are not encountered. HHS maintains over 400 systems, with many of these systems storing critical and sensitive data.

Project Location: Statewide

Beneficiaries: HHS system staff and clients

Frequency of Use and External Factors Affecting Use:
Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	51	Project Name:	OCR CAP Response

PROJECT DESCRIPTION

General Information

On April 21, 2015, the DADS learned that its public-facing website contained a database of names, addresses, Social Security and Medicaid numbers, and treatment or diagnosis information for 6,617 clients in the Community Living Assistance and Support Services (CLASS) and Deaf Blind with Multiple Disabilities (DBMD) programs. The database had been public-facing since 2007.

As a result of the 2015 breach by the legacy DADS, the United States Department of HHS OCR has proposed a Resolution Agreement to the HHSC to settle certain violations of the HIPAA that were discovered. The resolution agreement requires a three-year CAP in lieu of civil monetary penalties. Failure to meet compliance within the timelines agreed to with OCR could result in continuing fines and the scope of the CAP expanding to encompass the entire Health and Human Services (HHS) system.

As a result of the Senate Bill 200, DADS completed a transfer of all functions to HHSC on September 1, 2017, and the agency was abolished. Because DADS no longer exists as a separate agency and DADS' functions have consolidated into HHSC, HHSC is required to respond to OCR and comply with the CAP as the successor agency.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	07/01/2022

Additional Capital Expenditure Amounts Required		2022	2023
		1,218,193	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	NA		
Estimated/Actual Project Cost	\$21,388,710		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
	2020	2021	2022	2023	project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Avoidance of OCR Penalties for the DADS 2015 Breach - HHSC must abide by the terms of the OCR issued CAP and the associated scope (as defined in the OCR CAP, Section 1.2 Project Approach). Otherwise, OCR will assess an initial Civil Monetary Penalty of \$8.0 million General Revenue in fiscal year 2018 followed thereafter by an annual penalty of \$1.7 million per year until HHSC is fully compliant.

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Project Location: Statewide

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:
Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	52	Project Name:	CAPPS Upgrades and Inventory

PROJECT DESCRIPTION

General Information

CPA requires CAPPS Hub agencies to stay up to date with the CAPPS baseline within 15 months of CPA PeopleTools and image upgrades and within three months of monthly release packages. HHS operates versions of PeopleSoft HCM and Financials that are significantly customized versions of the CAPPS Baseline. To keep these customizations functioning and comply with the upgrade timeline, additional resources and effort will be required.

In addition, the Materials and Inventory Management System replacement solution is targeted to utilize the PeopleSoft Inventory and Mobile Inventory modules. This will replace an out of support solution and migrate its capabilities onto the HHSC PeopleSoft platform.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing		
Estimated/Actual Project Cost	\$8,017,848		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>				Total over	
	2020	2021	2022	2023	project life
	0	0	0	0	0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: CAPPS HCM and FIN are critical to HHS human resource and financial operations. The current inventory system, a critical 24/7/365 application that tracks supplies used to directly provide services at State Operated Facilities, across 19 warehouse locations in Texas, is unsupported from a software standpoint and needs to be remediated. HHS' ability to maintain this legacy system will become riskier and more difficult the longer it remains.

Project Location: Statewide

Beneficiaries: HHS System staff, and State Hospital staff and patients.

Frequency of Use and External Factors Affecting Use:

Daily

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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	53	Project Name:	Disaster Assistance Payment Program

PROJECT DESCRIPTION

General Information

The Governor of the State of Texas issued a disaster proclamation on August 23, 2017, certifying that Hurricane Harvey posed a threat of imminent disaster, including severe flooding, storm surge, and damaging winds, for several counties in Texas. In this proclamation, the Governor authorized the use of all available resources of state government and of political subdivisions that are reasonably necessary to cope with this disaster.

The Disaster Assistance Payment Program (DAPP) system is integral in the delivery of benefits to victims of Texas disasters. Its primary function is to create payment files for CAPPS Financials and the State Comptroller for processing of FEMA disaster assistance payments to victims.

Due to the unprecedented volume of payment transactions related to Hurricane Harvey, DAPP experienced significant payment processing delays. These processing delays required immediate attention and correction to minimize possible negative impacts to the state's emergency response to Hurricane Harvey.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	05/25/2018

Additional Capital Expenditure Amounts Required	2022	2023
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$2,005,768	
Length of Financing/ Lease Period	NA	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The project was required to support the HHSC Emergency Services Program (ESP) and the Federal Emergency Management Agency (FEMA) in providing disaster payments to Hurricane Harvey victims.

Project Location: Statewide

Beneficiaries: HHSC staff and clients

Frequency of Use and External Factors Affecting Use:

Varies based on the occurrence of disasters.

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 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	54	Project Name:	SSLC WIFI Expansion

PROJECT DESCRIPTION

General Information

An assessment of the SSLCs' wireless networks identified issues with functionality. The SSLC Business Directors outlined requirements and prime locations in need of attention. Network Engineering Wifi Assessments were completed and procured. Meraki AP's were installed at the identified locations .

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	03/31/2018

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Varies depending on the type of equipment		
Estimated/Actual Project Cost	\$235,631		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The evolving business requirements at the SSLC's drove the need for the expansion of wireless infrastructure . The Business Directors within the SSLC' s provided wireless expansion directives, requesting wireless capabilities be expanded into specific buildings of all SSLC campuses.

Project Location: Statewide

Beneficiaries: SSLC staff and clients

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	55	Project Name:	Summer EBT for Children

PROJECT DESCRIPTION

General Information

WIC's current EBT systems and related databases need to be updated each year to account for the changes to the children and families that will be participating in each new year's program. Application development changes are necessary to be able to support and update the electronic benefits transfer card benefit issuances and corresponding databases for the specific foods issued, and the names of those that participate each new program year. These changes are also necessary to support the benefit redemption process that occur at partner grocery stores, each time a specially configured SEBTC card is used at checkout.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	NA
Estimated Completion Date	08/15/2021

Additional Capital Expenditure Amounts Required		2022	2023
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	NA		
Estimated/Actual Project Cost	\$325,000		
Length of Financing/ Lease Period	NA		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2020	2021	2022	2023		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: This funding supports IT Enhancements necessary to deliver Summer Electronic Benefit Transfer for Children (SEBTC) benefits to participants.

Project Location: Statewide

Beneficiaries: Children and family clients

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME: 12:25:07PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5007	Category Name:	ACQUISITN CAP EQUIP ITEMS
Project number:	56	Project Name:	Regional Laundry Equipment

PROJECT DESCRIPTION

General Information

While a significant amount of laundry equipment was replaced with the inception of the energy performance initiative and with prior appropriated funding, a ten-year replacement plan was established to ensure this enterprise business continues to replace equipment on a regular industry standard replacement schedule. By following the replacement schedule, equipment failures will be held to a minimum. Down-time for equipment failures is problematic for regional laundries as they attempt to meet the tight time schedules for processing patients' and individuals' laundry for their customer facilities.

Laundry vehicles and trailers are required to support the consolidated laundry function. This equipment provides the ability to remove soiled linens and clothing (often including items which may pose infection control risks) and replace them with fresh, clean laundry.

PLCS Tracking Key	NA
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2022	2023
	3,947,000	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 year replacement plan	
Estimated/Actual Project Cost	\$3,947,000	
Length of Financing/ Lease Period	NA	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2020	2021	2022	2023	Total over project life
	0	0	0	0	0

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>
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Explanation: Clean clothing, towels, bed linens, and blankets are daily essentials that play a pivotal role in ensuring that the individuals dependent on these facilities receive the best care possible. Additionally, having these consolidated laundries and the vehicles/trailers and equipment to support them have proven to be a cost-effective means for providing this essential service.

Project Location: Five (5) regional laundry locations located throughout the state

Beneficiaries: SSLC clients, State Hospital patients and facility staff

Frequency of Use and External Factors Affecting Use:

Daily

6.A. Historically Underutilized Business Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: **8/23/2018**
 Time: **8:17:31AM**

Agency Code: **529** Agency: **Health and Human Services Commission**

COMPARISON TO STATEWIDE HUB PROCUREMENT GOALS

A. Fiscal Year 2016 - 2017 HUB Expenditure Information

Statewide HUB Goals	Procurement Category	% Goal	HUB Expenditures FY 2016			Total Expenditures FY 2016		HUB Expenditures FY 2017			Total Expenditures FY 2017	
			% Actual	Diff	Actual \$	% Goal	% Actual	Diff	Actual \$	% Goal		
11.2%	Heavy Construction	0.0 %	0.0%	0.0%	\$0	\$0	0.0 %	0.0%	0.0%	\$0	\$0	
21.1%	Building Construction	0.0 %	0.0%	0.0%	\$0	\$0	94.5 %	94.5%	0.0%	\$9,381	\$9,925	
32.9%	Special Trade	19.0 %	21.7%	2.7%	\$427,883	\$1,974,867	18.2 %	5.0%	-13.1%	\$125,208	\$2,494,615	
23.7%	Professional Services	23.6 %	0.0%	-23.6%	\$0	\$9,164,208	14.1 %	4.5%	-9.5%	\$641,160	\$14,092,591	
26.0%	Other Services	24.6 %	18.0%	-6.6%	\$156,521,286	\$869,079,089	26.0 %	19.7%	-6.3%	\$182,298,074	\$923,559,093	
21.1%	Commodities	21.0 %	13.8%	-7.2%	\$8,813,148	\$63,718,044	21.0 %	20.6%	-0.4%	\$15,289,539	\$74,111,892	
	Total Expenditures		17.6%		\$165,762,317	\$943,936,208		19.6%		\$198,363,362	\$1,014,268,116	

B. Assessment of Fiscal Year 2016 - 2017 Efforts to Meet HUB Procurement Goals

Attainment:

1. The agency attained or exceeded one (1) of the four (4) applicable procurement category agency HUB goals in Fiscal Year 2016. 2. The agency did not attain or exceed any of the four (4) applicable procurement category agency HUB goals in Fiscal Year 2017. 3. During the fiscal year 2016 and 2017 the Health and Human Services Commission (HHSC) spent \$165,762,317 (or 17.56%) and \$198,363,362 (or 19.56%) of its total expenditures, respectively with HUBs.

Applicability:

The "Heavy Construction" and "Building Construction" categories are not applicable to agency operations in for either FY 2016 or FY 2017 since the agency did not have any strategies or programs related to Heavy and Building Construction. However due to the transformation of agency programs, HHSC expended funds during FY 2017 in the Building Construction procurement category. Therefore, Building Construction could be applicable in future fiscal years.

Factors Affecting Attainment:

Due to competitive bidding requirements and the types of goods and services procured in the respective categories, the agency did not attain the goals in the "Professional Services", "Other Services", and "Commodities" in FY 2016 and "Professional Services", "Other Services", "Special Trade" and "Commodities" in FY 2017.

"Good-Faith" Efforts:

1. Determined subcontracting opportunities, inclusion of required HUB Subcontracting Plans (HSPs) in contracts when applicable, and compliance evaluation of HSPs (34 TAC 20.284); 2. Required HUB Subcontracting plans for contracts over \$100,000 when subcontracting opportunities are probable; 3. Collectively sponsored mentor-protégé relationships during FY 2016 and FY 2017 and continued to identify and establish additional relationships (34 TAC 20.298) for potential subcontracting opportunities; 4. Administered the CPA's HUB Rules; 5. Encouraged/assisted qualified minority/women owned businesses to become certified; 6. Participated in post

6.A. Historically Underutilized Business Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: **8/23/2018**
Time: **8:17:31AM**

Agency Code: **529** Agency: **Health and Human Services Commission**

award meetings and teleconferences to discuss the HSP compliance/reporting; 7. Encouraged/assisted qualified minority and women-owned businesses to become certified; and, 8. Use of Centralized Master Bidders List (CMBL)/HUB directories for bid solicitations.

**6.B. Current Biennium Onetime Expenditure Schedule
Summary of Onetime Expenditures**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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Projects	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
New Construction of State Hospitals and Other Inpatient Mental Health Facilities	\$150,000,000	\$150,000,000	\$0	\$0
Facilities Repair and Renovations - State Supported Living Centers and State Hospitals	\$78,302,186	\$79,702,186	\$0	\$0
WIC Relocation	\$1,300,000	\$0	\$0	\$0
Facilities Repairs and Renovations - Waco Center for Youth	\$650,000	\$650,000	\$0	\$0
Social Security Number Removal Initiative (SSNRI)	\$5,302,121	\$1,844,724	\$0	\$0
Clinical Management for Behavioral Health Services (CMBHS) Modifications - DSM-5	\$1,000,000	\$1,000,000	\$0	\$0
WIC Information Network (WIN) Evolution Implementation	\$7,137,738	\$0	\$0	\$0
Improve Client CARE Systems – Enterprise	\$3,400,000	\$3,400,000	\$340,000	\$340,000
Mental Health Clinical Management for Behavioral Health Services (CMBHS), Youth Empowerment Services (YES) Waiver Batch APD	\$634,784	\$0	\$42,240	\$42,240
Total, All Projects	\$247,726,829	\$236,596,910	\$382,240	\$382,240

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19	2020-21
PROJECT: New Construction of State Hospitals and Other Inpatient Mental Health Facilities ALLOCATION TO STRATEGY: G.4.2.	PROJECT: ALLOCATION TO STRATEGY:

Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
G.4.2.	5000	Capital Expenditures	\$150,000,000	\$150,000,000	\$0	\$0
Total, Object of Expense			\$150,000,000	\$150,000,000	\$0	\$0
Method of Financing:						
G.4.2.	0599	Economic Stabilization Fund	\$150,000,000	\$150,000,000	\$0	\$0
Total, Method of Financing			\$150,000,000	\$150,000,000	\$0	\$0

Project Description for the 2018-19 Biennium:
 The Health and Human Services Commission received \$300,000,000 in the 2018-19 biennium for New Construction of State Hospitals and Other Inpatient Mental Health Facilities.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 PROJECT: Facilities Repair and Renovations - State Supported Living Centers and State Hospitals ALLOCATION TO STRATEGY: G.4.2.	2020-21 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
G.4.2.	2009	Other Operating Expense	\$352,186	\$352,186	\$0	\$0
G.4.2.	5000	Capital Expenditures	\$77,950,000	\$79,350,000		
Total, Object of Expense			\$78,302,186	\$79,702,186	\$0	\$0
Method of Financing:						
G.4.2.	0001	General Revenue	\$62,384	\$62,384	\$0	\$0
G.4.2.	0543	General Revenue - Dedicated - Tx Capital Trust Fund	\$289,802	\$289,802		
G.4.2.	0599	Economic Stabilization Fund	\$77,950,000	\$79,350,000		
Total, Method of Financing			\$78,302,186	\$79,702,186	\$0	\$0

Project Description for the 2018-19 Biennium:

The Health and Human Services Commission received \$158,004,372 in the 2018-19 biennium for Facilities Repair and Renovations - State Supported Living Centers and State Hospitals.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 PROJECT: WIC Relocation ALLOCATION TO STRATEGY: E.1.2.	2020-21 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
E.1.2.	2009	Other Operating Expense	\$1,300,000	\$0	\$0	\$0
Total, Object of Expense			\$1,300,000	\$0	\$0	\$0
Method of Financing:						
E.1.2.	0555	Federal Funds - CFDA 10.557.001	\$1,300,000	\$0	\$0	\$0
Total, Method of Financing			\$1,300,000	\$0	\$0	\$0

Project Description for the 2018-19 Biennium:
The Health and Human Services Commission received \$1,300,000 in the 2018-19 biennium for WIC Relocation.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 PROJECT: Facilities Repairs and Renovations - Waco Center for Youth ALLOCATION TO STRATEGY: G.4.2.	2020-21 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
G.4.2.	5000	Capital Expenditures	\$650,000	\$650,000	\$0	\$0
Total, Object of Expense			\$650,000	\$650,000	\$0	\$0
Method of Financing:						
G.4.2.	0599	Economic Stabilization Fund	\$650,000	\$650,000	\$0	\$0
Total, Method of Financing			\$650,000	\$650,000	\$0	\$0

Project Description for the 2018-19 Biennium:

The Health and Human Services Commission received \$1,300,000 in the 2018-19 biennium for Facilities Repairs and Renovations - Waco Center for Youth.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19	2020-21
PROJECT: Social Security Number Removal Initiative (SSNRI)	PROJECT:
ALLOCATION TO STRATEGY: L.1.2.	ALLOCATION TO STRATEGY:

Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
L.1.2.	2001	Professional Fees and Services	\$5,302,121	\$1,844,724	\$0	\$0
Total, Object of Expense			\$5,302,121	\$1,844,724	\$0	\$0
Method of Financing:						
L.1.2.	0001	General Revenue Fund	\$9,364	\$766	\$0	\$0
L.1.2.	0758	GR Match for Medicaid	\$527,486	\$184,274		
L.1.2.	8010	GR Match for Title XXI (CHIP)	\$1,957	\$158		
L.1.2.	8014	GR Match for Food Stamp Administration	\$521	\$54		
L.1.2.	0555	Federal Funds - CFDA 10.561.000	\$521	\$54		
L.1.2.	0555	Federal Funds - CFDA 93.566.000	\$9	\$1		
L.1.2.	0555	Federal Funds - CFDA 93.767.000	\$25,931	\$2,095		
L.1.2.	0555	Federal Funds - CFDA 93.778.003	\$1,513	\$155		
L.1.2.	0555	Federal Funds - CFDA 93.778.005	\$4,734,819	\$1,657,167		
Total, Method of Financing			\$5,302,121	\$1,844,724	\$0	\$0

Project Description for the 2018-19 Biennium:
The Health and Human Services Commission received \$7,146,845 in the 2018-19 biennium for Social Security Number Removal Initiative (SSNRI).

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 Clinical Management for Behavioral Health Services (CMBHS) Modifications - DSM-5 PROJECT: E.1.2.ALLOCATION TO STRATEGY: D.2.1., D.2.2., D.2.4. & D.2.5.	2020-21 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
D.2.1.	2001	Professional Fees and Services	\$410,000	\$410,000	\$0	\$0
D.2.2.	2001	Professional Fees and Services	\$110,000	\$110,000		
D.2.4.	2001	Professional Fees and Services	\$340,000	\$340,000		
D.2.5.	2001	Professional Fees and Services	\$140,000	\$140,000		
Total, Object of Expense			\$1,000,000	\$1,000,000	\$0	\$0
Method of Financing:						
D.2.1.	0555	Federal Funds - CFDA 93.958.000	\$410,000	\$410,000	\$0	\$0
D.2.2.	0555	Federal Funds - CFDA 93.958.000	\$110,000	\$110,000		
D.2.4.	0555	Federal Funds - CFDA 93.959.000	\$340,000	\$340,000		
D.2.5.	0555	Federal Funds - CFDA 93.958.000	\$140,000	\$140,000		
Total, Method of Financing			\$1,000,000	\$1,000,000	\$0	\$0

Project Description for the 2018-19 Biennium:

The Health and Human Services Commission received \$2,000,000 in the 2018-19 biennium for Clinical Management for Behavioral Health Services (CMBHS) Modifications - DSM-5.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 PROJECT: WIC Information Network (WIN) Evolution Implementation E.1.2.ALLOCATION TO STRATEGY: E.1.2.	2020-21 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
E.1.2.	2001	Professional Fees and Services	\$669,497	\$0	\$0	\$0
E.1.2.	2009	Other Operating Expense	\$6,468,241			
Total, Object of Expense			\$7,137,738	\$0	\$0	\$0
Method of Financing:						
E.1.2.	0555	Federal Funds - CFDA 10.557.001	\$7,137,738	\$0	\$0	\$0
Total, Method of Financing			\$7,137,738	\$0	\$0	\$0

Project Description for the 2018-19 Biennium:
The Health and Human Services Commission received \$7,137,738 in the 2018-19 biennium for WIC Information Network (WIN) Evolution Implementation.

Project Description and Allocation Purpose for the 2020-21 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19 PROJECT: Improve Client CARE Systems – Enterprise ALLOCATION TO STRATEGY: D.2.1.	2020-21 PROJECT: Client CARE Systems – Enterprise maintenance ALLOCATION TO STRATEGY: D.2.1.
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
D.2.1.	1001	Salaries and Wages	\$0	\$0	\$340,000	\$340,000
D.2.1.	2001	Professional Fees and Services	\$3,400,000	\$3,400,000	\$0	\$0
Total, Object of Expense			\$3,400,000	\$3,400,000	\$340,000	\$340,000
Method of Financing:						
D.2.1.	0001	General Revenue Fund	\$0	\$0	\$340,000	\$340,000
D.2.1.	0758	GR Match for Medicaid	\$340,000	\$340,000	\$0	\$0
D.2.1.	0555	Federal - CFDA 93.778.005	\$3,060,000	\$3,060,000	\$0	\$0
Total, Method of Financing			\$3,400,000	\$3,400,000	\$340,000	\$340,000

Project Description for the 2018-19 Biennium:
The Health and Human Services Commission received \$6,800,000 in the 2018-19 biennium for Improve Client CARE Systems – Enterprise.

Project Description and Allocation Purpose for the 2020-21 Biennium:
The Health and Human Services Commission allocated \$680,000 for Client CARE Systems – Enterprise maintenance in 2020-21.

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2018-19 Biennium to 2020-21 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews	Date: August 24, 2018
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2018-19	Mental Health Clinical Management for Behavioral Health Services (CMBHS), Youth Empowerment Services (YES) Waiver Batch APD PROJECT: ALLOCATION TO STRATEGY: D.2.5.	2020-21	Youth Empowerment Services (YES) systems maintenance PROJECT: ALLOCATION TO STRATEGY: L.1.2.
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2018	Budgeted 2019	Requested 2020	Requested 2021
Object of Expense:						
L.1.2.	1001	Salaries and Wages	\$0	\$0	\$42,240	\$42,240
D.2.5.	2001	Professional Fees and Services	\$634,784	\$0	\$0	\$0
Total, Object of Expense			\$634,784	\$0	\$42,240	\$42,240
Method of Financing:						
L.1.2.	0758	GR Match for Medicaid	\$63,478	\$0	\$21,120	\$21,120
L.1.2.	0555	Federal - CFDA 93.778.003	\$0	\$0	\$21,120	\$21,120
D.2.5.	0555	Federal - CFDA 93.778.005	\$571,306	\$0	\$0	\$0
Total, Method of Financing			\$634,784	\$0	\$42,240	\$42,240

Project Description for the 2018-19 Biennium:

The Health and Human Services Commission received \$634,784 in the 2018-19 biennium for Mental Health Clinical Management for Behavioral Health Services (CMBHS), Youth Empowerment Services (YES) Waiver Batch APD.

Project Description and Allocation Purpose for the 2020-21 Biennium:

The Health and Human Services Commission allocated \$84,480 for Youth Empowerment Services (YES) systems maintenance in 2020-21.

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
00.000.000	Temp Place Holder					
1 - 4 - 2	MEDICARE PAYMENTS	191,326,370	0	190,505,419	0	0
	TOTAL, ALL STRATEGIES	\$191,326,370	\$0	\$190,505,419	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$191,326,370	\$0	\$190,505,419	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.557.000	Special Supplemental Nut					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	0	0	1,505	1,505
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	4,999	4,999
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	214,125	142,059	147,925	146,299
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	405,444	451,590	424,734	424,734
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	1,447,885	1,459,172	1,331,109	1,320,451
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	312,154	345,259	344,700	344,700
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	975	846	987	869
	TOTAL, ALL STRATEGIES	\$0	\$2,380,583	\$2,398,926	\$2,255,959	\$2,243,557
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$2,380,583	\$2,398,926	\$2,255,959	\$2,243,557
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.557.001	SPECIAL SUPPL FOOD WIC					
5 - 1 - 2	PROVIDE WIC SERVICES	0	553,562,823	553,631,462	552,850,877	552,850,877
	TOTAL, ALL STRATEGIES	\$0	\$553,562,823	\$553,631,462	\$552,850,877	\$552,850,877
	ADDL FED FNDS FOR EMPL BENEFITS	0	4,922,540	4,032,734	4,032,163	4,032,163
	TOTAL, FEDERAL FUNDS	\$0	\$558,485,363	\$557,664,196	\$556,883,040	\$556,883,040
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.557.002	WIC NUTRITION EDUCATION					
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	4,504	34	99	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$0	\$4,504	\$34	\$99	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$4,504	\$34	\$99	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.557.013	Breastfeeding Peer Counseling					
5 - 1 - 2	PROVIDE WIC SERVICES	0	10,220,102	10,220,102	10,220,102	10,220,102
	TOTAL, ALL STRATEGIES	\$0	\$10,220,102	\$10,220,102	\$10,220,102	\$10,220,102
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$10,220,102	\$10,220,102	\$10,220,102	\$10,220,102
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.561.000	State Admin Match SNAP					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	50,380	53,691	0	0	0
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	12,592	12,765	12,693	12,693
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	110,383,467	125,652,027	130,631,197	136,781,502	136,775,166
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	21,326,524	26,048,347	26,042,304	22,699,354	22,622,653
9 - 3 - 2	TIERS CAPITAL PROJECTS	10,645,499	7,635,541	8,710,607	12,430,727	12,445,831
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	4,806,025	5,015,603	4,913,612	5,080,430	5,080,430
12 - 1 - 1	HHS SYSTEM SUPPORTS	3,643,253	4,741,245	5,225,248	5,011,808	5,011,808
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	9,197,435	12,640,581	12,719,490	11,960,193	12,035,531
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	1,885,575	2,496,957	2,769,528	2,764,420	2,764,420
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	5,648,769	822,829	723,065	833,333	740,645
	TOTAL, ALL STRATEGIES	\$167,586,927	\$185,119,413	\$191,747,816	\$197,574,460	\$197,489,177
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$167,586,927	\$185,119,413	\$191,747,816	\$197,574,460	\$197,489,177
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
84.027.000	Special Education_Grants					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4 - 1 - 3	ECI SERVICES	5,131,125	5,131,125	5,131,125	5,131,125	5,131,125
	TOTAL, ALL STRATEGIES	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
84.126.000	Rehabilitation Services_V					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	393	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	31,739	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	46,626	0	0	0	0
	TOTAL, ALL STRATEGIES	\$78,758	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$78,758	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants					
4 - 1 - 3	ECI SERVICES	43,542,331	41,731,382	46,512,419	54,161,399	41,974,675
4 - 1 - 4	ECI RESPITE & QUALITY ASSURANCE	2,715,436	1,822,361	2,030,965	2,030,966	2,030,966
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	1,578	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	119,736	48,567	2,845	2,845
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	184,754	294,624	297,325	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	62,673	145,640	214,107	133,583	133,583
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	163	141	7	7
	TOTAL, ALL STRATEGIES	\$46,506,772	\$44,113,906	\$49,103,524	\$56,328,800	\$44,142,076
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$46,506,772	\$44,113,906	\$49,103,524	\$56,328,800	\$44,142,076
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.041.000	Special Programs for the					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
6 - 1 - 2	NON-MEDICAID SERVICES	20,074	21,817	21,817	20,726	20,726
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	262,287	284,557	273,775	273,775	273,775
	TOTAL, ALL STRATEGIES	\$282,361	\$306,374	\$295,592	\$294,501	\$294,501
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$282,361	\$306,374	\$295,592	\$294,501	\$294,501
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.042.000	Special Programs for the					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	996,138	1,051,034	1,011,210	1,011,210	1,011,210
	TOTAL, ALL STRATEGIES	\$996,138	\$1,051,034	\$1,011,210	\$1,011,210	\$1,011,210
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$996,138	\$1,051,034	\$1,011,210	\$1,011,210	\$1,011,210
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.043.000	Special Programs for the					
6 - 1 - 2	NON-MEDICAID SERVICES	1,048,699	1,371,901	1,371,901	1,303,306	1,303,306
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	100,786	0	0	0	0
	TOTAL, ALL STRATEGIES	\$1,149,485	\$1,371,901	\$1,371,901	\$1,303,306	\$1,303,306
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,149,485	\$1,371,901	\$1,371,901	\$1,303,306	\$1,303,306
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.044.000	SPECIAL PROGRAMS FOR THE					
6 - 1 - 2	NON-MEDICAID SERVICES	10,012,326	10,360,585	10,360,585	12,655,636	12,655,636
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	164	0	0	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	14,305,323	14,617,623	13,619,277	13,629,431	13,629,431
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	160	160
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	3,185	3,208	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	123,610	140,816	139,994	139,994

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	13,265	42,971	43,346	42,904	42,572
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	175,049	109,284	114,449	114,444	114,444
	TOTAL, ALL STRATEGIES	\$24,506,127	\$25,257,258	\$24,281,681	\$26,582,569	\$26,582,237
	ADDL FED FNDS FOR EMPL BENEFITS	93,978	76,857	79,642	84,421	84,421
	TOTAL, FEDERAL FUNDS	\$24,600,105	\$25,334,115	\$24,361,323	\$26,666,990	\$26,666,658
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.045.000	Special Programs for the					
6 - 1 - 2	NON-MEDICAID SERVICES	30,738,667	33,962,497	33,962,497	30,632,091	30,632,091
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	337	0	0	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	6,207,432	4,680,580	4,654,296	4,673,881	4,673,881
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	203	203
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	3,959	3,983	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	16,954	18,865	17,735	17,735
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	29,501	54,335	54,801	54,636	54,211
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	469,513	216,518	226,272	226,262	226,262
	TOTAL, ALL STRATEGIES	\$37,445,450	\$38,934,843	\$38,920,714	\$35,604,808	\$35,604,383
	ADDL FED FNDS FOR EMPL BENEFITS	189,955	74,879	79,930	78,996	78,996
	TOTAL, FEDERAL FUNDS	\$37,635,405	\$39,009,722	\$39,000,644	\$35,683,804	\$35,683,379
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.048.000	Special Programs for the					
6 - 1 - 2	NON-MEDICAID SERVICES	0	100,000	100,000	100,000	100,000
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	35,234	301,893	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$35,234	\$401,893	\$100,000	\$100,000	\$100,000
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$35,234	\$401,893	\$100,000	\$100,000	\$100,000
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.051.000	Alzheimer's Disease Demo Grants Pgm					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	27,079	370,426	128,571	128,571	128,571
	TOTAL, ALL STRATEGIES	\$27,079	\$370,426	\$128,571	\$128,571	\$128,571
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$27,079	\$370,426	\$128,571	\$128,571	\$128,571
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM					
6 - 1 - 2	NON-MEDICAID SERVICES	5,199,586	5,538,284	5,538,284	6,261,370	6,261,370
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	74	0	0	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	3,822,735	3,278,211	3,266,501	3,273,772	3,273,772
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	44	44
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	813	813	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	3,688	4,105	3,919	3,919
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	5,331	11,499	11,587	11,898	11,804
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	115,540	46,977	49,095	49,098	49,098
	TOTAL, ALL STRATEGIES	\$9,143,266	\$8,879,472	\$8,870,385	\$9,600,101	\$9,600,007
	ADDL FED FNDS FOR EMPL BENEFITS	41,322	16,249	17,351	17,200	17,200
	TOTAL, FEDERAL FUNDS	\$9,184,588	\$8,895,721	\$8,887,736	\$9,617,301	\$9,617,207
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.053.000	Nutrition Services Incentive Pgm					
6 - 1 - 2	NON-MEDICAID SERVICES	12,000,000	11,183,533	11,183,533	11,565,487	11,565,487

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$12,000,000	\$11,183,533	\$11,183,533	\$11,565,487	\$11,565,487
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$12,000,000	\$11,183,533	\$11,183,533	\$11,565,487	\$11,565,487
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.071.000	MIPPA Priority Area 2 AAA					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	263,461	384,126	366,977	366,977	366,977
	TOTAL, ALL STRATEGIES	\$263,461	\$384,126	\$366,977	\$366,977	\$366,977
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$263,461	\$384,126	\$366,977	\$366,977	\$366,977
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.071.001	MIPPA Priority Area 3 ADRs					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	74	0	0	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	464,816	881,620	357,615	356,391	356,391
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	29	29
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	5,574	0	0	0	0
	TOTAL, ALL STRATEGIES	\$470,464	\$881,620	\$357,615	\$356,420	\$356,420
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$470,464	\$881,620	\$357,615	\$356,420	\$356,420
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.071.002	MIPPA Priority One SHIP					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	518,891	424,461	424,461	424,461	424,461
	TOTAL, ALL STRATEGIES	\$518,891	\$424,461	\$424,461	\$424,461	\$424,461
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$518,891	\$424,461	\$424,461	\$424,461	\$424,461
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0

CFDA NUMBER/ STRATEGY		529 Health and Human Services Commission				
		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.072.000	Lifespan Respite Care Program					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	368,293	42,879	0	0	0
TOTAL, ALL STRATEGIES		\$368,293	\$42,879	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$368,293	\$42,879	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance					
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	4,722,275	4,991,125	4,991,125	4,991,125	4,991,125
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	37	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	2,371	0	0	0	0
TOTAL, ALL STRATEGIES		\$4,724,683	\$4,991,125	\$4,991,125	\$4,991,125	\$4,991,125
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$4,724,683	\$4,991,125	\$4,991,125	\$4,991,125	\$4,991,125
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.230.003	Mental Hlth Data Infrastructure					
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	0	126,469	126,469	0	0
TOTAL, ALL STRATEGIES		\$0	\$126,469	\$126,469	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$126,469	\$126,469	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.235.000	ABSTINENCE EDUCATION					
4 - 1 - 12	ABSTINENCE EDUCATION	4,525,632	7,894,576	7,894,576	7,894,576	7,894,576

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$4,525,632	\$7,894,576	\$7,894,576	\$7,894,576	\$7,894,576
	ADDL FED FNDS FOR EMPL BENEFITS	36,168	136,819	114,483	106,789	106,789
	TOTAL, FEDERAL FUNDS	\$4,561,800	\$8,031,395	\$8,009,059	\$8,001,365	\$8,001,365
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.243.000	Project Reg. & Natl Significance					
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	145,168	0	0	0	0
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	2,094,306	2,094,306	2,094,306	2,071,747	2,071,747
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	47	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	909,801	0	0	67,562	67,562
	TOTAL, ALL STRATEGIES	\$3,149,322	\$2,094,306	\$2,094,306	\$2,139,309	\$2,139,309
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$3,149,322	\$2,094,306	\$2,094,306	\$2,139,309	\$2,139,309
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.296.000	St Grant to Improve Minority Health					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	263,408	184,761	0	166,221	166,221
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	3,112	0	0	0	0
	TOTAL, ALL STRATEGIES	\$266,520	\$184,761	\$0	\$166,221	\$166,221
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$266,520	\$184,761	\$0	\$166,221	\$166,221
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.324.000	State Health Insurance Assis. Prog.					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	1,640,998	2,250,414	2,165,146	2,165,146	2,165,146

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$1,640,998	\$2,250,414	\$2,165,146	\$2,165,146	\$2,165,146
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,640,998	\$2,250,414	\$2,165,146	\$2,165,146	\$2,165,146
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.369.001	Independent Living_State_Rehab					
6 - 2 - 1	INDEPENDENT LIVING SERVICES	1,082,929	1,017,679	1,017,679	1,017,679	1,017,679
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	94,767	0	0	0	0
	TOTAL, ALL STRATEGIES	\$1,177,696	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,177,696	\$1,017,679	\$1,017,679	\$1,017,679	\$1,017,679
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families					
4 - 1 - 2	ALTERNATIVES TO ABORTION	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
4 - 1 - 3	ECI SERVICES	10,000,000	13,570,461	13,570,461	13,570,461	13,570,461
5 - 1 - 1	TANF (CASH ASSISTANCE) GRANTS	7,771,230	4,071,754	349,021	3,780,094	3,862,419
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	114,034	243,202	239,542	239,542	239,542
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	4,902,129	5,053,465	5,118,204	5,626,054	5,626,054
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	1,843,619	1,452,078	1,152,130	1,149,911
9 - 3 - 2	TIERS CAPITAL PROJECTS	326,374	221,552	284,069	358,760	359,196
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	188,922	172,586	172,090	176,722	176,722
12 - 1 - 1	HHS SYSTEM SUPPORTS	332,622	354,832	403,957	383,770	383,770
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	455,833	550,456	560,094	607,764	609,045
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	139,711	143,352	147,778	147,274	147,274
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	146,916	171,689	165,543	47,030	42,031

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$27,377,771	\$29,396,968	\$25,462,837	\$29,089,601	\$29,166,425
	ADDL FED FNDS FOR EMPL BENEFITS	1,103,708	1,400,933	1,544,049	1,513,044	1,513,044
	TOTAL, FEDERAL FUNDS	\$28,481,479	\$30,797,901	\$27,006,886	\$30,602,645	\$30,679,469
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.558.667	TANF to Title XX					
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	3,656,610	3,481,050	3,481,050	3,481,050	3,481,050
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	4,307,719	4,365,721	4,365,721	4,365,721	4,365,720
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	8,884,095	8,844,654	8,844,654	8,844,654	8,844,654
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	0	0	0	0	0
4 - 2 - 5	BEHAVIORAL HLTH WAIVER & AMENDME	1,670,908	0	0	0	0
6 - 3 - 1	FAMILY VIOLENCE SERVICES	11,432,445	11,002,176	11,002,361	11,002,361	11,002,361
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	218	0	0	0	0
7 - 2 - 1	MENTAL HEALTH STATE HOSPITALS	0	3,574,220	3,574,220	3,574,220	3,574,220
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	0	0	146,192	146,192
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	0	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	11,993	0	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	0	0	0	0
	TOTAL, ALL STRATEGIES	\$29,963,988	\$31,267,821	\$31,268,006	\$31,414,198	\$31,414,197
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$29,963,988	\$31,267,821	\$31,268,006	\$31,414,198	\$31,414,197
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.566.000	Refugee and Entrant Assis					
5 - 1 - 3	REFUGEE ASSISTANCE	23,855,679	0	0	0	0
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	262	0	0	0	0
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	230,056	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	23,435	0	0	0	0
9 - 3 - 2	TIERS CAPITAL PROJECTS	29,407	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	10,460	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	32,218	0	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	21,068	0	0	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	8,608	0	0	0	0
	TOTAL, ALL STRATEGIES	\$24,211,193	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$24,211,193	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant					
8 - 2 - 1	CHILD CARE REGULATION	0	14,937,266	14,937,266	14,292,162	14,292,162
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	2,097,883	2,056,105	1,866,642	1,866,642
	TOTAL, ALL STRATEGIES	\$0	\$17,035,149	\$16,993,371	\$16,158,804	\$16,158,804
	ADDL FED FNDS FOR EMPL BENEFITS	0	1,848,981	1,890,759	2,725,326	2,725,326
	TOTAL, FEDERAL FUNDS	\$0	\$18,884,130	\$18,884,130	\$18,884,130	\$18,884,130
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.576.000	Refugee and Entrant					
5 - 1 - 3	REFUGEE ASSISTANCE	117,612	0	0	0	0
	TOTAL, ALL STRATEGIES	\$117,612	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$117,612	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.584.000	Refugee and Entrant Assis					
5 - 1 - 3	REFUGEE ASSISTANCE	1,780,751	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$1,780,751	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,780,751	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.658.050	Foster Care Title IV-E Admin @ 50%					
8 - 2 - 1	CHILD CARE REGULATION	0	2,242,410	2,242,410	1,865,210	1,865,210
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	0	0	817	817
	TOTAL, ALL STRATEGIES	\$0	\$2,242,410	\$2,242,410	\$1,866,027	\$1,866,027
	ADDL FED FNDS FOR EMPL BENEFITS	0	506,801	523,294	523,262	523,262
	TOTAL, FEDERAL FUNDS	\$0	\$2,749,211	\$2,765,704	\$2,389,289	\$2,389,289
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants					
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	1,539,747	1,539,747	1,539,747	1,539,747	1,539,747
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	3,251,041	3,266,042	3,266,042	3,266,042	3,266,042
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	63,297	0	0	0	0
4 - 2 - 3	COMMUNITY MENTAL HEALTH CRISIS SV	1,643,675	1,637,636	1,637,636	1,637,636	1,637,636
4 - 2 - 5	BEHAVIORAL HLTH WAIVER & AMENDME	168,583	0	0	0	0
6 - 1 - 1	GUARDIANSHIP	6,022,947	7,223,952	7,223,952	7,223,952	7,223,952
6 - 1 - 2	NON-MEDICAID SERVICES	68,903,929	68,903,929	68,903,929	68,903,929	68,903,929
6 - 3 - 1	FAMILY VIOLENCE SERVICES	1,054,001	1,056,762	1,054,001	1,054,001	1,054,001
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	12,871	2,340	0	0	0
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	7,827	6,779	6,779	6,779
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	3,424,363	3,424,363	3,424,363	3,424,363
8 - 2 - 1	CHILD CARE REGULATION	0	971,645	971,645	971,086	971,086
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	6,485,112	5,459,567	5,459,567	4,839,453	4,861,401
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	4,752	4,752

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	206,649	22	22	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	162,987	236,998	478,620	478,620
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,924,865	793,593	789,699	1,347,387	1,337,305
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	287,991	571,833	568,061	357,429	357,429
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	1,217,772	127,052	84,531	111,852	99,986
TOTAL, ALL STRATEGIES		\$92,782,480	\$95,149,297	\$95,166,972	\$95,167,028	\$95,167,028
ADDL FED FNDS FOR EMPL BENEFITS		3,624,427	3,603,904	3,603,904	3,603,904	3,603,904
TOTAL, FEDERAL FUNDS		\$96,406,907	\$98,753,201	\$98,770,876	\$98,770,932	\$98,770,932
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.671.000	Family Violence Preventio					
6 - 3 - 1	FAMILY VIOLENCE SERVICES	6,399,923	5,665,322	5,665,322	5,665,322	5,665,322
TOTAL, ALL STRATEGIES		\$6,399,923	\$5,665,322	\$5,665,322	\$5,665,322	\$5,665,322
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$6,399,923	\$5,665,322	\$5,665,322	\$5,665,322	\$5,665,322
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.752.001	Texas Cancer Prevention and Control					
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	3,622,035	5,700,000	5,700,000	6,004,457	6,004,457
TOTAL, ALL STRATEGIES		\$3,622,035	\$5,700,000	\$5,700,000	\$6,004,457	\$6,004,457
ADDL FED FNDS FOR EMPL BENEFITS		28,752	116,493	46,707	46,707	46,707
TOTAL, FEDERAL FUNDS		\$3,650,787	\$5,816,493	\$5,746,707	\$6,051,164	\$6,051,164
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.767.000	CHIP					
2 - 1 - 2	CHIP CONTRACTS & ADMINISTRATION	8,764,821	16,292,130	15,774,277	14,161,403	12,242,838
3 - 1 - 1	CHIP	467,949,745	493,626,933	576,342,929	481,435,354	438,628,966
3 - 1 - 2	CHIP PERINATAL SERVICES	159,785,117	160,152,028	166,815,168	135,821,043	121,429,292
3 - 1 - 3	CHIP PRESCRIPTION DRUGS	169,745,839	159,869,740	176,312,791	155,559,967	140,281,568

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
3	- 1 - 4 CHIP DENTAL SERVICES	112,854,689	116,780,532	130,335,206	103,266,651	93,650,355
4	- 1 - 10 ADDITIONAL SPECIALTY CARE	11,967	22,583	22,670	22,670	22,670
4	- 2 - 1 COMMUNITY MENTAL HEALTH SVCS-ADU	3,321	0	0	0	0
4	- 2 - 2 COMMUNITY MENTAL HLTH SVCS-CHILD	352,010	0	0	0	0
6	- 3 - 3 ADDITIONAL ADVOCACY PROGRAMS	17,199	17,953	0	0	0
7	- 4 - 1 FACILITY PROGRAM SUPPORT	0	0	4,552	4,490	4,490
9	- 1 - 1 INTEGRATED ELIGIBILITY & ENROLLMEN	23,254,141	25,953,951	27,405,386	26,360,551	23,299,335
9	- 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	3,813,349	5,942,029	5,964,120	4,301,932	3,755,166
9	- 3 - 2 TIERS CAPITAL PROJECTS	2,655,130	1,884,208	2,338,975	2,132,572	1,554,714
11	- 1 - 1 OFFICE OF INSPECTOR GENERAL	478,135	419,464	425,013	397,699	345,807
12	- 1 - 1 HHS SYSTEM SUPPORTS	894,592	1,257,905	1,399,403	1,215,806	1,061,549
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	2,792,647	3,752,477	2,353,285	3,340,819	3,037,001
12	- 2 - 1 CENTRAL PROGRAM SUPPORT	670,113	796,530	882,910	801,578	694,893
12	- 2 - 2 REGIONAL PROGRAM SUPPORT	1,784,912	262,453	229,559	243,408	189,658
TOTAL, ALL STRATEGIES		\$955,827,727	\$987,030,916	\$1,106,606,244	\$929,065,943	\$840,198,302
ADDL FED FNDS FOR EMPL BENEFITS		7,333,942	7,083,010	7,501,881	6,872,497	5,989,945
TOTAL, FEDERAL FUNDS		\$963,161,669	\$994,113,926	\$1,114,108,125	\$935,938,440	\$846,188,247
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.767.778	CHIP for Medicaid (EFMAP)					
1	- 1 - 3 PREGNANT WOMEN	1,804,675	1,202,602	1,254,094	1,134,899	1,004,664
1	- 1 - 4 OTHER ADULTS	109,728	73,061,868	82,993,111	77,451,320	79,903,007
1	- 1 - 5 CHILDREN	310,472,127	323,196,336	344,488,557	297,648,007	267,187,613
1	- 1 - 6 MEDICAID PRESCRIPTION DRUGS	123,179,163	122,953,941	132,551,149	105,905,457	95,597,357
1	- 1 - 7 HEALTH STEPS (EPSDT) DENTAL	318,141,935	114,929,239	125,320,280	99,608,359	90,735,127
1	- 1 - 8 MEDICAL TRANSPORTATION	0	3,595,877	3,838,197	3,031,043	2,675,207
1	- 4 - 1 NON-FULL BENEFIT PAYMENTS	8,697,611	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$762,405,239	\$638,939,863	\$690,445,388	\$584,779,085	\$537,102,975
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$762,405,239	\$638,939,863	\$690,445,388	\$584,779,085	\$537,102,975
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.000	State Survey and Certific					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	6,220	10,229	4,082	4,082
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	22,407,795	22,407,795	20,837,455	20,837,457
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	0	279,349	279,349	165,687	165,687
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	6,671	6,671
12 - 1 - 1	HHS SYSTEM SUPPORTS	930,122	1,041,479	1,159,880	590,047	590,047
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	755,048	967,551	972,437	1,821,235	1,807,102
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	391,765	878,125	959,865	568,955	568,955
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	2,230,394	210,420	182,746	119,708	105,972
14 - 1 - 3	FACILITY/COMMUNITY-BASED REGULAT	18,686,268	0	0	0	0
14 - 1 - 4	HEALTH CARE PROFESSIONALS & OTHER	262,658	0	0	0	0
	TOTAL, ALL STRATEGIES	\$23,256,255	\$25,790,939	\$25,972,301	\$24,113,840	\$24,085,973
	ADDL FED FNDS FOR EMPL BENEFITS	4,764,637	2,966,535	2,785,173	4,643,634	4,671,501
	TOTAL, FEDERAL FUNDS	\$28,020,892	\$28,757,474	\$28,757,474	\$28,757,474	\$28,757,474
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.002	SURVEY & CERT @ 75%					
14 - 1 - 4	HEALTH CARE PROFESSIONALS & OTHER	49,133	0	0	0	0
	TOTAL, ALL STRATEGIES	\$49,133	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$49,133	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.003	CLINICAL LAB AMEND PROGRAM					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	1,518,389	1,518,389	1,551,761	1,551,761
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	87	87
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	0	0	27,219	27,017
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	0	0	6,379	6,379
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	1	0	1,584	1,426
TOTAL, ALL STRATEGIES		\$0	\$1,518,390	\$1,518,389	\$1,587,030	\$1,586,670
ADDL FED FNDS FOR EMPL BENEFITS		0	198,907	241,617	172,976	173,336
TOTAL, FEDERAL FUNDS		\$0	\$1,717,297	\$1,760,006	\$1,760,006	\$1,760,006
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS					
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	4,595,185	4,595,185	4,595,185	4,595,185
TOTAL, ALL STRATEGIES		\$0	\$4,595,185	\$4,595,185	\$4,595,185	\$4,595,185
ADDL FED FNDS FOR EMPL BENEFITS		0	688,646	688,646	688,646	688,646
TOTAL, FEDERAL FUNDS		\$0	\$5,283,831	\$5,283,831	\$5,283,831	\$5,283,831
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.000	XIX FMAP					
1 - 1 - 1	AGED AND MEDICARE-RELATED	2,976,908,157	2,863,217,958	3,086,288,081	3,056,167,848	3,098,708,535
1 - 1 - 2	DISABILITY-RELATED	3,686,162,406	3,514,539,309	3,809,626,306	3,918,476,355	4,030,147,217
1 - 1 - 3	PREGNANT WOMEN	611,894,749	587,948,766	629,079,247	637,666,170	656,677,899
1 - 1 - 4	OTHER ADULTS	213,599,128	280,527,057	306,811,325	314,300,304	325,234,325
1 - 1 - 5	CHILDREN	3,310,277,288	3,410,898,266	3,535,875,314	3,462,315,653	3,561,398,365
1 - 1 - 6	MEDICAID PRESCRIPTION DRUGS	1,711,041,012	2,078,095,229	2,238,269,213	2,249,759,805	2,329,095,310
1 - 1 - 7	HEALTH STEPS (EPSDT) DENTAL	456,489,831	649,848,440	721,227,826	659,673,440	688,963,651
1 - 1 - 8	MEDICAL TRANSPORTATION	71,397,510	91,050,590	96,159,133	90,863,497	89,696,390
1 - 2 - 1	COMMUNITY ATTENDANT SERVICES	395,977,698	405,058,302	457,143,611	489,120,942	522,217,374
1 - 2 - 2	PRIMARY HOME CARE	7,646,403	6,215,406	6,896,312	7,041,432	7,043,697

6.C. Federal Funds Supporting Schedule

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86th Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

529 Health and Human Services Commission					
CFDA NUMBER/ STRATEGY	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1 - 2 - 3 DAY ACTIVITY & HEALTH SERVICES	5,110,466	4,619,766	5,153,291	5,421,975	5,691,684
1 - 2 - 4 NURSING FACILITY PAYMENTS	148,189,061	137,289,390	186,869,081	178,336,899	177,572,187
1 - 2 - 5 MEDICARE SKILLED NURSING FACILITY	30,232,794	21,308,031	31,713,232	31,428,434	31,850,513
1 - 2 - 6 HOSPICE	139,607,100	130,201,800	156,416,260	162,916,580	166,529,990
1 - 2 - 7 INTERMEDIATE CARE FACILITIES - IID	144,014,826	160,215,836	151,169,964	151,398,092	155,641,731
1 - 3 - 1 HOME AND COMMUNITY-BASED SERVICE	620,546,391	603,078,607	655,805,604	685,090,401	686,498,150
1 - 3 - 2 COMMUNITY LIVING ASSISTANCE (CLAS)	159,263,186	161,832,940	175,986,598	180,401,404	180,606,055
1 - 3 - 3 DEAF-BLIND MULTIPLE DISABILITIES	7,639,827	7,284,722	8,813,337	9,014,811	9,034,563
1 - 3 - 4 TEXAS HOME LIVING WAIVER	72,745,072	64,408,847	73,081,082	75,449,489	75,506,399
1 - 3 - 5 ALL-INCLUSIVE CARE - ELDERLY (PACE)	21,520,915	24,763,089	26,021,547	26,058,582	26,058,637
1 - 3 - 6 MEDICALLY DEPENDENT CHILDREN PGM	21,656,803	0	0	0	0
1 - 4 - 1 NON-FULL BENEFIT PAYMENTS	373,293,880	283,989,232	297,424,625	296,152,729	298,177,073
1 - 4 - 2 MEDICARE PAYMENTS	627,610,050	726,905,313	581,744,110	841,001,753	868,130,013
1 - 4 - 3 TRANSFORMATION PAYMENTS	30,594,698	69,751,839	84,201,886	66,500,948	68,455,480
4 - 1 - 1 WOMEN'S HEALTH PROGRAMS	0	0	12,822,376	0	0
4 - 2 - 1 COMMUNITY MENTAL HEALTH SVCS-ADI	1,318,767	0	0	0	0
4 - 2 - 2 COMMUNITY MENTAL HLTH SVCS-CHILD	5,396,021	0	0	0	0
4 - 2 - 5 BEHAVIORAL HLTH WAIVER & AMENDME	15,985,959	27,373,659	27,337,335	28,038,678	28,026,716
6 - 3 - 3 ADDITIONAL ADVOCACY PROGRAMS	0	223,060	0	0	0
7 - 1 - 1 STATE SUPPORTED LIVING CENTERS	0	373,205,410	367,433,723	411,192,409	411,980,119
7 - 2 - 1 MENTAL HEALTH STATE HOSPITALS	0	1,467,149	1,462,740	1,462,740	1,462,740
7 - 3 - 1 OTHER FACILITIES	721,807	1,108,145	1,108,145	1,063,507	1,065,824
7 - 4 - 1 FACILITY PROGRAM SUPPORT	0	1,738,899	1,791,703	2,127,697	2,127,697
9 - 2 - 1 LONG-TERM CARE INTAKE & ACCESS	41,085,468	65,256,466	65,853,127	59,794,322	59,922,443
9 - 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	189,642	189,642
11 - 1 - 1 OFFICE OF INSPECTOR GENERAL	2,174,032	600,249	573,157	594,120	594,120

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
12 - 1 - 1	HHS SYSTEM SUPPORTS	16,281,794	3,498,344	3,708,610	3,656,562	3,656,562
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	22,652,824	12,145,692	12,289,062	12,603,050	12,684,584
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	6,045,434	743,918	883,730	870,721	870,721
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	500,221	40,965	41,866	42,581	41,872
14 - 1 - 1	STATE SUPPORTED LIVING CENTERS	378,898,993	0	0	0	0
14 - 1 - 2	FACILITY CAPITAL REP & RENOV	93,146	0	0	0	0
14 - 1 - 3	FACILITY/COMMUNITY-BASED REGULAT	488,139	0	0	0	0
TOTAL, ALL STRATEGIES		\$16,335,061,856	\$16,770,450,691	\$17,817,082,559	\$18,116,193,572	\$18,581,558,278
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$16,335,061,856	\$16,770,450,691	\$17,817,082,559	\$18,116,193,572	\$18,581,558,278
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.002	MEDICAID REIMBURSE ADMIN					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	22,193	0	0	0	0
TOTAL, ALL STRATEGIES		\$22,193	\$0	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$22,193	\$0	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.003	XIX 50%					
1 - 1 - 8	MEDICAL TRANSPORTATION	176,754	0	0	0	0
1 - 2 - 4	NURSING FACILITY PAYMENTS	0	43,500	43,500	43,500	43,500
1 - 4 - 3	TRANSFORMATION PAYMENTS	0	43,753	43,753	46,981	46,981
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	96,300,593	108,179,668	109,326,685	110,713,247	110,290,817
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	0	0	2,835,275	0	0
4 - 1 - 3	ECI SERVICES	3,924,918	5,104,492	5,480,237	5,734,053	6,033,551
4 - 1 - 4	ECI RESPITE & QUALITY ASSURANCE	0	550,000	550,000	550,000	550,000
4 - 1 - 5	CHILDREN'S BLINDNESS SERVICES	1,431,961	590,225	590,225	1,422,090	1,422,090

529 Health and Human Services Commission					
CFDA NUMBER/ STRATEGY	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4 - 1 - 10 ADDITIONAL SPECIALTY CARE	67,197	143,894	143,894	143,894	143,894
4 - 2 - 1 COMMUNITY MENTAL HEALTH SVCS-ADI	0	687,669	687,669	795,362	795,363
4 - 2 - 2 COMMUNITY MENTAL HLTH SVCS-CHILD	948,421	873,798	873,798	866,186	866,186
4 - 2 - 4 SUBSTANCE ABUSE SERVICES	0	0	0	0	0
4 - 2 - 5 BEHAVIORAL HLTH WAIVER & AMENDME	734,241	734,241	734,241	675,137	736,233
4 - 3 - 2 COUNTY INDIGENT HEALTH CARE SVCS	31,495	47,733	47,731	47,732	47,732
6 - 3 - 3 ADDITIONAL ADVOCACY PROGRAMS	138,597	144,011	0	0	0
7 - 4 - 1 FACILITY PROGRAM SUPPORT	0	83,006	210,994	45,064	45,064
8 - 1 - 1 FACILITY/COMMUNITY-BASED REGULAT	0	6,997,131	6,994,446	7,006,368	7,006,368
8 - 1 - 2 LTC QUALITY OUTREACH	2,284,046	1,133,219	1,329,065	1,430,240	1,430,240
8 - 3 - 1 HEALTH CARE PROFESSIONALS & OTHER	0	113,458	113,458	120,996	120,996
9 - 1 - 1 INTEGRATED ELIGIBILITY & ENROLLMEN	31,182,580	34,481,638	65,440,296	58,134,192	58,134,188
9 - 2 - 1 LONG-TERM CARE INTAKE & ACCESS	20,484,109	26,358,596	26,352,658	27,379,578	27,507,699
9 - 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	634,161	865,357	865,357	2,243,963	2,243,963
11 - 1 - 1 OFFICE OF INSPECTOR GENERAL	11,116,849	10,590,318	10,428,260	12,629,520	12,629,520
12 - 1 - 1 HHS SYSTEM SUPPORTS	12,790,574	13,489,961	15,076,919	17,432,372	17,432,372
12 - 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	45,309,660	35,157,902	34,738,218	37,706,730	37,084,915
12 - 2 - 1 CENTRAL PROGRAM SUPPORT	6,378,817	8,530,892	9,469,621	9,463,193	9,463,193
12 - 2 - 2 REGIONAL PROGRAM SUPPORT	15,520,312	2,291,426	2,014,366	2,320,676	2,063,119
14 - 1 - 3 FACILITY/COMMUNITY-BASED REGULAT	4,777,776	0	0	0	0
14 - 1 - 4 HEALTH CARE PROFESSIONALS & OTHER	112,955	0	0	0	0
14 - 1 - 5 LTC QUALITY OUTREACH	836,565	0	0	0	0
TOTAL, ALL STRATEGIES	\$255,182,581	\$257,235,888	\$294,390,666	\$296,951,074	\$296,137,984
ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
TOTAL, FEDERAL FUNDS	\$255,182,581	\$257,235,888	\$294,390,666	\$296,951,074	\$296,137,984
ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.778.004	XIX ADM @ 75%					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	147,775,936	121,406,296	121,375,013	122,218,111	122,312,355
8 - 1 - 2	LTC QUALITY OUTREACH	435,331	1,850,136	1,850,136	1,891,153	1,891,153
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	192,068,750	179,148,047	212,640,257	210,854,786	210,861,123
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	6,921,306	12,003,593	12,003,593	5,894,740	5,894,740
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	35,418,740	45,933,506	45,922,217	29,062,524	28,940,084
9 - 3 - 2	TIERS CAPITAL PROJECTS	20,954,596	13,344,659	16,838,427	15,552,161	15,456,647
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	7,155,893	7,784,016	7,745,379	7,934,930	7,934,930
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,206,455	2,854,929	23,487,511	2,897,715	2,895,896
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	258,105	0	0	0	0
TOTAL, ALL STRATEGIES		\$412,195,112	\$384,325,182	\$441,862,533	\$396,306,120	\$396,186,928
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$412,195,112	\$384,325,182	\$441,862,533	\$396,306,120	\$396,186,928
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.005	XIX FMAP @ 90%					
1 - 1 - 1	AGED AND MEDICARE-RELATED	68,274	9,639	10,476	9,256	9,342
1 - 1 - 2	DISABILITY-RELATED	203,496	63,632	69,157	61,104	61,669
1 - 1 - 3	PREGNANT WOMEN	29,739,100	19,477,584	20,543,220	19,684,532	20,232,621
1 - 1 - 4	OTHER ADULTS	8,966,789	6,612,882	7,114,524	7,101,035	7,340,622
1 - 1 - 5	CHILDREN	9,770,863	8,294,413	8,887,794	9,033,655	9,337,419
1 - 1 - 6	MEDICAID PRESCRIPTION DRUGS	10,751,663	7,370,587	11,875,582	9,727,326	10,091,342
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	37,883	0	0	0	0
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	20,645,413	17,372,947	23,845,952	23,262,545	62,868,735
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	0	0	41,465,767	0	0
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	576,666	0	0	0	0
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	2,146,210	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4 - 2 - 3	COMMUNITY MENTAL HEALTH CRISIS SV	3,062,472	0	0	0	0
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	9,158,714	717,069	730,296	884,379	897,606
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	4,198,263	13,617,435	13,617,435	12,294,190	12,294,190
9 - 3 - 2	TIERS CAPITAL PROJECTS	9,014,828	6,513,480	7,139,459	3,661,172	3,802,913
12 - 1 - 1	HHS SYSTEM SUPPORTS	1,485,493	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,739,356	4,615,323	4,200,446	3,438,000	3,438,000
TOTAL, ALL STRATEGIES		\$111,565,483	\$84,664,991	\$139,500,108	\$89,157,194	\$130,374,459
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$111,565,483	\$84,664,991	\$139,500,108	\$89,157,194	\$130,374,459
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.007	XIX ADM @ 100					
1 - 1 - 1	AGED AND MEDICARE-RELATED	3,207	0	0	0	0
1 - 1 - 2	DISABILITY-RELATED	893,947	0	0	0	0
1 - 1 - 4	OTHER ADULTS	126	0	0	0	0
1 - 1 - 5	CHILDREN	363,349,957	0	0	0	0
1 - 1 - 7	HEALTH STEPS (EPSDT) DENTAL	2,220	0	0	0	0
1 - 4 - 2	MEDICARE PAYMENTS	51,691,951	107,403,626	115,425,169	68,771,520	70,442,727
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	57,159,556	60,450,000	60,450,000	60,450,000	60,450,000
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	0	0	50,170	50,170
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	787	0	0	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	55,121	0	0	0	0
TOTAL, ALL STRATEGIES		\$473,156,872	\$167,853,626	\$175,875,169	\$129,271,690	\$130,942,897
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$473,156,872	\$167,853,626	\$175,875,169	\$129,271,690	\$130,942,897
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.009	SHARS					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	179,300,272	278,533,263	308,192,803	301,256,019	301,256,019
	TOTAL, ALL STRATEGIES	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$179,300,272	\$278,533,263	\$308,192,803	\$301,256,019	\$301,256,019
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.013	XIX FMAP TCM					
4 - 1 - 3	ECI SERVICES	7,120,327	6,995,869	7,442,929	8,442,837	9,100,199
	TOTAL, ALL STRATEGIES	\$7,120,327	\$6,995,869	\$7,442,929	\$8,442,837	\$9,100,199
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$7,120,327	\$6,995,869	\$7,442,929	\$8,442,837	\$9,100,199
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.014	Medicaid - Stimulus					
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	13	0	0	0	0
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	42,930,171	51,384,376	51,411,087	51,410,674	51,410,674
	TOTAL, ALL STRATEGIES	\$42,930,184	\$51,384,376	\$51,411,087	\$51,410,674	\$51,410,674
	ADDL FED FNDS FOR EMPL BENEFITS	74,560	65,498	74,515	74,515	74,515
	TOTAL, FEDERAL FUNDS	\$43,004,744	\$51,449,874	\$51,485,602	\$51,485,189	\$51,485,189
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.018	XIX Medicaid - SST					
4 - 1 - 3	ECI SERVICES	19,931,557	20,170,278	21,900,283	23,518,445	24,666,361
	TOTAL, ALL STRATEGIES	\$19,931,557	\$20,170,278	\$21,900,283	\$23,518,445	\$24,666,361
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$19,931,557	\$20,170,278	\$21,900,283	\$23,518,445	\$24,666,361
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.020	Medicaid-Sec 1115 DSRIP					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
7 - 3 - 1	OTHER FACILITIES	0	84,240	84,240	0	0
	TOTAL, ALL STRATEGIES	\$0	\$84,240	\$84,240	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$84,240	\$84,240	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.779.000	Health Care Financing Res					
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	447	0	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	629	0	0	0	0
	TOTAL, ALL STRATEGIES	\$1,076	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,076	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.788.000	Opioid STR					
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	207,743	2,068,168	1,905,370	1,905,370	1,905,370
4 - 2 - 3	COMMUNITY MENTAL HEALTH CRISIS SV	0	325,000	325,000	325,000	325,000
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	0	24,969,189	25,131,987	25,102,078	25,102,078
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	22	0	0	0	0
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	145	145
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	0	0	12,588	12,588
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	0	0	47,947	47,612
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	0	0	11,130	11,130
	TOTAL, ALL STRATEGIES	\$207,765	\$27,362,357	\$27,362,357	\$27,404,258	\$27,403,923
	ADDL FED FNDS FOR EMPL BENEFITS	0	331,923	463,738	463,736	463,736
	TOTAL, FEDERAL FUNDS	\$207,765	\$27,694,280	\$27,826,095	\$27,867,994	\$27,867,659
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
1 - 1 - 1	AGED AND MEDICARE-RELATED	0	2,028,289	4,154,619	11,327,390	0
1 - 1 - 2	DISABILITY-RELATED	3,840	629,407	1,288,907	3,514,578	0
1 - 3 - 1	HOME AND COMMUNITY-BASED SERVICE	8,950,803	9,814,130	9,814,130	0	0
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	132,636	73,034	0	0	0
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	1,361,779	1,276,772	1,276,772	1,276,772	1,276,772
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	28,625	28,625	28,625	0	0
6 - 1 - 2	NON-MEDICAID SERVICES	3,840	0	0	0	0
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	242	0	0	0	0
7 - 1 - 1	STATE SUPPORTED LIVING CENTERS	0	1,118,715	1,118,715	1,116,752	1,116,752
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	8,413,037	8,850,439	8,850,439	10,769,228	10,769,228
12 - 1 - 1	HHS SYSTEM SUPPORTS	11,150	770	1,486	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	3,490	907	907	4,650	4,658
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	10,584	3,133	3,133	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	87	0	0	7	7
14 - 1 - 1	STATE SUPPORTED LIVING CENTERS	622,324	0	0	0	0
14 - 1 - 3	FACILITY/COMMUNITY-BASED REGULAT	104	0	0	0	0
TOTAL, ALL STRATEGIES		\$19,542,541	\$23,824,221	\$26,537,733	\$28,009,377	\$13,167,417
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$19,542,541	\$23,824,221	\$26,537,733	\$28,009,377	\$13,167,417
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	574,454	725,572	768,315	767,889	767,889
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	19,622,614	19,622,614	23,742,528	23,742,525
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	0	58,344	58,344	48,085	48,085
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	4,040	4,040
12 - 1 - 1	HHS SYSTEM SUPPORTS	234	819,123	912,283	359,558	359,558

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	738,065	596,408	596,408	1,125,982	1,117,365
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	40,540	742,198	812,031	394,381	394,381
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	187,921	163,203	81,374	72,302
14 - 1 - 3	FACILITY/COMMUNITY-BASED REGULAT	22,462,880	0	0	0	0
	TOTAL, ALL STRATEGIES	\$23,816,173	\$22,752,180	\$22,933,198	\$26,523,837	\$26,506,145
	ADDL FED FNDS FOR EMPL BENEFITS	6,101,490	6,818,874	7,050,471	6,627,710	6,627,710
	TOTAL, FEDERAL FUNDS	\$29,917,663	\$29,571,054	\$29,983,669	\$33,151,547	\$33,133,855
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.829.000	Section 223 Behavioral Health Demo					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	14	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	971	0	0	0	0
	TOTAL, ALL STRATEGIES	\$985	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$985	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.958.000	Block Grants for Communi					
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	33,028,551	30,385,585	30,385,582	30,385,582	30,385,582
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	10,344,211	10,100,324	10,100,324	10,100,324	10,100,324
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	954,166	954,166	954,166	954,166	954,166
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	123	0	0	0	0
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	0	0	116	116
12 - 1 - 1	HHS SYSTEM SUPPORTS	750,677	0	0	10,740	10,740
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	14,774	0	0	130,354	130,081
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	0	0	13,262	13,262

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$45,092,502	\$41,440,075	\$41,440,072	\$41,594,544	\$41,594,271
	ADDL FED FNDS FOR EMPL BENEFITS	400,956	126,866	150,671	151,019	151,019
	TOTAL, FEDERAL FUNDS	\$45,493,458	\$41,566,941	\$41,590,743	\$41,745,563	\$41,745,290
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.959.000	Block Grants for Prevent					
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	114,588,114	142,942,380	142,942,379	142,942,379	142,942,379
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	2,012	0	0	0	0
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	0	574,205	574,205	574,205	574,205
12 - 1 - 1	HHS SYSTEM SUPPORTS	618,464	372	3,321	5,318	5,318
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	239,125	0	0	15,500	15,514
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	0	0	43	43
	TOTAL, ALL STRATEGIES	\$115,447,715	\$143,516,957	\$143,519,905	\$143,537,445	\$143,537,459
	ADDL FED FNDS FOR EMPL BENEFITS	1,218,488	1,927,576	2,329,332	2,171,541	2,171,541
	TOTAL, FEDERAL FUNDS	\$116,666,203	\$145,444,533	\$145,849,237	\$145,708,986	\$145,709,000
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.994.000	Maternal and Child Healt					
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	455,071	0	0	0	0
4 - 1 - 7	CHILDREN WITH SPECIAL NEEDS	6,504,109	6,000,000	6,000,000	6,000,000	6,000,000
4 - 1 - 8	TITLE V CHILDREN'S DNTL & HLTH SVCS	6,102,713	6,861,024	6,861,024	7,152,458	7,152,458
	TOTAL, ALL STRATEGIES	\$13,061,893	\$12,861,024	\$12,861,024	\$13,152,458	\$13,152,458
	ADDL FED FNDS FOR EMPL BENEFITS	10,285	10,285	10,285	10,285	10,285
	TOTAL, FEDERAL FUNDS	\$13,072,178	\$12,871,309	\$12,871,309	\$13,162,743	\$13,162,743
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
94.011.000	Foster Grandparent Progra					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	1,607,125	1,838,330	1,862,807	1,909,016	1,909,016
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	3,221	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$1,610,346	\$1,838,330	\$1,862,807	\$1,909,016	\$1,909,016
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,610,346	\$1,838,330	\$1,862,807	\$1,909,016	\$1,909,016
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
96.001.000	Social Security Disability Ins					
6 - 3 - 3	ADDITIONAL ADVOCACY PROGRAMS	34,010	0	0	0	0
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	944,340	0	0	0	0
10 - 1 - 1	DISABILITY DETERMINATION SVCS (DDS)	96,279,627	115,217,596	115,217,596	105,689,732	105,689,732
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	364,891	407,865	407,059	439,648	439,648
12 - 1 - 1	HHS SYSTEM SUPPORTS	1,406,357	1,672,948	1,886,600	1,760,211	1,760,211
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	3,744,554	488,246	450,329	4,454,330	4,403,349
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	2,615,845	1,598,504	1,789,034	1,786,346	1,786,346
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	61,420	327	17,139	15,131
	TOTAL, ALL STRATEGIES	\$105,389,624	\$119,446,579	\$119,750,945	\$114,147,406	\$114,094,417
	ADDL FED FNDS FOR EMPL BENEFITS	13,698,462	16,222,693	16,322,599	16,621,688	16,621,688
	TOTAL, FEDERAL FUNDS	\$119,088,086	\$135,669,272	\$136,073,544	\$130,769,094	\$130,716,105
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
97.032.000	Crisis Counseling					
5 - 1 - 4	DISASTER ASSISTANCE	56,843	0	0	0	0
	TOTAL, ALL STRATEGIES	\$56,843	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$56,843	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
97.036.000	Public Assistance Grants					
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	249,431	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	TOTAL, ALL STRATEGIES	\$249,431	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$249,431	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
97.050.000	Indvdl. & Househld Other Needs					
5 - 1 - 4	DISASTER ASSISTANCE	269,297	0	0	0	0
	TOTAL, ALL STRATEGIES	\$269,297	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$269,297	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
97.073.000	St. Homeland Security Program					
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	169,634	0	0	0	0
	TOTAL, ALL STRATEGIES	\$169,634	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$169,634	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
97.088.000	Case Management Pilot					
5 - 1 - 4	DISASTER ASSISTANCE	2,626,167	330,000,000	0	0	0
	TOTAL, ALL STRATEGIES	\$2,626,167	\$330,000,000	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$2,626,167	\$330,000,000	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
<u>SUMMARY LISTING OF FEDERAL PROGRAM AMOUNTS</u>						
00.000.000	Temp Place Holder	191,326,370	0	190,505,419	0	0
10.557.000	Special Supplemental Nut	0	2,380,583	2,398,926	2,255,959	2,243,557
10.557.001	SPECIAL SUPPL FOOD WIC	0	553,562,823	553,631,462	552,850,877	552,850,877
10.557.002	WIC NUTRITION EDUCATION	0	4,504	34	99	0
10.557.013	Breastfeeding Peer Counseling	0	10,220,102	10,220,102	10,220,102	10,220,102
10.561.000	State Admin Match SNAP	167,586,927	185,119,413	191,747,816	197,574,460	197,489,177
84.027.000	Special Education_Grants	5,131,125	5,131,125	5,131,125	5,131,125	5,131,125
84.126.000	Rehabilitation Services_V	78,758	0	0	0	0
84.181.000	Special Education Grants	46,506,772	44,113,906	49,103,524	56,328,800	44,142,076
93.041.000	Special Programs for the	282,361	306,374	295,592	294,501	294,501
93.042.000	Special Programs for the	996,138	1,051,034	1,011,210	1,011,210	1,011,210
93.043.000	Special Programs for the	1,149,485	1,371,901	1,371,901	1,303,306	1,303,306
93.044.000	SPECIAL PROGRAMS FOR THE	24,506,127	25,257,258	24,281,681	26,582,569	26,582,237
93.045.000	Special Programs for the	37,445,450	38,934,843	38,920,714	35,604,808	35,604,383
93.048.000	Special Programs for the	35,234	401,893	100,000	100,000	100,000
93.051.000	Alzheimer's Disease Demo Grants Pgm	27,079	370,426	128,571	128,571	128,571
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	9,143,266	8,879,472	8,870,385	9,600,101	9,600,007

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.053.000	Nutrition Services Incentive Pgm	12,000,000	11,183,533	11,183,533	11,565,487	11,565,487
93.071.000	MIPPA Priority Area 2 AAA	263,461	384,126	366,977	366,977	366,977
93.071.001	MIPPA Priority Area 3 ADRs	470,464	881,620	357,615	356,420	356,420
93.071.002	MIPPA Priority One SHIP	518,891	424,461	424,461	424,461	424,461
93.072.000	Lifespan Respite Care Program	368,293	42,879	0	0	0
93.150.000	Projects for Assistance	4,724,683	4,991,125	4,991,125	4,991,125	4,991,125
93.230.003	Mental Hlth Data Infrastructure	0	126,469	126,469	0	0
93.235.000	ABSTINENCE EDUCATION	4,525,632	7,894,576	7,894,576	7,894,576	7,894,576
93.243.000	Project Reg. & Natl Significance	3,149,322	2,094,306	2,094,306	2,139,309	2,139,309
93.296.000	St Grant to Improve Minority Health	266,520	184,761	0	166,221	166,221
93.324.000	State Health Insurance Assis. Prog.	1,640,998	2,250,414	2,165,146	2,165,146	2,165,146
93.369.001	Independent Living_State_Rehab	1,177,696	1,017,679	1,017,679	1,017,679	1,017,679
93.558.000	Temp AssistNeedy Families	27,377,771	29,396,968	25,462,837	29,089,601	29,166,425
93.558.667	TANF to Title XX	29,963,988	31,267,821	31,268,006	31,414,198	31,414,197
93.566.000	Refugee and Entrant Assis	24,211,193	0	0	0	0
93.575.000	ChildCareDevFnd Blk Grant	0	17,035,149	16,993,371	16,158,804	16,158,804
93.576.000	Refugee and Entrant	117,612	0	0	0	0
93.584.000	Refugee and Entrant Assis	1,780,751	0	0	0	0
93.658.050	Foster Care Title IV-E Admin @ 50%	0	2,242,410	2,242,410	1,866,027	1,866,027
93.667.000	Social Svcs Block Grants	92,782,480	95,149,297	95,166,972	95,167,028	95,167,028

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.671.000	Family Violence Preventio	6,399,923	5,665,322	5,665,322	5,665,322	5,665,322
93.752.001	Texas Cancer Prevention and Control	3,622,035	5,700,000	5,700,000	6,004,457	6,004,457
93.767.000	CHIP	955,827,727	987,030,916	1,106,606,244	929,065,943	840,198,302
93.767.778	CHIP for Medicaid (EFMAP)	762,405,239	638,939,863	690,445,388	584,779,085	537,102,975
93.777.000	State Survey and Certific	23,256,255	25,790,939	25,972,301	24,113,840	24,085,973
93.777.002	SURVEY & CERT @ 75%	49,133	0	0	0	0
93.777.003	CLINICAL LAB AMEND PROGRM	0	1,518,390	1,518,389	1,587,030	1,586,670
93.777.005	HEALTH INSURANCE BENEFITS	0	4,595,185	4,595,185	4,595,185	4,595,185
93.778.000	XIX FMAP	16,335,061,856	16,770,450,691	17,817,082,559	18,116,193,572	18,581,558,278
93.778.002	MEDICAID REIMBURSE ADMIN	22,193	0	0	0	0
93.778.003	XIX 50%	255,182,581	257,235,888	294,390,666	296,951,074	296,137,984
93.778.004	XIX ADM @ 75%	412,195,112	384,325,182	441,862,533	396,306,120	396,186,928
93.778.005	XIX FMAP @ 90%	111,565,483	84,664,991	139,500,108	89,157,194	130,374,459
93.778.007	XIX ADM @ 100	473,156,872	167,853,626	175,875,169	129,271,690	130,942,897
93.778.009	SHARS	179,300,272	278,533,263	308,192,803	301,256,019	301,256,019
93.778.013	XIX FMAP TCM	7,120,327	6,995,869	7,442,929	8,442,837	9,100,199
93.778.014	Medicaid - Stimulus	42,930,184	51,384,376	51,411,087	51,410,674	51,410,674
93.778.018	XIX Medicaid - SST	19,931,557	20,170,278	21,900,283	23,518,445	24,666,361
93.778.020	Medicaid-Sec 1115 DSRIP	0	84,240	84,240	0	0
93.779.000	Health Care Financing Res	1,076	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
93.788.000	Opioid STR	207,765	27,362,357	27,362,357	27,404,258	27,403,923
93.791.000	Money Follows Person Reblncng Demo	19,542,541	23,824,221	26,537,733	28,009,377	13,167,417
93.796.000	Survey & Certification TitleXIX 75%	23,816,173	22,752,180	22,933,198	26,523,837	26,506,145
93.829.000	Section 223 Behavioral Health Demo	985	0	0	0	0
93.958.000	Block Grants for Communi	45,092,502	41,440,075	41,440,072	41,594,544	41,594,271
93.959.000	Block Grants for Prevent	115,447,715	143,516,957	143,519,905	143,537,445	143,537,459
93.994.000	Maternal and Child Healt	13,061,893	12,861,024	12,861,024	13,152,458	13,152,458
94.011.000	Foster Grandparent Progra	1,610,346	1,838,330	1,862,807	1,909,016	1,909,016
96.001.000	Social Security Disability Ins	105,389,624	119,446,579	119,750,945	114,147,406	114,094,417
97.032.000	Crisis Counseling	56,843	0	0	0	0
97.036.000	Public Assistance Grants	249,431	0	0	0	0
97.050.000	Indvdl. & Househld Other Needs	269,297	0	0	0	0
97.073.000	St. Homeland Security Program	169,634	0	0	0	0
97.088.000	Case Management Pilot	2,626,167	330,000,000	0	0	0
TOTAL, ALL STRATEGIES		\$20,605,123,588	\$21,497,653,993	\$22,773,987,192	\$22,468,366,375	\$22,813,798,800
TOTAL, ADDL FED FUNDS FOR EMPL BENEFITS		38,721,130	49,145,269	49,551,781	51,230,059	50,375,734
TOTAL, FEDERAL FUNDS		\$20,643,844,718	\$21,546,799,262	\$22,823,538,973	\$22,519,596,434	\$22,864,174,534
TOTAL, ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
<u>SUMMARY OF SPECIAL CONCERNS/ISSUES</u>						
705	Medicaid Program Income	\$29,977,944	\$43,698,160	\$9,641,600	\$9,278,200	\$9,248,300
706	Vendor Drug Rebates-Medicaid	\$833,352,920	\$825,499,016	\$814,430,092	\$870,937,814	\$878,898,130
758	GR Match For Medicaid	\$10,296,953,694	\$11,326,075,918	\$8,744,173,472	\$10,752,504,489	\$11,048,216,706
759	GR MOE for TANF	\$48,257,311	\$48,257,311	\$48,257,311	\$45,213,867	\$46,641,476
8001	GR For MH Block Grant	\$293,968,203	\$301,789,880	\$301,789,882	\$301,140,263	\$301,139,882
8002	GR For Subst Abuse Prev	\$46,580,950	\$46,719,394	\$46,719,393	\$46,719,088	\$46,719,088
8003	GR For Mat & Child Health	\$20,806,646	\$20,735,652	\$20,735,651	\$20,806,646	\$20,806,646
8004	GR For Fed Funds (Older Am Act)	\$4,355,966	\$4,256,020	\$4,256,020	\$4,256,020	\$4,256,020
8010	GR Match For Title XXI	\$3,780,412	\$4,256,058	\$4,339,922	\$6,024,122	\$7,939,591
8014	GR Match for Food Stamp Admin	\$143,843,549	\$156,391,045	\$162,901,725	\$171,970,193	\$171,891,253
8024	Tobacco Receipts Match For Medicaid	\$448,663,952	\$430,000,000	\$430,000,000	\$430,000,000	\$430,000,000
8025	Tobacco Receipts Match For Chip	\$59,715,402	\$64,716,756	\$64,381,791	\$141,703,826	\$256,406,629
8032	GR Certified As Match For Medicaid	\$302,650,164	\$303,094,912	\$302,345,066	\$265,688,830	\$265,245,745

529 Health and Human Services Commission

CFDA NUMBER/ STRATEGY	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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Assumptions and Methodology:**Assumptions**

The assumptions for estimating federal funds depends on the whether the federal funding sources is sum-certain such as TANF and CHIP programs or if the funding source is entitlement or open-ended such as Medicaid or Food Stamp Administration Match. For the sum-certain programs, it is determined if there are any known potential changes at the federal level. Generally, the most recent notice of grant award is projected for future years (FY 2017-19).

Methodology

For the Medicaid program where the federal share is dependent upon the number of clients served and reimbursement levels, models are developed to incorporate caseload and program policy assumptions. For administrative costs, federal cost allocation formulas (which are updated monthly) determine the share of federal and state by Method of Finance. Variances in caseload mix across programs impact the mix and share of funding sources.

Potential Loss:

There are several federal issues that could impact HHSC federal funding sources in future years.

FMAP and EFMAP Change: The State could incur loss of federal funds in Medicaid and CHIP related to matching requirements and could be required to contribute higher state general revenue. The Medicaid Medical Transportation Program may also have some match changes imposed requiring more general revenue or possibly all general revenue (in the event the State is unable to verify if transportation to the medical provider occurred).

Deferrals, Disallowances, and Penalties: While HHSC coordinates with providers and CMS on deferrals, the loss of federal funds should be temporary and may only result in cash flow problems. Federal disallowances could increase state expenditures if federal funds are returned.

TANF: Federal TANF funds are appropriated across several state agencies and it is sum-certain, where TANF federal is requested in this request. Currently Congress has not reauthorized the TANF Contingency Fund for FFY 2017. The future of the federal government continuing the TANF Supplemental funding is in question.

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
<u>CFDA 10.557.001 SPECIAL SUPPL FOOD WIC</u>										
2017	\$556,286,953	\$0	\$0	\$0	\$49,106,660	\$0	\$0	\$0	\$49,106,660	\$507,180,293
2018	\$556,286,953	\$0	\$0	\$0	\$509,378,703	\$44,523,163	\$0	\$0	\$553,901,866	\$2,385,087
2019	\$556,286,953	\$0	\$0	\$0	\$0	\$513,141,033	\$40,746,960	\$0	\$553,887,993	\$2,398,960
2020	\$556,286,953	\$0	\$0	\$0	\$0	\$0	\$516,136,080	\$37,894,815	\$554,030,895	\$2,256,058
2021	\$556,286,953	\$0	\$0	\$0	\$0	\$0	\$0	\$518,988,225	\$518,988,225	\$37,298,728
Total	\$2,781,434,765	\$0	\$0	\$0	\$558,485,363	\$557,664,196	\$556,883,040	\$556,883,040	\$2,229,915,639	\$551,519,126
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Empl. Benefit Payment		\$0	\$0	\$0	\$4,922,540	\$4,032,734	\$4,032,163	\$4,032,163	\$17,019,600	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
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DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 84.126.000 Rehabilitation Services V										
2015	\$47,685,099	\$0	\$16,074,534	\$0	\$0	\$0	\$0	\$0	\$16,074,534	\$31,610,565
2016	\$47,383,553	\$0	\$30,530,524	\$78,758	\$0	\$0	\$0	\$0	\$30,609,282	\$16,774,271
Total	\$95,068,652	\$0	\$46,605,058	\$78,758	\$0	\$0	\$0	\$0	\$46,683,816	\$48,384,836
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Empl. Benefit Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.044.000 SPECIAL PROGRAMS FOR THE										
2015	\$25,061,688	\$0	\$4,606,280	\$0	\$0	\$0	\$0	\$0	\$4,606,280	\$20,455,408
2016	\$24,421,566	\$0	\$18,056,395	\$6,365,171	\$0	\$0	\$0	\$0	\$24,421,566	\$0
2017	\$25,517,591	\$0	\$0	\$18,234,933	\$7,282,658	\$0	\$0	\$0	\$25,517,591	\$0
2018	\$29,615,674	\$0	\$0	\$0	\$18,051,457	\$11,564,217	\$0	\$0	\$29,615,674	\$0
2019	\$29,615,674	\$0	\$0	\$0	\$0	\$12,797,106	\$16,818,568	\$0	\$29,615,674	\$0
2020	\$29,615,674	\$0	\$0	\$0	\$0	\$0	\$9,848,421	\$19,767,253	\$29,615,674	\$0
2021	\$29,615,674	\$0	\$0	\$0	\$0	\$0	\$0	\$6,899,404	\$6,899,404	\$22,716,270
Total	\$193,463,541	\$0	\$22,662,675	\$24,600,104	\$25,334,115	\$24,361,323	\$26,666,989	\$26,666,657	\$150,291,863	\$43,171,678
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Empl. Benefit Payment		\$0	\$79,829	\$93,978	\$76,857	\$79,642	\$84,421	\$84,421	\$499,148	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.045.000 Special Programs for the										
2015	\$36,405,389	\$0	\$6,126,364	\$0	\$0	\$0	\$0	\$0	\$6,126,364	\$30,279,025
2016	\$38,905,542	\$0	\$32,356,309	\$6,549,233	\$0	\$0	\$0	\$0	\$38,905,542	\$0
2017	\$39,318,677	\$0	\$0	\$31,086,172	\$8,232,505	\$0	\$0	\$0	\$39,318,677	\$0
2018	\$44,047,630	\$0	\$0	\$0	\$30,777,217	\$13,270,413	\$0	\$0	\$44,047,630	\$0
2019	\$44,047,630	\$0	\$0	\$0	\$0	\$25,730,231	\$18,317,399	\$0	\$44,047,630	\$0
2020	\$44,047,630	\$0	\$0	\$0	\$0	\$0	\$17,366,405	\$26,681,225	\$44,047,630	\$0
2021	\$44,047,630	\$0	\$0	\$0	\$0	\$0	\$0	\$9,002,154	\$9,002,154	\$35,045,476
Total	\$290,820,128	\$0	\$38,482,673	\$37,635,405	\$39,009,722	\$39,000,644	\$35,683,804	\$35,683,379	\$225,495,627	\$65,324,501
Empl. Benefit Payment										
		\$0	\$122,594	\$189,955	\$74,879	\$79,930	\$78,996	\$78,996	\$625,350	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.052.000 NATL FAMILY CAREGIVER SUPPORT PGM										
2015	\$8,944,706	\$0	\$1,953,486	\$0	\$0	\$0	\$0	\$0	\$1,953,486	\$6,991,220
2016	\$9,354,202	\$0	\$7,135,161	\$2,219,041	\$0	\$0	\$0	\$0	\$9,354,202	\$0
2017	\$9,437,277	\$0	\$0	\$6,965,547	\$2,471,730	\$0	\$0	\$0	\$9,437,277	\$0
2018	\$11,415,095	\$0	\$0	\$0	\$6,423,991	\$4,991,104	\$0	\$0	\$11,415,095	\$0
2019	\$11,415,095	\$0	\$0	\$0	\$0	\$3,896,632	\$7,518,463	\$0	\$11,415,095	\$0
2020	\$11,415,095	\$0	\$0	\$0	\$0	\$0	\$2,098,837	\$9,316,258	\$11,415,095	\$0
2021	\$11,415,095	\$0	\$0	\$0	\$0	\$0	\$0	\$300,949	\$300,949	\$11,114,146
Total	\$73,396,565	\$0	\$9,088,647	\$9,184,588	\$8,895,721	\$8,887,736	\$9,617,300	\$9,617,207	\$55,291,199	\$18,105,366
<hr/>										
Empl. Benefit Payment		\$0	\$32,683	\$41,322	\$16,249	\$17,351	\$17,200	\$17,200	\$142,005	

6.D. Federal Funds Tracking Schedule
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Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.235.000 ABSTINENCE EDUCATION										
2015	\$828,859	\$0	\$0	\$1,017,392	\$0	\$0	\$0	\$0	\$1,017,392	\$-188,533
2016	\$3,539,688	\$0	\$0	\$3,539,688	\$0	\$0	\$0	\$0	\$3,539,688	\$0
2017	\$6,154,381	\$0	\$0	\$4,720	\$6,149,661	\$0	\$0	\$0	\$6,154,381	\$0
2018	\$4,991,553	\$0	\$0	\$0	\$1,881,734	\$3,109,819	\$0	\$0	\$4,991,553	\$0
2019	\$7,894,576	\$0	\$0	\$0	\$0	\$4,899,240	\$2,995,336	\$0	\$7,894,576	\$0
2020	\$7,894,576	\$0	\$0	\$0	\$0	\$0	\$5,006,029	\$2,888,547	\$7,894,576	\$0
2021	\$7,894,576	\$0	\$0	\$0	\$0	\$0	\$0	\$5,112,818	\$5,112,818	\$2,781,758
Total	\$39,198,209	\$0	\$0	\$4,561,800	\$8,031,395	\$8,009,059	\$8,001,365	\$8,001,365	\$36,604,984	\$2,593,225
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$36,168	\$136,819	\$114,483	\$106,789	\$106,789	\$501,048	

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Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.558.000 Temp AssistNeedy Families										
2016	\$46,677,367	\$0	\$46,677,367	\$0	\$0	\$0	\$0	\$0	\$46,677,367	\$0
2017	\$61,610,635	\$0	\$0	\$58,445,694	\$0	\$0	\$0	\$0	\$58,445,694	\$3,164,941
2018	\$66,206,415	\$0	\$0	\$0	\$62,065,722	\$0	\$0	\$0	\$62,065,722	\$4,140,693
2019	\$66,793,146	\$0	\$0	\$0	\$0	\$58,274,891	\$0	\$0	\$58,274,891	\$8,518,255
2020	\$66,793,146	\$0	\$0	\$0	\$0	\$0	\$62,016,842	\$0	\$62,016,842	\$4,776,304
2021	\$66,793,146	\$0	\$0	\$0	\$0	\$0	\$0	\$62,093,665	\$62,093,665	\$4,699,481
Total	\$374,873,855	\$0	\$46,677,367	\$58,445,694	\$62,065,722	\$58,274,891	\$62,016,842	\$62,093,665	\$349,574,181	\$25,299,674
<hr/>										
Empl. Benefit Payment		\$0	\$1,282,220	\$1,103,708	\$1,400,933	\$1,544,049	\$1,513,044	\$1,513,044	\$8,356,998	

TRACKING NOTES

Federal TANF funds are appropriated to several state agencies. With declining TANF cash assistance caseloads in recent years, HHSC had not expended its entire share of the federal TANF appropriations. This schedule reflects the combination of TANF (93.558.000) and TANF to Title XX (93.558.667). The 84th Legislature, Regular Session House Bill 2 GR reduction of \$52,412,362 increased HHSC allocation of the TANF award amount for FFY2015.

The expended levels only include HHSC.

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93,575,000 ChildCareDevFnd Blk Grant										
2018	\$18,884,130	\$0	\$0	\$0	\$18,884,130	\$0	\$0	\$0	\$18,884,130	\$0
2019	\$18,884,130	\$0	\$0	\$0	\$0	\$18,884,130	\$0	\$0	\$18,884,130	\$0
2020	\$18,884,130	\$0	\$0	\$0	\$0	\$0	\$18,884,130	\$0	\$18,884,130	\$0
2021	\$18,884,130	\$0	\$0	\$0	\$0	\$0	\$0	\$18,884,130	\$18,884,130	\$0
Total	\$75,536,520	\$0	\$0	\$0	\$18,884,130	\$18,884,130	\$18,884,130	\$18,884,130	\$75,536,520	\$0
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Empl. Benefit Payment		\$0	\$0	\$0	\$1,848,981	\$1,890,759	\$2,725,326	\$2,725,326	\$9,190,392	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DFPS grant. This is a discretionary grant shared with DFPS

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.658.050 Foster Care Title IV-E Admin @ 50%										
2018	\$2,749,211	\$0	\$0	\$0	\$2,749,211	\$0	\$0	\$0	\$2,749,211	\$0
2019	\$2,765,704	\$0	\$0	\$0	\$0	\$2,765,704	\$0	\$0	\$2,765,704	\$0
2020	\$2,389,289	\$0	\$0	\$0	\$0	\$0	\$2,389,289	\$0	\$2,389,289	\$0
2021	\$2,389,289	\$0	\$0	\$0	\$0	\$0	\$0	\$2,389,289	\$2,389,289	\$0
Total	\$10,293,493	\$0	\$0	\$0	\$2,749,211	\$2,765,704	\$2,389,289	\$2,389,289	\$10,293,493	\$0
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Empl. Benefit Payment		\$0	\$0	\$0	\$506,801	\$523,294	\$523,262	\$523,262	\$2,076,619	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DFPS grant.

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Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.667.000 Social Svcs Block Grants										
2015	\$93,712,181	\$0	\$16,352,278	\$0	\$0	\$0	\$0	\$0	\$16,352,278	\$77,359,903
2016	\$93,677,149	\$0	\$75,897,364	\$17,779,785	\$0	\$0	\$0	\$0	\$93,677,149	\$0
2017	\$94,841,181	\$0	\$0	\$78,627,122	\$16,214,059	\$0	\$0	\$0	\$94,841,181	\$0
2018	\$99,059,715	\$0	\$0	\$0	\$82,539,142	\$16,520,573	\$0	\$0	\$99,059,715	\$0
2019	\$99,059,715	\$0	\$0	\$0	\$0	\$82,250,303	\$16,809,412	\$0	\$99,059,715	\$0
2020	\$99,059,715	\$0	\$0	\$0	\$0	\$0	\$81,961,520	\$17,098,195	\$99,059,715	\$0
2021	\$99,059,715	\$0	\$0	\$0	\$0	\$0	\$0	\$81,672,737	\$81,672,737	\$17,386,978
Total	\$678,469,371	\$0	\$92,249,642	\$96,406,907	\$98,753,201	\$98,770,876	\$98,770,932	\$98,770,932	\$583,722,490	\$94,746,881
<hr/>										
Empl. Benefit Payment		\$0	\$2,438,584	\$3,624,427	\$3,603,904	\$3,603,904	\$3,603,904	\$3,603,904	\$20,478,627	

TRACKING NOTES

Title XX Social Services Block Grant (SSBG) funds are appropriated by the Texas Legislature and Governor to Texas state agencies to help meet specified social service needs for defined low income and at-risk populations. HHSC acts as the lead grantee agency and serves as coordinator of funds from the federal government to the various state agencies to which Title XX SSBF funds are appropriated.

Award and expended amounts only include HHSC.

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Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.752.001 Texas Cancer Prevention and Control										
2017	\$7,465,334	\$0	\$0	\$3,650,787	\$3,814,547	\$0	\$0	\$0	\$7,465,334	\$0
2018	\$5,700,000	\$0	\$0	\$0	\$2,001,946	\$3,698,054	\$0	\$0	\$5,700,000	\$0
2019	\$6,004,457	\$0	\$0	\$0	\$0	\$2,048,653	\$3,955,804	\$0	\$6,004,457	\$0
2020	\$6,004,457	\$0	\$0	\$0	\$0	\$0	\$2,095,360	\$3,909,097	\$6,004,457	\$0
2021	\$6,004,457	\$0	\$0	\$0	\$0	\$0	\$0	\$2,142,067	\$2,142,067	\$3,862,390
Total	\$31,178,705	\$0	\$0	\$3,650,787	\$5,816,493	\$5,746,707	\$6,051,164	\$6,051,164	\$27,316,315	\$3,862,390
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Empl. Benefit Payment		\$0	\$0	\$28,752	\$116,493	\$46,707	\$46,707	\$46,707	\$285,366	

TRACKING NOTES

CFDA 93.752.001 was issued between USDA and DSHS. Grant ended 6/29/2017. New grant awarded to HHSC as CFDA 93.898.000 with a start date of 6/30/2017.

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
<u>CFDA 93.767.000 CHIP</u>										
2015	\$1,068,726,722	\$0	\$1,068,726,722	\$0	\$0	\$0	\$0	\$0	\$1,068,726,722	\$0
2016	\$1,345,137,792	\$0	\$76,424,533	\$1,268,713,259	\$0	\$0	\$0	\$0	\$1,345,137,792	\$0
2017	\$1,097,211,122	\$0	\$0	\$456,853,648	\$640,357,474	\$0	\$0	\$0	\$1,097,211,122	\$0
2018	\$1,476,320,282	\$0	\$0	\$0	\$992,696,315	\$483,623,967	\$0	\$0	\$1,476,320,282	\$0
2019	\$1,476,320,282	\$0	\$0	\$0	\$0	\$1,320,929,491	\$155,390,791	\$0	\$1,476,320,282	\$0
2020	\$1,476,320,282	\$0	\$0	\$0	\$0	\$0	\$1,365,326,733	\$110,993,549	\$1,476,320,282	\$0
2021	\$1,476,320,282	\$0	\$0	\$0	\$0	\$0	\$0	\$1,272,297,674	\$1,272,297,674	\$204,022,608
Total	\$9,416,356,764	\$0	\$1,145,151,255	\$1,725,566,907	\$1,633,053,789	\$1,804,553,458	\$1,520,717,524	\$1,383,291,223	\$9,212,334,156	\$204,022,608
<hr/>										
Empl. Benefit Payment		\$0	\$6,933,370	\$7,333,942	\$7,083,010	\$7,501,881	\$6,872,497	\$5,989,945	\$41,714,645	

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
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TRACKING NOTES

The Children's Health Insurance Program (CHIP) expenditures include the basic CHIP program, Perinatal, Dental and administrative costs. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 (H.R.2) extends authorization of the federal CHIP program, for an additional two years, through September 30, 2017. The Patient Protection and Affordable Care Act (PPACA), H.R. 3590, signed in March 2010, increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. On January 22, 2018, CHIP funding was reauthorized until 2023. On February 8, 2018, Congress approved an additional four years of funding through FFY 2027. The reauthorization legislation modified the Affordable Care Act Maintenance of Effort (MOE) requirement, as well as the match rate for federal CHIP funds. The super-enhanced "23 percent bump" will decrease to 11.5 percent in FFY 2020. In FFYs 2021 through 2027, CHIP will receive the regular enhanced Title XXI matching rate, which is approximately equal to the Medicaid match plus 15 percentage points.

Section 301(b)(1)(B)(ii) of H.R. 2 includes a provision that would reduce the amount of states' unspent funds from their FY2017 allotments available for expenditures in FY2018 by one-third. Texas FY17 allotment \$1,382,119,845. One-third reduction is equivalent to \$284,908,723.

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.777.000 State Survey and Certific										
2016	\$33,394,669	\$0	\$26,391,035	\$7,003,634	\$0	\$0	\$0	\$0	\$33,394,669	\$0
2017	\$28,020,890	\$0	\$0	\$21,017,256	\$7,003,634	\$0	\$0	\$0	\$28,020,890	\$0
2018	\$28,757,474	\$0	\$0	\$0	\$21,753,840	\$7,003,634	\$0	\$0	\$28,757,474	\$0
2019	\$28,757,474	\$0	\$0	\$0	\$0	\$21,753,840	\$7,003,634	\$0	\$28,757,474	\$0
2020	\$28,757,474	\$0	\$0	\$0	\$0	\$0	\$21,753,840	\$7,003,634	\$28,757,474	\$0
2021	\$28,757,474	\$0	\$0	\$0	\$0	\$0	\$0	\$21,753,840	\$21,753,840	\$7,003,634
Total	\$176,445,455	\$0	\$26,391,035	\$28,020,890	\$28,757,474	\$28,757,474	\$28,757,474	\$28,757,474	\$169,441,821	\$7,003,634
Empl. Benefit Payment										
		\$0	\$5,548,952	\$4,764,637	\$2,966,535	\$2,785,173	\$4,643,634	\$4,671,501	\$25,380,432	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DFPS grant.

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Agency name: **Health and Human Services Commission**

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CFDA 93.777.003 CLINICAL LAB AMEND PROGRM										
2018	\$1,717,297	\$0	\$0	\$0	\$1,717,297	\$0	\$0	\$0	\$1,717,297	\$0
2019	\$1,760,006	\$0	\$0	\$0	\$0	\$1,760,006	\$0	\$0	\$1,760,006	\$0
2020	\$1,760,006	\$0	\$0	\$0	\$0	\$0	\$1,760,006	\$0	\$1,760,006	\$0
2021	\$1,760,006	\$0	\$0	\$0	\$0	\$0	\$0	\$1,760,006	\$1,760,006	\$0
Total	\$6,997,315	\$0	\$0	\$0	\$1,717,297	\$1,760,006	\$1,760,006	\$1,760,006	\$6,997,315	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$0	\$198,907	\$241,617	\$172,976	\$173,336	\$786,836	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DSHS CLIA grant.

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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.777.005 HEALTH INSURANCE BENEFITS										
2018	\$5,373,779	\$0	\$0	\$0	\$5,283,831	\$89,948	\$0	\$0	\$5,373,779	\$0
2019	\$5,373,779	\$0	\$0	\$0	\$0	\$5,193,883	\$179,896	\$0	\$5,373,779	\$0
2020	\$5,373,779	\$0	\$0	\$0	\$0	\$0	\$5,103,935	\$269,844	\$5,373,779	\$0
2021	\$5,373,779	\$0	\$0	\$0	\$0	\$0	\$0	\$5,013,987	\$5,013,987	\$359,792
Total	\$21,495,116	\$0	\$0	\$0	\$5,283,831	\$5,283,831	\$5,283,831	\$5,283,831	\$21,135,324	\$359,792
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Empl. Benefit Payment		\$0	\$0	\$0	\$688,646	\$688,646	\$688,646	\$688,646	\$2,754,584	

TRACKING NOTES

This grant is part of the Texas Title XVIII Grant and was formerly DSHS HIB. Transition to HHSC FY18 HB5

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CFDA 93.778.014 Medicaid - Stimulus										
2016	\$247,686,292	\$0	\$247,686,292	\$0	\$0	\$0	\$0	\$0	\$247,686,292	\$0
2017	\$42,930,184	\$0	\$0	\$43,004,744	\$0	\$0	\$0	\$0	\$43,004,744	\$-74,560
2018	\$51,384,376	\$0	\$0	\$0	\$51,449,874	\$0	\$0	\$0	\$51,449,874	\$-65,498
2019	\$51,411,087	\$0	\$0	\$0	\$0	\$51,485,602	\$0	\$0	\$51,485,602	\$-74,515
2020	\$51,410,674	\$0	\$0	\$0	\$0	\$0	\$51,485,189	\$0	\$51,485,189	\$-74,515
2021	\$51,410,674	\$0	\$0	\$0	\$0	\$0	\$0	\$51,485,189	\$51,485,189	\$-74,515
Total	\$496,233,287	\$0	\$247,686,292	\$43,004,744	\$51,449,874	\$51,485,602	\$51,485,189	\$51,485,189	\$496,596,890	\$-363,603
Empl. Benefit Payment										
		\$0	\$62,965	\$74,560	\$65,498	\$74,515	\$74,515	\$74,515	\$426,568	

TRACKING NOTES

This funding relates to activities associated with the State's planning and implementation activities of the State Medicaid Health Information Technology (HIT) provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) at 90% FFP and incentive payments to certain health care professionals and hospitals that meet specific eligibility requirements when they adopt, implement, and meaningfully use certified electronic health records technology at 100% FFP.

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CFDA 93.788.000 Opioid STR										
2017	\$207,765	\$0	\$0	\$207,765	\$0	\$0	\$0	\$0	\$207,765	\$0
2018	\$27,694,280	\$0	\$0	\$0	\$27,694,280	\$0	\$0	\$0	\$27,694,280	\$0
2019	\$27,826,095	\$0	\$0	\$0	\$0	\$27,826,095	\$0	\$0	\$27,826,095	\$0
2020	\$27,867,994	\$0	\$0	\$0	\$0	\$0	\$27,867,994	\$0	\$27,867,994	\$0
2021	\$27,867,659	\$0	\$0	\$0	\$0	\$0	\$0	\$27,867,659	\$27,867,659	\$0
Total	\$111,463,793	\$0	\$0	\$207,765	\$27,694,280	\$27,826,095	\$27,867,994	\$27,867,659	\$111,463,793	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$0	\$331,923	\$463,738	\$463,736	\$463,736	\$1,723,133	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.796.000 Survey & Certification TitleXIX 75%										
2017	\$29,917,663	\$0	\$0	\$29,917,663	\$0	\$0	\$0	\$0	\$29,917,663	\$0
2018	\$29,571,054	\$0	\$0	\$0	\$29,571,054	\$0	\$0	\$0	\$29,571,054	\$0
2019	\$29,983,669	\$0	\$0	\$0	\$0	\$29,983,669	\$0	\$0	\$29,983,669	\$0
2020	\$33,151,547	\$0	\$0	\$0	\$0	\$0	\$33,151,547	\$0	\$33,151,547	\$0
2021	\$33,133,855	\$0	\$0	\$0	\$0	\$0	\$0	\$33,133,855	\$33,133,855	\$0
Total	\$155,757,788	\$0	\$0	\$29,917,663	\$29,571,054	\$29,983,669	\$33,151,547	\$33,133,855	\$155,757,788	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$4,105,253	\$6,101,490	\$6,818,874	\$7,050,471	\$6,627,710	\$6,627,710	\$37,331,508	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.958.000 Block Grants for Communi										
2016	\$45,092,502	\$0	\$30,572,164	\$14,520,338	\$0	\$0	\$0	\$0	\$45,092,502	\$0
2017	\$45,092,502	\$0	\$0	\$30,973,120	\$14,119,382	\$0	\$0	\$0	\$45,092,502	\$0
2018	\$41,967,897	\$0	\$0	\$0	\$27,447,559	\$14,520,338	\$0	\$0	\$41,967,897	\$0
2019	\$41,440,072	\$0	\$0	\$0	\$0	\$27,070,405	\$14,369,667	\$0	\$41,440,072	\$0
2020	\$41,896,234	\$0	\$0	\$0	\$0	\$0	\$27,375,896	\$14,520,338	\$41,896,234	\$0
2021	\$41,594,271	\$0	\$0	\$0	\$0	\$0	\$0	\$27,224,952	\$27,224,952	\$14,369,319
Total	\$257,083,478	\$0	\$30,572,164	\$45,493,458	\$41,566,941	\$41,590,743	\$41,745,563	\$41,745,290	\$242,714,159	\$14,369,319
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$400,956	\$126,866	\$150,671	\$151,019	\$151,019	\$980,531	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
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Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.959.000 Block Grants for Prevent										
2016	\$115,447,715	\$0	\$67,503,650	\$47,944,065	\$0	\$0	\$0	\$0	\$115,447,715	\$0
2017	\$116,666,203	\$0	\$0	\$68,722,138	\$47,944,065	\$0	\$0	\$0	\$116,666,203	\$0
2018	\$145,444,533	\$0	\$0	\$0	\$97,500,468	\$47,944,065	\$0	\$0	\$145,444,533	\$0
2019	\$145,849,237	\$0	\$0	\$0	\$0	\$97,905,172	\$47,944,065	\$0	\$145,849,237	\$0
2020	\$145,708,986	\$0	\$0	\$0	\$0	\$0	\$97,764,921	\$47,944,065	\$145,708,986	\$0
2021	\$97,764,935	\$0	\$0	\$0	\$0	\$0	\$0	\$97,764,935	\$97,764,935	\$0
Total	\$766,881,609	\$0	\$67,503,650	\$116,666,203	\$145,444,533	\$145,849,237	\$145,708,986	\$145,709,000	\$766,881,609	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$1,218,488	\$1,927,576	\$2,329,332	\$2,171,541	\$2,171,541	\$9,818,478	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
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Agency code: 529

Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 93.994.000 Maternal and Child Health										
2016	\$612,289	\$0	\$0	\$612,289	\$0	\$0	\$0	\$0	\$612,289	\$0
2017	\$13,152,458	\$0	\$0	\$12,459,889	\$612,289	\$0	\$0	\$0	\$13,072,178	\$80,280
2018	\$13,152,458	\$0	\$0	\$0	\$12,259,020	\$612,289	\$0	\$0	\$12,871,309	\$281,149
2019	\$13,152,458	\$0	\$0	\$0	\$0	\$12,259,020	\$612,289	\$0	\$12,871,309	\$281,149
2020	\$13,152,458	\$0	\$0	\$0	\$0	\$0	\$12,550,454	\$612,289	\$13,162,743	\$-10,285
2021	\$13,152,458	\$0	\$0	\$0	\$0	\$0	\$0	\$12,550,454	\$12,550,454	\$602,004
Total	\$66,374,579	\$0	\$0	\$13,072,178	\$12,871,309	\$12,871,309	\$13,162,743	\$13,162,743	\$65,140,282	\$1,234,297
<hr/>										
Empl. Benefit Payment		\$0	\$0	\$10,285	\$10,285	\$10,285	\$10,285	\$10,285	\$51,425	

6.D. Federal Funds Tracking Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/31/2018
 TIME : 2:21:03PM

Agency code: 529 Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2015	Expended SFY 2016	Expended SFY 2017	Estimated SFY 2018	Budgeted SFY 2019	Requested SFY 2020	Requested SFY 2021	Total	Difference from Award
CFDA 96.001.000 Social Security Disability Ins										
2015	\$133,806,527	\$0	\$12,641,164	\$0	\$0	\$0	\$0	\$0	\$12,641,164	\$121,165,363
2016	\$140,620,989	\$0	\$120,073,580	\$20,547,409	\$0	\$0	\$0	\$0	\$140,620,989	\$0
2017	\$142,492,763	\$0	\$0	\$98,540,678	\$43,952,085	\$0	\$0	\$0	\$142,492,763	\$0
2018	\$143,073,845	\$0	\$0	\$0	\$91,717,187	\$51,356,658	\$0	\$0	\$143,073,845	\$0
2019	\$145,034,315	\$0	\$0	\$0	\$0	\$84,716,886	\$60,317,429	\$0	\$145,034,315	\$0
2020	\$145,034,315	\$0	\$0	\$0	\$0	\$0	\$70,451,665	\$74,582,650	\$145,034,315	\$0
2021	\$145,034,315	\$0	\$0	\$0	\$0	\$0	\$0	\$56,133,456	\$56,133,456	\$88,900,859
Total	\$995,097,069	\$0	\$132,714,744	\$119,088,087	\$135,669,272	\$136,073,544	\$130,769,094	\$130,716,106	\$785,030,847	\$210,066,222
<hr/>										
Empl. Benefit Payment		\$0	\$16,583,869	\$13,698,462	\$16,222,693	\$16,322,599	\$16,621,688	\$16,621,688	\$96,070,999	

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>1</u> General Revenue Fund					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	361,305	0	0	0	0
3606 Suport/Maintenance Patients	0	90	0	0	0
3628 Dormitory, Cafeteria, Mdse Sales	2,466,086	3,866,857	3,866,857	3,866,857	3,866,857
3632 Elderly Housing Set-Aside	337,658	0	0	0	0
3634 MHMR Medicare Receipts	24,821,841	39,924,367	39,924,368	39,924,368	39,924,368
3770 Administratve Penalties	941,380	0	0	0	0
3795 Other Misc Government Revenue	0	8,588	10,000	10,000	10,000
3802 Reimbursements-Third Party	0	36,749	73,500	73,500	73,500
Subtotal: Actual/Estimated Revenue	28,928,270	43,836,651	43,874,725	43,874,725	43,874,725
Total Available	\$28,928,270	\$43,836,651	\$43,874,725	\$43,874,725	\$43,874,725
DEDUCTIONS:					
Health Care Facilities Fees	(361,305)	0	0	0	0
Support and Maintenance of Patients	0	(90)	0	0	0
Dormitory, Cafeteria and Merchandise Sales	(2,466,086)	(3,866,857)	(3,866,857)	(3,866,857)	(3,866,857)
Elderly Housing set-Aside	(337,658)	0	0	0	0
Medicare Reimbursements	(24,821,841)	(39,924,367)	(39,924,368)	(39,924,368)	(39,924,368)
Administrative Penalties	(941,380)	0	0	0	0
Other Miscellaneous Governmental Revenue	0	(8,588)	(10,000)	(10,000)	(10,000)
Reimbursements -- Third Party	0	(36,749)	(73,500)	(73,500)	(73,500)
Total, Deductions	\$(28,928,270)	\$(43,836,651)	\$(43,874,725)	\$(43,874,725)	\$(43,874,725)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

These are Un-Appropriated GR Revenues deposited to PCA 999906 to be swept to the treasury by the Comptroller of Public Accounts.

These numbers do not include funds in the fund source ZACCT Not Federal and Not GR. Changes in classification of revenues between GR and ZACCT appear to account for much of the fluctuation between years.

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
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CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>107</u> Comprehensive Rehab Acct					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3704 Court Costs	3,041,764	0	0	0	0
Subtotal: Actual/Estimated Revenue	3,041,764	0	0	0	0
Total Available	\$3,041,764	\$0	\$0	\$0	\$0
DEDUCTIONS:					
Expended	(3,041,764)	0	0	0	0
Total, Deductions	\$(3,041,764)	\$0	\$0	\$0	\$0
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
129 Hospital Licensing Acct					
Beginning Balance (Unencumbered):	\$0	\$207,347	\$19,925,255	\$21,043,253	\$20,446,633
Estimated Revenue:					
3557 Health Care Facilities Fees	0	21,315,363	2,715,364	2,715,364	2,715,364
Subtotal: Actual/Estimated Revenue	0	21,315,363	2,715,364	2,715,364	2,715,364
Total Available	\$0	\$21,522,710	\$22,640,619	\$23,758,617	\$23,161,997
DEDUCTIONS:					
Expended	0	(1,597,455)	(1,597,366)	(3,311,984)	(3,311,984)
Total, Deductions	\$0	\$(1,597,455)	\$(1,597,366)	\$(3,311,984)	\$(3,311,984)
Ending Fund/Account Balance	\$0	\$19,925,255	\$21,043,253	\$20,446,633	\$19,850,013

REVENUE ASSUMPTIONS:
2018 Projection is based upon 8 months collections at HHSC.

CONTACT PERSON:
Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
493 Blind Endowment Fund					
Beginning Balance (Unencumbered):	\$0	\$0	\$7,043	\$14,086	\$14,086
Estimated Revenue:					
3740 Grants/Donations	900	7,043	7,043	0	0
3851 Interest on St Deposits & Treas Inv	10	0	0	0	0
Subtotal: Actual/Estimated Revenue	910	7,043	7,043	0	0
Total Available	\$910	\$7,043	\$14,086	\$14,086	\$14,086
DEDUCTIONS:					
Expended	(910)	0	0	0	0
Total, Deductions	\$(910)	\$0	\$0	\$0	\$0
Ending Fund/Account Balance	\$0	\$7,043	\$14,086	\$14,086	\$14,086

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>543</u> Texas Capital Trust Acct					
Beginning Balance (Unencumbered):	\$0	\$1,081,452	\$2,939,601	\$4,116,208	\$5,292,815
Estimated Revenue:					
3315 Oil and Gas Lease Bonus	0	650,844	0	0	0
3316 Oil and Gas Lease Rental	0	42,316	0	0	0
3321 Oil Royal-Other State Lands	792,259	932,879	932,879	932,879	932,879
3326 Gas Royal-Other State Lands	230,236	228,728	228,728	228,728	228,728
3746 Rental of Lands	58,957	3,382	15,000	15,000	15,000
Subtotal: Actual/Estimated Revenue	1,081,452	1,858,149	1,176,607	1,176,607	1,176,607
Total Available	\$1,081,452	\$2,939,601	\$4,116,208	\$5,292,815	\$6,469,422
Ending Fund/Account Balance	\$1,081,452	\$2,939,601	\$4,116,208	\$5,292,815	\$6,469,422

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
666 Appropriated Receipts					
Beginning Balance (Unencumbered):	\$688,305	\$0	\$0	\$0	\$0
Estimated Revenue:					
3041 Volun Driver Lic Fee for Anat Gift	34,659	0	0	0	0
3595 Medical Assist Cost Recovery	971,858	31,724,312	29,000,000	29,000,000	29,000,000
3719 Fees/Copies or Filing of Records	0	284	0	0	0
3722 Conf, Semin, & Train Regis Fees	22,235	0	0	0	0
3740 Grants/Donations	29,846	0	0	0	0
3765 Supplies/Equipment/Services	25,000	475,000	475,000	475,000	475,000
3766 Supplies/Equip/Servs-Local Funds	4,496,932	5,319,940	4,465,858	4,465,858	4,465,858
3770 Administrative Penalties	0	27,000	0	0	0
3802 Reimbursements-Third Party	615,554	316,343	500,000	500,000	500,000
3851 Interest on St Deposits & Treas Inv	1,113	0	0	0	0
Subtotal: Actual/Estimated Revenue	6,197,197	37,862,879	34,440,858	34,440,858	34,440,858
Total Available	\$6,885,502	\$37,862,879	\$34,440,858	\$34,440,858	\$34,440,858
DEDUCTIONS:					
Expended/Budgeted/Requested	0	(31,724,312)	(29,000,000)	(29,000,000)	(29,000,000)
Expanded Hospital Based Workers	(4,895,935)	(4,348,922)	(3,978,131)	(3,809,570)	(3,809,570)
Expanded TOPDD	(600,674)	(450,057)	(426,726)	(410,234)	(410,234)
Trnsfer Benefits for TOPDD	(17,618)	(13,200)	(12,516)	(12,032)	(12,032)
Expended Rutgers	(25,000)	(18,731)	(17,760)	(17,074)	(17,074)
Expended Misc	(1,346,275)	(1,307,657)	(1,005,725)	(1,191,948)	(1,191,948)
Total, Deductions	\$(6,885,502)	\$(37,862,879)	\$(34,440,858)	\$(34,440,858)	\$(34,440,858)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

HHSC may spend the appropriated revenue portion of WIC rebates to the level collected, but all such revenues must be spent in the WIC Services program to offset federal expenditures in that program.

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
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CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>705</u> Medicaid Program Income					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3639 Premium Credits - Medicaid Program	25,758,096	43,698,160	9,641,600	9,278,200	9,248,300
3714 Judgments	254,112	0	0	0	0
3769 Forfeitures	503,430	0	0	0	0
3773 Insurance and Damages	2,802,252	0	0	0	0
3854 Interest - Other	850,507	3,068	3,068	3,068	3,068
Subtotal: Actual/Estimated Revenue	30,168,397	43,701,228	9,644,668	9,281,268	9,251,368
Total Available	\$30,168,397	\$43,701,228	\$9,644,668	\$9,281,268	\$9,251,368
DEDUCTIONS:					
Expended/Budgeted/Requested	(30,168,397)	(43,701,228)	(9,644,668)	(9,281,268)	(9,251,368)
Total, Deductions	\$(30,168,397)	\$(43,701,228)	\$(9,644,668)	\$(9,281,268)	\$(9,251,368)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Collections for Medicaid Program Income do not necessarily relate to with total expenditures or caseload projections as the majority of this revenue source is experience rebates from Medicaid managed care organizations (MCOs).

Experienced rebates are received when the negotiated managed care premium rates exceed the actual incurred cost. MCOs return a portion of those dollars as experience rebates. The state retains the state share and the federal share is returned to the federal government.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>706</u> Vendor Drug Rebates-Medicaid					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3638 Vendor Drug Rebates-Medicaid Pgm	822,229,879	825,499,016	814,430,092	870,937,814	878,898,130
3714 Judgments	53	0	0	0	0
3769 Forfeitures	2,803,246	0	0	0	0
3854 Interest - Other	244,395	0	0	0	0
Subtotal: Actual/Estimated Revenue	825,277,573	825,499,016	814,430,092	870,937,814	878,898,130
Total Available	\$825,277,573	\$825,499,016	\$814,430,092	\$870,937,814	\$878,898,130
DEDUCTIONS:					
Expended/Budgeted/Requested	(825,277,573)	(825,499,016)	(814,430,092)	(870,937,814)	(878,898,130)
Total, Deductions	\$(825,277,573)	\$(825,499,016)	\$(814,430,092)	\$(870,937,814)	\$(878,898,130)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Vendor Drug Rebate revenue represents the state share of rebates provided by drug manufacturers to the State as part of the federal Medicaid Drug Rebate Program (OBRA 90). The revenue is calculated using Medicaid projected caseload and cost information. The FMAP also dictates the amount of state share retained and the amount returned to the federal government.

As the majority of Medicaid prescription drugs are provided through managed care, it is assumed that the share of generic drugs will be increasing. Since generic drugs are cheaper, there should eventually be a decline in drug rebate revenue.

CONTACT PERSON:

Christopher Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>707</u> Chest Hospital Fees					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3595 Medical Assist Cost Recovery	0	325,610	325,610	325,610	325,610
Subtotal: Actual/Estimated Revenue	0	325,610	325,610	325,610	325,610
Total Available	\$0	\$325,610	\$325,610	\$325,610	\$325,610
DEDUCTIONS:					
Expended/Budgeted/Requested	0	(325,610)	(325,610)	(325,610)	(325,610)
Total, Deductions	\$0	\$(325,610)	\$(325,610)	\$(325,610)	\$(325,610)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Christopher Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
709 Pub Hlth Medicd Reimb					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3973 Other-Within Fund/Account, Btw Agys	10,120,700	60,724,200	60,724,200	64,993,573	64,993,573
Subtotal: Actual/Estimated Revenue	10,120,700	60,724,200	60,724,200	64,993,573	64,993,573
Total Available	\$10,120,700	\$60,724,200	\$60,724,200	\$64,993,573	\$64,993,573
DEDUCTIONS:					
Expended/Budgeted/Requested	(10,120,700)	(60,724,200)	(60,724,200)	(64,993,573)	(64,993,573)
Total, Deductions	\$(10,120,700)	\$(60,724,200)	\$(60,724,200)	\$(64,993,573)	\$(64,993,573)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Vendor Drug Rebate revenue represents the state share of rebates provided by drug manufacturers to the State as part of the federal Medicaid Drug Rebate Program (OBRA 90). The revenue is calculated using Medicaid projected caseload and cost information. The FMAP also dictates the amount of state share retained and the amount returned to the federal government.

As the majority of Medicaid prescription drugs are provided through managed care, it is assumed that the share of generic drugs will be increasing. Since generic drugs are cheaper, there should eventually be a decline in drug rebate revenue.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
802 Lic Plate Trust Fund No. 0802, est					
Beginning Balance (Unencumbered):	\$8,925	\$34,483	\$61,983	\$98,983	\$125,483
Estimated Revenue:					
3014 Mtr Vehicle Registration Fees	25,218	27,500	37,000	26,500	26,500
3851 Interest on St Deposits & Treas Inv	340	0	0	0	0
Subtotal: Actual/Estimated Revenue	25,558	27,500	37,000	26,500	26,500
Total Available	\$34,483	\$61,983	\$98,983	\$125,483	\$151,983
Ending Fund/Account Balance	\$34,483	\$61,983	\$98,983	\$125,483	\$151,983

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Christopher Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>888</u> Earned Federal Funds					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>3643</u> Premium Co-payments					
Beginning Balance (Unencumbered):	\$415,635	\$350,000	\$437,904	\$1,007,958	\$1,821,844
Estimated Revenue:					
DEDUCTIONS:					
Expended/Budgeted/Requested	(415,635)	(350,000)	(437,904)	(1,007,958)	(1,821,844)
 Total, Deductions	\$(415,635)	\$(350,000)	\$(437,904)	\$(1,007,958)	\$(1,821,844)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CHIP enrollment fees are \$50 or less per family for each 12-month term of eligibility and vary based on the family's income. The state retains the state share and the federal share is returned to the federal government. The FMAP also dictates the amount of state share retained and the amount returned to the federal government.

In response to Hurricane Harvey, HHSC with the approval of CMS waived co-payments and enrollment fees from Aug. 25 through Nov. 30, 2017 for CHIP clients who lived in a county the federal government had declared a disaster area.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>5018</u> Home Health Services Acct					
Beginning Balance (Unencumbered):	\$16,726,868	\$4,257,873	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	6,409,236	5,880,200	5,880,200	5,880,200	5,880,200
3770 Administratve Penalties	1,368,506	1,334,098	1,334,098	1,334,098	1,334,098
Subtotal: Actual/Estimated Revenue	<u>7,777,742</u>	<u>7,214,298</u>	<u>7,214,298</u>	<u>7,214,298</u>	<u>7,214,298</u>
Total Available	<u>\$24,504,610</u>	<u>\$11,472,171</u>	<u>\$7,214,298</u>	<u>\$7,214,298</u>	<u>\$7,214,298</u>
DEDUCTIONS:					
Expended/Budgeted	(18,588,804)	(10,532,601)	(6,623,546)	(5,633,898)	(5,633,898)
Transfer to employee benefits	(1,657,933)	(939,571)	(590,753)	(1,580,400)	(1,580,400)
Total, Deductions	<u>\$(20,246,737)</u>	<u>\$(11,472,172)</u>	<u>\$(7,214,299)</u>	<u>\$(7,214,298)</u>	<u>\$(7,214,298)</u>
Ending Fund/Account Balance	<u>\$4,257,873</u>	<u>\$(1)</u>	<u>\$(1)</u>	<u>\$0</u>	<u>\$0</u>

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>5055</u> Special Olympic License Plates					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Christopher Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>5080</u> Quality Assurance					
Beginning Balance (Unencumbered):	\$42,109,379	\$36,663,854	\$25,128,036	\$13,592,218	\$2,056,400
Estimated Revenue:					
3557 Health Care Facilities Fees	64,541,407	68,946,513	68,946,513	68,946,513	68,946,513
3770 Administratve Penalties	55,963	60,564	60,564	60,564	60,564
Subtotal: Actual/Estimated Revenue	64,597,370	69,007,077	69,007,077	69,007,077	69,007,077
Total Available	\$106,706,749	\$105,670,931	\$94,135,113	\$82,599,295	\$71,063,477
DEDUCTIONS:					
Expended/Budgeted	(70,000,000)	(80,500,000)	(80,500,000)	(80,500,000)	(71,020,582)
Transfer to employee benefits	(42,895)	(42,895)	(42,895)	(42,895)	(42,895)
Total, Deductions	\$(70,042,895)	\$(80,542,895)	\$(80,542,895)	\$(80,542,895)	\$(71,063,477)
Ending Fund/Account Balance	\$36,663,854	\$25,128,036	\$13,592,218	\$2,056,400	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Christopher Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
<u>5109</u> Medicaid Estate Recovery Account					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3970 Revenue & Expenditure Adjustments	0	2,700,000	2,700,000	2,700,000	2,700,000
3986 Operating Transfers	8,091,609	0	0	0	0
Subtotal: Actual/Estimated Revenue	8,091,609	2,700,000	2,700,000	2,700,000	2,700,000
Total Available	\$8,091,609	\$2,700,000	\$2,700,000	\$2,700,000	\$2,700,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(8,091,609)	(2,700,000)	(2,700,000)	(2,700,000)	(2,700,000)
Total, Deductions	\$(8,091,609)	\$(2,700,000)	\$(2,700,000)	\$(2,700,000)	\$(2,700,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Medicaid Estate Recovery Program are funds recovered by implementing 42 U.S.C. Section 1396p(b)(1). MERP Funds are used only to fund long-term care, including community-based care and facility-based care. FY17 includes accumulated funds prior to FY17.

CONTACT PERSON:

Christ Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8015 Int Contracts-Transfer					
Beginning Balance (Unencumbered):	\$0	\$15,624,060	\$32,122,162	\$47,909,807	\$64,407,909
Estimated Revenue:					
3725 State Grants Pass-thru Revenue	15,624,060	16,498,102	15,787,645	16,498,102	16,498,102
Subtotal: Actual/Estimated Revenue	15,624,060	16,498,102	15,787,645	16,498,102	16,498,102
Total Available	\$15,624,060	\$32,122,162	\$47,909,807	\$64,407,909	\$80,906,011
Ending Fund/Account Balance	\$15,624,060	\$32,122,162	\$47,909,807	\$64,407,909	\$80,906,011

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8031 MH Collect-Pat Supp & Maint					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3595 Medical Assist Cost Recovery	0	38,090	38,090	38,090	38,090
3606 Suport/Maintenance Patients	0	1,672,141	1,672,141	1,672,141	1,672,141
Subtotal: Actual/Estimated Revenue	0	1,710,231	1,710,231	1,710,231	1,710,231
Total Available	\$0	\$1,710,231	\$1,710,231	\$1,710,231	\$1,710,231
DEDUCTIONS:					
Expended/Budgeted	0	(1,710,231)	(1,710,231)	(1,710,231)	(1,710,231)
Total, Deductions	\$0	\$(1,710,231)	\$(1,710,231)	\$(1,710,231)	\$(1,710,231)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8033 MH Appropriated Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	0	345,020	345,020	345,020	345,020
3628 Dormitory, Cafeteria, Mdse Sales	0	129,902	129,902	129,902	129,902
3719 Fees/Copies or Filing of Records	0	9,060	9,060	9,060	9,060
3722 Conf, Semin, & Train Regis Fees	0	21,398	21,398	21,398	21,398
3767 Supply, Equip, Service - Fed/Other	0	64,646	64,646	64,646	64,646
3802 Reimbursements-Third Party	0	9,865,464	9,865,464	9,865,464	9,865,464
3806 Rental of Housing to State Employ	0	125,931	125,931	125,931	125,931
Subtotal: Actual/Estimated Revenue	0	10,561,421	10,561,421	10,561,421	10,561,421
Total Available	\$0	\$10,561,421	\$10,561,421	\$10,561,421	\$10,561,421
DEDUCTIONS:					
Expended/Budgeted	0	(10,561,421)	(10,561,421)	(10,561,421)	(10,561,421)
Total, Deductions	\$0	\$(10,561,421)	\$(10,561,421)	\$(10,561,421)	\$(10,561,421)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8044 Medicaid Subrogation Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3802 Reimbursements-Third Party	101,523,691	90,000,000	90,000,000	90,000,000	90,000,000
Subtotal: Actual/Estimated Revenue	101,523,691	90,000,000	90,000,000	90,000,000	90,000,000
Total Available	\$101,523,691	\$90,000,000	\$90,000,000	\$90,000,000	\$90,000,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(101,523,691)	(90,000,000)	(90,000,000)	(90,000,000)	(90,000,000)
Total, Deductions	\$(101,523,691)	\$(90,000,000)	\$(90,000,000)	\$(90,000,000)	\$(90,000,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Collections for Medicaid Subrogation Receipts do not necessarily relate to total expenditures or caseload projections.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8046 Vendor Drug Rebates-Pub Health					
Beginning Balance (Unencumbered):	\$0	\$11,581,848	\$23,608,399	\$35,634,951	\$47,661,503
Estimated Revenue:					
3640 Vendor Drug Rebates-Non-Medicaid	11,575,498	12,026,552	12,026,552	12,026,552	12,026,552
3769 Forfeitures	6,349	0	0	0	0
Subtotal: Actual/Estimated Revenue	11,581,847	12,026,552	12,026,552	12,026,552	12,026,552
Total Available	\$11,581,847	\$23,608,400	\$35,634,951	\$47,661,503	\$59,688,055
Ending Fund/Account Balance	\$11,581,847	\$23,608,400	\$35,634,951	\$47,661,503	\$59,688,055

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8051 Universal Services Fund					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3603 Universal Srvc Fund Reimbursement	917,160	917,160	917,160	917,160	917,160
Subtotal: Actual/Estimated Revenue	917,160	917,160	917,160	917,160	917,160
Total Available	\$917,160	\$917,160	\$917,160	\$917,160	\$917,160
DEDUCTIONS:					
Expended	(760,273)	(760,273)	(760,273)	(760,273)	(760,273)
Benefits	(156,887)	(156,887)	(156,887)	(156,887)	(156,887)
Total, Deductions	\$(917,160)	\$(917,160)	\$(917,160)	\$(917,160)	\$(917,160)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8052 Subrogation Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3805 Subrogation Recoveries	481,140	118,480	118,480	480,000	480,000
Subtotal: Actual/Estimated Revenue	481,140	118,480	118,480	480,000	480,000
Total Available	\$481,140	\$118,480	\$118,480	\$480,000	\$480,000
DEDUCTIONS:					
Expended	(481,140)	(118,480)	(118,480)	(480,000)	(480,000)
Total, Deductions	\$(481,140)	\$(118,480)	\$(118,480)	\$(480,000)	\$(480,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8054 Experience Rebates-CHIP					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3649 Vendor Drug/Exp. Rebates, Nonmed	122,831	635,360	127,000	315,600	315,600
3854 Interest - Other	16,137	0	0	0	0
Subtotal: Actual/Estimated Revenue	138,968	635,360	127,000	315,600	315,600
Total Available	\$138,968	\$635,360	\$127,000	\$315,600	\$315,600
DEDUCTIONS:					
Expended/Budgeted/Requested	(138,968)	(635,360)	(127,000)	(315,600)	(315,600)
Total, Deductions	\$(138,968)	\$(635,360)	\$(127,000)	\$(315,600)	\$(315,600)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Experience Rebates are received when the negotiated managed care premium rates exceed the actual incurred cost. Managed care organizations (MCOs) return a portion of those dollars as experience rebates. The state retains the state share and the federal share is returned to the federal government.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8062 Approp Receipts-Match For Medicaid					
Beginning Balance (Unencumbered):	\$0	\$1,153,697	\$1,155,020	\$1,155,020	\$1,155,020
Estimated Revenue:					
3014 Mtr Vehicle Registration Fees	904	0	0	0	0
3595 Medical Assist Cost Recovery	13,101,938	13,868,058	13,826,897	13,392,761	13,710,041
3639 Premium Credits - Medicaid Program	3,729,500	993,140	2,934,400	201,700	201,050
3719 Fees/Copies or Filing of Records	558,922	1,323	0	0	0
3740 Grants/Donations	69,871	0	0	0	0
3773 Insurance and Damages	590,956	107,950	104,800	0	0
3802 Reimbursements-Third Party	4,450,088	4,500,000	4,500,000	4,500,000	4,500,000
Subtotal: Actual/Estimated Revenue	22,502,179	19,470,471	21,366,097	18,094,461	18,411,091
Total Available	\$22,502,179	\$20,624,168	\$22,521,117	\$19,249,481	\$19,566,111
DEDUCTIONS:					
Expended/Budgeted/Requested (A.1.5.) VAN 13210	(4,395,637)	(4,500,000)	(4,500,000)	(4,500,000)	(4,500,000)
Expended/Budgeted/Requested (A.4.1.) GME 13212	(13,101,938)	(13,868,058)	(13,826,897)	(13,392,761)	(13,710,041)
Expended/Budgeted/Requested (A.2.3.) 13215	(3,850,908)	(1,101,090)	(3,039,200)	(201,700)	(201,050)
Total, Deductions	\$(21,348,483)	\$(19,469,148)	\$(21,366,097)	\$(18,094,461)	\$(18,411,091)
Ending Fund/Account Balance	\$1,153,696	\$1,155,020	\$1,155,020	\$1,155,020	\$1,155,020

REVENUE ASSUMPTIONS:

The majority source of this revenue is match for Graduate Medical Education (GME) and Value Added Network.

Fees collected from Medicaid provider re-enrollment are assumed to be carried forward into fiscal year 2016 and 2017 and expended in addition to any fees collected during the fiscal years.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8070 Vendor Drug Rebates-CHIP					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3565 Medicaid Vendor Drug Supplemental	1,705,533	6,811,316	6,545,332	21,121,155	37,961,805
3638 Vendor Drug Rebates-Medicaid Pgm	13,010,603	0	0	0	0
3649 Vendor Drug/Exp. Rebates, Nonmed	1,483,041	0	0	0	0
3769 Forfeitures	125,682	0	0	0	0
3854 Interest - Other	4,027	0	0	0	0
Subtotal: Actual/Estimated Revenue	16,328,886	6,811,316	6,545,332	21,121,155	37,961,805
Total Available	\$16,328,886	\$6,811,316	\$6,545,332	\$21,121,155	\$37,961,805
DEDUCTIONS:					
Expended/Budgeted/Requested	(14,112,622)	(6,811,316)	(6,545,332)	(21,121,155)	(37,961,805)
Lapse Unexpended Collection	(2,216,264)	0	0	0	0
Total, Deductions	\$(16,328,886)	\$(6,811,316)	\$(6,545,332)	\$(21,121,155)	\$(37,961,805)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Vendor Drug Rebates in CHIP represent the state share of rebates provided by drug manufacturers to the State as part of providing prescription drugs in the CHIP Program . The revenue is calculated using CHIP projected caseload and drug cost information. The EFMAP also dictates the amount of state share retained and the amount returned to the federal government.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8075 Cost Sharing - Medicaid Clients					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3643 Premium Co-pay, Low Income Child	196,280	200,000	200,000	200,000	200,000
Subtotal: Actual/Estimated Revenue	196,280	200,000	200,000	200,000	200,000
Total Available	\$196,280	\$200,000	\$200,000	\$200,000	\$200,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(196,280)	(200,000)	(200,000)	(200,000)	(200,000)
Total, Deductions	\$(196,280)	\$(200,000)	\$(200,000)	\$(200,000)	\$(200,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8081 Vendor Drug Rebates-Sup Rebates					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3565 Medicaid Vendor Drug Supplemental	71,405,319	78,422,509	78,412,322	73,044,598	73,451,699
Subtotal: Actual/Estimated Revenue	71,405,319	78,422,509	78,412,322	73,044,598	73,451,699
Total Available	\$71,405,319	\$78,422,509	\$78,412,322	\$73,044,598	\$73,451,699
DEDUCTIONS:					
Expended/Budgeted/Requested	(71,405,319)	(78,422,509)	(78,412,322)	(73,044,598)	(73,451,699)
Total, Deductions	\$(71,405,319)	\$(78,422,509)	\$(78,412,322)	\$(73,044,598)	\$(73,451,699)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

Medicaid Vendor Drug supplemental rebate revenue represents the state share of rebates provided by drug manufacturers to the State for participation in the Preferred Drug List and Supplemental Rebate Program. Rebates are calculated using projected Medicaid caseload information provided from the forecast of Medicaid clients.

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8095 ID Collect-Pat Supp & Maint					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3606 Support/Maintenance Patients	24,669,396	24,844,730	24,844,730	24,844,730	24,844,730
3618 Welfare/MHMR Service Fees	724	504	504	504	504
Subtotal: Actual/Estimated Revenue	24,670,120	24,845,234	24,845,234	24,845,234	24,845,234
Total Available	\$24,670,120	\$24,845,234	\$24,845,234	\$24,845,234	\$24,845,234
DEDUCTIONS:					
Expended/Budgeted	(24,670,120)	(24,845,234)	(24,845,234)	(24,845,234)	(24,845,234)
Total, Deductions	\$(24,670,120)	\$(24,845,234)	\$(24,845,234)	\$(24,845,234)	\$(24,845,234)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8096 ID Appropriated Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3719 Fees/Copies or Filing of Records	644	1,037	1,000	1,000	1,000
3722 Conf, Semin, & Train Regis Fees	0	5,723	5,723	5,723	5,723
3753 Sale of Surplus Property Fee	1,493	2,043	2,000	2,000	2,000
3754 Other Surplus/Salvage Property	0	390	0	0	0
3767 Supply, Equip, Service - Fed/Other	216,184	282,142	282,142	282,142	282,142
3802 Reimbursements-Third Party	64,680	28,828	28,828	28,828	28,828
3806 Rental of Housing to State Employ	155,503	170,795	170,795	170,795	170,795
Subtotal: Actual/Estimated Revenue	438,504	490,958	490,488	490,488	490,488
Total Available	\$438,504	\$490,958	\$490,488	\$490,488	\$490,488
DEDUCTIONS:					
Expended/Budgeted	(438,504)	(490,958)	(490,488)	(490,488)	(490,488)
Total, Deductions	\$(438,504)	\$(490,958)	\$(490,488)	\$(490,488)	\$(490,488)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8098 ID Revolving Fund Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3767 Supply, Equip, Service - Fed/Other	145,589	127,972	127,972	127,972	127,972
Subtotal: Actual/Estimated Revenue	145,589	127,972	127,972	127,972	127,972
Total Available	\$145,589	\$127,972	\$127,972	\$127,972	\$127,972
DEDUCTIONS:					
Expended/Budgeted	(145,589)	(127,972)	(127,972)	(127,972)	(127,972)
Total, Deductions	\$(145,589)	\$(127,972)	\$(127,972)	\$(127,972)	\$(127,972)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8133 Found Sch Funds: Match for Medicaid					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$710,457	\$710,457
Estimated Revenue:					
3725 State Grants Pass-thru Revenue	874,044	0	710,457	0	0
Subtotal: Actual/Estimated Revenue	874,044	0	710,457	0	0
Total Available	\$874,044	\$0	\$710,457	\$710,457	\$710,457
DEDUCTIONS:					
Expended	(874,044)	0	0	0	0
Total, Deductions	\$(874,044)	\$0	\$0	\$0	\$0
Ending Fund/Account Balance	\$0	\$0	\$710,457	\$710,457	\$710,457

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.E. Estimated Revenue Collections Supporting Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2017	Exp 2018	Exp 2019	Bud 2020	Est 2021
8148 WIC Rebates					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3597 Reimburse-WIC Rebates	0	224,959,011	224,959,011	224,959,011	224,959,011
Subtotal: Actual/Estimated Revenue	0	224,959,011	224,959,011	224,959,011	224,959,011
Total Available	\$0	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
DEDUCTIONS:					
Expended	0	(224,959,011)	(224,959,011)	(224,959,011)	(224,959,011)
Total, Deductions	\$0	\$(224,959,011)	\$(224,959,011)	\$(224,959,011)	\$(224,959,011)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Chris Matthews

6.F.a. Advisory Committee Supporting Schedule ~ Part A

86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/24/2018
 Time: 10:23:52AM

Agency Code: **529** Agency: **Health and Human Services Commission**

BEHAVIORAL HEALTH ADVISORY COMMITTEE

Statutory Authorization: Govt Code 531, Sec 531.012;HSC §532.020
 Number of Members: 19
 Committee Status: Ongoing
 Date Created: 12/01/2015
 Date to Be Abolished: N/A
 Strategy (Strategies): 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS
 4-2-2 COMMUNITY MENTAL HLTH SVCS-CHILDREN
 4-2-3 COMMUNITY MENTAL HEALTH CRISIS SVCS
 4-2-4 SUBSTANCE ABUSE SERVICES

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$21,978	\$21,978	\$21,978	\$21,978	\$21,978
Other Expenditures in Support of Committee Activities					
Personnel	8,293	8,293	8,293	8,293	8,293
Total, Committee Expenditures	\$30,271	\$30,271	\$30,271	\$30,271	\$30,271
Method of Financing					
General Revenue Fund	\$16,925	\$16,925	\$16,925	\$16,925	\$16,925
Federal Funds	13,346	13,346	13,346	13,346	13,346
Total, Method of Financing	\$30,271	\$30,271	\$30,271	\$30,271	\$30,271
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC also fulfills state's obligation under 42 U.S. Code §300x-3 which requires the state to have a state mental health planning council. As a result of transformation, the BHAC absorbed the System of Care Consortium and the Texas Children Recovering from Trauma which were consolidated into the Children and Youth subcommittee and the Mental Health and Substance Use Disorder Ad Hoc subcommittee. In addition, HB 10, 85th Legislative Session, the legislatively required Mental Health Condition and Substance Use Disorder Parity workgroup is a BHAC subcommittee.

Removing the committee would leave the HHS system with no stakeholder forum for input on behavioral health issues or input from legacy advisory committees abolished under SB 277 and SB 200, 84th Legislature which are now two subcommittees to the BHAC. HHSC would not be in compliance with the 42 USC that requires a state mental health planning council as part of the block grant requirement for MH and as a result, could lose federal funding.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

DRUG UTILIZATION REVIEW

Statutory Authorization: Omnibus Budget Reconciliation Act 1990
 Number of Members: 20
 Committee Status: Ongoing
 Date Created: 11/1/1992
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$8,500	\$9,500	\$10,000	\$12,000	\$12,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	14,000	16,000	17,000	17,000	17,000
Other Operating	0	0	0	2,000	2,000
Total, Committee Expenditures	\$22,500	\$25,500	\$27,000	\$31,000	\$31,000
Method of Financing					
Federal Funds	\$16,857	\$19,105	\$20,229	\$23,226	\$23,226
GR Match For Medicaid	5,643	6,395	6,771	7,774	7,774
Total, Method of Financing	\$22,500	\$25,500	\$27,000	\$31,000	\$31,000
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Drug Utilization Review Board is comprised of 20 members both physicians and pharmacists and is required by federal law and cannot be abolished. The Board works with the Vendor Drug program to implement the Drug Utilization Review process to ensure outpatient drugs are appropriate, medically necessary, and not likely to result in adverse events. The Board approves both retrospective and prospective drug use review criteria. The Board is also responsible for approving and initiating interventions targeted at physicians or pharmacists to improve the quality of pharmaceutical therapy. The Board reviews and approves prior authorization criteria for the preferred drug list. Abolishing the DUR board would result in the discontinuation of the federally required activities noted above.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

86th Regular Session, Agency Submission, Version 1
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Date: 8/24/2018
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Agency Code: **529** Agency: **Health and Human Services Commission**

E-HEALTH ADVISORY COMMITTEE

Statutory Authorization: Government Code §531.012
 Number of Members: 15
 Committee Status: Ongoing
 Date Created: 10/30/2015
 Date to Be Abolished: 10/30/2019
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Other Expenditures in Support of Committee Activities					
Personnel	\$89,480	\$90,000	\$90,000	\$0	\$0
Other Operating	100	150	150	0	0
Total, Committee Expenditures	\$89,580	\$90,150	\$90,150	\$0	\$0
Method of Financing					
General Revenue Fund	\$41,467	\$41,730	\$41,730	\$0	\$0
Federal Funds	48,113	48,420	48,420	0	0
Total, Method of Financing	\$89,580	\$90,150	\$90,150	\$0	\$0
Meetings Per Fiscal Year	3	3	3	0	0

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

This committee will fulfill an advisory role to the HHSC Executive Commissioner and HHS System agencies on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services. The committee will offer recommendations via regularly scheduled meetings and/or verbal or written communication with HHSC staff assigned to work with the committee. The committee will perform other related tasks as requested by the Executive Commissioner. In the event of Committee abolishment, HHS programs could be detrimentally impacted due to lack of uniform direction offered by this Committee in the best interest of the Texas population. (NOTE: Due to the eHAC's anticipated abolish date, expenses are not provided for 2020 and 2021. Should the eHAC continue, the same level of expenses are anticipated.)

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

HHSC EXECUTIVE COUNCIL

Statutory Authorization: Govt Code Sections 531.0051 and 531.402
 Number of Members: 13
 Committee Status: Ongoing
 Date Created: 9/01/2016
 Date to Be Abolished: N/A
 Strategy (Strategies): 12-2-1 CENTRAL PROGRAM SUPPORT

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$7,803	\$13,200	\$13,200	\$13,200	\$13,200
Total, Committee Expenditures	\$7,803	\$13,200	\$13,200	\$13,200	\$13,200
Method of Financing					
General Revenue Fund	\$3,291	\$5,567	\$5,567	\$5,567	\$5,567
Federal Funds	4,178	7,068	7,068	7,068	7,068
Interagency Contracts	334	565	565	565	565
Total, Method of Financing	\$7,803	\$13,200	\$13,200	\$13,200	\$13,200
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Health and Human Services Advisory Council was created to study and make recommendations to the executive commissioner regarding the management and operation of the commission, including policies and rules governing the delivery of services to persons who are served by the commission and the rights and duties of persons who are served or regulated by the commission. The HHSC Council was abolished and replaced with the new Health and Human Services Commission Executive Council on September 1, 2016. The HHSC Executive Council was established on September 1, 2016, to receive public input and advise the executive commissioner regarding the operation of the commission. The council shall seek and receive public comment on:

- (1) proposed rules;
- (2) recommendations of advisory committees;
- (3) legislative appropriations requests or other documents related to the appropriations process;
- (4) the operation of health and human services programs; and
- (5) other items the executive commissioner determines appropriate.

The council does not have authority to make administrative or policy decisions.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

HOSPITAL PAYMENT ADVISORY COMMITTEE

Statutory Authorization: V.C.T.A. Human Resource Code Sec 32.022
 Number of Members: 12
 Committee Status: Ongoing
 Date Created: 06/01/1989
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$10,020	\$10,020	\$10,020	\$10,020	\$10,020
Other Expenditures in Support of Committee Activities					
PERSONNEL	9,245	9,245	9,245	42,398	42,398
OTHER OPERATING	200	200	200	300	300
Total, Committee Expenditures	\$19,465	\$19,465	\$19,465	\$52,718	\$52,718
Method of Financing					
Federal Funds	\$10,217	\$10,217	\$10,217	\$26,359	\$26,359
GR Match For Medicaid	9,248	9,248	9,248	26,359	26,359
Total, Method of Financing	\$19,465	\$19,465	\$19,465	\$52,718	\$52,718
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Hospital Payment Advisory Committee is comprised of 12 members. The Committee advises the State Medicaid Director in developing and maintaining the inpatient hospital rate setting methodology. The Committee advises the State Medical Director on necessary changes in hospital payment methodologies for inpatient hospital prospective payments and on adjustments for disproportionate share hospitals.

This committee is required by federal law.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

INTELLECTUAL AND DEVELOPMENTAL DISABILITY SYS REDESIGN ADVISORY COMM

Statutory Authorization: SB 7, 83rd Leg Reg Session, Sec. 1.01
 Number of Members: 27
 Committee Status: Ongoing
 Date Created: 09/01/2013
 Date to Be Abolished: 01/01/2024
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$9,300	\$9,300	\$9,300	\$9,300	\$9,300
Other Expenditures in Support of Committee Activities					
PERSONNEL	50,296	50,296	50,296	44,000	44,000
OTHER OPERATING	300	300	300	600	600
Total, Committee Expenditures	\$59,896	\$59,896	\$59,896	\$53,900	\$53,900
Method of Financing					
Federal Funds	\$31,439	\$31,439	\$31,439	\$26,950	\$26,950
GR Match For Medicaid	28,457	28,457	28,457	26,950	26,950
Total, Method of Financing	\$59,896	\$59,896	\$59,896	\$53,900	\$53,900
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee, created by S. B. 7 of the 83rd Texas Legislature, Regular Session, 2013 will advise HHSC and the Department of Aging and Disability Services (DADS) on the implementation of the acute care services and long-term services and supports (LTSS) system redesign for individuals with intellectual and developmental disabilities. S.B. 7 requires HHSC and DADS to design and implement an acute care services and LTSS system for individuals with IDD. This committee is required in SB7, 83rd session so abolishing it would violate statute.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Date: 8/24/2018
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Agency Code: **529** Agency: **Health and Human Services Commission**

MEDICAL CARE ADVISORY COMMITTEE

Statutory Authorization: V.C.T.A. Human Resource Code Sec 32.022
 Number of Members: 12
 Committee Status: Ongoing
 Date Created: 03/01/1966
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$6,708	\$6,708	\$6,708	\$6,708	\$6,708
Other Expenditures in Support of Committee Activities					
PERSONNEL	18,490	18,490	18,490	42,398	42,398
OTHER OPERATING	200	200	200	300	300
Total, Committee Expenditures	\$25,398	\$25,398	\$25,398	\$49,406	\$49,406
Method of Financing					
Federal Funds	\$13,331	\$13,331	\$13,331	\$24,703	\$24,703
GR Match For Medicaid	12,067	12,067	12,067	24,703	24,703
Total, Method of Financing	\$25,398	\$25,398	\$25,398	\$49,406	\$49,406
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Medical Care Advisory Committee (MCAC) is comprised of 12 voting members and is required under Title XIX of the Social Security Act. The Committee advises the State Medicaid Director about the Medicaid program. The Committee reviews and makes recommendations concerning health and medical assistance issues and policies, the scope and utilization of services, payment methodology, quality of services, program changes and cost containment. MCAC is required by federal law.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Date: 8/24/2018
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Agency Code: **529** Agency: **Health and Human Services Commission**

PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL

Statutory Authorization: Tx Health & Safety Code Ch. 118, HB.1874
 Number of Members: 18
 Committee Status: Ongoing
 Date Created: 12/01/2015
 Date to Be Abolished: N/A
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$9,000	\$9,000	\$9,000	\$6,000	\$6,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	44,000	44,000	44,000	40,000	40,000
OTHER OPERATING	4,000	4,000	4,000	4,000	4,000
Total, Committee Expenditures	\$57,000	\$57,000	\$57,000	\$50,000	\$50,000
Method of Financing					
General Revenue Fund	\$57,000	\$57,000	\$57,000	\$50,000	\$50,000
Total, Method of Financing	\$57,000	\$57,000	\$57,000	\$50,000	\$50,000
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Palliative Care Interdisciplinary Advisory Council (PCIAC) assesses the availability of patient-centered and family-focused palliative care in Texas and consults with and advises HHSC on matters related to the establishment, maintenance, operation, and outcome evaluation of a statewide palliative care consumer and professional information and education program. The PCIAC is integrated into the governing structure of the educational program; however, note that expenses reported here reflect costs associated with the Council and not for the palliative care education program as a whole. The full Council meets up to 4 times per year in Austin, and Council work groups also meet regularly by conference call/gotomeeting. Staff support the development of legislative reports and other deliverables on behalf of the Council.

The palliative care information and education program relies on the Council to provide professional, consensus oriented expertise and governance for the website and other activities required by House Bill 1874, 84th Texas Legislature. Without this source of independent expertise, the new palliative care program would lose credibility. The Council is established by statute. The 85th Texas Legislature removed the Council's abolition date.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

PERINATAL ADVISORY COUNCIL

Statutory Authorization: Health and Safety Code 241.187
 Number of Members: 19
 Committee Status: Ongoing
 Date Created: 12/01/2013
 Date to Be Abolished: 09/01/2025
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000
Other Expenditures in Support of Committee Activities					
Personnel	44,000	44,000	44,000	44,000	44,000
Total, Committee Expenditures	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000
Method of Financing					
Federal Funds	\$33,231	\$33,231	\$33,231	\$33,231	\$33,231
GR Match For Medicaid	28,769	28,769	28,769	28,769	28,769
Total, Method of Financing	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000
Meetings Per Fiscal Year	8	8	8	8	8

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The council develops and recommends criteria for designating neonatal (effective date of 9/1/2018) and maternity (effective date of 9/1/2020) levels of care, develops and recommends a process for assignment of levels of care to a hospital, recommends dividing the state into perinatal care regions, examines neonatal and maternal care utilization trends, and makes recommendations related to improving neonatal and maternal outcomes.

The advisory council is subject to Chapter 325, Government Code (Texas sunset Act). Unless continued in existence as provide by that chapter, the advisory council is abolished and this section expires September 1, 2025. If committee is abolished sooner the consequences of abolishing it would not allow the PAC to complete its charge of activities, including Maternity Care, Neonatal, Best Practices, Fetal Diagnosis and Therapy Designation.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

POLICY COUNCIL FOR CHILDREN AND FAMILIES

Statutory Authorization: Texas Government Code §531.012
 Number of Members: 18
 Committee Status: Ongoing
 Date Created: 8/01/2016
 Date to Be Abolished: 08/01/2020
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$14,000	\$14,000	\$14,000	\$10,000	\$10,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	44,000	44,000	44,000	40,000	40,000
OTHER OPERATING	3,000	3,000	3,000	3,000	3,000
Total, Committee Expenditures	\$61,000	\$61,000	\$61,000	\$53,000	\$53,000
Method of Financing					
General Revenue Fund	\$61,000	\$61,000	\$61,000	\$24,481	\$24,481
Federal Funds	0	0	0	28,519	28,519
Total, Method of Financing	\$61,000	\$61,000	\$61,000	\$53,000	\$53,000
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Policy Council for Children and Families works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems. The Policy Council essentially acts as a voice for parents and families in providing input to state programs serving children with disabilities and special needs, particularly Medicaid and CHIP. The Policy Council builds on previous work by the Children's Policy Council. At least one council representing predominantly the parents of children with disabilities has been in existence for over 20 years.

The full Council meets approximately four times per year in Austin Texas. Council work groups meet regularly by phone/GoToMeeting. Staff also support the development of legislative reports and other deliverables related to children's health policy on behalf of the Council. This advisory committee should be retained. The abolishment of this committee will leave parents and families of children with disabilities without their primary forum for providing input on the development of Health and Human Services system policies.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

STATE MEDICAID MANAGED CARE ADVISORY COMMITTEE

Statutory Authorization: Texas Government Code, Sec. 533.041
 Number of Members: 36
 Committee Status: Ongoing
 Date Created: 9/01/2016
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$5,152	\$5,152	\$5,152	\$4,122	\$4,122
Other Expenditures in Support of Committee Activities					
PERSONNEL	20,000	34,502	34,502	41,000	41,000
OTHER OPERATING	400	400	400	500	500
Total, Committee Expenditures	\$25,552	\$40,054	\$40,054	\$45,622	\$45,622
Method of Financing					
Federal Funds	\$13,695	\$21,468	\$21,468	\$22,811	\$22,811
GR Match For Medicaid	11,857	18,586	18,586	22,811	22,811
Total, Method of Financing	\$25,552	\$40,054	\$40,054	\$45,622	\$45,622
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The State Medicaid Managed Care Committee provides input and recommendations on Medicaid managed care program, policy, and operations and acts as a central advisory committee for other legislatively-mandated committees addressing Medicaid managed care issues.

This committee is not required by federal law; however, if the committee were abolished, best practices and advice regarding impact of current policies for the delivery of acute and managed long-term services and supports would be negatively affected due to the nonexistence of input from members of the committee.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS COUNCIL ON CONSUMER DIRECTION

Statutory Authorization: Govt Code 531.012
 Number of Members: 18
 Committee Status: Ongoing
 Date Created: 06/18/1999
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$5,024	\$5,024	\$5,024	\$5,024	\$5,024
Other Expenditures in Support of Committee Activities					
PERSONNEL	63,875	63,875	63,875	60,056	60,056
OTHER OPERATING	200	200	200	300	300
Total, Committee Expenditures	\$69,099	\$69,099	\$69,099	\$65,380	\$65,380
Method of Financing					
Federal Funds	\$36,270	\$36,270	\$36,270	\$32,690	\$32,690
GR Match For Medicaid	32,829	32,829	32,829	32,690	32,690
Total, Method of Financing	\$69,099	\$69,099	\$69,099	\$65,380	\$65,380
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Texas Council on Consumer Direction was created by statute at Government Code, Section 531.012. Its charge is to advise the Health and Human Services Commission (HHSC) on the delivery of services through consumer direction in all of the HHSC programs that offer long-term services and supports. The intent is to enhance the consumer's ability to have freedom, control, and authority over their own choices.

*Funds: In FY 16 (for only one meeting held October 23, 2015) and for prior years, Consumer Direction Workgroup (now the Texas Council for Consumer Direction), travel funds supporting family and consumer participation was reimbursed by UT's Texas Center for Disability Studies. During the 84th Legislature, the workgroup was added to Rider 4, allowing for HHSC travel funds to be used.

** The Council has an FTE (PSV, B21) whose main responsibility (80%) is staffing the committee.

*** The Council has an Advisory Committee Coordinator (PS1, B17) whose responsibility (25%) is staffing and supporting the committee.

If this committee was abolished, it would remove a source of advocacy and assistance with policy development for individuals using the Consumer Direction option. There is no statutory requirement for this committee but the Executive Commissioner reconstituted it after stakeholder input supported it.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

TX COUNCIL ON AUTISM AND PERVASIVE DEVELOPMENTAL DISORDERS

Statutory Authorization: TX HR Code, Title 7 Chapter 114
 Number of Members: 15
 Committee Status: Ongoing
 Date Created: 09/01/1987
 Date to Be Abolished: 8/31/2019
 Strategy (Strategies): 4-1-6 AUTISM PROGRAM

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$3,019	\$7,300	\$17,280	\$17,280	\$17,280
Total, Committee Expenditures	\$3,019	\$7,300	\$17,280	\$17,280	\$17,280
Method of Financing					
General Revenue Fund	\$3,019	\$7,300	\$17,280	\$17,280	\$17,280
Total, Method of Financing	\$3,019	\$7,300	\$17,280	\$17,280	\$17,280
Meetings Per Fiscal Year	3	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Texas Autism Council consists of parents and professionals who advise and make recommendations to state agencies, the Texas Legislature, Lieutenant Governor, and the Office of the Governor to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that all available resources are coordinated to meet those needs. If abolished, HHSC would continue to perform duties as prescribed but would lack guidance from family members, self-advocates, and professionals who have experience with and knowledge of autism spectrum disorder.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

NURSING FACILITY ADMIN ADVISORY COMMITTEE

Statutory Authorization: THSC, Chap. 242, Sub-chapter I, 242.303
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 09/01/1997
 Date to Be Abolished: N/A
 Strategy (Strategies): 8-1-2 LTC QUALITY OUTREACH

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$5,665	\$6,500	\$8,000	\$10,000	\$10,000
Total, Committee Expenditures	\$5,665	\$6,500	\$8,000	\$10,000	\$10,000
Method of Financing					
General Revenue Fund	\$5,665	\$6,500	\$8,000	\$10,000	\$10,000
Total, Method of Financing	\$5,665	\$6,500	\$8,000	\$10,000	\$10,000
Meetings Per Fiscal Year	3	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The NFAAC is a nine member governor appointed committee that advises HHSC on: the licensing process of nursing facility administrators; minimum standards of conduct for the practice of nursing facility administration; proposed rule changes; complaints and referrals against administrators; and sanctions for rule violations. Based on analysis recently conducted and recommendations approved by the HHSC Executive Commissioner on 10/31/15, this advisory committee should be retained.

The Governor appointed Nursing Facility Administrator Advisory Committee (NFAAC) provides the department with recommendations for licensure sanctions and rule changes for the Nursing Facility Administrator Licensing Program as mandated by Texas Health and Safety Code Chapter 242, Subchapter I. If the committee were abolished, best practices and advice would be negatively affected due to the nonexistence of input from members of the committee.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

EARLY CHILDHOOD INTERVENTION ADVISORY COUNCIL

Statutory Authorization: TX HR Code, Sec 73.004-73.0041
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 09/01/1981
 Date to Be Abolished: N/A
 Strategy (Strategies): 4-1-3 ECI SERVICES

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$8,285	\$12,230	\$22,000	\$22,000	\$22,000
Total, Committee Expenditures	\$8,285	\$12,230	\$22,000	\$22,000	\$22,000
Method of Financing					
Federal Funds	\$8,285	\$12,230	\$22,000	\$22,000	\$22,000
Total, Method of Financing	\$8,285	\$12,230	\$22,000	\$22,000	\$22,000
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Description and Justification for Continuation/Consequences of Abolishing

The Early Childhood Intervention (ECI) Advisory Committee advised the ECI program on its operation of the statewide system for providing services to eligible children and families in Texas. The advisory committee will also advise and assist the Texas Education Agency regarding appropriate services and the transition of toddlers with developmental disabilities to services provided under IDEA, Part B.

The Individuals with Disability Education Act (IDEA) federal regulations require the continuation of the ECI Advisory Committee to participate in the federal Early Childhood Intervention Program (IDEA, Part C; 20 U.S.C., Sec. 1441). The ECI Advisory Committee is federally required to meet at least 4 times a year and its activities are supported by IDEA Part C funds. Abolishment of the ECI Advisory Council could result in the loss of IDEA Part C funding.

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Agency Code: **529** Agency: **Health and Human Services Commission**

BOARD FOR EVALUATION OF INTERPRETER

Statutory Authorization: TAC &81.006 and &81.007
 Number of Members: 7
 Committee Status: Ongoing
 Date Created: 09/01/1982
 Date to Be Abolished: N/A
 Strategy (Strategies): 8-1-2 LTC QUALITY OUTREACH

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$2,652	\$1,743	\$3,500	\$6,000	\$6,000
Other Expenditures in Support of Committee Activities					
Other Operating	1,848	3,018	1,000	3,500	3,500
Total, Committee Expenditures	\$4,500	\$4,761	\$4,500	\$9,500	\$9,500
Method of Financing					
General Revenue Fund	\$4,500	\$4,761	\$4,500	\$9,500	\$9,500
Total, Method of Financing	\$4,500	\$4,761	\$4,500	\$9,500	\$9,500
Meetings Per Fiscal Year	3	3	3	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Board for Evaluation of Interpreters Advisory Board (BEI) is required by Human Resources Code Chapter 81. §81.007. The BEI is a panel of peer experts that has statutory authority and responsibility to make recommendations to the Office of Deaf and Hard of Hearing for certifying interpreters, granting certificates to individuals who successfully pass required tests, determining testing fees, and maintaining certification. The BEI also makes recommendations to the office regarding complaints against individual interpreters, including disciplinary action or certification revocation. Additionally, the BEI develops, reviews, and validates test materials necessary to maintain the program. If abolished, the office would lose critical expertise and advice related to the evaluation and certification of interpreters.

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Agency Code: **529** Agency: **Health and Human Services Commission**

JOINT COMMITTEE-ACCESS AND FORENSIC SERVICES

Statutory Authorization: H&S SubCh§532.004, §532.0131, §533.0515
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 11/01/2015
 Date to Be Abolished: 11/01/2019
 Strategy (Strategies): 7-2-1 MENTAL HEALTH STATE HOSPITALS

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$600	\$602	\$0	\$600	\$600
Other Expenditures in Support of Committee Activities					
Personnel	36,868	32,790	14,415	35,000	35,000
Total, Committee Expenditures	\$37,468	\$33,392	\$14,415	\$35,600	\$35,600
Method of Financing					
General Revenue Fund	\$37,468	\$33,392	\$14,415	\$35,600	\$35,600
Total, Method of Financing	\$37,468	\$33,392	\$14,415	\$35,600	\$35,600
Meetings Per Fiscal Year	5	4	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

Makes recommendations for a comprehensive plan for effective coordination of forensic services; makes recommendations and monitors implementation of updates to a bed day allocation methodology and an utilization review protocol for state funded beds in hospitals and other inpatient mental health facilities. Reasons for remaining in existence: Statutory mandate; the advisory committee provides valuable stakeholder input to inform state policies and processes. In addition, the Access Subcommittee of the JCAFS is responsible for carrying out the peer utilization process required by Health and Safety Code Section 533.0515.

Consequences of abolishing: Loss of a valuable source of input from a diverse group of experts and other stakeholders on priority issues. Also, HHSC would need to identify an alternative approach to implementing peer utilization review. Statutory mandate: Health and Safety Code Sections 532.0131 and 533.0515

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS MEDICAL DISCLOSURE PANEL

Statutory Authorization: Civil Practices & Remedies Code, Ch§74.102
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 9/01/1977
 Date to Be Abolished: N/A
 Strategy (Strategies): 8-1-1 FACILITY/COMMUNITY-BASED REGULATION

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$3,513	\$655	\$5,000	\$5,000	\$5,000
Other Expenditures in Support of Committee Activities					
Personnel	9,461	9,461	9,461	9,461	9,461
Total, Committee Expenditures	\$12,974	\$10,116	\$14,461	\$14,461	\$14,461
Method of Financing					
General Revenue Fund	\$3,777	\$2,945	\$4,209	\$4,209	\$4,209
Federal Funds	9,197	7,171	10,252	10,252	10,252
Total, Method of Financing	\$12,974	\$10,116	\$14,461	\$14,461	\$14,461
Meetings Per Fiscal Year	4	3	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The TMDP was established by the 65th Legislature in 1977. The panel is appointed by the Commissioner of Health and is comprised of nine members; three members licensed to practice law in Texas and six members licensed to practice medicine in Texas. The purpose of the Texas Medical Disclosure Panel (TMDP) is to determine which risks and hazards related to medical care and surgical procedures must be disclosed by health care providers or physicians to their patients or persons authorized to consent for their patients, and to establish the general form and substance of such disclosure. The panel identifies and makes a thorough examination of all medical treatments and surgical procedures in which physicians and health care providers may be involved in order to determine which of those treatments and procedures do and do not require disclosure of the risks and hazards to the patients or persons authorized to consent for the patients. If the Panel were to be abolished, HHSC would not be in compliance with Civil Practices and Remedies Code, Chapter §74.102.

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Statutory Authorization: Occupations Code, Chapter 503
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 9/01/1981
 Date to Be Abolished: 9/01/2019
 Strategy (Strategies): 8-3-1 HEALTH CARE PROFESSIONALS & OTHER

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$60,800	\$32,000	\$60,800	\$39,200	\$39,200
Other Expenditures in Support of Committee Activities					
Personnel	51,190	65,264	59,093	51,190	51,190
Other Operating	728,376	798,082	874,458	958,144	1,049,838
Total, Committee Expenditures	\$840,366	\$895,346	\$994,351	\$1,048,534	\$1,140,228
Method of Financing					
General Revenue Fund	\$840,366	\$895,346	\$994,351	\$1,048,534	\$1,140,228
Total, Method of Financing	\$840,366	\$895,346	\$994,351	\$1,048,534	\$1,140,228
Meetings Per Fiscal Year	4	4	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Texas State Board of Examiners of Professional Counselors is the licensing and regulatory authority for professional counselors in Texas. The board's primary mission is to enforce licensure rules and standards for professional counselors as a means to protect and promote public health and welfare. The board accomplishes its mission by establishing and administering qualifications for licensure and license renewal and enforcing standards for the profession as specified in Chapter 503, Occupations Code.

Consequences of abolishing: Loss of a valuable source of input from a diverse group of experts and other stakeholders on public health and welfare as well as possible increased risk to public health and safety.

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

Statutory Authorization: Occupations Code, Chapter 505
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 9/01/1981
 Date to Be Abolished: 9/01/2019
 Strategy (Strategies): 8-3-1 HEALTH CARE PROFESSIONALS & OTHER

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$40,400	\$40,400	\$40,400	\$40,400	\$40,400
Other Expenditures in Support of Committee Activities					
Personnel	51,247	55,378	55,378	55,378	55,378
Other Operating	638,113	672,252	708,218	746,107	786,024
Total, Committee Expenditures	\$729,760	\$768,030	\$803,996	\$841,885	\$881,802
Method of Financing					
General Revenue Fund	\$729,760	\$768,030	\$803,996	\$841,885	\$881,802
Total, Method of Financing	\$729,760	\$768,030	\$803,996	\$841,885	\$881,802
Meetings Per Fiscal Year	4	4	4	4	4

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Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Texas State Board of Social Worker Examiners is the licensing and regulatory authority for social workers in Texas. The board's primary mission is to enforce licensure rules and standards for social workers as a means to protect and promote public health and welfare. The board accomplishes its mission by establishing and administering qualifications for licensure and license renewal and enforcing standards for the profession, as specified in Chapter 505, Occupations Code.

Consequences of abolishing: Loss of a valuable source of input from a diverse group of experts and other stakeholders on public health and welfare as well as possible increased risk to public health and safety.

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Agency Code: **529** Agency: **Health and Human Services Commission**

COUNCIL ON SEX OFFENDER TREATMENT

Statutory Authorization: Occupations Code, Chapter 110
 Number of Members: 7
 Committee Status: Ongoing
 Date Created: 9/01/1983
 Date to Be Abolished: N/A
 Strategy (Strategies): 8-3-1 HEALTH CARE PROFESSIONALS & OTHER

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$19,692	\$19,692	\$19,692	\$24,092	\$24,092
Other Expenditures in Support of Committee Activities					
Personnel	10,256	10,256	10,256	14,076	14,076
Other Operating	106,434	113,512	121,060	129,111	137,697
Total, Committee Expenditures	\$136,382	\$143,460	\$151,008	\$167,279	\$175,865
Method of Financing					
General Revenue Fund	\$136,382	\$143,460	\$151,008	\$167,279	\$175,865
Total, Method of Financing	\$136,382	\$143,460	\$151,008	\$167,279	\$175,865
Meetings Per Fiscal Year	28	28	28	29	29

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The CSOT Mandates – Occupations Code, Chapter 110, Subchapter D

- Develops and implements policies and treatment strategies for sex offenders;
- Establishes, develops, and adopts the risk assessment tool or tools in determining a sex offender’s risk to the □ community;
- Recommends to licensing and regulatory boards current methods of improving programs to meet the CSOT’s □ standards;
- Develops and implements, by rule, licensing requirements and procedures for sex offender treatment providers;
- Maintains a list of qualified licensed sex offender treatment providers;
- Collects and disseminates information about sex offender treatment to judicial officers, community supervision or parole workers, state and municipal agencies, and the public;
- Distributes money appropriated to the CSOT by the Legislature for the development, operation, or evaluation of sex offender treatment programs (Note: the CSOT is administratively attached to HHSC and there is no CSOT line item appropriation in the General Appropriations Act);
- Advises and assists agencies in coordinating procedures to provide treatment services;
- Designs and conducts continuing education programs for sex offender treatment providers; and
- Establishes, develops, and adopts an individual risk assessment tool that evaluates the criminal history, the likelihood that the person will engage in criminal activity, and determine if the person is a continuing danger to the community.

Other Mandates:

Dynamic Risk Assessment (DRA):Occupations Code §110.164

Risk Assessment Review Committee (RARC):Code of Criminal Procedure, Article 62.007.

Multidisciplinary Team (MDT):Health and Safety Code, Chapter 841 Civil Commitment of Sexually Violent Predators, §841.022

Consequences of abolishing:Loss of a valuable source of input from a diverse group of experts and other stakeholders on priority issues as well as possible increased risk to public health and safety from repeat offenders.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/24/2018
 Time: 10:23:52AM

Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

Statutory Authorization: Occupations Code, Chapter 502
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 9/01/1991
 Date to Be Abolished: 9/01/2019
 Strategy (Strategies): 8-3-1 HEALTH CARE PROFESSIONALS & OTHER

Advisory Committee Costs	Expended Exp 2017	Estimated Est 2018	Budgeted Bud 2019	Requested BL 2020	Requested BL 2021
Committee Members Direct Expenses					
Travel	\$24,200	\$24,200	\$24,200	\$24,200	\$24,200
Other Expenditures in Support of Committee Activities					
Personnel	36,775	36,775	36,775	36,775	36,775
Other Operating	321,709	326,309	330,976	335,709	340,509
Total, Committee Expenditures	\$382,684	\$387,284	\$391,951	\$396,684	\$401,484
Method of Financing					
General Revenue Fund	\$382,684	\$387,284	\$391,951	\$396,684	\$401,484
Total, Method of Financing	\$382,684	\$387,284	\$391,951	\$396,684	\$401,484
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/24/2018
Time: 10:23:52AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Texas State Board of Examiners of Marriage and Family Therapists is the licensing and regulatory authority for marriage and family therapists in Texas. The board's primary mission is to enforce licensure rules and standards for marriage and family therapists as a means to protect and promote public health and welfare. The board accomplishes its mission by establishing and administering the qualifications for licensure and renewal and enforcing standards for the profession within the parameters established by Chapter 502, Texas Occupations Code.

Consequences of abolishing: Loss of a valuable source of input from a diverse group of experts and other stakeholders on public health and welfare as well as possible increased risk to public health and safety.

6.G HOMELAND SECURITY FUNDING SCHEDULE - PART B NATURAL OR MAN-MADE DISASTERS

DATE: 8/23/2018
 TIME: 8:39:06AM

86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
OBJECTS OF EXPENSE						
1001	SALARIES AND WAGES	\$494,269	\$4,434,322	\$0	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$3,719	\$31,192	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$369,379	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$2,027	\$408,822	\$0	\$0	\$0
2004	UTILITIES	\$1,659	\$80,737	\$0	\$0	\$0
2005	TRAVEL	\$19,757	\$302,361	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$2,872,894	\$29,704,150	\$0	\$0	\$0
3001	CLIENT SERVICES	\$0	\$1,263,451,648	\$0	\$0	\$0
4000	GRANTS	\$56,843	\$2,819,228	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$5,942	\$0	\$0	\$0
TOTAL, OBJECTS OF EXPENSE		\$3,451,168	\$1,301,607,781	\$0	\$0	\$0
METHOD OF FINANCING						
1	General Revenue Fund	\$171,514	\$127,378,295	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$27,988,150	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$566,541	\$0	\$0	\$0
8014	GR Match for Food Stamp Admin	\$0	\$215,135	\$0	\$0	\$0
	Subtotal, MOF (General Revenue Funds)	\$171,514	\$156,148,121	\$0	\$0	\$0
777	Interagency Contracts	\$0	\$107,568	\$0	\$0	\$0
	Subtotal, MOF (Other Funds)	\$0	\$107,568	\$0	\$0	\$0
555	Federal Funds					
	CFDA 10.557.001, SPECIAL SUPPL FOOD WIC	\$0	\$26,892	\$0	\$0	\$0
	CFDA 10.561.000, State Admin Match SNAP	\$0	\$786,625,072	\$0	\$0	\$0

6.G HOMELAND SECURITY FUNDING SCHEDULE - PART B NATURAL OR MAN-MADE DISASTERS

DATE: 8/23/2018
 TIME: 8:39:06AM

86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
	CFDA 93.048.000, Special Programs for the	\$0	\$220,498	\$0	\$0	\$0
	CFDA 93.575.000, ChildCareDevFnd Blk Grant	\$0	\$61,851	\$0	\$0	\$0
	CFDA 93.667.000, Social Svcs Block Grants	\$0	\$161,351	\$0	\$0	\$0
	CFDA 93.767.000, CHIP	\$0	\$7,377,102	\$0	\$0	\$0
	CFDA 93.778.000, XIX FMAP	\$0	\$36,288,619	\$0	\$0	\$0
	CFDA 93.778.003, XIX 50%	\$0	\$768,518	\$0	\$0	\$0
	CFDA 93.796.000, Survey & Certification TitleXIX 75%	\$0	\$107,568	\$0	\$0	\$0
	CFDA 97.032.000, Crisis Counseling	\$56,843	\$3,421,951	\$0	\$0	\$0
	CFDA 97.036.000, Public Assistance Grants	\$0	\$4,200	\$0	\$0	\$0
	CFDA 97.050.000, Indvdl. & Househld Other Needs	\$269,297	\$308,198,311	\$0	\$0	\$0
	CFDA 97.088.000, Case Management Pilot	\$2,953,514	\$2,090,159	\$0	\$0	\$0
	Subtotal, MOF (Federal Funds)	\$3,279,654	\$1,145,352,092	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE		\$3,451,168	\$1,301,607,781	\$0	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS		115.4	264.0	0.0	0.0	0.0

NO FUNDS WERE PASSED THROUGH TO LOCAL ENTITIES

NO FUNDS WERE PASSED THROUGH TO OTHER STATE AGENCIES OR INSTITUTIONS OF HIGHER EDUCATION

6.G HOMELAND SECURITY FUNDING SCHEDULE - PART B NATURAL OR MAN-MADE DISASTERS

DATE: 8/23/2018
 TIME: 8:39:06AM

86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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USE OF HOMELAND SECURITY FUNDS

HHSC utilizes Homeland Security FEMA funds to assist people located in areas that are declared a disaster by the Governor and President. Programs in this strategy include: Public Assistance (PA), Other Needs Assistance (ONA), and Disaster Case Management (DCM).

The HHSC Emergency Services Program (ESP) provides water and ice to people affected by state and federal disasters through the PA program. In addition, FEMA provides PA funds to HHSC for damages and unusual expenses incurred by HHSC to its facilities and programs.

The ONA Program, administered jointly by ESP and FEMA, provides housing assistance and grants to meet the other needs of people who live in a Presidentially Declared Disaster Area. Eligible people must be underinsured, not qualify for loan assistance from the Small Business Administration, and have significant demonstrated financial need and expense directly resulting from the disaster.

The DCM Program, also administered jointly by ESP and FEMA, helps victims of major disasters by assessing needs based on the verified disaster-related causes, developing a goal-oriented plan that outlines all of the steps necessary to achieve recovery, organizing and coordinating the information on available resources that match the disaster-caused needs, monitoring progress towards reaching the stated goals and, when necessary, providing advocacy for the client.

The Federal share of assistance is not less than 75 percent of the eligible cost for emergency measures and permanent restoration. However, in the absence of a federal declaration, the State fully funds the services provided.

6.G HOMELAND SECURITY FUNDING SCHEDULE - PART B NATURAL OR MAN-MADE DISASTERS

DATE: 8/23/2018

Funds Passed through to Local Entities

TIME: 8:39:06AM

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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6.G HOMELAND SECURITY FUNDING SCHEDULE - PART B NATURAL OR MAN-MADE DISASTERS

DATE: 8/23/2018

Funds Passed through to State Agencies

TIME: 8:39:06AM

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$ 4,611,305,683
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Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver - Uncompensated Care

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	2,977,628,630
Estimated Revenues FY 2019	\$	3,637,741,054
FY-2018-19 Total	\$	6,615,369,685
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	2,305,652,842
Estimated Revenues FY 2021	\$	2,305,652,842
FY-2020-21 Total	\$	4,611,305,683

Constitutional or Statutory Creation and Use of Funds:

The Texas Healthcare Transformation and Quality Improvement Program is a federally approved 1115 demonstration waiver. Under the waiver, the historical trended value of supplemental hospital funding, managed care savings and negotiated funding will be available to fund a statewide pool worth \$29 billion (all funds) over the first five years of the waiver and a projected \$3.1 billion per program (all funds) for subsequent years. Funding from the waiver pool will be distributed to hospitals to support the following objectives: (1) an uncompensated care (UC) pool and (2) a Delivery System Reform Incentive Payments Pool (DSRIP). Uncompensated Care payments subsidize the costs incurred by hospitals and physicians for patient care services provided to Medicaid and uninsured patients that are not reimbursed through the claims adjudication process or by other supplemental payments.

Method of Calculation and Revenue Assumptions:

Data obtained from the Special Terms and Conditions for the Texas Healthcare Transformation and Quality Improvement Program, Section 1115(a) Medicaid Demonstration as approved by the Centers for Medicare and Medicaid Services.

6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	5,793,905,160
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Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver - Delivery System Reform Incentive Payments

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	3,079,920,939
Estimated Revenues FY 2019	\$	2,618,672,762
FY-2018-19 Total	\$	5,698,593,701
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	2,783,462,077
Estimated Revenues FY 2021	\$	3,010,443,083
FY-2020-21 Total	\$	5,793,905,160

Constitutional or Statutory Creation and Use of Funds:

The Texas Healthcare Transformation and Quality Improvement Program is a federally approved 1115 demonstration waiver. Under the waiver, the historical trended value of supplemental hospital funding, managed care savings and negotiated funding will be available to fund a statewide pool worth \$29 billion (all funds) over the first five years of the waiver and a projected \$3.1 billion per program (all funds) for subsequent years. Funding from the waiver pool will be distributed to hospitals to support the following objectives: (1) an uncompensated care (UC) pool and (2) a Delivery System Reform Incentive Payments Pool (DSRIP). DSRIP payments will be made to participating providers who have achieved their milestones and metrics for each project/intervention that is defined within their Regional Health Plan.

Method of Calculation and Revenue Assumptions:

Data obtained from the Special Terms and Data obtained from the Special Terms and Conditions for the Texas Healthcare Transformation and Quality Improvement Program, Section 1115(a) Medicaid demonstration as approved by the Centers for Medicare and Medicaid Services.

6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	2,180,513,319
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Disproportionate Share Program Funds

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	1,901,440,235
Estimated Revenues FY 2019	\$	1,667,026,529
FY-2018-19 Total	\$	3,568,466,764
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	1,090,256,659
Estimated Revenues FY 2021	\$	1,090,256,659
FY-2020-21 Total	\$	2,180,513,319

Constitutional or Statutory Creation and Use of Funds:

The Disproportionate Share Program is authorized in Chapter 32, Human Resource Code to reimburse certain hospitals that provide a high volume of indigent services. Transferring public hospitals (local and state) provide the required state match through intergovernmental transfer to match federal funds. Total funding is redistributed to transferring and other public and private hospitals under federally approved methodologies.

Method of Calculation and Revenue Assumptions:

The value of the program is capped by the U.S. Centers for Medicare and Medicaid Services (CMS). The federal limit will determine the state match required.

**6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission**

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	381,579
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Texas Home Visiting Program Trust Fund

Estimated Beginning Balance in FY 2018	\$	147,903
Estimated Revenues FY 2018	\$	58,419
Estimated Revenues FY 2019	\$	58,419
FY-2018-19 Total	\$	264,741
Estimated Beginning Balance in FY 2020	\$	264,741
Estimated Revenues FY 2020	\$	58,419
Estimated Revenues FY 2021	\$	58,419
FY-2020-21 Total	\$	381,579

Constitutional or Statutory Creation and Use of Funds:

SBY 1826 created the Texas Home Visiting Program (THVP) trust fund to support the promotion of healthy early childhood. The trust fund will consist of money from voluntary contributions of persons requesting a copy or certified copy of a birth, marriage, or divorce record and persons applying for a marriage license on or after January 1, 2014. Money in the trust fund may be spent without appropriation for the purpose of THVP. The bill amends the Family Code, Health and Safety Code, and Local Government Code to establish the way in which a person can make a \$5 contribution to the fund and to provide for the collection and deposit of the contributions.

Method of Calculation and Revenue Assumptions:

Revenue estimates are assumed to maintain level collections based on historical payments.

**6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission**

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	12,815,117
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<u>UPL for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)</u>		
Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	5,803,072
Estimated Revenues FY 2019	\$	6,044,867
FY-2018-19 Total	\$	11,847,939
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	6,286,661
Estimated Revenues FY 2021	\$	6,528,456
FY-2020-21 Total	\$	12,815,117
Constitutional or Statutory Creation and Use of Funds:		
<p>Federal regulations at Title 42 Code of Federal Regulations 447.272 allow states to claim federal matching funds under Medicaid up to what Medicare would pay for a similar service. Under this Upper Payment Limit supplemental program, a participating non-state government entity would contribute the "state share" of the supplemental payment in the form of Inter-Governmental Transfers (IGTs). The state will claim matching funds and will make a supplemental payment to the ICF/IID facility based on the supplemental amount calculated by the state and the IGT amount transferred by the entity.</p>		
Method of Calculation and Revenue Assumptions:		
<p>Eligibility for participating in the program and the methodology for calculating the supplemental payment amount, is governed by Title 1 of the Texas Administrative Code (TAC) §355.458.</p>		

6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	983,340,220
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Network Access Improvement Program

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	416,777,834
Estimated Revenues FY 2019	\$	425,688,407
FY-2018-19 Total	\$	842,466,241
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	468,257,247
Estimated Revenues FY 2021	\$	515,082,972
FY-2020-21 Total	\$	983,340,220

Constitutional or Statutory Creation and Use of Funds:

The Network Access Improvement Program (NAIP) allows Health Related Institutions (HRIs) (medical schools and public hospitals) to utilize existing state and local resources to leverage federal funds to increase the availability of primary care for Medicaid recipients. Under the NAIP initiative, Medicaid managed care organization will provide incentive payments to qualified HRIs for meeting one or more of the NAIP program goals and objectives. The NAIP program was created via the General Appropriations Act for the 2014-2015 Biennium, Riders 79 - Primary Care Access Funding for Health Related Institutions and Rider 80- Federal Funding for Health Related Institutions.

Method of Calculation and Revenue Assumptions:

The Network Access Improvement Program revenues are based on approved project and associated costs. NAIP payemnts are made through the Medicaid Managed Care capitation rates that are paid to the Managed Care Organizations. FY20-21 revenues are estimated and may change as the program is dependent on provider participation.

**6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission**

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$ 1,050,000,000
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Quality Incentive Payment Program

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	397,688,245
Estimated Revenues FY 2019	\$	417,494,621
FY-2018-19 Total	\$	815,182,865
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	500,000,000
Estimated Revenues FY 2021	\$	550,000,000
FY-2020-21 Total	\$	1,050,000,000

Constitutional or Statutory Creation and Use of Funds:

The Quality Incentive Payment Program (QIPP) encourages nursing facilities to improve quality and innovation of their services, using the Centers for Medicare & Medicaid Services (CMS) 5-star rating system as its measure of success for the following quality measures: (1) high-risk long-stay residents with pressure ulcers; (2) Percent of residents who received an antipsychotic medication (long-stay); (3) Residents experiencing one or more falls with major injury; and (4) Residents who were physically restrained.

In 2014, HHSC established the Minimum Payment Amount Program (MPAP), which became effective in 2015. MPAP established minimum payment amounts for qualified nursing facilities in STAR+PLUS. The STAR+PLUS managed care organizations paid the minimum payment amounts to qualified nursing facilities based on state direction. The program was intended to be a short-term program that would ultimately transition to a performance-based initiative. HHSC Budget Rider 97 in the 2016-2017 budget (PDF) directed HHSC to transition the Minimum Payment Amount Program to the Quality Incentive Payment Program.

Method of Calculation and Revenue Assumptions:

Eligibility for participating in this program and the methodology for calculating the supplemental payment amount, is governed by Title 1 of the Texas Administrative Code (TAC) §355.1301 and §355.1303.

**6.H. Estimated Total of All Agency Funds Outside the GAA Bill Pattern
Health and Human Services Commission**

ESTIMATED GRAND TOTAL OF AGENCY FUNDS OUTSIDE THE 2020-21 GAA BILL PATTERN	\$	2,475,000,000
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Uniform Hospital Rate Increase Program

Estimated Beginning Balance in FY 2018		
Estimated Revenues FY 2018	\$	571,286,861
Estimated Revenues FY 2019	\$	1,345,982,129
FY-2018-19 Total	\$	1,917,268,990
Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	1,150,000,000
Estimated Revenues FY 2021	\$	1,325,000,000
FY-2020-21 Total	\$	2,475,000,000

Constitutional or Statutory Creation and Use of Funds:

The Texas Health and Human Services Commission (HHSC) has approval from the Centers for Medicare and Medicaid Services (CMS) to implement the Uniform Hospital Rate Increase Program (UHRIP) for hospital services. At this time, only STAR and STAR+PLUS Medicaid Managed Care Programs participate in UHRIP. HHSC rolled out a pilot UHRIP program on December 1, 2017, in the El Paso and Bexar managed care service delivery areas (SDA). A rollout of UHRIP across the remaining SDAs is planned to be implemented with effect from March 1, 2018.

Method of Calculation and Revenue Assumptions:

Rules governing the operation of UHRIP are at Title 1 of the Texas Administrative Code, Part 15, Chapter 353, SubChapter O, Rules 1301 and 1305.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

1 Salary Savings - Hold FTEs Vacant

Category: Administrative - FTEs / Hiring and Salary Freeze

Item Comment: The \$2.3 million general revenue reduction is expected to have a low to moderate impact on the agency's mission. The associated revenue loss in federal funding is \$3.1 million for the biennium. These reductions could impact the level and timeliness of services and support in addition to potentially increasing response times. Areas most affected by these reductions are: Office of Inspector General, Rate Analysis, and IT support.

Strategy: 7-1-1 State Supported Living Centers

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$14,320	\$14,320	\$28,640
General Revenue Funds Total	\$0	\$0	\$0	\$14,320	\$14,320	\$28,640

Federal Funds

555 Federal Funds	\$19,106	\$19,106	\$38,212
Federal Funds Total	\$19,106	\$19,106	\$38,212

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
1 General Revenue Fund	\$0	\$0	\$0	\$20,304	\$20,304	\$40,608			
General Revenue Funds Total	\$0	\$0	\$0	\$20,304	\$20,304	\$40,608			
<u>Federal Funds</u>									
555 Federal Funds	\$22,321	\$22,321	\$44,642						
Federal Funds Total	\$22,321	\$22,321	\$44,642						
Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$93,853	\$93,853	\$187,706			
General Revenue Funds Total	\$0	\$0	\$0	\$93,853	\$93,853	\$187,706			
<u>Federal Funds</u>									
555 Federal Funds	\$103,147	\$103,147	\$206,294						
Federal Funds Total	\$103,147	\$103,147	\$206,294						

Strategy: 11-1-1 Office of Inspector General

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
General Revenue Funds Total	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
<u>Federal Funds</u>									
555 Federal Funds	\$610,137	\$610,137	\$1,220,274						
Federal Funds Total	\$610,137	\$610,137	\$1,220,274						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$324,077	\$172,007	\$496,084			
General Revenue Funds Total	\$0	\$0	\$0	\$324,077	\$172,007	\$496,084			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$466,958	\$206,057	\$673,015						
Federal Funds Total	\$466,958	\$206,057	\$673,015						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$268,243	\$268,243	\$536,486			
General Revenue Funds Total	\$0	\$0	\$0	\$268,243	\$268,243	\$536,486			

Federal Funds

555 Federal Funds	\$391,139	\$391,139	\$782,278						
Federal Funds Total	\$391,139	\$391,139	\$782,278						

Strategy: 12-2-1 Central Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$52,051	\$12,659	\$64,710			
General Revenue Funds Total	\$0	\$0	\$0	\$52,051	\$12,659	\$64,710			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$74,772	\$20,758	\$95,530						
Federal Funds Total	\$74,772	\$20,758	\$95,530						
Item Total	\$1,687,580	\$1,372,665	\$3,060,245	\$1,189,095	\$997,633	\$2,186,728			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					42.1	35.6			
2 Program Salary Savings - Hold FTEs Vacant									
Category:	Programs - Service Reductions (FTEs-Hiring Freeze)								
Item Comment:	This reduction is expected to have a low to moderate impact on the agency's mission. These reductions could impact the program administrative and policy support in addition to potentially increasing response times.								
Strategy:	2-1-1 Medicaid Contracts and Administration								
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$11,166	\$11,166	\$22,332			
General Revenue Funds Total	\$0	\$0	\$0	\$11,166	\$11,166	\$22,332			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$11,166	\$11,166	\$22,332						
Federal Funds Total	\$11,166	\$11,166	\$22,332						

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$68,193	\$55,701	\$123,894			
General Revenue Funds Total	\$0	\$0	\$0	\$68,193	\$55,701	\$123,894			

Federal Funds

555 Federal Funds	\$117,703	\$96,612	\$214,315						
Federal Funds Total	\$117,703	\$96,612	\$214,315						

Strategy: 8-2-1 Child Care Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$10,954	\$10,954	\$21,908			
General Revenue Funds Total	\$0	\$0	\$0	\$10,954	\$10,954	\$21,908			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$94,046	\$94,046	\$188,092						
Federal Funds Total	\$94,046	\$94,046	\$188,092						

Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$59,473	\$59,473				
General Revenue Funds Total	\$0	\$0	\$0	\$59,473	\$59,473				

Federal Funds

555 Federal Funds	\$0	\$10,343	\$10,343						
Federal Funds Total	\$0	\$10,343	\$10,343						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$402,607	\$402,607	\$805,214			
General Revenue Funds Total	\$0	\$0	\$0	\$402,607	\$402,607	\$805,214			
<u>Federal Funds</u>									
555 Federal Funds	\$846,829	\$846,829	\$1,693,658						
Federal Funds Total	\$846,829	\$846,829	\$1,693,658						
Item Total	\$1,069,744	\$1,058,996	\$2,128,740	\$492,920	\$539,901	\$1,032,821			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					28.0	28.0			

3 Delayed or Deferred Capital Projects

Category: Programs - Delayed or Deferred Capital Projects

Item Comment: The \$2.5 million general revenue reduction and associated federal funding revenue loss of \$5.9 million may somewhat limit hardware maintenance and support for the TIERS datacenter server and storage, software monitoring of TIERS Applications availability and performance, and the capability to increase resources such as memory, CPUs and storage.

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$1,246,181	\$1,246,181	\$2,492,362			
General Revenue Funds Total	\$0	\$0	\$0	\$1,246,181	\$1,246,181	\$2,492,362			
<u>Federal Funds</u>									
555 Federal Funds	\$2,934,804	\$2,934,804	\$5,869,608						
Federal Funds Total	\$2,934,804	\$2,934,804	\$5,869,608						
Item Total	\$2,934,804	\$2,934,804	\$5,869,608	\$1,246,181	\$1,246,181	\$2,492,362			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

4 Administrative Contract Reductions

Category: Administrative - Contracted Admin Services

Item Comment: The \$1.6 million general revenue reduction and associated federal funding revenue loss of \$3.3 million would have the greatest affect on IT contracts and would reduce the agency's ability to perform security risk assessments for Medicaid CHIP which are required by current audit findings and CISO security policies.

Strategy: 2-1-1 Medicaid Contracts and Administration

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$406,302	\$406,302	\$812,604			
General Revenue Funds Total	\$0	\$0	\$0	\$406,302	\$406,302	\$812,604			
<u>Federal Funds</u>									
555 Federal Funds	\$926,158	\$926,158	\$1,852,316						
Federal Funds Total	\$926,158	\$926,158	\$1,852,316						
Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$28,585	\$28,585	\$57,170			
General Revenue Funds Total	\$0	\$0	\$0	\$28,585	\$28,585	\$57,170			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$31,415	\$31,415	\$62,830						
Federal Funds Total	\$31,415	\$31,415	\$62,830						
Strategy: 11-1-1 Office of Inspector General									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
General Revenue Funds Total	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
<u>Federal Funds</u>									
555 Federal Funds	\$75,345	\$75,345	\$150,690						
Federal Funds Total	\$75,345	\$75,345	\$150,690						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$136,117	\$136,122	\$272,239			
General Revenue Funds Total	\$0	\$0	\$0	\$136,117	\$136,122	\$272,239			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$217,324	\$217,332	\$434,656						
Federal Funds Total	\$217,324	\$217,332	\$434,656						
Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$91,018	\$317,931	\$408,949			
General Revenue Funds Total	\$0	\$0	\$0	\$91,018	\$317,931	\$408,949			
<u>Federal Funds</u>									
555 Federal Funds	\$212,382	\$584,469	\$796,851						
Federal Funds Total	\$212,382	\$584,469	\$796,851						
Item Total	\$1,462,624	\$1,834,719	\$3,297,343	\$687,636	\$914,554	\$1,602,190			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

5 Program Contract Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Service Reductions (Contracted)

Item Comment: The \$12.8 million general revenue reduction and associated federal funding revenue loss of \$22 million would result in reductions to contracted program services. These reductions would reduce the ability to develop, design and implement managed care oversight enhancements and newly mandated State and Federal Medicaid initiatives by reducing the scope of work. In addition, these reductions could affect Access and Intake document processing services and require the services to be performed by HHSC vs. contracted.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$4,150,472	\$4,150,472	\$8,300,944			
General Revenue Funds Total	\$0	\$0	\$0	\$4,150,472	\$4,150,472	\$8,300,944			

Federal Funds

555 Federal Funds	\$8,039,274	\$8,039,274	\$16,078,548						
Federal Funds Total	\$8,039,274	\$8,039,274	\$16,078,548						

Strategy: 6-1-3 Non-Medicaid Developmental Disability Community Services

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
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6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Funds Total	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
Strategy: 6-2-1 Independent Living Services (General, Blind, and CILs)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$297,535	\$297,535	\$595,070			
General Revenue Funds Total	\$0	\$0	\$0	\$297,535	\$297,535	\$595,070			
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
General Revenue Funds Total	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$1,868,906	\$1,868,906	\$3,737,812			
General Revenue Funds Total	\$0	\$0	\$0	\$1,868,906	\$1,868,906	\$3,737,812			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$2,967,877	\$2,967,877	\$5,935,754						
Federal Funds Total	\$2,967,877	\$2,967,877	\$5,935,754						
Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$30,927	\$30,927	\$61,854			
General Revenue Funds Total	\$0	\$0	\$0	\$30,927	\$30,927	\$61,854			
<u>Federal Funds</u>									
555 Federal Funds	\$30,927	\$30,927	\$61,854						
Federal Funds Total	\$30,927	\$30,927	\$61,854						
Item Total	\$11,038,078	\$11,038,078	\$22,076,156	\$6,381,795	\$6,381,795	\$12,763,590			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

6 TCCO Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Service Reductions (Other)

Item Comment: These reductions would reduce three FTEs in AY 2020 with the reduction continued into AY 2021. Eliminate TCCO's Behavioral Health funding of \$309,222 for the biennium. This funds Behavioral Health Services for civilly committed sex offenders. These services include substance abuse treatment programs that provide alcohol and drug counseling and testing for individuals who reside in the community or in an agency operated facility. Without these services, civilly committed sex offenders would have to obtain these services from DSHS.

Strategy: 13-1-1 Texas Civil Commitment Office

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
General Revenue Funds Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
Item Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			

FTE Reductions (From FY 2020 and FY 2021 Base Request) **3.0** **3.0**

7 Program Services Reductions

Category: Programs - Service Reductions (Other)

Item Comment: The \$9.4 million general revenue reduction and associated federal funding revenue loss of \$3.8 million would result in reductions to other program services. The Women's Health Program was not exempt from reductions, therefore a potential 10% reduction is included in this schedule. The other items most affected would be reduced training and travel (both for staff development as well as for conducting statewide CCL training, processing complaints and conducting surveys) for Regulatory staff, reduced direct operational support for Preadmission Screening and Resident Reviews (PASRR), and delayed implementation or significantly reduced scope of the project to make comprehensive updates to online training modules and technical assistance documents for child care providers.

Strategy: 2-1-1 Medicaid Contracts and Administration

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$643	\$643	\$1,286			
General Revenue Funds Total	\$0	\$0	\$0	\$643	\$643	\$1,286			
<u>Federal Funds</u>									
555 Federal Funds	\$643	\$643	\$1,286						
Federal Funds Total	\$643	\$643	\$1,286						
Strategy: 4-1-1 Women's Health Programs									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			
General Revenue Funds Total	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			

Strategy: 4-1-6 Autism Program

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$800	\$800	\$1,600			
General Revenue Funds Total	\$0	\$0	\$0	\$800	\$800	\$1,600			
Strategy: 6-2-1 Independent Living Services (General, Blind, and CILs)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$68,243	\$68,243	\$136,486			
General Revenue Funds Total	\$0	\$0	\$0	\$68,243	\$68,243	\$136,486			
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$536,848	\$369,607	\$906,455			
General Revenue Funds Total	\$0	\$0	\$0	\$536,848	\$369,607	\$906,455			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$882,403	\$814,612	\$1,697,015						
Federal Funds Total	\$882,403	\$814,612	\$1,697,015						

Strategy: 8-1-2 Long-Term Care Quality Outreach

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$295,000	\$65,000	\$360,000			
General Revenue Funds Total	\$0	\$0	\$0	\$295,000	\$65,000	\$360,000			

Federal Funds

555 Federal Funds	\$295,000	\$65,000	\$360,000						
Federal Funds Total	\$295,000	\$65,000	\$360,000						

Strategy: 8-2-1 Child Care Regulation

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$21,620	\$21,620	\$43,240			
General Revenue Funds Total	\$0	\$0	\$0	\$21,620	\$21,620	\$43,240			
<u>Federal Funds</u>									
555 Federal Funds	\$333,381	\$333,381	\$666,762						
Federal Funds Total	\$333,381	\$333,381	\$666,762						
Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$19,387	\$20,234	\$39,621			
General Revenue Funds Total	\$0	\$0	\$0	\$19,387	\$20,234	\$39,621			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$10,113	\$10,266	\$20,379						
Federal Funds Total	\$10,113	\$10,266	\$20,379						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$17,343	\$17,343	\$34,686			
General Revenue Funds Total	\$0	\$0	\$0	\$17,343	\$17,343	\$34,686			

Federal Funds

555 Federal Funds	\$36,679	\$36,679	\$73,358						
Federal Funds Total	\$36,679	\$36,679	\$73,358						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$658,200	\$658,200	\$1,316,400			
General Revenue Funds Total	\$0	\$0	\$0	\$658,200	\$658,200	\$1,316,400			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$491,800	\$491,800	\$983,600						
Federal Funds Total	\$491,800	\$491,800	\$983,600						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$3,034	\$6,067	\$9,101			
General Revenue Funds Total	\$0	\$0	\$0	\$3,034	\$6,067	\$9,101			
<u>Federal Funds</u>									
555 Federal Funds	\$6,966	\$13,933	\$20,899						
Federal Funds Total	\$6,966	\$13,933	\$20,899						
Item Total	\$2,056,985	\$1,766,314	\$3,823,299	\$4,119,268	\$3,725,907	\$7,845,175			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

8 Administrative Operating Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Administrative - Operating Expenses

Item Comment: The \$6.7 million general revenue reduction and associated federal funding revenue loss of \$13.2 million would affect HHSC's other operating expenses. These reductions would have the greatest impact on building maintenance and repairs, building services and utilities, regional administrative services expenses, and IT travel, training and supplies.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040			
General Revenue Funds Total	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040			

Federal Funds

555 Federal Funds	\$1,020	\$1,020	\$2,040						
Federal Funds Total	\$1,020	\$1,020	\$2,040						

Strategy: 7-1-1 State Supported Living Centers

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,714	\$1,714	\$3,428			
General Revenue Funds Total	\$0	\$0	\$0	\$1,714	\$1,714	\$3,428			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$2,286	\$2,286	\$4,572						
Federal Funds Total	\$2,286	\$2,286	\$4,572						
Strategy: 7-2-1 Mental Health State Hospitals									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$4,000	\$4,000	\$8,000			
General Revenue Funds Total	\$0	\$0	\$0	\$4,000	\$4,000	\$8,000			
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$831,185	\$831,185	\$1,662,370			
General Revenue Funds Total	\$0	\$0	\$0	\$831,185	\$831,185	\$1,662,370			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$3,106,973	\$3,106,973	\$6,213,946						
Federal Funds Total	\$3,106,973	\$3,106,973	\$6,213,946						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$4,737	\$4,737	\$9,474			
General Revenue Funds Total	\$0	\$0	\$0	\$4,737	\$4,737	\$9,474			

Federal Funds

555 Federal Funds	\$4,954	\$4,954	\$9,908						
Federal Funds Total	\$4,954	\$4,954	\$9,908						

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$2,079,655	\$2,079,655	\$4,159,310			
General Revenue Funds Total	\$0	\$0	\$0	\$2,079,655	\$2,079,655	\$4,159,310			
<u>Federal Funds</u>									
555 Federal Funds	\$2,844,871	\$2,844,871	\$5,689,742						
Federal Funds Total	\$2,844,871	\$2,844,871	\$5,689,742						
Strategy: 11-1-1 Office of Inspector General									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
General Revenue Funds Total	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$65,786	\$65,786	\$131,572						
Federal Funds Total	\$65,786	\$65,786	\$131,572						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$44,382	\$14,099	\$58,481			
General Revenue Funds Total	\$0	\$0	\$0	\$44,382	\$14,099	\$58,481			

Federal Funds

555 Federal Funds	\$72,230	\$24,508	\$96,738						
Federal Funds Total	\$72,230	\$24,508	\$96,738						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$50,377	\$50,377	\$100,754			
General Revenue Funds Total	\$0	\$0	\$0	\$50,377	\$50,377	\$100,754			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$67,910	\$67,910	\$135,820						
Federal Funds Total	\$67,910	\$67,910	\$135,820						

Strategy: 12-2-1 Central Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$61,682	\$61,682	\$123,364			
General Revenue Funds Total	\$0	\$0	\$0	\$61,682	\$61,682	\$123,364			

Federal Funds

555 Federal Funds	\$114,818	\$114,818	\$229,636						
Federal Funds Total	\$114,818	\$114,818	\$229,636						

Strategy: 12-2-2 Regional Program Support

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$88,660	\$88,660	\$177,320			
General Revenue Funds Total	\$0	\$0	\$0	\$88,660	\$88,660	\$177,320			
<u>Federal Funds</u>									
555 Federal Funds	\$354,045	\$354,045	\$708,090						
Federal Funds Total	\$354,045	\$354,045	\$708,090						
Item Total	\$6,634,893	\$6,587,171	\$13,222,064	\$3,220,426	\$3,190,143	\$6,410,569			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

9 1915(c) Waiver Slot Reductions

Category: Programs - Service Reductions (Other)

Item Comment: These reductions would reduce monthly slots by 970 in AY 2020 and 974 in AY 2021.

Strategy: 1-3-1 Home and Community-based Services (HCS)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958			
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6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Funds Total	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958			
<u>Federal Funds</u>									
555 Federal Funds	\$17,496,900	\$17,592,049	\$35,088,949						
Federal Funds Total	\$17,496,900	\$17,592,049	\$35,088,949						
Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			
General Revenue Funds Total	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			
<u>Federal Funds</u>									
555 Federal Funds	\$4,624,967	\$4,651,133	\$9,276,100						
Federal Funds Total	\$4,624,967	\$4,651,133	\$9,276,100						

Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
General Revenue Funds Total	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
<u>Federal Funds</u>									
555 Federal Funds	\$219,862	\$221,089	\$440,951						
Federal Funds Total	\$219,862	\$221,089	\$440,951						
Strategy: 1-3-4 Texas Home Living Waiver									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
General Revenue Funds Total	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$1,886,041	\$1,896,606	\$3,782,647						
Federal Funds Total	\$1,886,041	\$1,896,606	\$3,782,647						

Strategy: 1-3-5 Program of All-inclusive Care for the Elderly (PACE)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
General Revenue Funds Total	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			

Federal Funds

555 Federal Funds	\$695,096	\$698,862	\$1,393,958						
Federal Funds Total	\$695,096	\$698,862	\$1,393,958						
Item Total	\$24,922,866	\$25,059,739	\$49,982,605	\$15,939,838	\$15,939,838	\$31,879,676			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

10 Grant, Loan or Pass-through Reductions

Category: Programs - Grant/Loan/Pass-through Reductions

Item Comment: The \$3.5 million general revenue reduction would reduce the amount of funding available to Independent Living Services (ILS) contractors to provide IL services and would require reductions to each of the 28 councils of government (COGs)/area agencies on aging (AAAs) to provide long-term care ombudsman services.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 6-2-1 Independent Living Services (General, Blind, and CILs)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$1,710,419	\$1,710,419	\$3,420,838			
General Revenue Funds Total	\$0	\$0	\$0	\$1,710,419	\$1,710,419	\$3,420,838			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
General Revenue Funds Total	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
Item Total	\$0	\$0	\$0	\$1,733,195	\$1,733,195	\$3,466,390			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

11 Close Mental Health Facilities

Category: Programs - Service Reductions (Other)

Item Comment: The \$22 million general revenue reduction would affect mental health facilities by closing CASA Amistad (16 beds and another 10 beds from the main campus) and reducing Outpatient Clinic Services by 40%. These reductions would also require beginning the process to close the MH component of RGSC (55 beds), close Waco Center for Youth (77 beds), and close El Paso Psychiatric Center (74 beds).

Strategy: 7-2-1 Mental Health State Hospitals

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$7,647,218	\$7,647,218	\$15,294,436			
General Revenue Funds Total	\$0	\$0	\$0	\$7,647,218	\$7,647,218	\$15,294,436			
Strategy: 7-3-1 Other State Medical Facilities									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$3,343,914	\$3,343,895	\$6,687,809			
General Revenue Funds Total	\$0	\$0	\$0	\$3,343,914	\$3,343,895	\$6,687,809			
Item Total	\$0	\$0	\$0	\$10,991,132	\$10,991,113	\$21,982,245			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					50.0	50.0			

12 Program Reductions in Force

Category: Programs - Service Reductions (FTEs-Layoffs)

Item Comment: These reductions would require Reductions in Force in the Independent Living Services and the Autism Program due to program reductions .

Strategy: 4-1-6 Autism Program

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$64,597	\$64,597	\$129,194			
General Revenue Funds Total	\$0	\$0	\$0	\$64,597	\$64,597	\$129,194			

Strategy: 6-2-1 Independent Living Services (General, Blind, and CILs)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,150,000	\$1,150,000	\$2,300,000			
General Revenue Funds Total	\$0	\$0	\$0	\$1,150,000	\$1,150,000	\$2,300,000			
Item Total	\$0	\$0	\$0	\$1,214,597	\$1,214,597	\$2,429,194			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

18.0 18.0

13 Salary Savings - Hold FTEs Vacant

Category: Administrative - FTEs / Hiring and Salary Freeze

Item Comment: The \$2 million general revenue reduction is expected to have a moderate impact on the agency's mission. The associated revenue loss in federal funding is \$2.4 million for the biennium. These reductions would impact the level and timeliness of services and support in addition to potentially increasing response times. Areas most affected by these reductions are: Office of Inspector General, Rate Analysis, and IT support.

Strategy: 7-2-1 Mental Health State Hospitals

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$33,033	\$33,033	\$66,066			
General Revenue Funds Total	\$0	\$0	\$0	\$33,033	\$33,033	\$66,066			
Strategy: 11-1-1 Office of Inspector General									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
General Revenue Funds Total	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
<u>Federal Funds</u>									
555 Federal Funds	\$610,137	\$610,137	\$1,220,274						
Federal Funds Total	\$610,137	\$610,137	\$1,220,274						

Strategy: 12-1-1 Enterprise Oversight and Policy

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$258,903	\$194,094	\$452,997			
General Revenue Funds Total	\$0	\$0	\$0	\$258,903	\$194,094	\$452,997			

Federal Funds

555 Federal Funds	\$399,296	\$235,657	\$634,953						
Federal Funds Total	\$399,296	\$235,657	\$634,953						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$269,600	\$269,600	\$539,200			
General Revenue Funds Total	\$0	\$0	\$0	\$269,600	\$269,600	\$539,200			

Federal Funds

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$245,884	\$245,884	\$491,768						
Federal Funds Total	\$245,884	\$245,884	\$491,768						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0		\$39,392	\$39,392			
General Revenue Funds Total	\$0	\$0	\$0		\$39,392	\$39,392			
<u>Federal Funds</u>									
555 Federal Funds	\$0	\$54,014	\$54,014						
Federal Funds Total	\$0	\$54,014	\$54,014						
Item Total	\$1,255,317	\$1,145,692	\$2,401,009	\$977,783	\$952,366	\$1,930,149			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					33.1	30.6			

14 Program Salary Savings - Hold FTEs Vacant

Category: Programs - Service Reductions (FTEs-Hiring Freeze)

Item Comment: The \$7 million general revenue reduction and associated federal funding revenue loss of \$12.9 million is expected to have a greater impact on the Integrated Financial Eligibility and Enrollment program by reducing timeliness for benefits decisions, reducing ability to train new hires and field staff, and impacting the ability to provide program and policy oversight and monitoring. In addition, these reductions impact the ability to develop the IT build prioritization processes and determine a system development strategy across all Access and Eligibility Services areas and programs.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0		\$12,286	\$12,286			
General Revenue Funds Total	\$0	\$0	\$0		\$12,286	\$12,286			
<u>Federal Funds</u>									
555 Federal Funds	\$0	\$28,214	\$28,214						
Federal Funds Total	\$0	\$28,214	\$28,214						
Strategy: 8-2-1 Child Care Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$7,308	\$7,308	\$14,616			
General Revenue Funds Total	\$0	\$0	\$0	\$7,308	\$7,308	\$14,616			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$112,692	\$112,692	\$225,384						
Federal Funds Total	\$112,692	\$112,692	\$225,384						

Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$93,285	\$93,285	\$186,570			
General Revenue Funds Total	\$0	\$0	\$0	\$93,285	\$93,285	\$186,570			

Federal Funds

555 Federal Funds	\$423,396	\$423,396	\$846,792						
Federal Funds Total	\$423,396	\$423,396	\$846,792						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$3,179,871	\$3,179,871	\$6,359,742			
General Revenue Funds Total	\$0	\$0	\$0	\$3,179,871	\$3,179,871	\$6,359,742			
<u>Federal Funds</u>									
555 Federal Funds	\$5,886,923	\$5,886,923	\$11,773,846						
Federal Funds Total	\$5,886,923	\$5,886,923	\$11,773,846						
Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$38,076	\$66,231	\$104,307			
General Revenue Funds Total	\$0	\$0	\$0	\$38,076	\$66,231	\$104,307			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$0	\$20,122	\$20,122						
Federal Funds Total	\$0	\$20,122	\$20,122						
Item Total	\$6,423,011	\$6,471,347	\$12,894,358	\$3,318,540	\$3,358,981	\$6,677,521			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					181.5	184.1			

15 Delayed or Deferred Capital Projects

Category: Programs - Delayed or Deferred Capital Projects

Item Comment: The \$2.8 million general revenue reduction and associated federal funding revenue loss of \$7.9 million would moderately limit hardware maintenance and support for the TIERS datacenter server and storage, moderately limit software monitoring of TIERS Applications availability and performance, and limit capability to increase resources such as memory, CPUs and storage. These reductions would also affect the ability to implement Care Connect, the software used by Health and Specialty Care System to send a patient's electronic health record within state facilities and local mental health authorities.

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,420,077	\$1,420,077	\$2,840,154
General Revenue Funds Total	\$0	\$0	\$0	\$1,420,077	\$1,420,077	\$2,840,154

Federal Funds

555 Federal Funds	\$3,957,453	\$3,957,453	\$7,914,906
Federal Funds Total	\$3,957,453	\$3,957,453	\$7,914,906

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Item Total	\$3,957,453	\$3,957,453	\$7,914,906	\$1,420,077	\$1,420,077	\$2,840,154			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

16 Administrative Contract Reductions

Category: Administrative - Contracted Admin Services

Item Comment: The \$1.2 million general revenue reduction and associated federal funding revenue loss of \$2.2 million would have the greatest affect on IT contracts and would reduce staff augmentation contractors who support IT projects and advance important process improvement projects across HHS, reduce managed services for Consolidated Help Desk and Office Support, and eliminate managed services for SSLCs and technology research contract.

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$15,772	\$15,772	\$31,544
General Revenue Funds Total	\$0	\$0	\$0	\$15,772	\$15,772	\$31,544

Federal Funds

555 Federal Funds	\$26,875	\$26,875	\$53,750
Federal Funds Total	\$26,875	\$26,875	\$53,750

Strategy: 11-1-1 Office of Inspector General

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
General Revenue Funds Total	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
<u>Federal Funds</u>									
555 Federal Funds	\$75,345	\$75,345	\$150,690						
Federal Funds Total	\$75,345	\$75,345	\$150,690						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$136,122	\$136,122	\$272,244			
General Revenue Funds Total	\$0	\$0	\$0	\$136,122	\$136,122	\$272,244			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$217,332	\$217,332	\$434,664						
Federal Funds Total	\$217,332	\$217,332	\$434,664						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$331,174	\$558,000	\$889,174			
General Revenue Funds Total	\$0	\$0	\$0	\$331,174	\$558,000	\$889,174			

Federal Funds

555 Federal Funds	\$461,270	\$1,059,445	\$1,520,715						
Federal Funds Total	\$461,270	\$1,059,445	\$1,520,715						
Item Total	\$780,822	\$1,378,997	\$2,159,819	\$508,682	\$735,508	\$1,244,190			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

1.0 1.0

17 Program Contract Reductions

Category: Programs - Service Reductions (Contracted)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Item Comment: The \$13.9 million general revenue reduction and associated federal funding revenue loss of \$25.3 million would result in reductions to contracted program services. These reductions would reduce the ability to develop, design and implement managed care oversight enhancements and newly mandated State and Federal Medicaid initiatives through multiple types of contractual services such as Medicaid consultant services, MCO performance and financial audit services, drug use reviews, Medicaid expert witness services and health information studies. In addition, these reductions affect the amount paid to the Claims Administrator to process and adjudicate all claims for Medicaid acute care services that are outside of the scope of capitated arrangements between the MCOs as well as to collect and validate encounter data. These reductions would have to be agreed to by the Claims Administrator. Also, these reductions would have an impact on SNAP Outreach contracts and the Data Broker Services scope of work.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$3,911,882	\$3,911,882	\$7,823,764			
General Revenue Funds Total	\$0	\$0	\$0	\$3,911,882	\$3,911,882	\$7,823,764			

Federal Funds

555 Federal Funds	\$7,885,418	\$7,885,418	\$15,770,836						
Federal Funds Total	\$7,885,418	\$7,885,418	\$15,770,836						

Strategy: 6-1-3 Non-Medicaid Developmental Disability Community Services

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
General Revenue Funds Total	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
General Revenue Funds Total	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$2,962,099	\$2,962,099	\$5,924,198			
General Revenue Funds Total	\$0	\$0	\$0	\$2,962,099	\$2,962,099	\$5,924,198			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$4,758,998	\$4,758,998	\$9,517,996						
Federal Funds Total	\$4,758,998	\$4,758,998	\$9,517,996						
Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$25,000	\$25,000	\$50,000			
General Revenue Funds Total	\$0	\$0	\$0	\$25,000	\$25,000	\$50,000			
<u>Federal Funds</u>									
555 Federal Funds	\$25,000	\$25,000	\$50,000						
Federal Funds Total	\$25,000	\$25,000	\$50,000						
Item Total	\$12,669,416	\$12,669,416	\$25,338,832	\$6,932,936	\$6,932,936	\$13,865,872			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

18 TCCO Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Service Reductions (Other)

Item Comment: These reductions would reduce 2.5 FTEs in AY 2020 with the reduction continued into AY 2021. This baseline reduction would eliminate the funding for 10 civilly committed sexually violent predators that are currently in the Civil Commitment Program. These 10 violent predators would have to be released to their respective communities without completing the required sex offender treatment. This baseline funding reduction would also CAP the number of civilly committed sexually violent predators that can be provided treatment by TCCO at 364, thus requiring the early release of additional civilly committed predators (one-for-one), to make room for new commitments by local courts. During the FY 2020-2021 biennium, caseload growth is projected to be 69. This means that 10 current, plus 69 additional (79 total) sexually violent predators would have to be released to their respective communities during the upcoming biennium. As sexually violent predators are released from the confined facility in Littlefield Texas to their respective communities, additional Case Managers would be needed to supervise and monitor them as required by state law. In addition, the risk to public safety would be significantly increased due to the early release of 79 sexually violent predators.

Strategy: 13-1-1 Texas Civil Commitment Office

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
General Revenue Funds Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
Item Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			

FTE Reductions (From FY 2020 and FY 2021 Base Request) 2.5 2.5

19 Program Services Reductions

Category: Programs - Service Reductions (Other)

Item Comment: The \$6.9 million general revenue reduction and associated federal funding revenue loss of \$2.4 million would result in reductions to other program services. The Women's Health Program was not exempt from reductions, therefore a potential 10% reduction is included in this schedule. These reductions would also continue the decrease in Regulatory staff training and travel (for staff development, conducting statewide CCL training, processing complaints and conducting surveys, and RCCL inspectors). They may also reduce the timeliness of benefits decisions for clients, may impact Integrated Financial Eligibility and Enrollment contract management and monitoring, and may impact the ability to prevent fraudulent attempts by clients seeking unauthorized benefits.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 2-1-1 Medicaid Contracts and Administration									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$50,000	\$50,000	\$100,000			
General Revenue Funds Total	\$0	\$0	\$0	\$50,000	\$50,000	\$100,000			
<u>Federal Funds</u>									
555 Federal Funds	\$50,000	\$50,000	\$100,000						
Federal Funds Total	\$50,000	\$50,000	\$100,000						
Strategy: 4-1-1 Women's Health Programs									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			
General Revenue Funds Total	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$176,555	\$320,615	\$497,170			
General Revenue Funds Total	\$0	\$0	\$0	\$176,555	\$320,615	\$497,170			
<u>Federal Funds</u>									
555 Federal Funds	\$233,095	\$219,735	\$452,830						
Federal Funds Total	\$233,095	\$219,735	\$452,830						
Strategy: 8-1-2 Long-Term Care Quality Outreach									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$45,000	\$295,000	\$340,000			
General Revenue Funds Total	\$0	\$0	\$0	\$45,000	\$295,000	\$340,000			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$45,000	\$295,000	\$340,000						
Federal Funds Total	\$45,000	\$295,000	\$340,000						

Strategy: 8-2-1 Child Care Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$31,635	\$31,635	\$63,270			
General Revenue Funds Total	\$0	\$0	\$0	\$31,635	\$31,635	\$63,270			

Federal Funds

555 Federal Funds	\$163,365	\$163,365	\$326,730						
Federal Funds Total	\$163,365	\$163,365	\$326,730						

Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$110,819	\$110,819	\$221,638			
General Revenue Funds Total	\$0	\$0	\$0	\$110,819	\$110,819	\$221,638			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$931	\$931	\$1,862						
Federal Funds Total	\$931	\$931	\$1,862						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$328,651	\$328,651	\$657,302			
General Revenue Funds Total	\$0	\$0	\$0	\$328,651	\$328,651	\$657,302			

Federal Funds

555 Federal Funds	\$519,482	\$519,482	\$1,038,964						
Federal Funds Total	\$519,482	\$519,482	\$1,038,964						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$2,902	\$2,902	\$5,804			
General Revenue Funds Total	\$0	\$0	\$0	\$2,902	\$2,902	\$5,804			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$12,134	\$12,134	\$24,268			
General Revenue Funds Total	\$0	\$0	\$0	\$12,134	\$12,134	\$24,268			
<u>Federal Funds</u>									
555 Federal Funds	\$27,866	\$27,866	\$55,732						
Federal Funds Total	\$27,866	\$27,866	\$55,732						
Item Total	\$1,039,739	\$1,276,379	\$2,316,118	\$3,255,846	\$3,649,906	\$6,905,752			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

20 Administrative Operating Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Administrative - Operating Expenses

Item Comment: The \$6.1 million general revenue reduction and associated federal funding revenue loss of \$13.3 million would affect HHSC's other operating expenses. These continued reductions would have the greatest impact on building maintenance and repairs, building services and utilities, regional administrative services expenses, and IT services.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$7,355	\$7,355	\$14,710
General Revenue Funds Total	\$0	\$0	\$0	\$7,355	\$7,355	\$14,710

Federal Funds

555 Federal Funds	\$20,025	\$20,025	\$40,050
Federal Funds Total	\$20,025	\$20,025	\$40,050

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,621,415	\$1,621,415	\$3,242,830
General Revenue Funds Total	\$0	\$0	\$0	\$1,621,415	\$1,621,415	\$3,242,830

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$7,071,977	\$7,071,977	\$14,143,954						
Federal Funds Total	\$7,071,977	\$7,071,977	\$14,143,954						

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$924,550	\$924,550	\$1,849,100			
General Revenue Funds Total	\$0	\$0	\$0	\$924,550	\$924,550	\$1,849,100			

Federal Funds

555 Federal Funds	\$1,575,450	\$1,575,450	\$3,150,900						
Federal Funds Total	\$1,575,450	\$1,575,450	\$3,150,900						

Strategy: 11-1-1 Office of Inspector General

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
General Revenue Funds Total	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
<u>Federal Funds</u>									
555 Federal Funds	\$65,786	\$65,786	\$131,572						
Federal Funds Total	\$65,786	\$65,786	\$131,572						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$10,677	\$1,155	\$11,832			
General Revenue Funds Total	\$0	\$0	\$0	\$10,677	\$1,155	\$11,832			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$23,658	\$1,845	\$25,503						
Federal Funds Total	\$23,658	\$1,845	\$25,503						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$41,407	\$41,407	\$82,814			
General Revenue Funds Total	\$0	\$0	\$0	\$41,407	\$41,407	\$82,814			

Federal Funds

555 Federal Funds	\$103,614	\$103,614	\$207,228						
Federal Funds Total	\$103,614	\$103,614	\$207,228						

Strategy: 12-2-1 Central Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$63,955	\$63,955	\$127,910			
General Revenue Funds Total	\$0	\$0	\$0	\$63,955	\$63,955	\$127,910			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$125,045	\$125,045	\$250,090						
Federal Funds Total	\$125,045	\$125,045	\$250,090						
Strategy: 12-2-2 Regional Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$85,069	\$85,069	\$170,138			
General Revenue Funds Total	\$0	\$0	\$0	\$85,069	\$85,069	\$170,138			
<u>Federal Funds</u>									
555 Federal Funds	\$340,746	\$340,746	\$681,492						
Federal Funds Total	\$340,746	\$340,746	\$681,492						
Item Total	\$9,326,301	\$9,304,488	\$18,630,789	\$2,807,442	\$2,797,920	\$5,605,362			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

21 1915(c) Waiver Slot Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Service Reductions (Other)

Item Comment: These reductions would reduce monthly slots by 970 in AY 2020 and 974 in AY 2021.

Strategy: 1-3-1 Home and Community-based Services (HCS)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958
General Revenue Funds Total	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958

Federal Funds

555 Federal Funds	\$17,496,900	\$17,592,049	\$35,088,949
Federal Funds Total	\$17,496,900	\$17,592,049	\$35,088,949

Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498
General Revenue Funds Total	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$4,624,967	\$4,651,133	\$9,276,100						
Federal Funds Total	\$4,624,967	\$4,651,133	\$9,276,100						

Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
General Revenue Funds Total	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			

Federal Funds

555 Federal Funds	\$219,862	\$221,089	\$440,951						
Federal Funds Total	\$219,862	\$221,089	\$440,951						

Strategy: 1-3-4 Texas Home Living Waiver

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
General Revenue Funds Total	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
<u>Federal Funds</u>									
555 Federal Funds	\$1,886,041	\$1,896,606	\$3,782,647						
Federal Funds Total	\$1,886,041	\$1,896,606	\$3,782,647						
Strategy: 1-3-5 Program of All-inclusive Care for the Elderly (PACE)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
General Revenue Funds Total	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$695,096	\$698,862	\$1,393,958						
Federal Funds Total	\$695,096	\$698,862	\$1,393,958						
Item Total	\$24,922,866	\$25,059,739	\$49,982,605	\$15,939,838	\$15,939,838	\$31,879,676			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

22 Grant, Loan or Pass-through Reductions

Category: Programs - Grant/Loan/Pass-through Reductions

Item Comment: The \$5.3 million general revenue reduction and associated federal funding revenue loss of \$.5 million would reduce the amount of funding available to Comprehensive Rehabilitation Services, Kidney Health Care, Community Primary Care Services, Child Advocacy Program, Family Violence Services, and would further reduce funding to the Autism Program and to each of the 28 councils of government (COGs)/area agencies on aging (AAAs).

Strategy: 4-1-6 Autism Program

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000
General Revenue Funds Total	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000

Strategy: 4-1-9 Kidney Health Care

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000
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6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Funds Total	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000			
Strategy: 4-1-11 Community Primary Care Services									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$666,667	\$666,667	\$1,333,334			
General Revenue Funds Total	\$0	\$0	\$0	\$666,667	\$666,667	\$1,333,334			
Strategy: 6-2-3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			
General Revenue Funds Total	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			
Strategy: 6-3-1 Family Violence Services									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			
General Revenue Funds Total	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$250,000	\$250,000	\$500,000						
Federal Funds Total	\$250,000	\$250,000	\$500,000						
Strategy: 6-3-2 Child Advocacy Programs									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
General Revenue Funds Total	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
General Revenue Funds Total	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
Item Total	\$250,000	\$250,000	\$500,000	\$2,654,443	\$2,654,443	\$5,308,886			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

23 Close Mental Health Facilities

Category: Programs - Service Reductions (Other)

Item Comment: The \$22 million general revenue reduction would affect mental health facilities by finalizing the close of the MH component of RGSC (55 beds) and continuing the process to close Waco Center for Youth (77 beds).

Strategy: 7-2-1 Mental Health State Hospitals

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$10,991,123	\$10,991,123	\$21,982,246			
General Revenue Funds Total	\$0	\$0	\$0	\$10,991,123	\$10,991,123	\$21,982,246			
Item Total	\$0	\$0	\$0	\$10,991,123	\$10,991,123	\$21,982,246			

FTE Reductions (From FY 2020 and FY 2021 Base Request) **252.0** **252.0**

24 Program Reductions in Force

Category: Programs - Service Reductions (FTEs-Layoffs)

Item Comment: These reductions would require continued Reductions in Force in the Guardianship program due to program reductions.

Strategy: 6-1-1 Guardianship

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
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6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Funds Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
Item Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

25 Salary Savings - Hold FTEs Vacant

Category: Administrative - FTEs / Hiring and Salary Freeze

Item Comment: The \$3.1 million general revenue reduction is expected to have a significant impact on the agency's mission. The associated revenue loss in federal funding is \$3.4 million for the biennium. These reductions would impact the level and timeliness of services and support, increase response times, and reduce the number of internal audits and the number of IG investigations. Areas most affected by these reductions are: Office of Inspector General, Rate Analysis, Internal Audit and IT support.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$7,158	\$7,158	\$14,316			
General Revenue Funds Total	\$0	\$0	\$0	\$7,158	\$7,158	\$14,316			

Federal Funds

555 Federal Funds	\$64,422	\$64,422	\$128,844						
Federal Funds Total	\$64,422	\$64,422	\$128,844						

Strategy: 7-1-1 State Supported Living Centers

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$14,320	\$14,320	\$28,640			
General Revenue Funds Total	\$0	\$0	\$0	\$14,320	\$14,320	\$28,640			
<u>Federal Funds</u>									
555 Federal Funds	\$19,106	\$19,106	\$38,212						
Federal Funds Total	\$19,106	\$19,106	\$38,212						
Strategy: 7-2-1 Mental Health State Hospitals									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$33,033	\$33,033	\$66,066			
General Revenue Funds Total	\$0	\$0	\$0	\$33,033	\$33,033	\$66,066			

Strategy: 8-1-2 Long-Term Care Quality Outreach

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$314,210	\$314,210	\$628,420			
General Revenue Funds Total	\$0	\$0	\$0	\$314,210	\$314,210	\$628,420			
<u>Federal Funds</u>									
555 Federal Funds	\$158,420	\$158,420	\$316,840						
Federal Funds Total	\$158,420	\$158,420	\$316,840						
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$5,179		\$5,179			
General Revenue Funds Total	\$0	\$0	\$0	\$5,179		\$5,179			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$5,417	\$0	\$5,417						
Federal Funds Total	\$5,417	\$0	\$5,417						

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$19,311	\$19,311	\$38,622			
General Revenue Funds Total	\$0	\$0	\$0	\$19,311	\$19,311	\$38,622			

Federal Funds

555 Federal Funds	\$21,223	\$21,223	\$42,446						
Federal Funds Total	\$21,223	\$21,223	\$42,446						

Strategy: 11-1-1 Office of Inspector General

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
General Revenue Funds Total	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$610,137	\$610,137	\$1,220,274						
Federal Funds Total	\$610,137	\$610,137	\$1,220,274						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$296,611	\$139,691	\$436,302			
General Revenue Funds Total	\$0	\$0	\$0	\$296,611	\$139,691	\$436,302			

Federal Funds

555 Federal Funds	\$295,784	\$265,696	\$561,480						
Federal Funds Total	\$295,784	\$265,696	\$561,480						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$380,523	\$380,523	\$761,046			
General Revenue Funds Total	\$0	\$0	\$0	\$380,523	\$380,523	\$761,046			
<u>Federal Funds</u>									
555 Federal Funds	\$464,946	\$464,946	\$929,892						
Federal Funds Total	\$464,946	\$464,946	\$929,892						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$59,914	\$29,217	\$89,131			
General Revenue Funds Total	\$0	\$0	\$0	\$59,914	\$29,217	\$89,131			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$116,874	\$74,782	\$191,656						
Federal Funds Total	\$116,874	\$74,782	\$191,656						
Item Total	\$1,756,329	\$1,678,732	\$3,435,061	\$1,546,506	\$1,353,710	\$2,900,216			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					62.8	55.3			

26 Program Salary Savings - Hold FTEs Vacant

Category: Programs - Service Reductions (FTEs-Hiring Freeze)

Item Comment: The \$4.5 million general revenue reduction and associated federal funding revenue loss of \$6.6 million is expected to have a significant impact on programs by reducing the capacity to oversee and monitor contractors and claims processing, reducing the ability to provide program and policy oversight and monitoring, and affecting the timeliness of reports and services.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$486,091	\$486,091	\$972,182			
General Revenue Funds Total	\$0	\$0	\$0	\$486,091	\$486,091	\$972,182			

Federal Funds

555 Federal Funds	\$633,233	\$633,233	\$1,266,466						
Federal Funds Total	\$633,233	\$633,233	\$1,266,466						

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$171,759	\$177,734	\$349,493			
General Revenue Funds Total	\$0	\$0	\$0	\$171,759	\$177,734	\$349,493			
<u>Federal Funds</u>									
555 Federal Funds	\$220,995	\$196,466	\$417,461						
Federal Funds Total	\$220,995	\$196,466	\$417,461						
Strategy: 8-1-2 Long-Term Care Quality Outreach									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$61,714	\$61,714	\$123,428			
General Revenue Funds Total	\$0	\$0	\$0	\$61,714	\$61,714	\$123,428			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$132,713	\$132,713	\$265,426						
Federal Funds Total	\$132,713	\$132,713	\$265,426						

Strategy: 8-2-1 Child Care Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$21,414	\$21,414	\$42,828			
General Revenue Funds Total	\$0	\$0	\$0	\$21,414	\$21,414	\$42,828			

Federal Funds

555 Federal Funds	\$110,586	\$110,586	\$221,172						
Federal Funds Total	\$110,586	\$110,586	\$221,172						

Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$19,522	\$19,522	\$39,044			
General Revenue Funds Total	\$0	\$0	\$0	\$19,522	\$19,522	\$39,044			
<u>Federal Funds</u>									
555 Federal Funds	\$60,903	\$60,903	\$121,806						
Federal Funds Total	\$60,903	\$60,903	\$121,806						
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$884,297	\$884,297	\$1,768,594			
General Revenue Funds Total	\$0	\$0	\$0	\$884,297	\$884,297	\$1,768,594			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$1,220,358	\$1,220,358	\$2,440,716						
Federal Funds Total	\$1,220,358	\$1,220,358	\$2,440,716						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$532,793	\$504,637	\$1,037,430			
General Revenue Funds Total	\$0	\$0	\$0	\$532,793	\$504,637	\$1,037,430			

Federal Funds

555 Federal Funds	\$863,770	\$843,648	\$1,707,418						
Federal Funds Total	\$863,770	\$843,648	\$1,707,418						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$7,853	\$7,853	\$15,706			
General Revenue Funds Total	\$0	\$0	\$0	\$7,853	\$7,853	\$15,706			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$2,715	\$2,715	\$5,430						
Federal Funds Total	\$2,715	\$2,715	\$5,430						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$32,872	\$32,872	\$65,744			
General Revenue Funds Total	\$0	\$0	\$0	\$32,872	\$32,872	\$65,744			
<u>Federal Funds</u>									
555 Federal Funds	\$32,872	\$32,872	\$65,744						
Federal Funds Total	\$32,872	\$32,872	\$65,744						
Item Total	\$3,278,145	\$3,233,494	\$6,511,639	\$2,218,315	\$2,196,134	\$4,414,449			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					110.5	100.8			
27 Delayed or Deferred Capital Projects									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Delayed or Deferred Capital Projects

Item Comment: The \$1.4 million general revenue reduction and associated federal funding revenue loss of \$2.4 million would severely limit capability to increase resources such as memory, CPUs and storage.

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$692,330	\$692,330	\$1,384,660
General Revenue Funds Total	\$0	\$0	\$0	\$692,330	\$692,330	\$1,384,660

Federal Funds

555 Federal Funds	\$1,222,088	\$1,222,088	\$2,444,176			
Federal Funds Total	\$1,222,088	\$1,222,088	\$2,444,176			
Item Total	\$1,222,088	\$1,222,088	\$2,444,176	\$692,330	\$692,330	\$1,384,660

FTE Reductions (From FY 2020 and FY 2021 Base Request)

28 Administrative Contract Reductions

Category: Administrative - Contracted Admin Services

Item Comment: The \$0.9 million general revenue reduction and associated federal funding revenue loss of \$2.6 million would have the greatest affect on IT contracts by reducing staff augmentation contractors who support IT projects and reducing resources to support Procurement projects . These reductions would also decrease services for Human Resources and Payroll Services, and decrease systems support levels.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 2-1-1 Medicaid Contracts and Administration									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$6,000	\$6,000	\$12,000			
General Revenue Funds Total	\$0	\$0	\$0	\$6,000	\$6,000	\$12,000			
<u>Federal Funds</u>									
555 Federal Funds	\$54,000	\$54,000	\$108,000						
Federal Funds Total	\$54,000	\$54,000	\$108,000						
Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$72,132	\$72,132	\$144,264			
General Revenue Funds Total	\$0	\$0	\$0	\$72,132	\$72,132	\$144,264			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$527,868	\$527,868	\$1,055,736						
Federal Funds Total	\$527,868	\$527,868	\$1,055,736						

Strategy: 11-1-1 Office of Inspector General

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
General Revenue Funds Total	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			

Federal Funds

555 Federal Funds	\$75,345	\$75,345	\$150,690						
Federal Funds Total	\$75,345	\$75,345	\$150,690						

Strategy: 12-1-1 Enterprise Oversight and Policy

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$136,122	\$136,122	\$272,244			
General Revenue Funds Total	\$0	\$0	\$0	\$136,122	\$136,122	\$272,244			
<u>Federal Funds</u>									
555 Federal Funds	\$217,332	\$217,332	\$434,664						
Federal Funds Total	\$217,332	\$217,332	\$434,664						
Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$89,706	\$316,532	\$406,238			
General Revenue Funds Total	\$0	\$0	\$0	\$89,706	\$316,532	\$406,238			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$112,144	\$710,319	\$822,463						
Federal Funds Total	\$112,144	\$710,319	\$822,463						
Item Total	\$986,689	\$1,584,864	\$2,571,553	\$329,574	\$556,400	\$885,974			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					1.0	1.0			

29 Program Contract Reductions

Category: Programs - Service Reductions (Contracted)

Item Comment: The \$13.8 million general revenue reduction and associated federal funding revenue loss of \$6.6 million would result in reductions to contracted program services. These reductions would significantly reduce the ability to develop, design and implement newly mandated State and Federal Medicaid initiatives, reduce the ability to oversee and conduct mortality reviews, and reduce the ability to implement enhancements to the Enrollment Broker Contract to support Medicaid and CHIP products. In addition, these reductions would decrease Intellectual Disability Community supports and services to individuals who are on the 1915(c) waiver interest list as well as decrease assistive services while individuals are being enrolled into waiver services or are seeking other Medicaid supports. If these resources are not available to provide necessary local services for maintenance in the community, more individuals may seek emergency services, including institutional placement, because of crises.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$3,234,316	\$3,234,316	\$6,468,632			
General Revenue Funds Total	\$0	\$0	\$0	\$3,234,316	\$3,234,316	\$6,468,632			

Federal Funds

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$2,708,243	\$2,708,243	\$5,416,486						
Federal Funds Total	\$2,708,243	\$2,708,243	\$5,416,486						

Strategy: 2-1-2 CHIP Contracts and Administration

General Revenue Funds

8010 GR Match For Title XXI	\$0	\$0	\$0	\$14,482	\$14,482	\$28,964			
General Revenue Funds Total	\$0	\$0	\$0	\$14,482	\$14,482	\$28,964			

Federal Funds

555 Federal Funds	\$187,221	\$187,221	\$374,442						
Federal Funds Total	\$187,221	\$187,221	\$374,442						

Strategy: 6-1-3 Non-Medicaid Developmental Disability Community Services

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$3,275,741	\$3,275,741	\$6,551,482			
General Revenue Funds Total	\$0	\$0	\$0	\$3,275,741	\$3,275,741	\$6,551,482			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
General Revenue Funds Total	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$292,048	\$292,048	\$584,096			
General Revenue Funds Total	\$0	\$0	\$0	\$292,048	\$292,048	\$584,096			

Federal Funds

555 Federal Funds	\$299,299	\$299,299	\$598,598						
Federal Funds Total	\$299,299	\$299,299	\$598,598						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$45,838	\$45,838	\$91,676			
General Revenue Funds Total	\$0	\$0	\$0	\$45,838	\$45,838	\$91,676			

Federal Funds

555 Federal Funds	\$45,838	\$45,838	\$91,676						
Federal Funds Total	\$45,838	\$45,838	\$91,676						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$13,893	\$13,893	\$27,786			
General Revenue Funds Total	\$0	\$0	\$0	\$13,893	\$13,893	\$27,786			

Federal Funds

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$41,680	\$41,680	\$83,360						
Federal Funds Total	\$41,680	\$41,680	\$83,360						
Item Total	\$3,282,281	\$3,282,281	\$6,564,562	\$6,880,337	\$6,880,337	\$13,760,674			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

30 TCCO Reductions

Category: Programs - Service Reductions (Other)

Item Comment: This baseline reduction would eliminate the funding for an additional 13 civilly committed sexually violent predators that are currently in the Civil Commitment Program. These 13 violent predators would have to be released to their respective communities without completing the required sex offender treatment. This baseline funding reduction would also CAP the number of civilly committed sexually violent predators that can be provided treatment by TCCO at 351, thus requiring the early release of additional civilly committed predators (one-for-one), to make room for new commitments by local courts. During the FY 2020-2021 biennium, caseload growth is projected to be 69. This means that 23 (10+13) current, plus 69 additional (92 total) sexually violent predators would have to be released to their respective communities during the upcoming biennium. As sexually violent predators are released from the confined facility in Littlefield Texas to their respective communities, additional Case Managers would be needed to supervise and monitor them as required by state law. In addition, the risk to public safety would be significantly increased due to the early release of 92 sexually violent predators.

Strategy: 13-1-1 Texas Civil Commitment Office

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
General Revenue Funds Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			
Item Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

31 Program Services Reductions

Category: Programs - Service Reductions (Other)

Item Comment: The \$5.8 million general revenue reduction and associated federal funding revenue loss of \$1 million would result in reductions to other program services. The Women's Health Program was not exempt from reductions, therefore a potential 10% reduction is included in this schedule. The other items significantly affected would be reduced Regulatory travel for required inspector training, decreased funding for required visits to residential child care operations, decreased funding for training workshops for regional staff involved in eligibility determination for institutional and/or community services, and reduced funding for on-site audits. These reductions would also reduce funding for Medicaid and CHIP policy, legislation and regulation interpretation, as well as reducing funding for providing guidance and education to providers, managed care organization, advisory committees, advocates, and contractors.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$62,124	\$62,124	\$124,248
General Revenue Funds Total	\$0	\$0	\$0	\$62,124	\$62,124	\$124,248

Federal Funds

555 Federal Funds	\$66,328	\$66,328	\$132,656
Federal Funds Total	\$66,328	\$66,328	\$132,656

Strategy: 4-1-1 Women's Health Programs

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			
General Revenue Funds Total	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300			

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$169,285	\$175,031	\$344,316			
General Revenue Funds Total	\$0	\$0	\$0	\$169,285	\$175,031	\$344,316			

Federal Funds

555 Federal Funds	\$168,215	\$170,686	\$338,901						
Federal Funds Total	\$168,215	\$170,686	\$338,901						

Strategy: 8-1-2 Long-Term Care Quality Outreach

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$4,330	\$4,330	\$8,660			
General Revenue Funds Total	\$0	\$0	\$0	\$4,330	\$4,330	\$8,660			
<u>Federal Funds</u>									
555 Federal Funds	\$7,503	\$7,503	\$15,006						
Federal Funds Total	\$7,503	\$7,503	\$15,006						
Strategy: 8-2-1 Child Care Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$16,710	\$16,710	\$33,420			
General Revenue Funds Total	\$0	\$0	\$0	\$16,710	\$16,710	\$33,420			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$86,290	\$86,290	\$172,580						
Federal Funds Total	\$86,290	\$86,290	\$172,580						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$50,359	\$50,359	\$100,718			
General Revenue Funds Total	\$0	\$0	\$0	\$50,359	\$50,359	\$100,718			

Federal Funds

555 Federal Funds	\$61,961	\$61,961	\$123,922						
Federal Funds Total	\$61,961	\$61,961	\$123,922						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$74,797	\$74,797	\$149,594			
General Revenue Funds Total	\$0	\$0	\$0	\$74,797	\$74,797	\$149,594			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$124,343	\$124,343	\$248,686						
Federal Funds Total	\$124,343	\$124,343	\$248,686						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$7,000	\$7,000	\$14,000			
General Revenue Funds Total	\$0	\$0	\$0	\$7,000	\$7,000	\$14,000			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$3,554	\$3,554	\$7,108			
General Revenue Funds Total	\$0	\$0	\$0	\$3,554	\$3,554	\$7,108			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$3,554	\$3,554	\$7,108						
Federal Funds Total	\$3,554	\$3,554	\$7,108						
Item Total	\$518,194	\$520,665	\$1,038,859	\$2,886,309	\$2,892,055	\$5,778,364			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

32 Administrative Operating Reductions

Category: Administrative - Operating Expenses

Item Comment: The \$4.7 million general revenue reduction and associated federal funding revenue loss of \$11.8 million would affect HHSC's other operating expenses. These continuing reductions would severely impact building maintenance and repairs, building services and utilities payments, regional administrative services expenses, IT services, and Office of Inspector General activities.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040			
General Revenue Funds Total	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$1,020	\$1,020	\$2,040						
Federal Funds Total	\$1,020	\$1,020	\$2,040						

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$470,037	\$470,037	\$940,074			
General Revenue Funds Total	\$0	\$0	\$0	\$470,037	\$470,037	\$940,074			

Federal Funds

555 Federal Funds	\$3,269,759	\$3,269,759	\$6,539,518						
Federal Funds Total	\$3,269,759	\$3,269,759	\$6,539,518						

Strategy: 8-1-2 Long-Term Care Quality Outreach

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$158,071	\$158,071	\$316,142			
General Revenue Funds Total	\$0	\$0	\$0	\$158,071	\$158,071	\$316,142			
Strategy: 8-2-1 Child Care Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$90,993	\$90,993	\$181,986			
General Revenue Funds Total	\$0	\$0	\$0	\$90,993	\$90,993	\$181,986			
Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$66,113	\$66,113	\$132,226			
General Revenue Funds Total	\$0	\$0	\$0	\$66,113	\$66,113	\$132,226			
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$1,862	\$1,862	\$3,724			
General Revenue Funds Total	\$0	\$0	\$0	\$1,862	\$1,862	\$3,724			
<u>Federal Funds</u>									
555 Federal Funds	\$1,948	\$1,948	\$3,896						
Federal Funds Total	\$1,948	\$1,948	\$3,896						
Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$1,078,533	\$1,078,533	\$2,157,066			
General Revenue Funds Total	\$0	\$0	\$0	\$1,078,533	\$1,078,533	\$2,157,066			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$1,873,467	\$1,873,467	\$3,746,934						
Federal Funds Total	\$1,873,467	\$1,873,467	\$3,746,934						

Strategy: 11-1-1 Office of Inspector General

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
General Revenue Funds Total	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			

Federal Funds

555 Federal Funds	\$65,786	\$65,786	\$131,572						
Federal Funds Total	\$65,786	\$65,786	\$131,572						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$11,711	\$82,928	\$94,639			
General Revenue Funds Total	\$0	\$0	\$0	\$11,711	\$82,928	\$94,639			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$20,766	\$119,573	\$140,339						
Federal Funds Total	\$20,766	\$119,573	\$140,339						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$217,460	\$217,460	\$434,920			
General Revenue Funds Total	\$0	\$0	\$0	\$217,460	\$217,460	\$434,920			

Federal Funds

555 Federal Funds	\$391,218	\$391,218	\$782,436						
Federal Funds Total	\$391,218	\$391,218	\$782,436						

Strategy: 12-2-1 Central Program Support

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$19,178	\$19,178	\$38,356			
General Revenue Funds Total	\$0	\$0	\$0	\$19,178	\$19,178	\$38,356			
<u>Federal Funds</u>									
555 Federal Funds	\$27,822	\$27,822	\$55,644						
Federal Funds Total	\$27,822	\$27,822	\$55,644						
Strategy: 12-2-2 Regional Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$44,048	\$44,048	\$88,096			
General Revenue Funds Total	\$0	\$0	\$0	\$44,048	\$44,048	\$88,096			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$176,436	\$176,436	\$352,872						
Federal Funds Total	\$176,436	\$176,436	\$352,872						
Item Total	\$5,828,222	\$5,927,029	\$11,755,251	\$2,212,040	\$2,283,257	\$4,495,297			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

33 1915(c) Waiver Slot Reductions

Category: Programs - Service Reductions (Other)

Item Comment: These reductions would reduce monthly slots by 970 in AY 2020 and 974 in AY 2021.

Strategy: 1-3-1 Home and Community-based Services (HCS)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958
General Revenue Funds Total	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958

Federal Funds

555 Federal Funds	\$17,496,900	\$17,592,049	\$35,088,949
Federal Funds Total	\$17,496,900	\$17,592,049	\$35,088,949

Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			
General Revenue Funds Total	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			
<u>Federal Funds</u>									
555 Federal Funds	\$4,624,967	\$4,651,133	\$9,276,100						
Federal Funds Total	\$4,624,967	\$4,651,133	\$9,276,100						
Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
General Revenue Funds Total	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$219,862	\$221,089	\$440,951						
Federal Funds Total	\$219,862	\$221,089	\$440,951						

Strategy: 1-3-4 Texas Home Living Waiver

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
General Revenue Funds Total	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			

Federal Funds

555 Federal Funds	\$1,886,041	\$1,896,606	\$3,782,647						
Federal Funds Total	\$1,886,041	\$1,896,606	\$3,782,647						

Strategy: 1-3-5 Program of All-inclusive Care for the Elderly (PACE)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
General Revenue Funds Total	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$695,096	\$698,862	\$1,393,958						
Federal Funds Total	\$695,096	\$698,862	\$1,393,958						
Item Total	\$24,922,866	\$25,059,739	\$49,982,605	\$15,939,838	\$15,939,838	\$31,879,676			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

34 Grant, Loan or Pass-through Reductions

Category: Programs - Grant/Loan/Pass-through Reductions

Item Comment: This \$4.6 million general revenue reduction and associated federal funding revenue loss of \$.5 million would further reduce the amount of funding available to Comprehensive Rehabilitation Services, Kidney Health Care, Community Primary Care Services, Child Advocacy Program, Family Violence Services, and Autism Program and to each of the 28 councils of government (COGs)/area agencies on aging (AAAs).

Strategy: 4-1-6 Autism Program

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000			
General Revenue Funds Total	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000			

Strategy: 4-1-9 Kidney Health Care

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000			
General Revenue Funds Total	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000			

Strategy: 4-1-11 Community Primary Care Services

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$333,333	\$333,333	\$666,666			
General Revenue Funds Total	\$0	\$0	\$0	\$333,333	\$333,333	\$666,666			

Strategy: 6-2-3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			
General Revenue Funds Total	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			

Strategy: 6-3-1 Family Violence Services

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			
General Revenue Funds Total	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			
<u>Federal Funds</u>									
555 Federal Funds	\$250,000	\$250,000	\$500,000						
Federal Funds Total	\$250,000	\$250,000	\$500,000						
Strategy: 6-3-2 Child Advocacy Programs									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
General Revenue Funds Total	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
Strategy: 12-2-1 Central Program Support									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
General Revenue Funds Total	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
Item Total	\$250,000	\$250,000	\$500,000	\$2,321,109	\$2,321,109	\$4,642,218			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

35 Close Mental Health Facilities

Category: Programs - Service Reductions (Other)

Item Comment: The \$22 million general revenue reduction would affect mental health facilities by continuing the process to close the El Paso Psychiatric Center (74 beds) and finalizing the closing of Waco Center for Youth (77 beds).

Strategy: 7-2-1 Mental Health State Hospitals

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			
General Revenue Funds Total	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			
Item Total	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

244.0 244.0

36 Program Reductions in Force

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Programs - Service Reductions (FTEs-Layoffs)

Item Comment: These reductions would require continued Reductions in Force in the Guardianship program due to program reductions.

Strategy: 6-1-1 Guardianship

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
General Revenue Funds Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
Item Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

37 Salary Savings - Hold FTEs Vacant

Category: Administrative - FTEs / Hiring and Salary Freeze

Item Comment: This additional \$1.7 million general revenue reduction is expected to have a significant impact on the agency's mission. The associated revenue loss in federal funding is \$2.4 million for the biennium. These reductions would severely reduce the number of internal audits, the number of IG investigations and the number of litigation cases pursued. These reductions would also severely reduce positions that are critical to timely and quality review of cost reports for the Long-Term Services and Support programs to ensure HHSC sets reimbursement rates that include only federally allowable costs, which is critical to contain costs for nursing facilities, community services, and other long-term services programs. Areas most affected by these reductions are: Office of Inspector General, Rate Analysis, Internal Audit and IT support.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
1 General Revenue Fund	\$0	\$0	\$0	\$16,042	\$16,042	\$32,084			
General Revenue Funds Total	\$0	\$0	\$0	\$16,042	\$16,042	\$32,084			
<u>Federal Funds</u>									
555 Federal Funds	\$144,369	\$144,369	\$288,738						
Federal Funds Total	\$144,369	\$144,369	\$288,738						
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$192,345	\$192,345	\$384,690			
General Revenue Funds Total	\$0	\$0	\$0	\$192,345	\$192,345	\$384,690			
<u>Federal Funds</u>									
555 Federal Funds	\$68,975	\$68,975	\$137,950						
Federal Funds Total	\$68,975	\$68,975	\$137,950						

Strategy: 11-1-1 Office of Inspector General

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
General Revenue Funds Total	\$0	\$0	\$0	\$416,247	\$416,247	\$832,494			
<u>Federal Funds</u>									
555 Federal Funds	\$610,137	\$610,137	\$1,220,274						
Federal Funds Total	\$610,137	\$610,137	\$1,220,274						
Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$233,950	\$233,950	\$467,900			
General Revenue Funds Total	\$0	\$0	\$0	\$233,950	\$233,950	\$467,900			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$363,939	\$363,939	\$727,878						
Federal Funds Total	\$363,939	\$363,939	\$727,878						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0		\$30,697	\$30,697			
General Revenue Funds Total	\$0	\$0	\$0		\$30,697	\$30,697			
<u>Federal Funds</u>									
555 Federal Funds	\$0	\$42,092	\$42,092						
Federal Funds Total	\$0	\$42,092	\$42,092						
Item Total	\$1,187,420	\$1,229,512	\$2,416,932	\$858,584	\$889,281	\$1,747,865			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					36.1	37.1			

38 Program Salary Savings - Hold FTEs Vacant

Category: Programs - Service Reductions (FTEs-Hiring Freeze)

Item Comment: The \$3.6 million general revenue reduction and associated federal funding revenue loss of \$7.1 million is expected to have a severe impact on programs by significantly reducing the capacity to oversee and monitor contractors and claims processing, significantly reducing the ability to provide program and policy oversight and monitoring, and significantly reducing the ability to process complaints and conduct surveys for Health Care Facilities and Community-Based Regulation.

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 2-1-1 Medicaid Contracts and Administration									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$523,524	\$523,524	\$1,047,048			
General Revenue Funds Total	\$0	\$0	\$0	\$523,524	\$523,524	\$1,047,048			
<u>Federal Funds</u>									
555 Federal Funds	\$682,243	\$682,243	\$1,364,486						
Federal Funds Total	\$682,243	\$682,243	\$1,364,486						
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$746,505	\$1,052,272	\$1,798,777			
General Revenue Funds Total	\$0	\$0	\$0	\$746,505	\$1,052,272	\$1,798,777			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$2,104,690	\$2,599,267	\$4,703,957						
Federal Funds Total	\$2,104,690	\$2,599,267	\$4,703,957						

Strategy: 8-1-2 Long-Term Care Quality Outreach

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$23,696	\$23,696	\$47,392			
General Revenue Funds Total	\$0	\$0	\$0	\$23,696	\$23,696	\$47,392			

Federal Funds

555 Federal Funds	\$47,031	\$47,031	\$94,062						
Federal Funds Total	\$47,031	\$47,031	\$94,062						

Strategy: 8-3-1 Credentialing/Certification of Health Care Professionals & Others

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0		\$24,354	\$24,354			
General Revenue Funds Total	\$0	\$0	\$0		\$24,354	\$24,354			
<u>Federal Funds</u>									
555 Federal Funds	\$0	\$55,926	\$55,926						
Federal Funds Total	\$0	\$55,926	\$55,926						
Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$180,859	\$236,491	\$417,350			
General Revenue Funds Total	\$0	\$0	\$0	\$180,859	\$236,491	\$417,350			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$260,817	\$321,415	\$582,232						
Federal Funds Total	\$260,817	\$321,415	\$582,232						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$7,853	\$7,853	\$15,706			
General Revenue Funds Total	\$0	\$0	\$0	\$7,853	\$7,853	\$15,706			

Federal Funds

555 Federal Funds	\$2,715	\$2,715	\$5,430						
Federal Funds Total	\$2,715	\$2,715	\$5,430						

Strategy: 12-2-1 Central Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$32,872	\$160,752	\$193,624			
General Revenue Funds Total	\$0	\$0	\$0	\$32,872	\$160,752	\$193,624			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Date: 8/31/2018
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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$32,873	\$208,218	\$241,091						
Federal Funds Total	\$32,873	\$208,218	\$241,091						
Item Total	\$3,130,369	\$3,916,815	\$7,047,184	\$1,515,309	\$2,028,942	\$3,544,251			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					113.5	145.0			

39 Delayed or Deferred Capital Projects

Category: Programs - Delayed or Deferred Capital Projects

Item Comment: This additional \$2.5 million general revenue reduction and associated federal funding revenue loss of \$3.7 million would eliminate the capability to increase resources such as memory, CPUs and storage, reduce the scope of the Regulatory Service System Modernization project for Long-Term Care, significantly limit hardware and software maintenance and support for TIERS datacenter server and storage, and significantly limit software monitoring of TIERS Applications availability and performance.

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,250,114	\$1,250,114	\$2,500,228			
General Revenue Funds Total	\$0	\$0	\$0	\$1,250,114	\$1,250,114	\$2,500,228			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$1,826,378	\$1,826,378	\$3,652,756						
Federal Funds Total	\$1,826,378	\$1,826,378	\$3,652,756						
Item Total	\$1,826,378	\$1,826,378	\$3,652,756	\$1,250,114	\$1,250,114	\$2,500,228			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

40 Administrative Contract Reductions

Category: Administrative - Contracted Admin Services

Item Comment: The \$1.2 million general revenue reduction and associated federal funding revenue loss of \$2.2 million would significantly affect IT contracts by reducing staff augmentation contractors who support IT projects and reducing resources to support Procurement projects. These continued reductions would also severely decrease services for Human Resources and Payroll Services, and severely decrease systems support levels.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$6,000	\$6,000	\$12,000			
General Revenue Funds Total	\$0	\$0	\$0	\$6,000	\$6,000	\$12,000			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

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Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$54,000	\$54,000	\$108,000						
Federal Funds Total	\$54,000	\$54,000	\$108,000						

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$412,524	\$412,524	\$825,048			
General Revenue Funds Total	\$0	\$0	\$0	\$412,524	\$412,524	\$825,048			

Federal Funds

555 Federal Funds	\$702,948	\$702,948	\$1,405,896						
Federal Funds Total	\$702,948	\$702,948	\$1,405,896						

Strategy: 11-1-1 Office of Inspector General

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
General Revenue Funds Total	\$0	\$0	\$0	\$25,614	\$25,614	\$51,228			
<u>Federal Funds</u>									
555 Federal Funds	\$75,345	\$75,345	\$150,690						
Federal Funds Total	\$75,345	\$75,345	\$150,690						
Strategy: 12-1-1 Enterprise Oversight and Policy									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$136,122	\$136,123	\$272,245			
General Revenue Funds Total	\$0	\$0	\$0	\$136,122	\$136,123	\$272,245			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$217,332	\$217,333	\$434,665						
Federal Funds Total	\$217,332	\$217,333	\$434,665						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$44,442	\$44,442	\$88,884			
General Revenue Funds Total	\$0	\$0	\$0	\$44,442	\$44,442	\$88,884			

Federal Funds

555 Federal Funds	\$55,558	\$55,558	\$111,116						
Federal Funds Total	\$55,558	\$55,558	\$111,116						
Item Total	\$1,105,183	\$1,105,184	\$2,210,367	\$624,702	\$624,703	\$1,249,405			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

41 Program Contract Reductions

Category: Programs - Service Reductions (Contracted)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Item Comment: This additional \$27.1 million general revenue reduction and associated federal funding revenue loss of \$8.9 million would result in reductions to contracted program services. These continued reductions would severely reduce the ability to oversee and conduct mortality reviews, and severely reduce the ability to implement enhancements to the Enrollment Broker Contract to support Medicaid and CHIP products. These reductions would decrease the Eligibility Support Services contract with MAXIMUS, which would impact delivery of contracted services including data collection for Children's Medicaid applications, call center customer service and support, application support, and other services in support of eligibility data collection and determination. In addition, these reductions would decrease Intellectual Disability Community supports and services to individuals who are on the 1915(c) waiver interest list as well as decrease assistive services while individuals are being enrolled into waiver services or are seeking other Medicaid supports. If these resources are not available to provide necessary local services for maintenance in the community, more individuals may seek emergency services, including institutional placement, because of crises. Also, reducing TANF could result in the State not meeting the federally required Maintenance of Effort.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$3,205,623	\$3,205,623	\$6,411,246
General Revenue Funds Total	\$0	\$0	\$0	\$3,205,623	\$3,205,623	\$6,411,246

Federal Funds

555 Federal Funds	\$2,452,022	\$2,452,022	\$4,904,044
Federal Funds Total	\$2,452,022	\$2,452,022	\$4,904,044

Strategy: 2-1-2 CHIP Contracts and Administration

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
8010 GR Match For Title XXI	\$0	\$0	\$0	\$14,482	\$14,482	\$28,964			
General Revenue Funds Total	\$0	\$0	\$0	\$14,482	\$14,482	\$28,964			
<u>Federal Funds</u>									
555 Federal Funds	\$187,221	\$187,221	\$374,442						
Federal Funds Total	\$187,221	\$187,221	\$374,442						
Strategy: 5-1-1 Temporary Assistance for Needy Families Grants									
<u>General Revenue Funds</u>									
759 GR MOE for TANF	\$0	\$0	\$0	\$4,689,231	\$4,689,231	\$9,378,462			
General Revenue Funds Total	\$0	\$0	\$0	\$4,689,231	\$4,689,231	\$9,378,462			
Strategy: 6-1-2 Non-Medicaid Services									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$443,734	\$443,734	\$887,468			
General Revenue Funds Total	\$0	\$0	\$0	\$443,734	\$443,734	\$887,468			
Strategy: 6-1-3 Non-Medicaid Developmental Disability Community Services									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
General Revenue Funds Total	\$0	\$0	\$0	\$29,936	\$29,936	\$59,872			
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
General Revenue Funds Total	\$0	\$0	\$0	\$4,019	\$4,019	\$8,038			
Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$904,947	\$904,947	\$1,809,894			
General Revenue Funds Total	\$0	\$0	\$0	\$904,947	\$904,947	\$1,809,894			
<u>Federal Funds</u>									
555 Federal Funds	\$1,693,385	\$1,693,385	\$3,386,770						
Federal Funds Total	\$1,693,385	\$1,693,385	\$3,386,770						
Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$4,075,199	\$4,075,199	\$8,150,398			
General Revenue Funds Total	\$0	\$0	\$0	\$4,075,199	\$4,075,199	\$8,150,398			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$55,927	\$55,927	\$111,854						
Federal Funds Total	\$55,927	\$55,927	\$111,854						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$13,893	\$13,893	\$27,786			
General Revenue Funds Total	\$0	\$0	\$0	\$13,893	\$13,893	\$27,786			

Federal Funds

555 Federal Funds	\$41,680	\$41,680	\$83,360						
Federal Funds Total	\$41,680	\$41,680	\$83,360						

Strategy: 12-2-1 Central Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$177,431	\$177,431	\$354,862			
General Revenue Funds Total	\$0	\$0	\$0	\$177,431	\$177,431	\$354,862			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Item Total	\$4,430,235	\$4,430,235	\$8,860,470	\$13,558,495	\$13,558,495	\$27,116,990			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

42 TCCO Reductions

Category: Programs - Service Reductions (Other)

Item Comment: This baseline reduction would eliminate the funding for an additional 13 civilly committed sexually violent predators that are currently in the Civil Commitment Program. These 13 violent predators would have to be released to their respective communities without completing the required sex offender treatment. This baseline funding reduction would also CAP the number of civilly committed sexually violent predators that can be provided treatment by TCCO at 338, thus requiring the early release of additional civilly committed predators (one-for-one), to make room for new commitments by local courts. During the FY 2020-2021 biennium, caseload growth is projected to be 69. This means that 36 (10+13+13) current, plus 69 additional (105 total) sexually violent predators would have to be released to their respective communities during the upcoming biennium. As sexually violent predators are released from the confined facility in Littlefield Texas to their respective communities, additional Case Managers would be needed to supervise and monitor them as required by state law. In addition, the risk to public safety would be significantly increased due to the early release of 105 sexually violent predators.

Strategy: 13-1-1 Texas Civil Commitment Office

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540
General Revenue Funds Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540
Item Total	\$0	\$0	\$0	\$407,770	\$407,770	\$815,540

FTE Reductions (From FY 2020 and FY 2021 Base Request)

43 Program Services Reductions

Category: Programs - Service Reductions (Other)

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Item Comment: The \$5.6 million general revenue reduction and associated federal funding revenue loss of \$.6 million would result in reductions to other program services. The Women's Health Program was not exempt from reductions, therefore a potential 10% reduction is included in this schedule. The other items severely affected would be reduced funding for on-site audits, and reduced funding for Medicaid and CHIP policy, legislation and regulation interpretation, and guidance and education to providers, managed care organization, advisory committees, advocates, and contractors.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$62,124	\$62,124	\$124,248
General Revenue Funds Total	\$0	\$0	\$0	\$62,124	\$62,124	\$124,248

Federal Funds

555 Federal Funds	\$66,328	\$66,328	\$132,656
Federal Funds Total	\$66,328	\$66,328	\$132,656

Strategy: 4-1-1 Women's Health Programs

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300
General Revenue Funds Total	\$0	\$0	\$0	\$2,498,150	\$2,498,150	\$4,996,300

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Strategy: 8-1-1 Health Care Facilities & Community-based Regulation									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0		\$151,894	\$151,894			
General Revenue Funds Total	\$0	\$0	\$0		\$151,894	\$151,894			
<u>Federal Funds</u>									
555 Federal Funds	\$0	\$137,155	\$137,155						
Federal Funds Total	\$0	\$137,155	\$137,155						
Strategy: 8-1-2 Long-Term Care Quality Outreach									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$4,330	\$254,330	\$258,660			
General Revenue Funds Total	\$0	\$0	\$0	\$4,330	\$254,330	\$258,660			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$7,503	\$257,503	\$265,006						
Federal Funds Total	\$7,503	\$257,503	\$265,006						

Strategy: 9-2-1 Intake, Access, and Eligibility to Services and Supports

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$21,621	\$41,621	\$63,242			
General Revenue Funds Total	\$0	\$0	\$0	\$21,621	\$41,621	\$63,242			

Federal Funds

555 Federal Funds	\$33,795	\$53,795	\$87,590						
Federal Funds Total	\$33,795	\$53,795	\$87,590						

Strategy: 12-1-1 Enterprise Oversight and Policy

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$8,000	\$8,000	\$16,000			
General Revenue Funds Total	\$0	\$0	\$0	\$8,000	\$8,000	\$16,000			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$3,554	\$3,554	\$7,108			
General Revenue Funds Total	\$0	\$0	\$0	\$3,554	\$3,554	\$7,108			
<u>Federal Funds</u>									
555 Federal Funds	\$3,554	\$3,554	\$7,108						
Federal Funds Total	\$3,554	\$3,554	\$7,108						
Item Total	\$111,180	\$518,335	\$629,515	\$2,597,779	\$3,019,673	\$5,617,452			
FTE Reductions (From FY 2020 and FY 2021 Base Request)						0.4			
44 Administrative Operating Reductions									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Category: Administrative - Operating Expenses

Item Comment: This additional \$6.1 million general revenue reduction and associated federal funding revenue loss of \$15.9 million would severely affect HHSC's other operating expenses. These continued reductions would severely impact the ability to perform building maintenance and repairs, make building services and utilities payments, pay regional administrative services expenses, and reduce IT services such as Telecommunication Services for 5,555 staff members per year.

Strategy: 2-1-1 Medicaid Contracts and Administration

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040
General Revenue Funds Total	\$0	\$0	\$0	\$1,020	\$1,020	\$2,040

Federal Funds

555 Federal Funds	\$1,020	\$1,020	\$2,040
Federal Funds Total	\$1,020	\$1,020	\$2,040

Strategy: 8-1-1 Health Care Facilities & Community-based Regulation

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$260,717	\$260,716	\$521,433
General Revenue Funds Total	\$0	\$0	\$0	\$260,717	\$260,716	\$521,433

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$2,880,796	\$2,880,796	\$5,761,592						
Federal Funds Total	\$2,880,796	\$2,880,796	\$5,761,592						

Strategy: 9-1-1 Integrated Financial Eligibility and Enrollment (IEE)

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$378,585	\$378,585	\$757,170			
General Revenue Funds Total	\$0	\$0	\$0	\$378,585	\$378,585	\$757,170			

Federal Funds

555 Federal Funds	\$622,433	\$622,433	\$1,244,866						
Federal Funds Total	\$622,433	\$622,433	\$1,244,866						

Strategy: 9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$1,049,952	\$1,049,952	\$2,099,904			
General Revenue Funds Total	\$0	\$0	\$0	\$1,049,952	\$1,049,952	\$2,099,904			
<u>Federal Funds</u>									
555 Federal Funds	\$3,050,048	\$3,050,048	\$6,100,096						
Federal Funds Total	\$3,050,048	\$3,050,048	\$6,100,096						
Strategy: 11-1-1 Office of Inspector General									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
General Revenue Funds Total	\$0	\$0	\$0	\$53,014	\$53,014	\$106,028			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$65,786	\$65,786	\$131,572						
Federal Funds Total	\$65,786	\$65,786	\$131,572						

Strategy: 12-1-1 Enterprise Oversight and Policy

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$30,629	\$30,629	\$61,258			
General Revenue Funds Total	\$0	\$0	\$0	\$30,629	\$30,629	\$61,258			

Federal Funds

555 Federal Funds	\$50,948	\$50,948	\$101,896						
Federal Funds Total	\$50,948	\$50,948	\$101,896						

Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$1,186,223	\$1,186,223	\$2,372,446			
General Revenue Funds Total	\$0	\$0	\$0	\$1,186,223	\$1,186,223	\$2,372,446			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>Federal Funds</u>									
555 Federal Funds	\$1,886,083	\$1,886,083	\$3,772,166						
Federal Funds Total	\$1,886,083	\$1,886,083	\$3,772,166						
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$13,495	\$13,495	\$26,990			
General Revenue Funds Total	\$0	\$0	\$0	\$13,495	\$13,495	\$26,990			
<u>Federal Funds</u>									
555 Federal Funds	\$18,505	\$18,505	\$37,010						
Federal Funds Total	\$18,505	\$18,505	\$37,010						
Item Total	\$8,575,619	\$8,575,619	\$17,151,238	\$2,973,635	\$2,973,634	\$5,947,269			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

45 1915(c) Waiver Slot Reductions

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
Category: Programs - Service Reductions (Other)									
Item Comment: These reductions would reduce monthly slots by 970 in AY 2020 and 974 in AY 2021.									
Strategy: 1-3-1 Home and Community-based Services (HCS)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958			
General Revenue Funds Total	\$0	\$0	\$0	\$11,625,479	\$11,625,479	\$23,250,958			
<u>Federal Funds</u>									
555 Federal Funds	\$17,496,900	\$17,592,049	\$35,088,949						
Federal Funds Total	\$17,496,900	\$17,592,049	\$35,088,949						
Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			
General Revenue Funds Total	\$0	\$0	\$0	\$2,610,249	\$2,610,249	\$5,220,498			

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total

Federal Funds

555 Federal Funds	\$4,624,967	\$4,651,133	\$9,276,100						
Federal Funds Total	\$4,624,967	\$4,651,133	\$9,276,100						

Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)

General Revenue Funds

758 GR Match For Medicaid	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			
General Revenue Funds Total	\$0	\$0	\$0	\$130,261	\$130,261	\$260,522			

Federal Funds

555 Federal Funds	\$219,862	\$221,089	\$440,951						
Federal Funds Total	\$219,862	\$221,089	\$440,951						

Strategy: 1-3-4 Texas Home Living Waiver

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
General Revenue Funds Total	\$0	\$0	\$0	\$1,103,850	\$1,103,850	\$2,207,700			
<u>Federal Funds</u>									
555 Federal Funds	\$1,886,041	\$1,896,606	\$3,782,647						
Federal Funds Total	\$1,886,041	\$1,896,606	\$3,782,647						
Strategy: 1-3-5 Program of All-inclusive Care for the Elderly (PACE)									
<u>General Revenue Funds</u>									
758 GR Match For Medicaid	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
General Revenue Funds Total	\$0	\$0	\$0	\$469,999	\$469,999	\$939,998			
<u>Federal Funds</u>									

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
555 Federal Funds	\$695,096	\$698,862	\$1,393,958						
Federal Funds Total	\$695,096	\$698,862	\$1,393,958						
Item Total	\$24,922,866	\$25,059,739	\$49,982,605	\$15,939,838	\$15,939,838	\$31,879,676			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

46 Grant, Loan or Pass-through Reductions

Category: Programs - Grant/Loan/Pass-through Reductions

Item Comment: This \$3.9 million general revenue reduction and associated federal funding revenue loss of \$.5 million would significantly further reduce the amount of funding available to Comprehensive Rehabilitation Services, Kidney Health Care, Child Advocacy Program, Family Violence Services, and Autism Program and to each of the 28 councils of government (COGs)/area agencies on aging (AAAs).

Strategy: 4-1-6 Autism Program

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000
General Revenue Funds Total	\$0	\$0	\$0	\$350,000	\$350,000	\$700,000

Strategy: 4-1-9 Kidney Health Care

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000
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6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Funds Total	\$0	\$0	\$0	\$600,000	\$600,000	\$1,200,000			

Strategy: 6-2-3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			
General Revenue Funds Total	\$0	\$0	\$0	\$500,000	\$500,000	\$1,000,000			

Strategy: 6-3-1 Family Violence Services

General Revenue Funds

1 General Revenue Fund	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			
General Revenue Funds Total	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000			

Federal Funds

555 Federal Funds	\$250,000	\$250,000	\$500,000						
Federal Funds Total	\$250,000	\$250,000	\$500,000						

Strategy: 6-3-2 Child Advocacy Programs

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
General Revenue Funds Total	\$0	\$0	\$0	\$265,000	\$265,000	\$530,000			
Strategy: 12-2-1 Central Program Support									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
General Revenue Funds Total	\$0	\$0	\$0	\$22,776	\$22,776	\$45,552			
Item Total	\$250,000	\$250,000	\$500,000	\$1,987,776	\$1,987,776	\$3,975,552			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

47 Close Mental Health Facilities

Category: Programs - Service Reductions (Other)

Item Comment: The \$22 million general revenue reduction would affect mental health facilities by finalizing the closing of the El Paso Psychiatric Center (74 beds).

Strategy: 7-2-1 Mental Health State Hospitals

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ Method of Financing	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			
General Revenue Funds Total	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			
Item Total	\$0	\$0	\$0	\$10,991,122	\$10,991,122	\$21,982,244			
FTE Reductions (From FY 2020 and FY 2021 Base Request)					262.0	262.0			
48 Program Reductions in Force									
Category: Programs - Service Reductions (FTEs-Layoffs)									
Item Comment: These reductions would require continued Reductions in Force in the Guardianship program due to program reductions.									
Strategy: 6-1-1 Guardianship									
<u>General Revenue Funds</u>									
1 General Revenue Fund	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
General Revenue Funds Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			
Item Total	\$0	\$0	\$0	\$175,000	\$175,000	\$350,000			

FTE Reductions (From FY 2020 and FY 2021 Base Request)

AGENCY TOTALS

6.I. Percent Biennial Base Reduction Options

10 % REDUCTION

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/31/2018
Time: 8:36:36AM

Agency code: **529** Agency name: **Health and Human Services Commission**

Item Priority and Name/ <u>Method of Financing</u>	REVENUE LOSS			REDUCTION AMOUNT			PROGRAM AMOUNT		TARGET
	2020	2021	Biennial Total	2020	2021	Biennial Total	2020	2021	Biennial Total
General Revenue Total				\$196,493,707	\$197,833,905	\$394,327,612			\$391,356,476
GR Dedicated Total									\$2,971,131
Agency Grand Total	\$200,016,563	\$202,836,706	\$402,853,269	\$196,493,707	\$197,833,905	\$394,327,612			\$394,327,607
Difference, Options Total Less Target									\$5
Agency FTE Reductions (From FY 2020 and FY 2021 Base Request)				1,441.1	1,450.4				
Article Total				\$196,493,707	\$197,833,905	\$394,327,612			
Statewide Total				\$196,493,707	\$197,833,905	\$394,327,612			

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018–19 Base	2020–21 Total Request	Biennial Difference	Percentage Change	2020–21 Requested for Mental Health Services	2020–21 Requested for Substance Abuse Services
1	Community Mental Health Services- Adults (Outpatient)	Mental Health Services - Outpatient	Mental Health community outpatient services include an array of community-based services designed to support adults' movement toward independence and recovery. Examples medication-related services, rehabilitation services, counseling, case management, peer support services, crisis intervention services, and special programs such as Clubhouses.	GR	573,096,904	636,374,931	63,278,027	11.0%	636,374,931	-
				GR-D	-	-	-	-	-	-
				FF	69,494,462	74,709,350	5,214,888	7.5%	74,709,350	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
			Subtotal	642,591,366	711,084,281	68,492,915	10.7%	711,084,281	-	
2	Community Mental Health Services- Adults (Inpatient)	Mental Health Services - Inpatient	Supports the purchase of psychiatric bed days from local general or private psychiatric hospitals using funds in the Adult Mental health Services Strategy. These funds are not specifically designated for inpatient services, but local authorities may use them to facilitate access to needed inpatient care for individuals experiencing acute psychiatric crises.	GR	9,115,320	9,115,320	-	0.0%	9,115,320	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
			Subtotal	9,115,320	9,115,320	-	0.0%	9,115,320	-	
3	Community Mental Health Services- Adults (All Other)	Mental Health Services - Other	Other funded activities support the mental health service delivery system, including community center training, statewide claims processing, centralized program support, and performance contract management and quality management support costs. Also included are services provided through the Texas Targeted Opiod Response.	GR	26,819,139	26,853,532	34,393	0.1%	26,853,532	-
				GR-D	-	-	-	-	-	
				FF	24,677,840	23,103,042	(1,574,798)	-6.4%	23,103,042	-
				IAC	1,530,756	-	(1,530,756)	-100.0%	-	-
				Other	2,601,982	274,724	(2,327,258)	-89.4%	274,724	-
			Subtotal	55,629,717	50,231,298	(5,398,419)	-9.7%	50,231,298	-	
24	Community Mental Health Services - Children (Outpatient)	Mental Health Services - Outpatient	Outpatient Services include an array of community-based services to support recovery and resilience of children and families. Examples include medication-related services, skills training, counseling, case management, family support services, and crisis intervention services.	GR	95,602,598	107,892,592	12,289,994	12.9%	107,892,592	-
				GR-D	-	-	-	-	-	
				FF	34,807,775	35,580,360	772,585	2.2%	35,580,360	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
			Subtotal	130,410,373	143,472,952	13,062,579	10.0%	143,472,952	-	
25	Community Mental Health Services - Children (Inpatient)	Mental Health Services - Inpatient	This strategy supports the purchase of psychiatric bed days from local general or private psychiatric hospitals using funds in the Children's Mental health Services Strategy. These funds are not specifically designated for inpatient services, but local authorities may use them to facilitate access to needed inpatient care for individuals experiencing acute psychiatric crises.	GR	1,522,420	1,522,420	-	0.0%	1,522,420	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
			Subtotal	1,522,420	1,522,420	-	0.0%	1,522,420	-	

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews				
Date: 8/31/18											
#	Program Name	Service Type	Summary Description	Fund Type	2018-19 Base	2020-21 Total Request	Biennial Difference	Percentage Change	2020-21 Requested for Mental Health Services	2020-21 Requested for Substance Abuse Services	
26	Community Mental Health Services - Children (All Other)	Mental Health Services - Other	Other funded activities support the mental health service delivery system, including community center training, contracted activities that directly relate to mental health community services, statewide claims processing, centralized program support, and performance contract management and quality management support costs.	GR	16,639,410	17,326,702	687,292	4.1%	17,326,702	-	
				GR-D	-	-	-	-	-	-	
				FF	4,829,777	4,836,298	6,521	0.1%	4,836,298	-	
				IAC	-	-	-	-	-		
				Other	2,613,846	-	(2,613,846)	-100.0%	-	-	
				Subtotal	24,083,033	22,163,000	(1,920,033)	-8.0%	22,163,000	-	
	DFPS Relinquishment Slots	Mental Health Services - Inpatient	Relinquishment Slots (DFPS) - Intensive residential treatment for children and youth referred to DFPS who are at risk for parental relinquishment of rights to solely to a lack of mental health resources to meet the needs of children with severe emotional disturbance whose symptoms make it unsafe for the family to care for the child in the home.	GR	8,357,750	10,465,453	2,107,703	25.2%	10,465,453	-	
				GR-D	-	-	-	-	-		
				FF	-	4,192	4,192	-	4,192	-	
				IAC	-	-	-	-	-		
				Other	-	-	-	-	-		
				Subtotal	8,357,750	10,469,645	2,111,895	25.3%	10,469,645	-	
	Medicaid Services Capacity for High-Needs Children	Mental Health Services - Outpatient	Funding to increase access to targeted case management (TCM) and psychiatric rehabilitative services for high-needs children in the foster care system. This is a grant program to fund local mental health authorities (LMHAs) and other nonprofit entities making investments to become TCM and psychiatric rehabilitative services or to expand their existing capacity to provide these services to children in foster care in the Intense Service Level.	GR	2,000,000	-	(2,000,000)	-100.0%	-	-	
				GR-D	-	-	-	-	-		
				FF	-	-	-	-	-		
				IAC	-	-	-	-	-		
				Other	-	-	-	-	-		
				Subtotal	2,000,000	-	(2,000,000)	-100.0%	-	-	
	Community Health Crisis Services (Outpatient)	Mental Health Services - Outpatient	Crisis outpatient services Provide ready access to psychiatric assessment in the community for individuals experiencing a behavioral health crisis, stabilization in the least restrictive environment, crisis resolution, linkage to appropriate services, and a reduction of inpatient and law enforcement interventions. Services include crisis hotlines, mobile crisis outreach teams, facility-based crisis stabilization, and other specialized projects.	GR	119,820,446	119,255,606	(564,840)	-0.5%	119,255,606	-	
				GR-D	-	-	-	-	-		
				FF	3,275,272	3,275,272	-	0.0%	3,275,272	-	
				IAC	-	-	-	-	-		
				Other	-	-	-	-	-		
				Subtotal	123,095,718	122,530,878	(564,840)	-0.5%	122,530,878	-	
	Community Health Crisis Services (Residential)	Mental Health Services - Inpatient	Residential crisis services provide community-based crisis stabilization services in 24-hour facilities, diverting individuals with mental illness from unnecessary incarceration or hospitalization. Each residential service has a defined set of standards and defined acuity level.	GR	91,579,594	91,366,548	(213,046)	-0.2%	91,366,548	-	
				GR-D	-	-	-	-	-		
				FF	-	-	-	-	-		
				IAC	-	-	-	-	-		
				Other	-	-	-	-	-		
				Subtotal	91,579,594	91,366,548	(213,046)	-0.2%	91,366,548	-	

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018–19 Base	2020–21 Total Request	Biennial Difference	Percentage Change	2020–21 Requested for Mental Health Services	2020–21 Requested for Substance Abuse Services
	Community Health Crisis Services (All Other)	Mental Health Services - Other	Other crisis expenditure support activities such as crisis transportation, crisis flexible benefits, and services provided through the Texas Targeted Opioid Response. Also included are administrative activities that support crisis services such as centralized program support, performance contract management, and quality management.	GR	36,195,434	36,973,320	777,886	2.1%	36,973,320	-
				GR-D	-	-	-	-	-	-
				FF	650,000	650,000	-	0.0%	650,000	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	36,845,434	37,623,320	777,886	2.1%	37,623,320	-
	Jail-based Competency Restoration Program	Mental Health Services - Other	Jail Based Competency Restoration - This is a pilot project to provide competency restoration services to individuals in a county jail setting.	GR	1,743,000	1,743,000	-	0.0%	1,743,000	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	1,743,000	1,743,000	-	0.0%	1,743,000	-
	D.2.3 - Community Health Crisis Services	Mental Health Services - Other	Funding to reduce recidivism rates, arrests, and incarceration among individuals with mental illness and reduce wait times for forensic commitments. This is a matching grant program to support community projects that provide services and programs for individuals with mental illness encountering the criminal justice system.	GR	37,500,000	50,225,000	12,725,000	33.9%	50,225,000	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	37,500,000	50,225,000	12,725,000	33.9%	50,225,000	-
	D.2.3 - Community Health Crisis Services - Matching Grant Program	Mental Health Services - Other	Funding to improve and increase the availability of and access to mental health services and treatment for individuals with mental illness, and coordinate mental health care services with other transition support services. This is a matching grant program to support community collaboratives.	GR	30,000,000	40,000,000	10,000,000	33.3%	40,000,000	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	30,000,000	40,000,000	10,000,000	33.3%	40,000,000	-
	Substance Abuse Treatment	Substance Use Disorder Services - Other	Substance Abuse Treatment --These are planned, structured, and organized programs designed to initiate, promote or maintain a person's drug-free status. The treatment continuum includes a range of services to fit individual needs, including medically supervised and ambulatory detoxification programs, residential treatment, outpatient treatment, and maintenance programs. This includes services provided through the Texas Targeted Opioid Response.	GR	59,575,991	104,480,948	44,904,957	75.4%	-	104,480,948
				GR-D	-	-	-	-	-	
				FF	214,442,567	214,523,415	80,848	0.0%	-	214,523,415
				IAC	-	-	-	-	-	
				Other	-	415,314	415,314	-	-	415,314
				Subtotal	274,018,558	319,419,677	45,401,119	16.6%	-	319,419,677

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018–19 Base	2020–21 Total Request	Biennial Difference	Percentage Change	2020–21 Requested for Mental Health Services	2020–21 Requested for Substance Abuse Services
	Substance Abuse Prevention	Substance Use Disorder Services - Prevention	Prevention programs are aimed at reducing the use of alcohol, tobacco, and other drugs among youth and adults and prevent substance abuse problems from developing. Prevention programs use a variety of educational and skills training strategies to enhance protective factors, reduce factors that place individuals at risk, and interrupt the onset or progression of substance abuse in the early stages. Prevention includes certain services provided through the Texas Targeted Opioid Response.	GR	21,392,813	21,599,952	207,139	1.0%	-	21,599,952
				GR-D	-	-	-	-	-	
				FF	80,879,992	80,486,024	(393,968)	-0.5%	-	80,486,024
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	102,272,805	102,085,976	(186,829)	-0.2%	-	102,085,976
	Substance Abuse Intervention	Substance Use Disorder Services - Detox	Intervention programs are designed to interrupt the use of alcohol, tobacco and other drugs by youth who are showing early signs of substance use or abuse and/or exhibiting other high-risk problem behaviors. Intervention programs also seek to break the cycle of harmful use of legal substances and all use of illegal substances by adults in order to halt the progression and escalation of use, abuse, and related problems. They include the Pregnant and Post Partum Intervention Program (PPI) and the Parenting Awareness and Drug Risk Education Program (PADRES), as well as certain services provided through the Texas Targeted Opioid Response.	GR	12,207,776	12,297,332	89,556	0.7%	-	12,297,332
				GR-D	-	-	-	-	-	
				FF	39,306,697	39,307,930	1,233	0.0%	-	39,307,930
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	51,514,473	51,605,262	90,789	0.2%	-	51,605,262
	Substance Abuse - All Other	Substance Use Disorder Services - Other	These funds support compliance and other activities associated with substance abuse service, including contract management, enforcement, compliance and investigations, quality management, and financial and programmatic technical assistance.	GR	262,207	202,592	(59,615)	-22.7%	-	202,592
				GR-D	-	-	-	-	-	
				FF	7,510,872	7,995,158	484,286	6.4%	-	7,995,158
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	7,773,079	8,197,750	424,671	5.5%	-	8,197,750

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018-19 Base	2020-21 Total Request	Biennial Difference	Percentage Change	2020-21 Requested for Mental Health Services	2020-21 Requested for Substance Abuse Services
	1915(i) Home and Community Based Services	Mental Health Services - Outpatient	1915(i) Home and Community Based Services Adult Mental Health (HCBS-AMH). The HCBS-AMH program supports the recovery of adults with extended tenure in state mental health facilities, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive wrap-around home and community-based services. Individuals enrolled in HCBS-AMH are eligible for all Medicaid behavioral health services as well as those specific to the HCBS-AMH program, such as supervised living services, home modifications, home delivered meals, and transportation services.	GR	22,250,733	23,819,198	1,568,465	7.0%	23,819,198	-
				GR-D	-	-	-	-	-	-
				FF	20,867,470	20,867,470	-	0.0%	20,867,470	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	43,118,203	44,686,668	1,568,465	3.6%	44,686,668	-
	Youth Empowerment Services (YES) Waiver	Mental Health Services - Outpatient	Mental Health Services for Children YES Waiver - This program provides intensive wrap-around services for children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance. Children enrolled in YES are eligible for all Medicaid behavioral health services as well as those that are specific to the YES service array, such as adaptive aids and supports, specialized therapies, and minor home modifications.	GR	24,921,027	23,352,562	(1,568,465)	-6.3%	23,352,562	-
				GR-D	-	-	-	-	-	
				FF	35,312,006	36,560,160	1,248,154	3.5%	36,560,160	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	60,233,033	59,912,722	(320,311)	-0.5%	59,912,722	-
	Disaster	Mental Health Services - Other	Provides crisis counseling grants for areas affected by federally-declared disasters.	GR	-	-	-	-	-	-
				GR-D	-	-	-	-	-	
				FF	12,521,188	-	(12,521,188)	-100.0%	-	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	12,521,188	-	(12,521,188)	-100.0%	-	-
	IDD Crisis Intervention Specialists and Respite Services	Mental Health Services - Prevention	Provides behavioral intervention and crisis respite to individuals with IDD with complex behavioral and/or mental health needs who are in crisis.	GR	24,633,892	45,149,044	20,515,152	83.3%	45,149,044	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	24,633,892	45,149,044	20,515,152	83.3%	45,149,044	-

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018-19 Base	2020-21 Total Request	Biennial Difference	Percentage Change	2020-21 Requested for Mental Health Services	2020-21 Requested for Substance Abuse Services
	Regional Medical, Behavioral, and Psychiatric Technical Support Team	Mental Health Services - Prevention	Provides educational resources to increase expertise of LIDDA staff, technical assistance upon request from LIDDAs and providers, and certain peer-review support for service planning teams.	GR	-	8,247,384	8,247,384		8,247,384	-
				GR-D	-	-	-		-	-
				FF	1,592,752	-	(1,592,752)	-100.0%	-	-
				IAC	-	-	-		-	-
				Other	-	-	-		-	-
				Subtotal	1,592,752	8,247,384	6,654,632	417.8%	8,247,384	-
	Enhanced Community Coordination	Mental Health Services - Prevention	Provides information to individuals and the individuals' legally authorized representative (LAR) about available community living options, services, and supports, in addition to the information provided during the community living options process	GR	-	5,748,326	5,748,326		5,748,326	-
				GR-D	-	-	-		-	-
				FF	3,449,773	-	(3,449,773)	-100.0%	-	-
				IAC	-	-	-		-	-
				Other	-	-	-		-	-
				Subtotal	3,449,773	5,748,326	2,298,553	66.6%	5,748,326	-
	Nurse and Behavioral Health Line	Mental Health Services - Prevention	Provides support to community providers with concerns regarding an individual's medical or behavioral status during transition to ensure a successful and stable transition to the community.	GR	90,168	90,168	-	0.0%	90,168	-
				GR-D	-	-	-		-	-
				FF	116,046	116,046	-	0.0%	116,046	-
				IAC	-	-	-		-	-
				Other	5,786	5,786	-	0.0%	5,786	-
				Subtotal	212,000	212,000	-	0.0%	212,000	-
	Child Advocacy Programs(Child Advocacy Centers)	Mental Health Services - Outpatient	Children's Advocacy Centers (CAC) provide assistance and coordination for victims in local law enforcement agencies and district attorney's offices.	GR	1,848,262	9,848,262	8,000,000	432.8%	9,848,262	-
				GR-D	5,114,922	5,114,922	-	0.0%	5,114,922	-
				FF	-	-	-		-	-
				IAC	-	-	-		-	-
				Other	-	-	-		-	-
				Subtotal	6,963,184	14,963,184	8,000,000	114.9%	14,963,184	-
	CRCG Program Support	Mental Health Services - Other	Support Community Resources Coordination Group (CGRG) statewide network by funding 2 staff and enhanced web-based data collection/reporting tool. CRCGs coordinate community-based services for children and youth with multi-agency needs, including mental health. Includes 2 FTEs per fiscal year.	GR	250,880	250,880	-	0.0%	250,880	-
				GR-D	-	-	-		-	-
				FF	-	-	-		-	-
				IAC	-	-	-		-	-
				Other	-	-	-		-	-
				Subtotal	250,880	250,880	-	0.0%	250,880	-
	Mental Health State Hospitals (Inpatient Hospital Services)	Mental Health Services - Inpatient	Hospital-based psychiatric services provided to civil and forensic patients in state-operate facilities, including patients receiving competency restoration services and those found Not Guilty by Reason of Insanity. Services provided focus on psychiatric care and recovery-focused psychosocial rehabilitation with an objective of successful community reintegration.	GR	522,142,205	614,035,488	91,893,283	17.6%	614,035,488	-
				GR-D	-	-	-		-	-
				FF	9,157,015	9,152,606	(4,409)	0.0%	9,152,606	-
				IAC	332,148	332,148	-	0.0%	332,148	-
				Other	94,428,280	94,428,280	-	0.0%	94,428,280	-
				Subtotal	626,059,648	717,948,522	91,888,874	14.7%	717,948,522	-

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018–19 Base	2020–21 Total Request	Biennial Difference	Percentage Change	2020–21 Requested for Mental Health Services	2020–21 Requested for Substance Abuse Services
	Mental Health State Hospitals (Medications)	Mental Health Services - Inpatient	Included in this service is the prescribing and dispensing of pharmaceuticals for physical ailments.	GR	39,360,508	39,935,612	575,104	1.5%	39,935,612	-
				GR-D	-	-	-	-	-	-
				FF	921,314	921,314	-	0.0%	921,314	-
				IAC	1,243,294	1,243,294	-	0.0%	1,243,294	-
				Other	1,929,706	1,354,602	(575,104)	-29.8%	1,354,602	-
				Subtotal	43,454,822	43,454,822	-	0.0%	43,454,822	-
	Mental Health State Hospitals (Off-Campus Medical Care)	Mental Health Services - Inpatient	Medical care provided outside of the state hospital to address the physical healthcare needs of patients. These funds include all costs not covered by other third-party payors. This strategy also includes expenses for contracted medical staff that provide coverage in the state hospitals.	GR	23,712,311	23,773,024	60,713	0.3%	23,773,024	-
				GR-D	-	-	-	-	-	-
				FF	-	-	-	-	-	-
				IAC	329,078	335,078	6,000	1.8%	335,078	-
				Other	2,769,272	2,769,272	-	0.0%	2,769,272	-
				Subtotal	26,810,661	26,877,374	66,713	0.2%	26,877,374	-
	Mental Health State Hospitals (Administration)	Staff	Administration funds the costs that support the operations of the state mental health facilities other than the direct costs of caring for persons residing at those facilities. Among the support functions funded through this sub-strategy are general administration, reimbursement, accounting, contracting, human resources, quality management, risk management, physical plant maintenance, and motor pool.	GR	71,066,357	78,869,652	7,803,295	11.0%	78,869,652	-
				GR-D	-	-	-	-	-	-
				FF	-	-	-	-	-	-
				IAC	-	-	-	-	-	-
				Other	24,708,688	24,518,678	(190,010)	-0.8%	24,518,678	-
				Subtotal	95,775,045	103,388,330	7,613,285	7.9%	103,388,330	-
	Mental Health State Hospitals (All Other)	Mental Health Services - Other	The items included in all other costs associated with MH facility support operations, DSHS administrative and oversight services, and legal settlements.	GR	10,381,600	50,992,174	40,610,574	391.2%	50,992,174	-
				GR-D	-	-	-	-	-	-
				FF	-	-	-	-	-	-
				IAC	-	-	-	-	-	-
				Other	1,646,112	1,646,112	-	0.0%	1,646,112	-
				Subtotal	12,027,712	52,638,286	40,610,574	337.6%	52,638,286	-
	Mental Health Community Hospitals	Mental Health Services - Inpatient	Funds used to purchase inpatient beds throughout the state. It includes funding for Local Mental Health and Behavioral Health Authorities to purchase beds in private psychiatric hospitals and community mental health hospitals, as well as contracts with the University of Texas at Tyler and the Montgomery County Forensic Center.	GR	223,589,076	264,210,603	40,621,527	18.2%	264,210,603	-
				GR-D	-	-	-	-	-	-
				FF	-	38,346	38,346	-	38,346	-
				IAC	-	-	-	-	-	-
				Other	20,241,400	18,992,010	(1,249,390)	-6.2%	18,992,010	-
				Subtotal	243,830,476	283,240,959	39,410,483	16.2%	283,240,959	-

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018-19 Base	2020-21 Total Request	Biennial Difference	Percentage Change	2020-21 Requested for Mental Health Services	2020-21 Requested for Substance Abuse Services
	Rio Grande State Outpatient Clinic	Mental Health Services - Other	Provides medical care, cancer screening, and women's health care to adults living in the lower Rio Grande Valley, specifically Cameron, Hidalgo, Willacy, and Starr counties.	GR	7,281,452	7,174,364	(107,088)	-1.5%	7,174,364	-
				GR-D	-	-	-	-	-	-
				FF	168,480	-	(168,480)	-100.0%	-	-
				IAC	-	-	-	-	-	
				Other	651,220	651,220	-	0.0%	651,220	-
				Subtotal	8,101,152	7,825,584	(275,568)	-3.4%	7,825,584	-
	HHSC G.4.2 - MH Repair and Renovation (New Construction)	Infrastructure	New awarded funding for new construction of State Hospitals and Other Inpatient Mental Health Facilities.	GR	3,879,012	27,620,580	23,741,568	612.1%	27,620,580	-
				GR-D	-	-	-	-	-	-
				FF	-	-	-	-	-	-
				IAC	-	-	-	-	-	
				Other	380,482,460	-	(380,482,460)	-100.0%	-	-
				Subtotal	384,361,472	27,620,580	(356,740,892)	-92.8%	27,620,580	-
	System of Care Expansion	Mental Health Services - Outpatient	Expansion of the Comprehensive Community Mental Health Services for Children and their Families. This grant is being used to develop a comprehensive strategic plan for improving and expanding services provided by systems of care (SOC) and to build and expand upon the progress already achieved in addressing the mental health needs of children, youth and families. Note: Program area provides strategic planning and coordination.	GR	-	-	-	-	-	-
				GR-D	-	-	-	-	-	-
				FF	208,035	-	(208,035)	-100.0%	-	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	208,035	-	(208,035)	-100.0%	-	-
	System of Care Expansion and Sustainability Cooperative Agreement	Mental Health Services - Outpatient	The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the widescale operation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative).	GR	-	-	-	-	-	-
				GR-D	-	-	-	-	-	-
				FF	5,943,104	5,943,104	-	0.0%	5,943,104	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	5,943,104	5,943,104	-	0.0%	5,943,104	-
	Mental Health Coordination	Mental Health Services - Other	HHSC oversees statewide mental health coordination across the HHS system. The Mental Health Coordinator consults and coordinates with other state agencies and local governments to ensure a strategic statewide approach to mental health (HHSC Rider 82, Statewide Mental Health Service Coordination).	GR	246,310	246,310	-	0.0%	246,310	-
				GR-D	-	-	-	-	-	-
				FF	270,208	270,208	-	0.0%	270,208	-
				IAC	1,830,234	1,830,234	-	0.0%	1,830,234	-
				Other	-	-	-	-	-	
				Subtotal	2,346,752	2,346,752	-	0.0%	2,346,752	-

6.J. Summary of Behavioral Health Funding

Agency: 529		Agency: Health & Human Services Commission					Prepared by: Chris Matthews			
Date: 8/31/18										
#	Program Name	Service Type	Summary Description	Fund Type	2018–19 Base	2020–21 Total Request	Biennial Difference	Percentage Change	2020–21 Requested for Mental Health Services	2020–21 Requested for Substance Abuse Services
	Veteran's Mobile Application	Information Technology	The Texas Veterans App provides one location for veterans to get information about the local, state, and national resources available to them. The app gives direct access to the Veterans Crisis Line from the U.S. Department of Veterans Affairs. This line is a free, confidential, 24-hour phone line to help veterans transitioning back to civilian life with mental health or any other challenges.	GR	180,000	180,000	-	0.0%	180,000	-
				GR-D	-	-	-	-	-	-
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	180,000	180,000	-	0.0%	180,000	-
	Texas Veteran's and Family Alliance Program	Mental Health Services - Outpatient	Established by SB 55, Rider 68. Provide grants to support community programs that offer mental health care services and treatment to veterans and their families and that coordinate mental health care and other supportive services.	GR	20,000,000	20,000,000	-	0.0%	20,000,000	-
				GR-D	-	-	-	-	-	
				FF	-	-	-	-	-	
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	20,000,000	20,000,000	-	0.0%	20,000,000	-
	Children with Special Needs	Mental Health Services - Other	Children with special needs are children that have complex or chronic conditions that require a variety of services for the children and their families. Most of their daily needs are in the form of supports and services that are provided separately from their medical care. Note: Program area provides strategic planning and coordination. No clients served.	GR	1,452,288	1,452,288	-	0.0%	1,452,288	-
				GR-D	-	-	-	-	-	
				FF	936,330	936,330	-	0.0%	936,330	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
				Subtotal	2,388,618	2,388,618	-	0.0%	2,388,618	-

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/24/2018
 TIME: 8:41:10AM

Agency code: 529

Agency name: Health and Human Services Commission

	Exp 2017	Bud 2018	Est 2019	Est 2020	Est 2021
Expanded or New Initiative: 1.Mental Health Grant Program for Justice-Involved Individuals					

Legal Authority for Item:

S.B. 292, 85th Legislature, Regular Session, 2017 relating to the creation of grant programs to reduce recidivism, arrest, and incarceration of individuals with mental illness.

Description/Key Assumptions (including start up/implementation costs and ongoing costs):

Amounts allocated per S.B. 292 \$12.5 million in fiscal year 2018 and \$25 million in fiscal year 2019.

Proposed programs receiving state-awarded grant funds must secure matching funds:

Equal to 100 percent of the grant amount if grant program located in a county with a population of at least 250,000

State Budget by Program: Community Mental Health Crisis
IT Component: No
Involve Contracts > \$50,000: Yes

Objects of Expense

Strategy: 4-2-3 COMMUNITY MENTAL HEALTH CRISIS SVCS

4000 GRANTS	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
SUBTOTAL, Strategy 4-2-3	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
TOTAL, Objects of Expense	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 4-2-3 COMMUNITY MENTAL HEALTH CRISIS SVCS

1 General Revenue Fund	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
SUBTOTAL, Strategy 4-2-3	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
TOTAL, Method of Financing	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000

Contract Description:

Mental Health grant programs to reduce recidivism, arrest, and incarceration of individuals with mental illness.

Approximate Percentage of Expanded or New Initiative Contracted in FYs 2018-19: 100.0%

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/24/2018
TIME: 8:41:10AM

Agency code: 529

Agency name: **Health and Human Services Commission**

	Exp 2017	Bud 2018	Est 2019	Est 2020	Est 2021
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Expanded or New Initiative: 2. Community Mental Health Grant Program

Legal Authority for Item:

H.B. 13, 85th Legislature, Regular Session, 2017

Description/Key Assumptions (including start up/implementation costs and ongoing costs):

The Community Mental Health (CMH) Grant Program seeks to establish a matching grant program to support CMH programs providing services and treatment to individuals experiencing mental illness. Populations to be served include adults with a mental illness with unmet behavioral health needs. The grant program is designed to foster community collaboration, reduce duplication of mental health services, and encourage greater continuity of care for individuals receiving services through a diverse local provider network. Governmental entities and non-profit organizations are eligible to apply for funding. The matching requirements are as follows: equal to 50% of the grant amount if the CMH program is located in a county with a population of less than 250,000; equal to 100% of the grant amount if the CMH program is located in a county with a population of at least 250,000; and equal to the percentage of the grant amount for the largest county in which a CMH program is located if the CMH program is located in more than one county. The commission will reserve for each fiscal year 50% of the total to be awarded only as grants to a CMH program located in a county with a population not greater than 250,000. The amount of funding appropriated is \$10 million in fiscal year 2018 and \$20 million in fiscal year 2019. The funds will competitively procured. Applicants will submit administrative information, a narrative program proposal, an expenditure and match proposal, and any applicable exhibits as required by Legal/PCS, and a Letter of Support from the LMHA/LBHA in the proposed service area, if the applicant is a not a local authority.

State Budget by Program: Community Mental Health Crisis
IT Component: No
Involve Contracts > \$50,000: Yes

Objects of Expense

Strategy: 4-2-3 COMMUNITY MENTAL HEALTH CRISIS SVCS

4000 GRANTS	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
SUBTOTAL, Strategy 4-2-3	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
TOTAL, Objects of Expense	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 4-2-3 COMMUNITY MENTAL HEALTH CRISIS SVCS

1 General Revenue Fund	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
SUBTOTAL, Strategy 4-2-3	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
TOTAL, Method of Financing	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000

Contract Description:

The Community Mental Health Grant Program will support community mental health programs providing services and treatment to individuals experiencing mental illness.

Approximate Percentage of Expanded or New Initiative Contracted in FYs 2018-19: 100.0%

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/24/2018**
TIME: **8:41:10AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

		Exp 2017	Bud 2018	Est 2019	Est 2020	Est 2021
Expanded or New Initiative:						
	3. Behavioral Health Services Peer Specialist Training					
Legal Authority for Item:						
	H.B. 1486 85th Legislature, Regular Session, 2017					
Description/Key Assumptions (including start up/implementation costs and ongoing costs):						
	\$79,500 appropriated for Peer Specialist Training.					
State Budget by Program:						
	Medicaid Contracts and Administration					
IT Component:						
	No					
Involve Contracts > \$50,000:						
	No					
Objects of Expense						
Strategy: 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION						
4000	GRANTS	\$0	\$79,500	\$79,500	\$0	\$0
	SUBTOTAL, Strategy 2-1-1	\$0	\$79,500	\$79,500	\$0	\$0
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS						
4000	GRANTS	\$0	\$0	\$0	\$79,500	\$79,500
	SUBTOTAL, Strategy 4-2-1	\$0	\$0	\$0	\$79,500	\$79,500
	TOTAL, Objects of Expense	\$0	\$79,500	\$79,500	\$79,500	\$79,500
Method of Financing						
GENERAL REVENUE FUNDS						
Strategy: 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION						
1	General Revenue Fund	\$0	\$79,500	\$79,500	\$0	\$0
	SUBTOTAL, Strategy 2-1-1	\$0	\$79,500	\$79,500	\$0	\$0
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS						
1	General Revenue Fund	\$0	\$0	\$0	\$79,500	\$79,500
	SUBTOTAL, Strategy 4-2-1	\$0	\$0	\$0	\$79,500	\$79,500
	SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$79,500	\$79,500	\$79,500	\$79,500
	TOTAL, Method of Financing	\$0	\$79,500	\$79,500	\$79,500	\$79,500

6.K. Part B Summary of Costs Related to Recently Enacted State Legislation

86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/24/2018**
TIME: **8:42:45AM**

Agency code: **529**

Agency name: **Health and Human Services Commission**

ITEM EXPANDED OR NEW INITIATIVE	Exp 2017	Bud 2018	Est 2019	Est 2020	Est 2021
1 Mental Health Grant Program for Justice-Involved Individuals	\$0	\$12,500,000	\$25,000,000	\$18,750,000	\$18,750,000
2 Community Mental Health Grant Program	\$0	\$10,000,000	\$20,000,000	\$15,000,000	\$15,000,000
3 Behavioral Health Services Peer Specialist Training	\$0	\$79,500	\$79,500	\$79,500	\$79,500
Total, Cost Related to Expanded or New Initiatives	\$0	\$22,579,500	\$45,079,500	\$33,829,500	\$33,829,500
METHOD OF FINANCING					
GENERAL REVENUE FUNDS	\$0	\$22,579,500	\$45,079,500	\$33,829,500	\$33,829,500
Total, Method of Financing	\$0	\$22,579,500	\$45,079,500	\$33,829,500	\$33,829,500

FULL-TIME-EQUIVALENTS (FTES):

6.L. Document Production Standards
Summary of Savings Due to Improved Document Production Standards

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews
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Documented Production Standards Strategies	Estimated 2018	Budgeted 2019
1. CAPPs Financials 9.2 & System of Contracting and Reporting (SCOR)	\$7,041	\$7,041
2. eTravel implementation	\$6,941	\$6,941
3. Default Xerox printer settings	Undetermined	Undetermined
4. Misc. transition from paper to electronic forms	\$260	\$260
5. IT User applications	\$2,567	\$2,567
6. Regional Administrative Services (RAS) Security Incident Tracking (SIT) request automation	\$7	\$7
7. Asset Management conversion to electronic tracking	\$0	\$270
8. RightFax implementation	Undetermined	Undetermined
9. Office of Chief Counsel (OCC) initiatives	\$30	\$30
10. Acceptable Use Agreement (AUA) automation	\$2,152	\$2,152
Methodology to determine cost per single sheet of paper - see below	n/a	n/a
Total, All Strategies	\$18,999	\$19,268
Total Estimated Paper Volume Reduced	2,903,160	2,906,160

Description:
1. Procurement processes throughout the agency (requests, solicitations, awards, developing contracts) are being transformed from manual processes to a common automated framework (CAPPs Financials 9.2 & System of Contracting and Reporting (SCOR)), and at least seven paper forms have been converted to electronic format. Since implementation began on Sept 1, 2017, these measures saved over 469,432 sheets of paper in the first two quarters of FY18 for a yearly estimated savings of 938,864 sheets. Additional savings are expected as other measures become functional.
2. Travel Reimbursement Claims average approximately 12 pages per claim. A monthly average of 6,427 claims are processed via a newly implemented eTravel system, for a total savings of 925,488 sheets per year.
3. Xerox printer default settings are being reset systemwide to "no cover sheet" and "duplex printing". Although eliminating cover sheets and requiring duplex printing is expected to have a positive impact on paper usage, it is impossible to determine actual savings as a result of these measures.
4. Over 500 unique HHS forms are currently available online. Within the prescribed reporting period, at least four new documents were converted to electronic form with projected yearly savings of 34,716 sheets in FY18 and 34,716 sheets of paper in FY19.
5. User requests regarding IT applications are processed through the HHS Enterprise Portal automated system, and averages 14,259 requests monthly, with average two sheets per request. Total monthly savings = 28,518 sheets, for yearly estimate of 342,216 sheets saved.

6.L. Document Production Standards

Summary of Savings Due to Improved Document Production Standards

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Chris Matthews
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6. Security Incident Tracking (SIT) requests for Regional Administrative Services (RAS) were automated in FY2017. Approximately 314 requests are received per year, with an average of three sheets per request resulting in an estimated 943 sheets saved per year.

7. Asset Management currently processes an average of 1500 two-page paper forms per month. An electronic Radio Frequency Identification (RFID) system will be launched in August 2018 which will replace the paper forms, saving an average of 36,000 sheets per year beginning in FY2019.

8. RightFax technology creates an email copy of fax documents received, instead of a printed copy. The system has been used by HHSC Human Resources, Payroll/Time and Leave, and at DFPS for a number of years, and is currently being implemented incrementally by other programs. Specific number of sheets not printed is unavailable.

9. The Office of Chief Counsel (OCC) electronic litigation file initiative has saved an estimated 4,000 sheets of paper in FY18 and 4,000 sheets of paper in FY19.

10. The Acceptable Use Agreement (AUA) is required annually. An electronic version of the eight-page form was launched on April 20, 2017. An average of 2,989 forms are processed per month, for a yearly savings average of 286,933 sheets of paper.

Methodology to determine cost per single sheet of paper: Price for 5000-sheet case of printer paper = $\$37.52/5000 = \0.0075 per single sheet.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4-1-4	Ensure ECI Respite Services & Quality ECI Services				
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$2,214,145	\$2,554,201	\$2,776,708	\$2,776,708	\$2,776,708
1002 OTHER PERSONNEL COSTS	48,438	64,009	85,090	85,090	85,090
2001 PROFESSIONAL FEES AND SERVICES	15,936	19,974	19,544	19,544	19,544
2002 FUELS AND LUBRICANTS	0	1,360	1,283	1,282	1,282
2003 CONSUMABLE SUPPLIES	2,899	5,684	5,258	5,257	5,257
2004 UTILITIES	8,032	13,609	13,580	13,579	13,579
2005 TRAVEL	35,385	40,636	43,983	43,983	43,983
2006 RENT - BUILDING	3,850	19,653	14,921	14,921	14,921
2007 RENT - MACHINE AND OTHER	0	6,206	6,762	6,762	6,762
2009 OTHER OPERATING EXPENSE	397,478	197,029	163,836	163,836	163,836
Total, Objects of Expense	\$2,726,163	\$2,922,361	\$3,130,965	\$3,130,962	\$3,130,962
METHOD OF FINANCING:					
1 General Revenue Fund	253,037	2,725,885	2,920,465	0	0
555 Federal Funds					
84.181.000 Special Education Grants	2,473,126	129,058	138,270	2,078,544	2,078,544
93.778.003 XIX 50%	0	33,709	36,115	526,209	526,209
758 GR Match For Medicaid	0	33,709	36,115	526,209	526,209
Total, Method of Financing	\$2,726,163	\$2,922,361	\$3,130,965	\$3,130,962	\$3,130,962
FULL-TIME-EQUIVALENT POSITIONS (FTE):	37.0	37.0	37.0	37.0	37.0
DESCRIPTION					

These costs and FTE's represent the offices of the Assistant Commissioner of the division as well as the Client Services Support Unit for the Division

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
4-1-5 Children's Blindness Services					
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$559,647	\$576,509	\$580,579	\$611,525	\$611,525
1002 OTHER PERSONNEL COSTS	12,805	21,341	22,789	22,789	22,789
2001 PROFESSIONAL FEES AND SERVICES	0	2,963	2,768	2,865	2,865
2002 FUELS AND LUBRICANTS	0	107	86	97	97
2003 CONSUMABLE SUPPLIES	211	581	544	562	562
2004 UTILITIES	1,890	10,066	11,010	10,538	10,538
2005 TRAVEL	39,901	28,156	28,156	28,156	28,156
2006 RENT - BUILDING	440	45,838	5,425	25,632	25,632
2007 RENT - MACHINE AND OTHER	0	1,020	4,159	2,590	2,590
2009 OTHER OPERATING EXPENSE	20,071	24,025	23,360	23,693	23,693
Total, Objects of Expense	\$634,965	\$710,606	\$678,876	\$728,447	\$728,447

METHOD OF FINANCING:

1 General Revenue Fund	284,424	286,519	273,725	321,669	321,669
493 Blind Endowment Fund	111	0	0	868	868
555 Federal Funds					
93.778.003 XIX 50%	175,214	212,044	202,576	202,955	202,955
758 GR Match For Medicaid	175,215	212,043	202,575	202,955	202,955
Total, Method of Financing	\$634,964	\$710,606	\$678,876	\$728,447	\$728,447

DESCRIPTION

These Costs and FTE's represent the offices of the Assistant Commissioner of the division as well as the Client Services Support Unit for the Division.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy		Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
6-2-1	Independent Living Services (General, Blind, and CILs)					
OBJECTS OF EXPENSE:						
1001	SALARIES AND WAGES	\$1,417,600	\$1,344,074	\$1,349,812	\$1,349,812	\$1,349,812
1002	OTHER PERSONNEL COSTS	42,260	33,000	33,000	33,000	33,000
2001	PROFESSIONAL FEES AND SERVICES	19,205	18,115	18,294	18,204	18,204
2002	FUELS AND LUBRICANTS	0	288	263	276	276
2003	CONSUMABLE SUPPLIES	0	5,257	5,045	5,151	5,151
2004	UTILITIES	7,768	37,641	37,657	37,648	37,648
2005	TRAVEL	44,807	76,008	75,862	75,934	75,934
2006	RENT - BUILDING	0	129,201	130,375	129,788	129,788
2007	RENT - MACHINE AND OTHER	0	18,785	18,927	18,856	18,856
2009	OTHER OPERATING EXPENSE	35,738	114,451	118,683	114,260	114,260
Total, Objects of Expense		\$1,567,378	\$1,776,820	\$1,787,918	\$1,782,929	\$1,782,929
METHOD OF FINANCING:						
1	General Revenue Fund	453,412	562,140	565,651	563,835	563,835
555	Federal Funds					
	84.126.000 Rehabilitation Services_V	976,349	1,085,422	1,092,202	1,089,353	1,089,353
	93.369.000 Independent Living_State	137,586	128,638	129,442	129,105	129,105
8014	GR Match for Food Stamp Admin	31	620	623	636	636
Total, Method of Financing		\$1,567,378	\$1,776,820	\$1,787,918	\$1,782,929	\$1,782,929
FULL-TIME-EQUIVALENT POSITIONS (FTE):		26.0	26.0	26.0	26.0	26.0
DESCRIPTION						

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
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6-2-1 Independent Living Services (General, Blind, and CILs)

These Costs and FTE's represent the offices of the Assistant Commissioner of the decision as well as the Client Services Support Unit for the division and HHSC Oversight. There was a change in methodology in 2017. Due to SB 200, IL outsources Client Services, therefore all Objects of Expense (except Grants) are Direct Administrative Costs.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
6-2-2	Blindness Education, Screening and Treatment (BEST) Program				
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$82,873	\$82,973	\$81,177	\$81,312	\$81,312
1002 OTHER PERSONNEL COSTS	2,400	2,300	2,814	3,139	3,139
2001 PROFESSIONAL FEES AND SERVICES	110,180	117,000	115,005	114,917	114,917
2002 FUELS AND LUBRICANTS	0	0	0	13	13
2003 CONSUMABLE SUPPLIES	0	0	0	44	44
2004 UTILITIES	0	0	0	33	33
2005 TRAVEL	91	1,307	2,100	1,052	1,052
2006 RENT - BUILDING	0	0	0	196	196
2007 RENT - MACHINE AND OTHER	0	0	0	44	44
2009 OTHER OPERATING EXPENSE	1,561	2,053	2,482	2,825	2,825
Total, Objects of Expense	\$197,105	\$205,633	\$203,578	\$203,575	\$203,575
METHOD OF FINANCING:					
1 General Revenue Fund	197,105	205,633	203,578	203,575	203,575
Total, Method of Financing	\$197,105	\$205,633	\$203,578	\$203,575	\$203,575
FULL-TIME-EQUIVALENT POSITIONS (FTE):	1.0	1.0	1.0	1.0	1.0

DESCRIPTION

These Costs and FTE's represent the Client Services Support Unit for the Division.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
6-2-3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries					
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$1,043,883	\$1,108,423	\$1,292,941	\$1,292,941	\$1,292,941
1002 OTHER PERSONNEL COSTS	24,840	24,903	29,053	29,053	29,053
2001 PROFESSIONAL FEES AND SERVICES	0	415,890	550,000	444,716	444,716
2002 FUELS AND LUBRICANTS	0	761	639	700	700
2003 CONSUMABLE SUPPLIES	103	7,166	6,587	6,876	6,876
2004 UTILITIES	5,587	25,365	15,250	20,307	20,307
2005 TRAVEL	23,419	65,049	85,016	75,031	75,031
2006 RENT - BUILDING	0	148,634	148,720	148,677	148,677
2007 RENT - MACHINE AND OTHER	0	22,051	28,524	25,287	25,287
2009 OTHER OPERATING EXPENSE	16,171	101,631	106,854	104,808	104,808
Total, Objects of Expense	\$1,114,003	\$1,919,873	\$2,263,584	\$2,148,396	\$2,148,396
METHOD OF FINANCING:					
1 General Revenue Fund	777,153	1,910,358	2,252,356	2,137,713	2,137,713
107 Comprehensive Rehab Acct	290,791	0	0	0	0
666 Appropriated Receipts	62	0	0	0	0
8052 Subrogation Receipts	45,997	9,515	11,228	10,683	10,683
Total, Method of Financing	\$1,114,003	\$1,919,873	\$2,263,584	\$2,148,396	\$2,148,396
FULL-TIME-EQUIVALENT POSITIONS (FTE):	23.0	23.0	23.0	23.0	23.0
DESCRIPTION					

These Costs represent the offices of the DRS Assistant Commissioner and HHSC Oversight.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
10-1-1 Determine Federal SSI and SSDI Eligibility					
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$40,462,027	\$42,166,697	\$42,166,697	\$42,166,697	\$42,166,697
1002 OTHER PERSONNEL COSTS	1,388,647	1,440,576	1,440,576	1,440,576	1,440,576
2001 PROFESSIONAL FEES AND SERVICES	9,707,844	17,300,000	10,514,950	13,907,475	13,907,475
2002 FUELS AND LUBRICANTS	0	0	67,285	33,642	33,642
2003 CONSUMABLE SUPPLIES	236,058	116,281	153,871	135,076	135,076
2004 UTILITIES	546,407	704,152	708,192	706,172	706,172
2005 TRAVEL	76,920	100,220	100,220	100,220	100,220
2006 RENT - BUILDING	2,996,062	2,859,253	2,806,969	2,833,111	2,833,111
2007 RENT - MACHINE AND OTHER	85,920	136,595	184,838	160,716	160,716
2009 OTHER OPERATING EXPENSE	4,043,333	3,944,648	3,587,143	3,765,897	3,765,897
3001 CLIENT SERVICES	0	6,758,899	12,983,429	0	0
Total, Objects of Expense	\$59,543,218	\$75,527,321	\$74,714,170	\$65,249,582	\$65,249,582

METHOD OF FINANCING:

555 Federal Funds					
96.001.000 Social Security Disability Ins	59,543,218	75,527,321	74,714,170	65,249,582	65,249,582
Total, Method of Financing	\$59,543,218	\$75,527,321	\$74,714,170	\$65,249,582	\$65,249,582

DESCRIPTION

These Costs and FTE's represent the offices of the Assistant Commissioner of the division as well as the Disability Resource Management, Payment Processing Center and Vendor Data Management Units for the division.

Agency code: 529

Agency name: Health and Human Services Commission

	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
GRAND TOTALS					
Objects of Expense					
1001 SALARIES AND WAGES	\$45,780,175	\$47,832,877	\$48,247,914	\$48,278,995	\$48,278,995
1002 OTHER PERSONNEL COSTS	\$1,519,390	\$1,586,129	\$1,613,322	\$1,613,647	\$1,613,647
2001 PROFESSIONAL FEES AND SERVICES	\$9,853,165	\$17,873,942	\$11,220,561	\$14,507,721	\$14,507,721
2002 FUELS AND LUBRICANTS	\$0	\$2,516	\$69,556	\$36,010	\$36,010
2003 CONSUMABLE SUPPLIES	\$239,271	\$134,969	\$171,305	\$152,966	\$152,966
2004 UTILITIES	\$569,684	\$790,833	\$785,689	\$788,277	\$788,277
2005 TRAVEL	\$220,523	\$311,376	\$335,337	\$324,376	\$324,376
2006 RENT - BUILDING	\$3,000,352	\$3,202,579	\$3,106,410	\$3,152,325	\$3,152,325
2007 RENT - MACHINE AND OTHER	\$85,920	\$184,657	\$243,210	\$214,255	\$214,255
2009 OTHER OPERATING EXPENSE	\$4,514,352	\$4,383,837	\$4,002,358	\$4,175,319	\$4,175,319
3001 CLIENT SERVICES	\$0	\$6,758,899	\$12,983,429	\$0	\$0
Total, Objects of Expense	\$65,782,832	\$83,062,614	\$82,779,091	\$73,243,891	\$73,243,891
Method of Financing					
1 General Revenue Fund	\$1,965,131	\$5,690,535	\$6,215,775	\$3,226,792	\$3,226,792
107 Comprehensive Rehab Acct	\$290,791	\$0	\$0	\$0	\$0
493 Blind Endowment Fund	\$111	\$0	\$0	\$868	\$868
555 Federal Funds	\$63,305,493	\$77,116,192	\$76,312,775	\$69,275,748	\$69,275,748
666 Appropriated Receipts	\$62	\$0	\$0	\$0	\$0
758 GR Match For Medicaid	\$175,215	\$245,752	\$238,690	\$729,164	\$729,164
8014 GR Match for Food Stamp Admin	\$31	\$620	\$623	\$636	\$636
8052 Subrogation Receipts	\$45,997	\$9,515	\$11,228	\$10,683	\$10,683

Agency code: **529**

Agency name: **Health and Human Services Commission**

	Exp 2017	Est 2018	Bud 2019	BL 2020	BL 2021
Total, Method of Financing	\$65,782,831	\$83,062,614	\$82,779,091	\$73,243,891	\$73,243,891
Full-Time-Equivalent Positions (FTE)	87.0	87.0	87.0	87.0	87.0

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews		Amount Requested						
Date: 8/1/2018				Project Category								
Project ID #	Capital Expenditure Category	Project Description	New Construction	Health and Safety	Deferred Maintenance	Maintenance	2020-21 Total Amount Requested	MOF Code #	MOF Requested	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
1	5003	Austin State Hospital- Replace Hardware with Anti-Ligature Hardware - Client Residence		\$ 3,419,807			\$ 3,419,807	0780	GO-Bonds	\$ 205,188	0001	GR
2	5003	Austin State Hospital- Upgrade Obsolete Fire Protection System - Site		\$ 2,258,204			\$ 2,258,204	0780	GO-Bonds	\$ 135,492	0001	GR
3	5003	Austin State Hospital- Install Emergency Generators - Client Residence		\$ 3,799,785			\$ 3,799,785	0780	GO-Bonds	\$ 227,987	0001	GR
4	5003	Austin State Hospital- Replace Obsolete and Failing Chilled and Hot Water System - Site		\$ 904,602			\$ 904,602	0780	GO-Bonds	\$ 54,276	0001	GR
5	5003	Austin State Hospital- Replace Deteriorated HVAC System - Client Residence		\$ 397,949			\$ 397,949	0780	GO-Bonds	\$ 23,877	0001	GR
6	5003	Austin State Hospital- Replace Deteriorated HVAC Sytem - Admin Bldg		\$ 597,061			\$ 597,061	0780	GO-Bonds	\$ 35,824	0001	GR
7	5003	Austin State Hospital- Replace Obsolete and Failing Chilled and Hot Water System - Site		\$ 453,401			\$ 453,401	0780	GO-Bonds	\$ 27,204	0001	GR
8	5003	Austin State Hospital- Replace Failing Water Lines - Site		\$ 260,029			\$ 260,029	0780	GO-Bonds	\$ 15,602	0001	GR
9	5003	Austin State Hospital- Renovate Area to Meet ADA - Client Residences		\$ 167,206			\$ 167,206	0780	GO-Bonds	\$ 10,032	0001	GR
10	5003	Austin State Hospital- Sandblast and Paint Building - Client Sleeping		\$ 1,298,341			\$ 1,298,341	0780	GO-Bonds	\$ 77,900	0001	GR
11	5003	Big Spring State Hospital- Install Emergency Generators - Client Residence		\$ 1,791,059			\$ 1,791,059	0780	GO-Bonds	\$ 107,464	0001	GR
12	5003	Big Spring State Hospital- Replace Obsolete HVAC Systems - Client Residence		\$ 3,955,578			\$ 3,955,578	0780	GO-Bonds	\$ 237,335	0001	GR
13	5003	Big Spring State Hospital- Replace Failing Water Lines - Admin Bldg		\$ 924,932			\$ 924,932	0780	GO-Bonds	\$ 55,496	0001	GR
14	5003	Big Spring State Hospital- Renovate Bathrooms - Client Use Bldg		\$ 688,101			\$ 688,101	0780	GO-Bonds	\$ 41,286	0001	GR
15	5003	Big Spring State Hospital- Renovate Bathrooms - Client Residence		\$ 1,661,405			\$ 1,661,405	0780	GO-Bonds	\$ 99,684	0001	GR
16	5003	Big Spring State Hospital- Renovate Kitchen - Client Support Bldg		\$ 2,141,235			\$ 2,141,235	0780	GO-Bonds	\$ 128,474	0001	GR
17	5003	Big Spring State Hospital- Replace Deteriorated Exterior Windows-Client Residences		\$ 1,438,916			\$ 1,438,916	0780	GO-Bonds	\$ 86,335	0001	GR
18	5003	El Paso Psychiatric Center- Replace Hardware with Anti-Ligature Hardware - Client Residence		\$ 428,348			\$ 428,348	0780	GO-Bonds	\$ 25,701	0001	GR
19	5003	El Paso Psychiatric Center- Replace Hardware with Anti-Ligature Hardware - Client Residence		\$ 428,348			\$ 428,348	0780	GO-Bonds	\$ 25,701	0001	GR
20	5003	El Paso Psychiatric Center- Install Elevators - Client Residence		\$ 642,905			\$ 642,905	0780	GO-Bonds	\$ 38,574	0001	GR
21	5003	El Paso Psychiatric Center- Replace Deteriorated Sewer Equipment - Client Residence		\$ 713,913			\$ 713,913	0780	GO-Bonds	\$ 42,835	0001	GR
22	5003	El Paso Psychiatric Center- Renovate Bathrooms - Client Residence		\$ 285,566			\$ 285,566	0780	GO-Bonds	\$ 17,134	0001	GR
23	5003	El Paso Psychiatric Center- Install Security Gates - Client Residence		\$ 13,654			\$ 13,654	0780	GO-Bonds	\$ 819	0001	GR
24	5003	El Paso Psychiatric Center- Install Automatic Entrance Doors - Client Residences		\$ 517,133			\$ 517,133	0780	GO-Bonds	\$ 31,028	0001	GR
25	5003	Kerrville State Hospital- Install Emergency Generators - Client Residence		\$ 1,978,730			\$ 1,978,730	0780	GO-Bonds	\$ 118,724	0001	GR
26	5003	Kerrville State Hospital- Install Emergency Generator - Client Use Bldg		\$ 53,328			\$ 53,328	0780	GO-Bonds	\$ 3,200	0001	GR
27	5003	Kerrville State Hospital- Install Emergency Generator - Client Use Bldg		\$ 222,156			\$ 222,156	0780	GO-Bonds	\$ 13,329	0001	GR
28	5003	Kerrville State Hospital- Replace Deteriorated HVAC/Water System - Client Residence		\$ 174,086			\$ 174,086	0780	GO-Bonds	\$ 10,445	0001	GR
29	5003	Kerrville State Hospital- Replace Deteriorated Sewer Lines - Client Support Bldg		\$ 607,390			\$ 607,390	0780	GO-Bonds	\$ 36,443	0001	GR
30	5003	Kerrville State Hospital- Repair Deteriorating Foundation - Client Residence		\$ 717,603			\$ 717,603	0780	GO-Bonds	\$ 43,056	0001	GR
31	5003	Kerrville State Hospital- Demolition of Building Beyond Repair and/or Renovation		\$ 259,776			\$ 259,776	0780	GO-Bonds	\$ 15,587	0001	GR
33	5003	Rio Grande State Center- Replace Deteriorated HVAC System - Client Residence		\$ 415,424			\$ 415,424	0780	GO-Bonds	\$ 24,925	0001	GR
34	5003	Rio Grande State Center- Replace Deteriorated HVAC Sytem - Client Support Bldg		\$ 354,778			\$ 354,778	0780	GO-Bonds	\$ 21,287	0001	GR
35	5003	Rio Grande State Center- Replace Failing Grease Trap - Client Use Bldg		\$ 47,320			\$ 47,320	0780	GO-Bonds	\$ 2,839	0001	GR
36	5003	Rio Grande State Center- Replace Obsolete Electrical Panels - Client Residence		\$ 152,600			\$ 152,600	0780	GO-Bonds	\$ 9,156	0001	GR
37	5003	Rio Grande State Center- Replace Obsolete Electrical System - Client Support Bldgs		\$ 426,294			\$ 426,294	0780	GO-Bonds	\$ 25,578	0001	GR
38	5003	Rio Grande State Center- Renovate Building for Larger Area - Client Use Bldg		\$ 6,544,611			\$ 6,544,611	0780	GO-Bonds	\$ 392,677	0001	GR
39	5003	Rio Grande State Center- Replace Deteriorated Floors - Client Support Bldg		\$ 298,133			\$ 298,133	0780	GO-Bonds	\$ 17,888	0001	GR
40	5003	Rusk State Hospital- Dam Spillway Repair		\$ 3,776,706			\$ 3,776,706	0780	GO-Bonds	\$ 226,602	0001	GR
41	5003	Rusk State Hospital- Replace Failing Gas Lines - Site		\$ 1,017,402			\$ 1,017,402	0780	GO-Bonds	\$ 61,044	0001	GR
42	5003	Rusk State Hospital- Replace Obsolete Electrical System - Site		\$ 11,139,464			\$ 11,139,464	0780	GO-Bonds	\$ 668,368	0001	GR
43	5003	Rusk State Hospital- Replace Deteriorated Floors - Client Residence		\$ 232,868			\$ 232,868	0780	GO-Bonds	\$ 13,972	0001	GR
44	5003	Rusk State Hospital- Replace Sidewalks - Site		\$ 137,560			\$ 137,560	0780	GO-Bonds	\$ 8,254	0001	GR
45	5003	Rusk State Hospital- Replace Obsolete Electrical System - Client Use Bldgs		\$ 375,314			\$ 375,314	0780	GO-Bonds	\$ 22,519	0001	GR
46	5003	Rusk State Hospital- Painting Exterior Buildings - Site		\$ 680,822			\$ 680,822	0780	GO-Bonds	\$ 40,849	0001	GR
47	5003	Rusk State Hospital- Replace Deteriorated Floors - Client Support Bldg		\$ 110,642			\$ 110,642	0780	GO-Bonds	\$ 6,639	0001	GR
48	5003	Rusk State Hospital- Replace Deteriorated Exterior Windows - Client Residence (1)		\$ 1,739,711			\$ 1,739,711	0780	GO-Bonds	\$ 104,383	0001	GR

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews								
Date: 8/1/2018				Amount Requested								
Project ID #	Capital Expenditure Category	Project Description	Project Category				2020-21 Total Amount Requested	MOF Code #	MOF	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
49	5003	Rusk State Hospital- Replace Deteriorated Floors - Client Residence		\$ 1,896,543			\$ 1,896,543	0780	GO-Bonds	\$ 113,793	0001	GR
50	5003	San Antonio State Hospital- Clean & Balance AC Duct - Client Residence		\$ 182,680			\$ 182,680	0780	GO-Bonds	\$ 10,961	0001	GR
51	5003	San Antonio State Hospital- Clean & Balance AC Duct - Client Use Bldg		\$ 146,584			\$ 146,584	0780	GO-Bonds	\$ 8,795	0001	GR
52	5003	San Antonio State Hospital- Replace Deteriorated HVAC Duct - Client Residence		\$ 1,399,475			\$ 1,399,475	0780	GO-Bonds	\$ 83,969	0001	GR
53	5003	San Antonio State Hospital- Clean & Balance AC Duct - Admin Bldg		\$ 38,296			\$ 38,296	0780	GO-Bonds	\$ 2,298	0001	GR
54	5003	San Antonio State Hospital- Clean & Balance AC Duct - Client Support Bldg		\$ 56,774			\$ 56,774	0780	GO-Bonds	\$ 3,406	0001	GR
55	5003	San Antonio State Hospital- Replace Deteriorated Sewer Lines - Site		\$ 3,096,720			\$ 3,096,720	0780	GO-Bonds	\$ 185,803	0001	GR
56	5003	San Antonio State Hospital- Renovate Bathrooms - Client Use Bldg		\$ 243,817			\$ 243,817	0780	GO-Bonds	\$ 14,629	0001	GR
57	5003	San Antonio State Hospital- Replace Obsolete PA System - Site		\$ 1,017,402			\$ 1,017,402	0780	GO-Bonds	\$ 61,044	0001	GR
58	5003	San Antonio State Hospital- Replace Deteriorated Exterior Windows - Client Use Bldgs		\$ 405,801			\$ 405,801	0780	GO-Bonds	\$ 24,348	0001	GR
59	5003	Terrell State Hospital- Replace Hardware with Anti-Ligature Hardware - Client Residence		\$ 5,571,393			\$ 5,571,393	0780	GO-Bonds	\$ 334,284	0001	GR
60	5003	Terrell State Hospital- Replace Hardware with Anti-Ligature Hardware - Client Use Bldg		\$ 761,388			\$ 761,388	0780	GO-Bonds	\$ 45,683	0001	GR
61	5003	Terrell State Hospital- Install Emergency Generator - Client Support Bldg		\$ 997,623			\$ 997,623	0780	GO-Bonds	\$ 59,857	0001	GR
62	5003	Terrell State Hospital- Replace Deteriorated HVAC/Water System - Client Residence		\$ 3,499,899			\$ 3,499,899	0780	GO-Bonds	\$ 209,994	0001	GR
63	5003	Terrell State Hospital- Clean & Balance AC Duct - Client Residence		\$ 1,320,233			\$ 1,320,233	0780	GO-Bonds	\$ 79,214	0001	GR
64	5003	Terrell State Hospital- Clean & Balance AC Duct - Client Use Bldg		\$ 279,830			\$ 279,830	0780	GO-Bonds	\$ 16,790	0001	GR
65	5003	Terrell State Hospital- Replace Deteriorated HVAC/Water System - Client Residence		\$ 4,172,634			\$ 4,172,634	0780	GO-Bonds	\$ 250,358	0001	GR
66	5003	Terrell State Hospital- Replace Deteriorated HVAC System - Client Residence		\$ 2,594,456			\$ 2,594,456	0780	GO-Bonds	\$ 155,667	0001	GR
67	5003	Terrell State Hospital- Replace Failing Water Lines - Site		\$ 1,201,200			\$ 1,201,200	0780	GO-Bonds	\$ 72,072	0001	GR
68	5003	Terrell State Hospital- Renovate Buildings for Client Sleeping - Client Residences		\$ 4,290,000			\$ 4,290,000	0780	GO-Bonds	\$ 257,400	0001	GR
69	5003	North Texas State Hospital - Vernon- Upgrade Fire Alarm System - Client Residence		\$ 1,345,511			\$ 1,345,511	0780	GO-Bonds	\$ 80,731	0001	GR
70	5003	North Texas State Hospital - Vernon- Replace Obsolete Domestic Hot Water System - Client Residence		\$ 2,001,448			\$ 2,001,448	0780	GO-Bonds	\$ 120,087	0001	GR
71	5003	North Texas State Hospital - Vernon- Install HVAC System - Client Residence		\$ 407,265			\$ 407,265	0780	GO-Bonds	\$ 24,436	0001	GR
72	5003	North Texas State Hospital - Vernon- Install HVAC System - Client Use Bldg		\$ 100,175			\$ 100,175	0780	GO-Bonds	\$ 6,011	0001	GR
73	5003	North Texas State Hospital - Vernon- Renovate Deteriorated Swimming Pool		\$ 1,886,187			\$ 1,886,187	0780	GO-Bonds	\$ 113,171	0001	GR
74	5003	North Texas State Hospital - Vernon- Replace Sidewalks - Site		\$ 77,400			\$ 77,400	0780	GO-Bonds	\$ 4,644	0001	GR
75	5003	North Texas State Hospital - Vernon- Replace Deteriorated Floors - Client Residence		\$ 305,540			\$ 305,540	0780	GO-Bonds	\$ 18,332	0001	GR
76	5003	North Texas State Hospital - Vernon- Replace Deteriorated Floors - Client Support Bldg		\$ 409,703			\$ 409,703	0780	GO-Bonds	\$ 24,582	0001	GR
77	5003	North Texas State Hospital - Vernon- Replace Deteriorated Exterior Windows - Client Residences		\$ 1,348,512			\$ 1,348,512	0780	GO-Bonds	\$ 80,911	0001	GR
78	5003	Waco Center for Youth- Install Emergency Generator - Client Support Bldg		\$ 679,001			\$ 679,001	0780	GO-Bonds	\$ 40,740	0001	GR
79	5003	Waco Center for Youth- Replace Deteriorated Sewer Lines - Client Residence		\$ 277,448			\$ 277,448	0780	GO-Bonds	\$ 16,647	0001	GR
80	5003	Waco Center for Youth- Install Rainwater Drainage System		\$ 182,680			\$ 182,680	0780	GO-Bonds	\$ 10,961	0001	GR
81	5003	Waco Center for Youth- Replace Obsolete and Failing Outdoor Lighting - Site		\$ 453,401			\$ 453,401	0780	GO-Bonds	\$ 27,204	0001	GR
82	5003	Waco Center for Youth- Renovate Buildings for Different Use		\$ 584,627			\$ 584,627	0780	GO-Bonds	\$ 35,078	0001	GR
83	5003	Waco Center for Youth- Renovate Buildings for Different Use		\$ 1,436,314			\$ 1,436,314	0780	GO-Bonds	\$ 86,179	0001	GR
84	5003	Waco Center for Youth- Renovate Buildings for Different Use		\$ 340,601			\$ 340,601	0780	GO-Bonds	\$ 20,436	0001	GR
85	5003	Waco Center for Youth- Renovate Buildings for Different Use		\$ 683,231			\$ 683,231	0780	GO-Bonds	\$ 40,994	0001	GR
86	5003	Waco Center for Youth- Renovate Buildings for Different Use		\$ 899,379			\$ 899,379	0780	GO-Bonds	\$ 53,963	0001	GR
87	5003	Waco Center for Youth- Replace Sidewalks - Site		\$ 566,201			\$ 566,201	0780	GO-Bonds	\$ 33,972	0001	GR
88	5003	North Texas State Hospital - Wichita Falls- Replace Hardware with Anti-Ligature Hardware - Client Residence		\$ 4,363,970			\$ 4,363,970	0780	GO-Bonds	\$ 261,838	0001	GR
89	5003	North Texas State Hospital - Wichita Falls- Replace Hardware with Anti-Ligature Hardware - Site		\$ 3,225,063			\$ 3,225,063	0780	GO-Bonds	\$ 193,504	0001	GR
90	5003	North Texas State Hospital - Wichita Falls- Replace Deteriorated Doors - Client Residence		\$ 1,735,563			\$ 1,735,563	0780	GO-Bonds	\$ 104,134	0001	GR
91	5003	North Texas State Hospital - Wichita Falls- Install Electronic Card Access		\$ 54,201			\$ 54,201	0780	GO-Bonds	\$ 3,252	0001	GR
92	5003	North Texas State Hospital - Wichita Falls- Install Electronic Card Access		\$ 16,156			\$ 16,156	0780	GO-Bonds	\$ 969	0001	GR
93	5003	North Texas State Hospital - Wichita Falls- Install Electronic Card Access		\$ 15,198			\$ 15,198	0780	GO-Bonds	\$ 912	0001	GR

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews								
Date: 8/1/2018				Amount Requested								
Project ID #	Capital Expenditure Category	Project Description	Project Category				2020-21 Total Amount Requested	MOF Code #	MOF Requested	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
94	5003	North Texas State Hospital - Wichita Falls- Install Electronic Card Access		\$ 20,765			\$ 20,765	0780	GO-Bonds	\$ 1,246	0001	GR
95	5003	North Texas State Hospital - Wichita Falls- Replace Loading Dock		\$ 281,678			\$ 281,678	0780	GO-Bonds	\$ 16,901	0001	GR
96	5003	Site System to include Water, Electrical Sewage and Utility Distribution		\$ 6,799,246			\$ 6,799,246	0780	GO-Bonds	\$ 407,955	0001	GR
97	5003	Austin State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 604,913			\$ 604,913	0780	GO-Bonds	\$ 36,295	0001	GR
98	5003	Big Spring State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 349,684			\$ 349,684	0780	GO-Bonds	\$ 20,981	0001	GR
99	5003	El Paso Psychiatric Center- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 187,110			\$ 187,110	0780	GO-Bonds	\$ 11,227	0001	GR
100	5003	Kerrville State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 292,171			\$ 292,171	0780	GO-Bonds	\$ 17,530	0001	GR
101	5003	Rio Grande State Center- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 90,891			\$ 90,891	0780	GO-Bonds	\$ 5,453	0001	GR
102	5003	Rusk State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 341,019			\$ 341,019	0780	GO-Bonds	\$ 20,461	0001	GR
103	5003	San Antonio State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 474,112			\$ 474,112	0780	GO-Bonds	\$ 28,447	0001	GR
105	5003	Terrell State Hospital- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 517,887			\$ 517,887	0780	GO-Bonds	\$ 31,073	0001	GR
106	5003	North Texas State Hospital - Vernon- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 368,876			\$ 368,876	0780	GO-Bonds	\$ 22,133	0001	GR
107	5003	Waco Center for Youth- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 161,284			\$ 161,284	0780	GO-Bonds	\$ 9,677	0001	GR
108	5003	North Texas State Hospital - Wichita Falls- Roof Replacements and Repairs 2021 LAR M&C Assesment		\$ 392,054			\$ 392,054	0780	GO-Bonds	\$ 23,523	0001	GR
109	5003	Big Spring State Hospital- Construct Covered Walkway - Site		\$ 1,516,418			\$ 1,516,418	0780	GO-Bonds	\$ 90,985	0001	GR
110	5003	Kerrville State Hospital- Construct New Metal Building		\$ 2,580,490			\$ 2,580,490	0780	GO-Bonds	\$ 154,829	0001	GR
111	5003	Kerrville State Hospital- Install Security Gates - Client Residence		\$ 1,536,283			\$ 1,536,283	0780	GO-Bonds	\$ 92,177	0001	GR
112	5003	Kerrville State Hospital- Install Fuel Tank - Site		\$ 38,500			\$ 38,500	0780	GO-Bonds	\$ 2,310	0001	GR
113	5003	Rio Grande State Center- Install New Fence - Site		\$ 929,700			\$ 929,700	0780	GO-Bonds	\$ 55,782	0001	GR
114	5003	Rio Grande State Center- Construct New Metal Building		\$ 424,350			\$ 424,350	0780	GO-Bonds	\$ 25,461	0001	GR
115	5003	San Antonio State Hospital- Construct Covered Walkway - Site		\$ 137,560			\$ 137,560	0780	GO-Bonds	\$ 8,254	0001	GR
118	5003	North Texas State Hospital - Vernon- Construct Garden - Client Residences		\$ 126,817			\$ 126,817	0780	GO-Bonds	\$ 7,609	0001	GR
119	5003	North Texas State Hospital - Wichita Falls- Install Fence Area		\$ 349,195			\$ 349,195	0780	GO-Bonds	\$ 20,952	0001	GR
120	5003	North Texas State Hospital - Wichita Falls- Install New Fence - Site		\$ 3,025,000			\$ 3,025,000	0780	GO-Bonds	\$ 181,500	0001	GR
121	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,295,921			\$ 2,295,921	0780	GO-Bonds	\$ 137,755	0001	GR
122	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,621,426			\$ 2,621,426	0780	GO-Bonds	\$ 157,286	0001	GR
123	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,787,158			\$ 2,787,158	0780	GO-Bonds	\$ 167,229	0001	GR
124	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 3,812,575			\$ 3,812,575	0780	GO-Bonds	\$ 228,754	0001	GR
125	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,385,769			\$ 2,385,769	0780	GO-Bonds	\$ 143,146	0001	GR
126	5003	Rusk State Hospital- Only includes the Healthcare Buildings (Persons Served Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 3,793,667			\$ 3,793,667	0780	GO-Bonds	\$ 227,620	0001	GR
127	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 3,342,894			\$ 3,342,894	0780	GO-Bonds	\$ 200,574	0001	GR
129	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 4,956,344			\$ 4,956,344	0780	GO-Bonds	\$ 297,381	0001	GR

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews								
Date: 8/1/2018				Amount Requested								
Project ID #	Capital Expenditure Category	Project Description	Project Category				2020-21 Total Amount Requested	MOF Code #	MOF Requested	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
130	5003	Served Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,847,154			\$ 2,847,154	0780	GO-Bonds	\$ 170,829	0001	GR
131	5003	Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 2,273,721			\$ 2,273,721	0780	GO-Bonds	\$ 136,423	0001	GR
132	5003	(Persons Served Sleeping). Room Categories [Patient Bedroom, Patient Bathroom, and Patient Comfort Room] Anti Ligature Needs [Hardened Ceilings, Door Hardware, and Bath/Shower Fixtures]		\$ 3,881,047			\$ 3,881,047	0780	GO-Bonds	\$ 232,863	0001	GR
133	5003	Abilene State Supported Living Center- Replace Deteriorated HVAC System - Client Residence		\$ 554,921			\$ 554,921	0780	GO-Bonds	\$ 33,295	0001	GR
134	5003	Abilene State Supported Living Center- Replace Deteriorated HVAC System - Client Residence		\$ 1,822,795			\$ 1,822,795	0780	GO-Bonds	\$ 109,368	0001	GR
135	5003	Abilene State Supported Living Center- Replace Deteriorated HVAC/Water System - Client Use Bldgs		\$ 1,781,220			\$ 1,781,220	0780	GO-Bonds	\$ 106,873	0001	GR
136	5003	Abilene State Supported Living Center- Replace Deteriorated HVAC Sytem - Admin Bldg		\$ 603,801			\$ 603,801	0780	GO-Bonds	\$ 36,228	0001	GR
137	5003	Abilene State Supported Living Center- Replace Deteriorated HVAC Sytem - Client Support Bldg		\$ 195,572			\$ 195,572	0780	GO-Bonds	\$ 11,734	0001	GR
138	5003	Abilene State Supported Living Center- Install HVAC System - Client Residence		\$ 82,500			\$ 82,500	0780	GO-Bonds	\$ 4,950	0001	GR
139	5003	Abilene State Supported Living Center- Install HVAC System - Client Support Bldg		\$ 82,500			\$ 82,500	0780	GO-Bonds	\$ 4,950	0001	GR
140	5003	Abilene State Supported Living Center- Install Emergency Generators - Client Residence		\$ 904,602			\$ 904,602	0780	GO-Bonds	\$ 54,276	0001	GR
141	5003	Abilene State Supported Living Center- Install Emergency Generator - Client Use Bldg		\$ 517,858			\$ 517,858	0780	GO-Bonds	\$ 31,071	0001	GR
142	5003	Abilene State Supported Living Center- Install Emergency Generator - Client Support Bldg		\$ 137,560			\$ 137,560	0780	GO-Bonds	\$ 8,254	0001	GR
143	5003	Austin State Supported Living Center- Install Emergency Generators - Client Residence		\$ 340,601			\$ 340,601	0780	GO-Bonds	\$ 20,436	0001	GR
144	5003	Austin State Supported Living Center- Renovate Buildings for Client Sleeping - Client Residences		\$ 633,881			\$ 633,881	0780	GO-Bonds	\$ 38,033	0001	GR
145	5003	Austin State Supported Living Center- Clean and Repair Contaminated HVAC Duct - Client Residence		\$ 142,061			\$ 142,061	0780	GO-Bonds	\$ 8,524	0001	GR
146	5003	Austin State Supported Living Center- Renovate Kitchen - Client Support Bldg		\$ 1,980,000			\$ 1,980,000	0780	GO-Bonds	\$ 118,800	0001	GR
147	5003	Austin State Supported Living Center- Renovate Deteriorated Swimming Pool		\$ 215,787			\$ 215,787	0780	GO-Bonds	\$ 12,947	0001	GR
148	5003	Austin State Supported Living Center- Upgrade Fire Alarm System - Site		\$ 1,694,203			\$ 1,694,203	0780	GO-Bonds	\$ 101,652	0001	GR
149	5003	Austin State Supported Living Center- Replace Obsolete Transformers - Site		\$ 247,500			\$ 247,500	0780	GO-Bonds	\$ 14,850	0001	GR
150	5003	Brenham State Supported Living Center- Replace Failing Grease Trap - Client Support Bldg		\$ 250,360			\$ 250,360	0780	GO-Bonds	\$ 15,022	0001	GR
151	5003	Brenham State Supported Living Center- Replace Deteriorated HVAC Sytem - Client Support Bldg		\$ 679,001			\$ 679,001	0780	GO-Bonds	\$ 40,740	0001	GR
152	5003	Brenham State Supported Living Center- Replace Obsolete Emergency Generators - Client Use Bldg		\$ 240,714			\$ 240,714	0780	GO-Bonds	\$ 14,443	0001	GR
153	5003	Brenham State Supported Living Center- Replace Obsolete Emergency Generators - Client Residence		\$ 369,694			\$ 369,694	0780	GO-Bonds	\$ 22,182	0001	GR
154	5003	Brenham State Supported Living Center- Renovate Bathrooms - Client Use Bldg		\$ 932,952			\$ 932,952	0780	GO-Bonds	\$ 55,977	0001	GR
155	5003	Brenham State Supported Living Center- Replace Sidewalks - Site		\$ 715,000			\$ 715,000	0780	GO-Bonds	\$ 42,900	0001	GR
156	5003	Brenham State Supported Living Center- Renovate Bathrooms to Meet ADA - Client Residence		\$ 1,088,001			\$ 1,088,001	0780	GO-Bonds	\$ 65,280	0001	GR
157	5003	Brenham State Supported Living Center- Replace Obsolete Transformers - Site		\$ 115,000			\$ 115,000	0780	GO-Bonds	\$ 6,900	0001	GR

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews								
Date: 8/1/2018				Amount Requested								
Project ID #	Capital Expenditure Category	Project Description	Project Category				2020-21 Total Amount Requested	MOF Code #	MOF Requested	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
158	5003	Corpus Christi State Supported Living Center- Construct Full-Height Corridor Walls - Client Residences		\$ 539,344			\$ 539,344	0780	GO-Bonds	\$ 32,361	0001	GR
159	5003	Corpus Christi State Supported Living Center- Replace Obsolete Electrical Panels - Client Residence		\$ 2,081,129			\$ 2,081,129	0780	GO-Bonds	\$ 124,868	0001	GR
160	5003	Corpus Christi State Supported Living Center- Replace Obsolete Emergency Generators - Client Residence		\$ 1,449,311			\$ 1,449,311	0780	GO-Bonds	\$ 86,959	0001	GR
161	5003	Corpus Christi State Supported Living Center- Install HVAC System - Client Residence		\$ 791,076			\$ 791,076	0780	GO-Bonds	\$ 47,465	0001	GR
162	5003	Corpus Christi State Supported Living Center- Replace Obsolete HVAC Systems - Admin Bldg		\$ 969,059			\$ 969,059	0780	GO-Bonds	\$ 58,144	0001	GR
163	5003	Corpus Christi State Supported Living Center- Replace Failing Sewer Lines - Client Use Bldg		\$ 568,213			\$ 568,213	0780	GO-Bonds	\$ 34,093	0001	GR
164	5003	Corpus Christi State Supported Living Center- Construct Full-Height Corridor Walls - Client Residences		\$ 1,721,060			\$ 1,721,060	0780	GO-Bonds	\$ 103,264	0001	GR
165	5003	Corpus Christi State Supported Living Center- Replace Deteriorated Ceiling - Client Residence		\$ 1,395,282			\$ 1,395,282	0780	GO-Bonds	\$ 83,717	0001	GR
166	5003	Corpus Christi State Supported Living Center- Replace Deteriorated Doors - Client Residence		\$ 560,830			\$ 560,830	0780	GO-Bonds	\$ 33,650	0001	GR
167	5003	Denton State Supported Living Center- Replace Deteriorated Floors - Client Support Bldg		\$ 144,892			\$ 144,892	0780	GO-Bonds	\$ 8,694	0001	GR
168	5003	Denton State Supported Living Center- Repair Failed Foundation - Client Residence		\$ 1,056,882			\$ 1,056,882	0780	GO-Bonds	\$ 63,413	0001	GR
169	5003	Denton State Supported Living Center- Remove Asbestos in Building - Client Use Bldg		\$ 163,626			\$ 163,626	0780	GO-Bonds	\$ 9,818	0001	GR
170	5003	Denton State Supported Living Center- Repair Area for Drainage - Site		\$ 118,711			\$ 118,711	0780	GO-Bonds	\$ 7,123	0001	GR
171	5003	Denton State Supported Living Center- Construct New Metal Building		\$ 268,690			\$ 268,690	0780	GO-Bonds	\$ 16,121	0001	GR
172	5003	Denton State Supported Living Center- Renovate Buildings for Different Use		\$ 55,000			\$ 55,000	0780	GO-Bonds	\$ 3,300	0001	GR
173	5003	Denton State Supported Living Center- Repair Foundation - Client Support Bldg		\$ 1,074,549			\$ 1,074,549	0780	GO-Bonds	\$ 64,473	0001	GR
174	5003	Denton State Supported Living Center- Replace Sidewalks - Site		\$ 1,271,008			\$ 1,271,008	0780	GO-Bonds	\$ 76,260	0001	GR
175	5003	El Paso State Supported Living Center- Install Sports Field - Site		\$ 151,316			\$ 151,316	0780	GO-Bonds	\$ 9,079	0001	GR
176	5003	El Paso State Supported Living Center- Replace Sidewalks - Site		\$ 71,527			\$ 71,527	0780	GO-Bonds	\$ 4,292	0001	GR
177	5003	El Paso State Supported Living Center- Replace Deteriorated Exterior Windows - Client Residences		\$ 314,342			\$ 314,342	0780	GO-Bonds	\$ 18,860	0001	GR
178	5003	El Paso State Supported Living Center- Replacement of Dorm Bedroom Vanities		\$ 324,500			\$ 324,500	0780	GO-Bonds	\$ 19,470	0001	GR
179	5003	Lubbock State Supported Living Center- Replace Water Valves - Site		\$ 1,130,202			\$ 1,130,202	0780	GO-Bonds	\$ 67,812	0001	GR
180	5003	Lubbock State Supported Living Center- Upgrade Fire Alarm System - Client Residence		\$ 535,047			\$ 535,047	0780	GO-Bonds	\$ 32,103	0001	GR
181	5003	Lubbock State Supported Living Center- Upgrade Fire Alarm System - Client Use Bldg		\$ 278,083			\$ 278,083	0780	GO-Bonds	\$ 16,685	0001	GR
182	5003	Lubbock State Supported Living Center- Install Addressable Fire Alarm Panels - Admin		\$ 56,834			\$ 56,834	0780	GO-Bonds	\$ 3,410	0001	GR
183	5003	Lubbock State Supported Living Center- Upgrade Fire Alarm System - Client Support Bldg		\$ 49,432			\$ 49,432	0780	GO-Bonds	\$ 2,966	0001	GR
184	5003	Lubbock State Supported Living Center- Upgrade Fire Alarm System - Client Use Bldg		\$ 21,199			\$ 21,199	0780	GO-Bonds	\$ 1,272	0001	GR
185	5003	Lubbock State Supported Living Center- Renovate Deteriorated Swimming Pool		\$ 364,450			\$ 364,450	0780	GO-Bonds	\$ 21,867	0001	GR
186	5003	Lubbock State Supported Living Center- Replace Obsolete Boilers - Client Residence		\$ 32,280			\$ 32,280	0780	GO-Bonds	\$ 1,937	0001	GR
187	5003	Lubbock State Supported Living Center- Install Access Control System - Client Residence		\$ 1,064,455			\$ 1,064,455	0780	GO-Bonds	\$ 63,867	0001	GR

8. Summary of Requests for Capital Project Financing

Agency Code: 529		Agency: HHSC SH		Prepared by: Chris Matthews								
Date: 8/1/2018				Amount Requested								
Project ID #	Capital Expenditure Category	Project Description	Project Category				2020-21 Total Amount Requested	MOF Code #	MOF Requested	2020-21 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
188	5003	Lubbock State Supported Living Center- Install Access Control System - Client Use Bldg		\$ 770,000			\$ 770,000	0780	GO-Bonds	\$ 46,200	0001	GR
189	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Client Residence		\$ 444,555			\$ 444,555	0780	GO-Bonds	\$ 26,673	0001	GR
190	5003	Lufkin State Supported Living Center- Install HVAC System - Client Residence		\$ 888,019			\$ 888,019	0780	GO-Bonds	\$ 53,281	0001	GR
191	5003	Lufkin State Supported Living Center- Install HVAC System - Client Use Bldg		\$ 77,099			\$ 77,099	0780	GO-Bonds	\$ 4,626	0001	GR
192	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Client Support Bldg		\$ 47,080			\$ 47,080	0780	GO-Bonds	\$ 2,825	0001	GR
193	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Client Residence		\$ 47,471			\$ 47,471	0780	GO-Bonds	\$ 2,848	0001	GR
194	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Client Support Bldg		\$ 52,263			\$ 52,263	0780	GO-Bonds	\$ 3,136	0001	GR
195	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Admin Bldg		\$ 23,155			\$ 23,155	0780	GO-Bonds	\$ 1,389	0001	GR
196	5003	Lufkin State Supported Living Center- Upgrade Obsolete Fire Protection Sprinkler System - Client Support Bldg		\$ 21,167			\$ 21,167	0780	GO-Bonds	\$ 1,270	0001	GR
197	5003	Lufkin State Supported Living Center- Upgrade Fire Alarm System - Client Use Bldg		\$ 52,802			\$ 52,802	0780	GO-Bonds	\$ 3,168	0001	GR
198	5003	Lufkin State Supported Living Center- Upgrade Obsolete Fire Protection Sprinkler System - Client Support Bldg		\$ 59,102			\$ 59,102	0780	GO-Bonds	\$ 3,546	0001	GR
199	5003	Mexia State Supported Living Center- Upgrade Water Tank - Site		\$ 266,475			\$ 266,475	0780	GO-Bonds	\$ 15,988	0001	GR
200	5003	Mexia State Supported Living Center- Renovate Bathrooms - Client Residence		\$ 2,298,691			\$ 2,298,691	0780	GO-Bonds	\$ 137,921	0001	GR
201	5003	Mexia State Supported Living Center- Waste Water Plant Repairs		\$ 287,320			\$ 287,320	0780	GO-Bonds	\$ 17,239	0001	GR
202	5003	Mexia State Supported Living Center- Replace Deteriorated Floors - Client Support Bldg		\$ 802,162			\$ 802,162	0780	GO-Bonds	\$ 48,130	0001	GR
203	5003	Mexia State Supported Living Center- Replace Deteriorated Windows - Client Residence		\$ 1,048,096			\$ 1,048,096	0780	GO-Bonds	\$ 62,886	0001	GR
204	5003	Mexia State Supported Living Center- Replace Obsolete and Failing Outdoor Lighting - Site		\$ 485,629			\$ 485,629	0780	GO-Bonds	\$ 29,138	0001	GR
205	5003	Mexia State Supported Living Center- Replace Deteriorated Exterior Windows - Client Support Bldgs (1)		\$ 123,602			\$ 123,602	0780	GO-Bonds	\$ 7,416	0001	GR
206	5003	Mexia State Supported Living Center- Replace Deteriorated Exterior Windows - Client Use Bldgs		\$ 324,803			\$ 324,803	0780	GO-Bonds	\$ 19,488	0001	GR
207	5003	Mexia State Supported Living Center- Replace Deteriorated HVAC/Water System - Client Residence		\$ 884,065			\$ 884,065	0780	GO-Bonds	\$ 53,044	0001	GR
208	5003	Mexia State Supported Living Center- Replace Deteriorated Floors - Client Support Bldg		\$ 34,848			\$ 34,848	0780	GO-Bonds	\$ 2,091	0001	GR
209	5003	Richmond State Supported Living Center- Replace Deteriorated HVAC Sytem - Client Support Bldg		\$ 181,100			\$ 181,100	0780	GO-Bonds	\$ 10,866	0001	GR
210	5003	Richmond State Supported Living Center- Create Power Plant		\$ 7,616,213			\$ 7,616,213	0780	GO-Bonds	\$ 456,973	0001	GR
211	5003	Richmond State Supported Living Center- Replace Deteriorated HVAC Sytem - Client Support Bldg		\$ 1,130,202			\$ 1,130,202	0780	GO-Bonds	\$ 67,812	0001	GR
212	5003	Richmond State Supported Living Center- Construct Covered Walkway - Site		\$ 274,048			\$ 274,048	0780	GO-Bonds	\$ 16,443	0001	GR
213	5003	Richmond State Supported Living Center- Construct Covered Walkway - Site		\$ 786,274			\$ 786,274	0780	GO-Bonds	\$ 47,176	0001	GR
214	5003	Richmond State Supported Living Center- Remove Asbestos in Building - Client Use Bldg		\$ 137,560			\$ 137,560	0780	GO-Bonds	\$ 8,254	0001	GR
215	5003	San Angelo State Supported Living Center- Replace Deteriorated Exterior Windows - Client Residences		\$ 3,923,175			\$ 3,923,175	0780	GO-Bonds	\$ 235,390	0001	GR
216	5003	San Angelo State Supported Living Center- Renovate Bathrooms - Client Residence		\$ 2,032,603			\$ 2,032,603	0780	GO-Bonds	\$ 121,956	0001	GR
217	5003	San Angelo State Supported Living Center- Replace Deteriorated Sewer Lines - Site		\$ 3,079,604			\$ 3,079,604	0780	GO-Bonds	\$ 184,776	0001	GR

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			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
218	5003	San Angelo State Supported Living Center- Replace Deteriorated Exterior Windows - Client Use Bldgs		\$ 2,774,920			\$ 2,774,920	0780	GO-Bonds	\$ 166,495	0001	GR
219	5003	San Angelo State Supported Living Center- Install Elavators - Client Residence		\$ 3,518,993			\$ 3,518,993	0780	GO-Bonds	\$ 211,140	0001	GR
220	5003	San Angelo State Supported Living Center- Renovate Area to Meet ADA - Client Residences		\$ 8,462,214			\$ 8,462,214	0780	GO-Bonds	\$ 507,733	0001	GR
221	5003	San Angelo State Supported Living Center- Replace Deteriorated HVAC System - Client Residence		\$ 1,073,802			\$ 1,073,802	0780	GO-Bonds	\$ 64,428	0001	GR
222	5003	San Angelo State Supported Living Center- Replace Deteriorated Windows - Client Use Bldg		\$ 3,087,160			\$ 3,087,160	0780	GO-Bonds	\$ 185,230	0001	GR
223	5003	San Angelo State Supported Living Center- Replace Deteriorated Doors - Client Use Bldg		\$ 2,033,569			\$ 2,033,569	0780	GO-Bonds	\$ 122,014	0001	GR
224	5003	San Antonio State Supported Living Center- Upgrade Fire Alarm System - Client Residence		\$ 1,243,002			\$ 1,243,002	0780	GO-Bonds	\$ 74,580	0001	GR
225	5003	San Antonio State Supported Living Center- Replace Deteriorated Floors - Client Support Bldg		\$ 1,989,046			\$ 1,989,046	0780	GO-Bonds	\$ 119,343	0001	GR
226	5003	San Antonio State Supported Living Center- Replace Failing Water Lines - Site		\$ 1,017,402			\$ 1,017,402	0780	GO-Bonds	\$ 61,044	0001	GR
227	5003	San Antonio State Supported Living Center- Renovate Deteriorated Swimming Pool		\$ 463,685			\$ 463,685	0780	GO-Bonds	\$ 27,821	0001	GR
228	5003	San Antonio State Supported Living Center- Clean & Balance AC Duct - Client Use Bldg		\$ 131,340			\$ 131,340	0780	GO-Bonds	\$ 7,880	0001	GR
229	5003	San Antonio State Supported Living Center- Clean & Balance AC Duct - Admin Bldg		\$ 48,540			\$ 48,540	0780	GO-Bonds	\$ 2,912	0001	GR
230	5003	San Antonio State Supported Living Center- Install HVAC System - Client Residence		\$ 1,987,483			\$ 1,987,483	0780	GO-Bonds	\$ 119,249	0001	GR
231	5003	San Antonio State Supported Living Center- Install HVAC System - Client Residence		\$ 250,360			\$ 250,360	0780	GO-Bonds	\$ 15,022	0001	GR
232	5003	San Antonio State Supported Living Center- Install HVAC System - Admin Bldg		\$ 250,360			\$ 250,360	0780	GO-Bonds	\$ 15,022	0001	GR
233	5003	Abilene State Supported Living Center- Roofing request for the facility, FY20/21		\$ 633,961			\$ 633,961	0780	GO-Bonds	\$ 38,038	0001	GR
234	5003	Austin State Supported Living Center- Roofing request for the facility, FY20/21		\$ 483,499			\$ 483,499	0780	GO-Bonds	\$ 29,010	0001	GR
235	5003	Brenham State Supported Living Center- Roofing request for the facility, FY20/21		\$ 331,593			\$ 331,593	0780	GO-Bonds	\$ 19,896	0001	GR
236	5003	Corpus Christi State Supported Living Center- Roofing request for the facility, FY20/21		\$ 323,459			\$ 323,459	0780	GO-Bonds	\$ 19,408	0001	GR
237	5003	Denton State Supported Living Center- Roofing request for the facility, FY20/21		\$ 572,605			\$ 572,605	0780	GO-Bonds	\$ 34,356	0001	GR
238	5003	El Paso State Supported Living Center- Roofing request for the facility, FY20/21		\$ 123,371			\$ 123,371	0780	GO-Bonds	\$ 7,402	0001	GR
239	5003	Lubbock State Supported Living Center- Roofing request for the facility, FY20/21		\$ 371,650			\$ 371,650	0780	GO-Bonds	\$ 22,299	0001	GR
240	5003	Lufkin State Supported Living Center- Roofing request for the facility, FY20/21		\$ 427,407			\$ 427,407	0780	GO-Bonds	\$ 25,644	0001	GR
241	5003	Mexia State Supported Living Center- Roofing request for the facility, FY20/21		\$ 739,517			\$ 739,517	0780	GO-Bonds	\$ 44,371	0001	GR
242	5003	Richmond State Supported Living Center- Roofing request for the facility, FY20/21		\$ 593,035			\$ 593,035	0780	GO-Bonds	\$ 35,582	0001	GR
243	5003	San Antonio State Supported Living Center- Roofing request for the facility, FY20/21		\$ 340,773			\$ 340,773	0780	GO-Bonds	\$ 20,446	0001	GR
244	5003	San Angelo State Supported Living Center- Roofing request for the facility, FY20/21		\$ 279,130			\$ 279,130	0780	GO-Bonds	\$ 16,748	0001	GR
245	5003	Austin State Supported Living Center- Install New Fence - Site		\$ 566,201			\$ 566,201	0780	GO-Bonds	\$ 33,972	0001	GR
246	5003	Denton State Supported Living Center- Construct New Metal Building		\$ 193,960			\$ 193,960	0780	GO-Bonds	\$ 11,638	0001	GR
247	5003	Denton State Supported Living Center- Construct Covered Walkway - Site		\$ 254,040			\$ 254,040	0780	GO-Bonds	\$ 15,242	0001	GR

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			New Construction	Health and Safety	Deferred Maintenance	Maintenance						
	Repair or Rehabilitation	Patients & Staff Health, Safety & Welfare										
248	5003	El Paso State Supported Living Center- Construct New Covered Area		\$ 206,594			\$ 206,594	0780	GO-Bonds	\$ 12,396	0001	GR
TOTALS				\$ 271,683,656			\$ 271,683,656			\$ 16,301,019		

State Supported Living Center Long Range Planning Report

**As Required by
Texas Health and Safety Code
§533a.032(c)**

**Texas Health and Human
Services Commission**

August 2018



TEXAS
Health and Human
Services

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Introduction and Charge

Biennially, the Texas Health and Human Services Commission (HHSC) presents a report to the public about the provision of services at state supported living centers (SSLCs). Through this report, HHSC fulfills the mandate to develop a long range plan containing information and recommendations regarding the most efficient long-term use and management of these facilities, operated by HHSC, as required in the Health and Safety Code, Section 533a.032(c).

This report consists of six primary sections:

- Section 1 profiles the SSLCs in Texas.
- Section 2 presents state trends regarding the provision of services and supports for persons with intellectual and developmental disabilities (IDD) residing in SSLCs.
- Section 3 presents initiatives intended to improve services and supports for persons residing in the SSLCs.
- Section 4 identifies factors affecting the future need for institutional services provided by these facilities.
- Section 5 provides the projected cost for maintaining these facilities.
- Section 6 presents discussion regarding the future direction for providing services and supports at SSLCs in Texas.

1. Profile of State Supported Living Centers

In Texas, SSLCs are one part of a broad continuum of services for persons with IDD. HHSC directly provides services and supports at 12 SSLCs and the intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) component of the Rio Grande State Center (see Figure 1).

Each center is certified as an ICF/IID, a Medicaid-funded federal/state service. Approximately 60 percent of the operating funds for an SSLC comes from the federal government, and 40 percent from state general revenue and third-party revenue resources.

The stated vision of the SSLCs is that individuals will experience the highest quality of life, supported through a comprehensive array of services designed to maximize well-being, dignity and respect. The mission of the SSLCs is to lead the effective design and delivery of quality, outcome-based, person-centered services and supports appropriate to the talents, strengths and needs of individuals through an integrated team approach. To accomplish this, the SSLCs strive to empower and support residents in realizing personal goals and offer them a variety of quality and cost-effective services, including a comprehensive review of the living options available to them.

SSLCs provide campus-based, 24-hour residential services and comprehensive behavioral health and healthcare services, including physician, psychiatry, nursing, pharmacy, and dental services. Other services include skills training; occupational, physical, and speech therapies; nutritional management; vocational programs; emergency services; and services to maintain connections between residents, their families and natural support systems.



Figure 1: Locations of SSLCs in Texas

2. State Trends

Enrollment

During 2016-17 biennium, average enrollment of individuals served in the SSLCs in Texas continued to reflect a downward trend (Table 1). As of August 31, 2017, the SSLC census has declined by nearly a third since fiscal year 2010.

Table 1: Average Enrollment at SSLCs in Texas, Fiscal Years 2010-2017

Fiscal Year	Average Enrollment (FY)	Percentage Change from Previous Year
2010	4,337	-6.30%
2011	4,072	-6.11%
2012	3,881	-4.27%
2013	3,649	-5.98%
2014	3,439	-5.76%
2015	3,241	-5.76%
2016	3,124	-3.61%
2017	3,026	-3.14%

Notes: Data source is CARE System.

Admissions and Separations

From fiscal year 2010 to fiscal year 2015, separations from SSLCs consistently exceeded the number of admissions. In fiscal years 2016 and 2017, the number of admissions exceeded the number of transitions, which has slowed enrollment decline; however, total overall separations continued to be higher than admissions. Table 2 details admissions and separations in the SSLCs during fiscal years 2010-2017. Discharges include separations such as interstate transfers; discharge from a temporary emergency admission; and individuals found competent to stand trial, fit to proceed and/or not eligible for commitment during Code of Criminal Procedure and Family Code evaluations.

Table 2: Admissions and Separations at SSLCs, FY 2010 through FY 2017

Fiscal Year	Admissions	Separations			
		Community Transitions*	Deaths	Discharges**	Total Separations
2010	170	330	140	34	504
2011	131	204	112	28	344
2012	133	207	96	37	340
2013	182	287	93	42	422
2014	196	261	86	34	381

Fiscal Year	Admissions	Separations			
		Community Transitions*	Deaths	Discharges**	Total Separations
2015	186	233	97	32	362
2016	170	126	99	28	253
2017	145	109	88	32	229

Notes: Data source is IRIS and Avatar Systems.

Admissions include community transition returns.

*Individuals who move from an SSLC into an alternative living arrangement, such as the Home and Community-based Services (HCS) waiver or small ICF/IID. **As defined by Title 40, Administrative Code, Section 2.279

Types of Admissions

Admissions to SSLCs are either voluntary or involuntary (see Table 3). Local intellectual and developmental disability authorities (LIDDAs) serve as the point of entry for SSLCs and determine an individual's eligibility for admission to an SSLC or other publicly-funded services and supports for individuals with IDD.

Types of voluntary admissions include respite admission, emergency admission for temporary placement, and regular admission for longer-term placement. Involuntary admissions are more common and include Family Code and Code of Criminal Procedure evaluations for temporary placement and civil commitments under the Persons with Intellectual Disability Act (PIDA), as well as commitments under the Family Code and Code of Criminal Procedure.

Table 3a: Categories of Voluntary Admissions

Category	Definition
Respite	Time-limited service to address the individual’s and/or his or her family’s need for assistance or relief. Respite can be provided for a time period not to exceed 30 days. One 30-day extension may be allowed if the relief sought has not been satisfied during the initial 30 days. Admission requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Emergency	Admission for an individual who has an urgent need for services for a time period not to exceed 12 months. Requires consent of the adult with the capacity to give legally adequate consent, the guardian of an individual, or the parent of a minor.
Regular	Placement for an individual who requires habilitative services, care, treatment and training. Regular admission requires consent of the adult with the capacity to give legally adequate consent. SSLCs do not permit the regular voluntary admission of a minor.

Table 3b: Categories of Involuntary Admissions

Category	Definition
Regular, PIDA, Health and Safety Code, Title 7, Subtitle D.	Civil commitment of an individual who has been determined to have a diagnosis of IDD and meets civil commitment criteria.

Category	Definition
Extended, Code of Criminal Procedure, Chapter 46B	Commitment of an adult who has been found incompetent to stand trial as a result of a diagnosis of IDD, when there is no substantial probability the individual will become competent in the foreseeable future.
Extended, Family Code, Chapter 55	Commitment of a minor who has been found unfit to proceed with criminal charges as a result of IDD and who meets civil commitment criteria.
Restoration, Code of Criminal Procedure, Chapter 46B	Admission of an adult for a period not to exceed 60 days for misdemeanors and 120 days for felonies (except pursuant to a one-time 60-day extension granted by the court). The interdisciplinary team will submit to the court a report that describes the treatment provided for the individual, states whether the interdisciplinary team believes the individual is competent or not competent to stand trial and whether the individual meets commitment criteria.
Restoration, Family Code, Chapter 55	Admission of a minor for a period not to exceed 90 days. The interdisciplinary team will submit to the court a report that describes the treatment provided for the minor, states whether the inter-disciplinary team believes the minor is fit or unfit to proceed and whether the minor meets commitment criteria.

From fiscal years 2010 through 2017, the most frequent type of admission to SSLCs in Texas has been “Involuntary Regular” commitments (see Table 4). For fiscal year 2017, nearly 70 percent of admissions were involuntary regular.

The majority of individuals admitted to SSLCs during recent years, including those under involuntary regular commitments, have complex behavioral health needs that are unable to be met in a community setting. Of the 139 new admissions during fiscal year 2017, 54 individuals, or almost 39 percent, had an HCS waiver slot at the time of admission.

Individuals admitted for restoration under the Family Code undergo a 90-day assessment period to determine whether or not the individual is fit to proceed with charges. If during this assessment period the individual is found not to be eligible for services in an SSLC or found fit to proceed to trial, the individual is discharged and returned to the committing court. If the individual is not fit to proceed, the individual remains at the center under an extended commitment.

Individuals admitted for restoration under the Code of Criminal Procedure undergo a 60-day assessment period for misdemeanors, or a 120-day assessment period for felonies to determine whether or not the individual is competent to stand trial. If during this assessment period the individual is found not to be eligible for services in an SSLC or found competent to stand trial, the individual is discharged and returned to the committing court. If the individual is not competent to stand trial, the individual remains at the center under an extended commitment.

Individuals admitted for an extended commitment under the Code of Criminal Procedure have already undergone an assessment period prior to admission and have been found not competent to stand trial or have been adjudicated.

Table 4: Categories of New Admissions to SSLCs (Does Not Include Community Transition Returns)

Voluntary Admissions			Involuntary Admissions						
Fiscal Year	Emergency	Regular	Family Code Evaluation		Code of Criminal Procedure Evaluation		Code of Criminal Procedure Extended	Regular	Total
			Admits	Discharged to Court	Admits	Discharged to Court			
2010	3	0	40	18	15	5	18	86	162
2011	2	0	35	23	12	3	7	72	128
2012	6	0	32	14	8	6	21	61	128
2013	6	0	34	20	15	6	25	86	166
2014	7	0	37	21	10	2	19	114	187
2015	6	0	28	17	9	4	18	116	177
2016	4	0	25	15	6	3	14	111	160
2017	3	0	19	14	3	2	17	97	139

Notes: Data source is IRIS and Avatar Systems.

Health and Safety Code Section 593.052 establishes four mandatory admission criteria for admitting and committing an individual to an SSLC:

1. The individual is a person with an intellectual disability (ID);
2. Evidence is presented showing that because of the intellectual or developmental disability, the individual:
 - represents a substantial risk of physical impairment or injury to himself or others; or
 - is unable to provide for and is not providing for his/her most basic personal physical needs;
3. The individual cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
4. The residential care facility provides habilitation services, care, training and treatment appropriate to the individual's needs.

Effective January 1, 2001, HHSC adheres to two standards to determine if an individual meets the second criterion above. As specified by Title 40, Administrative Code, Section 2.255, an individual must have:

- An Intelligence Quotient (IQ) four or more standard deviations below the mean (i.e., in the severe or profound range of an intellectual disability); or
- An Inventory for Client and Agency Planning (ICAP) service level of 1–4, or an ICAP service level of 5 or 6 and:
 - Extraordinary medical needs that require at least 180 minutes of direct nursing treatment per week if the individual's caregiver was not providing such treatment; or
 - Exhibited incidents of dangerous behavior that would require intensive staff intervention and resources to prevent serious physical injury to the individual or others if the individual's caregiver was not managing such incidents.

Demographics

As of August 31, 2017:

- Individuals with a profound level of ID comprised 50 percent of the SSLC population, with approximately 16 percent having a severe level of ID, 16 percent with a moderate level and 17 percent with a mild level of ID.
- Individuals with a severe or profound adaptive behavior level accounted for 73 percent of the SSLC population.
- Individuals considered medically fragile, meaning they had moderate to severe health needs, comprised 47 percent of the SSLC population.
- Individuals with mental health needs, defined as a concurrent mental health diagnosis, accounted for 58 percent of the SSLC population.
- The majority of individuals served at SSLCs, or approximately 78 percent, were ages 22 to 64, with 15 percent age 65 and older and less than 6 percent under age 22. Table 5 details the age categories.
- Almost 54 percent of the individuals served at Mexia SSLC had a forensic commitment. Mexia SSLC is the forensic center for males and San Angelo SSLC is the forensic center for females.
- Individuals with a legally authorized representative, or guardian, represented 66 percent of the SSLC population.

Table 5: Age of Individuals Served in the SSLCs as of August 31, 2017

Age	0-17	18-21	22-34	35-44	45-54	55-64	65-76+
Population	74	102	496	401	700	789	457
Percent of Total Population	2.45%	3.38%	16.43%	13.28%	23.19%	26.13%	15.14%

Notes: Data sources are IRIS and Avatar Systems.

Level of Need

An individual's level of need is determined by an assessment of the intensity of services the individual may require. There are five levels of need intensity: intermittent, limited, extensive, pervasive, and pervasive plus. Individuals are classified at a higher intensity of need when they have more severe medical or behavioral needs. Pervasive and pervasive plus intensity levels of need refer to constant support needs across all environments and life areas. The characteristics of the individuals receiving services in SSLCs, as reflected by level of need assessments, appears to have stayed relatively constant since 2010 (Table 6).

Table 6: Comparison of Level of Need in SSLCs, August 31, 2010 and August 31, 2017

Level of Need	August 31, 2010	August 31, 2017
Intermittent	7.4%	6.3%
Limited	38.5%	37.4%
Extensive	34.3%	32.5%
Pervasive	18.9%	17.3%
Pervasive Plus	0.45%	0.50%
Total Population	4207	3019

Notes: Data source is CARE System.

3. Initiatives Affecting State Supported Living Centers in Texas

Staffing Levels

HHSC is engaged in multiple efforts to ensure all positions are filled, such as a robust recruitment campaign; job fairs and express hiring events; and targeted salary adjustments. These efforts require close coordination among state office, facility administration, HHSC Human Resources, and the human resources contractor for the Health and Human Services System. There is an ongoing review of staffing needs to address the complex array of services required to be provided by each of the SSLCs, as well as an added emphasis on the consideration of good, consistent employment history when conducting background checks. Additionally, the SSLCs are currently working to implement a pilot telemedicine project at Mexia SSLC, where there have been challenges finding adequate primary care physician services. If successful, the SSLCs will explore expanding telemedicine to other centers where there is difficulty in filling physician positions.

Table 7: Breakdown of Full Time Equivalents (FTEs) and Fill Rates by SSLC as of August 31, 2017

Facility	Funded FTEs	Filled FTEs	% Filled	Turnover Rate	Paid OT/Comp	Contract Labor Costs
Abilene	1430.17	1225.17	85.67%	42.50%	\$2,652,741.03	\$2,501,878.82
Austin	1192.50	984.30	82.54%	37.88%	\$4,355,844.21	\$1,699,709.33
Brenham	1066.93	963.36	90.29%	33.42%	\$2,342,530.39	\$1,482,980.95
Corpus Christi	927.88	827.93	89.23%	35.44%	\$2,715,727.82	\$2,391,447.15
Denton	1727.32	1525.44	88.31%	41.37%	\$6,495,172.74	\$3,464,904.61
El Paso	466.98	415.33	88.94%	34.52%	\$ 396,910.15	\$1,029,354.80
Lubbock	848.46	741.04	87.34%	36.53%	\$1,690,392.13	\$2,772,568.66
Lufkin	1199.96	1100.36	91.70%	33.31%	\$1,132,784.82	\$2,634,617.01

Facility	Funded FTEs	Filled FTEs	% Filled	Turnover Rate	Paid OT/Comp	Contract Labor Costs
Mexia	1516.50	1329.83	87.69%	30.52%	\$3,491,210.04	\$4,365,850.65
Richmond	1315.75	1232.75	93.69%	24.33%	\$ 290,069.69	\$ 938,535.40
San Angelo	950.98	813.63	85.56%	44.21%	\$3,888,334.01	\$4,541,654.80
San Antonio	829.67	731.75	88.20%	45.08%	\$ 987,004.59	\$1,257,400.00
All Facilities Total	13,473.09	11,890.90	88.26%	36.34%	\$30,438,721.62	\$29,080,902.15

Department of Justice Settlement Agreement

The State of Texas entered into a settlement agreement with the Department of Justice (DOJ) in June 2009, agreeing to make substantive changes in operations at each of the SSLCs to achieve targeted improvements in services and supports for individuals living in these facilities. HHSC, DOJ, and the independent settlement agreement monitors worked together at the conclusion of the eighth round of settlement agreement monitoring reviews to restructure and refine the criteria and tools utilized in determining compliance with the provisions of the settlement agreement. SSLCs are now evaluated every nine months under five domains of care through Quality Service Reviews (QSRs) that focus on outcomes for individuals who live at SSLCs. One goal of implementing the QSR system is to establish clear metrics that state staff may use to evaluate performance of centers.

4. Factors Affecting Future Need for State Supported Living Center Beds

HHSC strives to ensure an individual with IDD or the individual's legally authorized representative has a choice among a full range of services and supports, including services provided by SSLCs.

With improved health care technology, the life expectancy for individuals with IDD continues to increase. Experts observe that with continued improvement in health status, individuals with IDD, particularly those without severe impairments, could be expected to have a life span equal to that of the general population. As individuals with IDD age, they will require increasingly complex and expensive services and supports for longer periods of time, directly impacting the finite capacities of state service delivery systems.

Assumptions Related to Projections and Estimates of Potential Demand

HHSC continues to develop resources and expand services and supports for individuals with IDD. The demand for SSLCs is affected by the availability of services and supports for persons with complex medical and behavioral health needs in the community.

Several assumptions relate to the projections and estimates of the future demand for services at SSLCs:

- Individuals and their families and/or natural support systems will continue to receive information about IDD services for which the individual is eligible, including services provided by SSLCs.
- SSLCs will continue to improve their services and supports for persons with severe and profound IDD and those individuals who are medically fragile or who have significant behavioral health needs.

Projection of Future Enrollment

Based on current and historical data, HHSC prepared the projection of future enrollment using a simple linear regression model, with an estimate of 14 admissions and 17 separations per month (Table 8).

In recent years, transitions to the community have slowed, which has led to a slowdown in overall census reduction. Although transitions have decreased, referrals for community transition remain fairly steady. This is largely because individuals with more intensive medical, behavioral, and physical health needs require specific supports and services in place prior to the resident’s departure from the SSLC. Ensuring appropriate supports are in place can slow down the transition process. Therefore, although community referrals at SSLCs may keep a consistent pace with previous years, actual transitions may lag behind.

Table 8: Enrollment Trend and Projections for SSLCs, Fiscal Years 2010 – 2019

Period	Ending/Targeted Enrollment
FY10	4198
FY11	3985
FY12	3780
FY13	3534
FY14	3354
FY15	3171
FY16	3081
FY17	2987
FY18 projected	2940
FY19 projected	2891

Notes: Data source is IRIS System. Actual enrollment reported for 2010 through 2017, and projected enrollment reported for 2018 and 2019.

5. Projections of State Supported Living Centers Maintenance Costs

Maintenance Funding

The physical structures of the SSLCs are aging and in continuous need of repair and renovation. Areas to be addressed include the replacement or renovation of roofs, HVAC, electrical, and plumbing systems; and renovation of bedrooms, living rooms, and other living and day program areas. The 85th Legislature appropriated approximately \$80 million to the SSLCs help address these issues; however, maintenance needs for the aging infrastructure are ongoing.

Maintenance Cost Projections for Fiscal Years 2017-2025

Costs for maintaining buildings in their current condition include upkeep and repairs to prevent further deterioration, and replacement of any materials, equipment, and fixtures that cannot be repaired in a cost effective manner. To ascertain projections of maintenance costs for SSLCs, estimates assume buildings would be maintained at current conditions. Projections of these costs were done using the HHSC Computer Aided Facility Management (CAFM) system, and are shown in Table 9 for fiscal years 2017-2025.

These projections are for all SSLC buildings. Different priorities are assigned to buildings depending on their use: residential buildings; buildings used for day programs and direct support services; administration buildings; support buildings (e.g., warehouse, kitchen, maintenance); and sites (e.g., electrical distribution, natural gas distribution, etc.).

These projections are based on industry standards and Life Safety Code requirements. Cost projections also factor in reductions in numbers of persons served throughout the system based on current trends analysis (see Table 8).

Table 9: Cost Projections for Maintenance of Residential and Day Program/Direct Support Services Buildings for SSLCs, Fiscal Years 2017-2025

	Day Program & Direct Support Buildings	Residential Buildings	Sub-Total	% of Total Maintenance Cost	Total Maintenance Cost
2017	32,086,185	32,742,072	64,828,257	64.4%	100,638,435
2018	10,708,445	10,464,549	21,172,994	46.0%	70,372,475
2019	43,946,694	47,973,245	91,919,939	68.5%	134,130,007
2020	14,705,004	13,145,247	27,850,251	52.6%	80,957,703
2021	13,502,162	15,637,591	29,139,753	53.0%	54,966,743
2022	13,502,162	15,637,591	29,139,753	53.0%	54,966,743
2023	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
2024	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
2025	11,126,166	10,390,548	21,516,713	46.8%	46,022,332
Total	\$161,829,150	\$166,771,939	\$328,601,086	53.1%	\$634,099,102

Notes: Data source is HHSC Facility Support Services CAFM Office - CAFM Infrastructure Planning Projections for fiscal years 2017-2025.

Table 9 includes specific deficiencies identified by facilities. As such, it is a helpful indicator of the overall needs of the SSLCs. Deficiencies are tracked and reflected as a need until the project is complete. There are additional construction needs not noted in this table (e.g. work to address changes in regulatory requirement) and some additional costs are incurred as individual projects become refined (e.g. architectural design and multi-year inflation). All of these factors are considered in the agency’s overall analysis of prioritized needs related to facility maintenance and repairs.

6. Future Directions

In alignment with the 10-year plan outlined in the report required by the 2014-15 General Appropriations Act, Senate Bill 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of Aging and Disability Services, Rider 39), HHSC will continue to focus on the identification and implementation of best practices across the state to more effectively serve SSLC residents. As part of transformation, the SSLCs joined the state hospital system under a new division now known as the Health and Specialty Care System on September 1, 2017. This transition provides further opportunities to share best practices across state facilities.

HHSC continues to explore opportunities to extend SSLC resources to further support individuals living in the community by offering clinical services and increased support for individuals transitioning from an SSLC to the community. To achieve this, the SSLCs are implementing several initiatives with both short and long-term impacts across the state. Additionally, to aid in the transition process, SSLC leadership encourages and supports capacity building efforts by community providers, as well as efforts to strengthen community supports. The SSLCs work to ensure robust post-move monitoring.

Quality Improvement Program

HHSC is committed to improving the quality of life for individuals with IDD. This commitment includes developing an outcomes-based Quality Improvement (QI) program to assess and improve the quality of care and services provided to individuals in the SSLCs and to those who have transitioned from an SSLC into a community setting.

SSLC QI System

The SSLC QI program is designed to identify and address issues at the resident level. Key elements include:

- The interdisciplinary team develops and implements individual support plans (ISP) based on resident preferences, goals, strengths, needs, and assessments that identify services, supports, and protections

necessary to meet those needs. The team also tracks and monitors assessments within required timeframes and resolves discrepancies.

- Services and supports are implemented and evaluated to ensure they are leading to the desired outcomes. These include ensuring resident rights and satisfaction; access to appropriate equipment and services; social, educational, and work opportunities; and access to behavioral and physical healthcare services.
- Incident management in identifying, reporting, analyzing and preventing unusual incidents, including abuse, neglect, and exploitation.
- SSLC QI includes monitoring the timely and effective implementation of the ISP, setting SSLC goals, tracking administrative and outcome measures, identifying areas needing improvement, and documenting decision-making.

State Office QI System

In addition to the SSLC QI system, the state office QI system is designed to identify and address issues both at the statewide and facility level. The purpose is to maintain a planned, systematic, organization-wide approach to monitoring, analyzing and continually improving the quality of care and services provided to individuals served at the SSLCs.

Quality of Care

The SSLCs contracted with the University of Florida Department of Health Outcomes and Biomedical Informatics (UF HOBI) to assist in developing and implementing the QI program with the following elements:

- A proposed organizational framework to guide the development of a quality of care measurement program for the SSLCs;
- Sample quality of care indicators for the major domains HHSC has identified, which are important for individuals in the SSLCs and those transitioning to community settings; and
- A proposed process for measurement review and approval, particularly for those measures where no clear national standards are available.

Following implementation of the QI program, UF HOBH will track and trend physical and behavioral healthcare administrative and outcome measures and develop an annual quality of care report. The report will track healthcare outcomes for each center and show how those outcomes compare among centers.

Each center is expected to update its localized quality improvement plan (QIP) to address any deficiencies or concerns noted in the report. The QIP will be reviewed regularly to ensure it is implemented fully and in a timely manner to meet the desired outcome of remedying or reducing the problems originally identified.

Electronic Health Record

An essential element of the QI program is a robust electronic health record, known as the Integrated Resident Information System (IRIS), which provides a means for securely and electronically sharing clinical and administrative information to support and enhance quality and continuity of care and to increase staff efficiency. Data entered into IRIS serves as a baseline for measuring and reporting the success of the QI program and enables staff to track and analyze data to identify trends across, among and within SSLC disciplines.

The objectives for IRIS are to:

- Improve coordination of care;
- Provide a holistic view of resident health data to facilitate timely medical decisions;
- Facilitate the sharing of data within and across SSLCs;
- Improve the operational efficiency and productivity of SSLC staff; and
- Enable more consistent statewide reporting through the reliable capture of critical data for measuring and determining quality of care outcomes and improvements.

IRIS was launched at 6 of the 12 HHSC-operated SSLCs on July 11, 2016. The final six SSLCs, not including Rio Grande State Center, began using IRIS on August 8, 2016. Despite a successful implementation, work continues on IRIS to optimize the solution to best meet our needs. Specifically, post implementation:

- The IRIS Oversight Committee was established in September 2016 to provide project governance over the change control process and potential optimization efforts;

- Regional IRIS Networks were established in September 2016 to provide a forum for end users to receive updates and share their experiences working with IRIS;
- Additional computer equipment was purchased and Wi-Fi coverage for the SSLCs was increased in March 2018. These improvements will enhance end user workflows and efficiencies in IRIS.

Additionally, with the transfer of the management of the ICF/IID component of the Rio Grande State Center to the SSLC division in April 2018, roll-out of IRIS to Rio Grande will ensure that documentation and reporting at all 13 SSLCs are consistent. Expansion of IRIS to Rio Grande is contingent upon funding for the 2020-21 biennium.

Pilot Project to Offer Clinical Services and Supports in Community Settings

One key to living in a community setting successfully is the availability of specialized services. Family members and LIDDAs alike have acknowledged the availability of specialized care at the SSLCs, including dental care and quality adaptive equipment. As the SSLC census declines, HHSC may have the opportunity to expand the delivery of specialized SSLC services and supports to individuals with IDD to promote living in the most integrated environment possible.

To that end, the SSLCs are currently working to implement a pilot project, utilizing existing resources while maintaining the same level of care to current SSLC residents, at a select number of SSLCs to offer some services to individuals living in the community. The pilot is tentatively scheduled to offer dental services to individuals in community settings at two SSLCs in fall 2018. Additional services may be added to the pilot at a later date.

7. Conclusion

This long range plan, required by Health and Safety Code, Section 533a.032(c), provides information regarding the current state of SSLCs, initiatives and issues impacting the SSLCs, cost projections, and future directions.

- Enrollment continues to decline every year, however, many of the newly admitted individuals have complex behavioral needs that cannot be met in a community setting at this time.
- Staff recruitment and retention continues to be an issue at all centers and is being addressed at both the local and state levels.
- Transitions to the community have slowed because individuals with more intensive medical, behavioral, and physical health needs require specific supports and services in place prior to the resident's departure from the SSLC.
- Maintenance needs for the aging SSLC infrastructure are ongoing. The total maintenance costs for fiscal years 2017-2025 is estimated at more than \$634 million.
- The state is committed to improving the quality of life for individuals with IDD. This includes:
 - Developing an outcomes-based quality improvement program to assess and improve the quality of care and services provided to individuals.
 - Tracking and trending healthcare outcomes.
 - Providing specialized clinical services and supports to individuals living in the community.

List of Acronyms

CAFM: Computer Aided Facility Management
CARE System: Client Assignment and Registration System
DOJ: Department of Justice
FTE: Full-time equivalent
HCS: Home and Community-based Services
HHSC: Health and Human Services Commission
ICAP: Inventory for Client and Agency Planning
ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities
IDD: Intellectual or Developmental Disabilities
IQ: Intelligence Quotient
IRIS: Integrated Resident Information System
ISP: Individual Support Plan
LIDDA: Local Intellectual Developmental Disability Authority
PIDA: Persons with Intellectual Disabilities Act
QI: Quality Improvement
QIP: Quality Improvement Plan
QSR: Quality Service Review
SSLC: State Supported Living Center
UF HOBI: University of Florida Health Outcomes and Biomedical Information

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
MENTAL HEALTH INFORMATION ITEM SUMMARY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	722,700	722,700	722,700	722,700	722,700
	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	4,219,400	4,219,400	4,219,400	4,219,400	4,219,400
	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,007,500	2,007,500	2,007,500	2,007,500	2,007,500
	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	-	501,875	501,875	501,875	501,875
	BURKE CENTER	-	1,253,775	1,253,775	1,253,775	1,253,775
	CAMINO REAL COMMUNITY SERVICES	-	408,800	408,800	408,800	408,800
	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	6,688,625	6,688,625	6,688,625	6,688,625	6,688,625
	CENTER FOR LIFE RESOURCES	190,895	190,895	190,895	190,895	190,895
	CENTRAL COUNTIES CTR FOR MHMR SERVICES	-	204,400	204,400	204,400	204,400
	COASTAL PLAINS COMMUNITY MHMR CENTER	1,095,000	1,095,000	1,095,000	1,095,000	1,095,000
	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	340,200	1,617,700	1,617,700	1,617,700	1,617,700
	DENTON COUNTY MHMR CENTER	1,392,840	2,462,290	2,462,290	2,462,290	2,462,290
	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	-	121,454	121,454	121,454	121,454
	GULF BEND MHMR CENTER	481,800	481,800	481,800	481,800	481,800
	HEART OF TEXAS REGION MHMR CENTER	766,500	766,500	766,500	766,500	766,500
	HILL COUNTRY COMMUNITY MHMR	2,357,120	3,565,270	3,565,270	3,565,270	3,565,270
	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUN	255,500	255,500	255,500	255,500	255,500
	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	4,126,274	4,126,274	4,126,274	4,126,274	4,126,274
	MHMR AUTHORITY OF BRAZOS VALLEY	1,324,950	1,324,950	1,324,950	1,324,950	1,324,950
	MHMR OF TARRANT COUNTY	6,367,060	6,367,060	6,367,060	6,367,060	6,367,060
	MONTGOMERY COUNTY	15,417,450	16,994,512	16,994,512	16,994,512	16,994,512
	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	5,545,260	6,373,407	6,373,407	6,373,407	6,373,407

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.2
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AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals

OBJECTIVE:

MENTAL HEALTH INFORMATION ITEM SUMMARY

Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	PECAN VALLEY MHMR REGION	-	839,135	839,135	839,135	839,135
	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	2,168,100	2,168,100	2,168,100	2,168,100	2,168,100
	TEXANA CENTER	-	511,000	511,000	511,000	511,000
	TEXOMA COMMUNITY CENTER	-	511,000	511,000	511,000	511,000
	THE GULF COAST CENTER	4,082,246	4,082,246	4,082,246	4,082,246	4,082,246
	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	35,589,906	35,590,589	35,622,222	35,619,768	35,619,768
	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,104,125	1,523,879	1,523,875	1,523,875	1,523,875
	TROPICAL TEXAS BEHAVIORAL HEALTH	2,208,250	3,312,375	3,312,375	3,312,375	3,312,375
	UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER	9,216,250	9,216,250	9,216,250	9,216,250	9,216,250
	WEST TEXAS CENTERS FOR MHMR	2,208,250	2,208,250	2,208,250	2,208,250	2,208,250
	STATE OFFICE ADMIN	95,419	202,726	171,099	173,553	173,553
	Total	109,971,620	121,915,237	121,915,239	121,915,239	121,915,239

Method of Financing:						
0001	General Revenue	99,850,920	111,794,537	111,794,539	112,419,234	112,419,234
0709	Appropriated Receipts Medicaid Reimbursements	10,120,700	10,120,700	10,120,700	9,496,005	9,496,005
Total, Method of Financing		109,971,620	121,915,237	121,915,239	121,915,239	121,915,239
Number of Positions (FTE)		0.50	1.00	1.00	1.00	1.00

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	722,700	722,700	722,700	722,700	722,700
	Total, Objects of Expense	722,700	722,700	722,700	722,700	722,700
0001	Method of Financing:					
	General Revenue	722,700	722,700	722,700	722,700	722,700
	Total, Method of Financing	722,700	722,700	722,700	722,700	722,700
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grans	4,219,400	4,219,400	4,219,400	4,219,400	4,219,400
	Total, Objects of Expense	4,219,400	4,219,400	4,219,400	4,219,400	4,219,400
0001	Method of Financing:					
	General Revenue	4,219,400	4,219,400	4,219,400	4,219,400	4,219,400
	Total, Method of Financing	4,219,400	4,219,400	4,219,400	4,219,400	4,219,400
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	2,007,500	2,007,500	2,007,500	2,007,500	2,007,500
	Total, Objects of Expense	2,007,500	2,007,500	2,007,500	2,007,500	2,007,500
0001	Method of Financing:					
	General Revenue	2,007,500	2,007,500	2,007,500	2,007,500	2,007,500
	Total, Method of Financing	2,007,500	2,007,500	2,007,500	2,007,500	2,007,500
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: BLUEBONNET TRAILS COMMUNITY MHMR CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	501,875	501,875	501,875	501,875
	Total, Objects of Expense	-	501,875	501,875	501,875	501,875
0001	Method of Financing:					
	General Revenue	-	501,875	501,875	501,875	501,875
	Total, Method of Financing	-	501,875	501,875	501,875	501,875
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: BURKE CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	1,253,775	1,253,775	1,253,775	1,253,775
	Total, Objects of Expense	-	1,253,775	1,253,775	1,253,775	1,253,775
0001	Method of Financing:					
	General Revenue	-	1,253,775	1,253,775	1,253,775	1,253,775
	Total, Method of Financing	-	1,253,775	1,253,775	1,253,775	1,253,775
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: CAMINO REAL COMMUNITY SERVICES						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	408,800	408,800	408,800	408,800
	Total, Objects of Expense	-	408,800	408,800	408,800	408,800
0001	Method of Financing:					
	General Revenue	-	408,800	408,800	408,800	408,800
	Total, Method of Financing	-	408,800	408,800	408,800	408,800
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	6,688,625	6,688,625	6,688,625	6,688,625	6,688,625
	Total, Objects of Expense	6,688,625	6,688,625	6,688,625	6,688,625	6,688,625
0001	Method of Financing:					
	General Revenue	6,688,625	6,688,625	6,688,625	6,688,625	6,688,625
	Total, Method of Financing	6,688,625	6,688,625	6,688,625	6,688,625	6,688,625
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: CENTER FOR LIFE RESOURCES						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	190,895	190,895	190,895	190,895	190,895
	Total, Objects of Expense	190,895	190,895	190,895	190,895	190,895
0001	Method of Financing:					
	General Revenue	190,895	190,895	190,895	190,895	190,895
	Total, Method of Financing	190,895	190,895	190,895	190,895	190,895
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: CENTRAL COUNTIES CTR FOR MHMR SERVICES						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	204,400	204,400	204,400	204,400
	Total, Objects of Expense	-	204,400	204,400	204,400	204,400
0001	Method of Financing:					
	General Revenue	-	204,400	204,400	204,400	204,400
	Total, Method of Financing	-	204,400	204,400	204,400	204,400
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: COASTAL PLAINS COMMUNITY MHMR CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
5000	Objects of Expense:					
	Grants	1,095,000	1,095,000	1,095,000	1,095,000	1,095,000
	Total, Objects of Expense	1,095,000	1,095,000	1,095,000	1,095,000	1,095,000
0001	Method of Financing:					
	General Revenue	1,095,000	1,095,000	1,095,000	1,095,000	1,095,000
	Total, Method of Financing	1,095,000	1,095,000	1,095,000	1,095,000	1,095,000
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	340,200	1,617,700	1,617,700	1,617,700	1,617,700
	Total, Objects of Expense	340,200	1,617,700	1,617,700	1,617,700	1,617,700
0001	Method of Financing:					
	General Revenue	340,200	1,617,700	1,617,700	1,617,700	1,617,700
	Total, Method of Financing	340,200	1,617,700	1,617,700	1,617,700	1,617,700
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: DENTON COUNTY MHMR CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	1,392,840	2,462,290	2,462,290	2,462,290	2,462,290
	Total, Objects of Expense	1,392,840	2,462,290	2,462,290	2,462,290	2,462,290
0001	Method of Financing:					
	General Revenue	1,392,840	2,462,290	2,462,290	2,462,290	2,462,290
	Total, Method of Financing	1,392,840	2,462,290	2,462,290	2,462,290	2,462,290
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: EL PASO MHMR DBA EMERGENCE HEALTH NETWORK						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	121,454	121,454	121,454	121,454
	Total, Objects of Expense	-	121,454	121,454	121,454	121,454
0001	Method of Financing:					
	General Revenue	-	121,454	121,454	121,454	121,454
	Total, Method of Financing	-	121,454	121,454	121,454	121,454
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: GULF BEND MHMR CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	481,800	481,800	481,800	481,800	481,800
	Total, Objects of Expense	481,800	481,800	481,800	481,800	481,800
0001	Method of Financing:					
	General Revenue	481,800	481,800	481,800	481,800	481,800
	Total, Method of Financing	481,800	481,800	481,800	481,800	481,800
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: HEART OF TEXAS REGION MHRM CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	766,500	766,500	766,500	766,500	766,500
	Total, Objects of Expense	766,500	766,500	766,500	766,500	766,500
0001	Method of Financing:					
	General Revenue	766,500	766,500	766,500	766,500	766,500
	Total, Method of Financing	766,500	766,500	766,500	766,500	766,500
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: HILL COUNTRY COMMUNITY MHMR						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	2,357,120	3,565,270	3,565,270	3,565,270	3,565,270
	Total, Objects of Expense	2,357,120	3,565,270	3,565,270	3,565,270	3,565,270
0001	Method of Financing:					
	General Revenue	2,357,120	3,565,270	3,565,270	3,565,270	3,565,270
	Total, Method of Financing	2,357,120	3,565,270	3,565,270	3,565,270	3,565,270
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	255,500	255,500	255,500	255,500	255,500
	Total, Objects of Expense	255,500	255,500	255,500	255,500	255,500
0001	Method of Financing:					
	General Revenue	255,500	255,500	255,500	255,500	255,500
	Total, Method of Financing	255,500	255,500	255,500	255,500	255,500
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	4,126,274	4,126,274	4,126,274	4,126,274	4,126,274
	Total, Objects of Expense	4,126,274	4,126,274	4,126,274	4,126,274	4,126,274
0001	Method of Financing:					
	General Revenue	4,126,274	4,126,274	4,126,274	4,126,274	4,126,274
	Total, Method of Financing	4,126,274	4,126,274	4,126,274	4,126,274	4,126,274
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MHMR AUTHORITY OF BRAZOS VALLEY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	1,324,950	1,324,950	1,324,950	1,324,950	1,324,950
	Total, Objects of Expense	1,324,950	1,324,950	1,324,950	1,324,950	1,324,950
0001	Method of Financing:					
	General Revenue	1,324,950	1,324,950	1,324,950	1,324,950	1,324,950
	Total, Method of Financing	1,324,950	1,324,950	1,324,950	1,324,950	1,324,950
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MHMR OF TARRANT COUNTY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	6,367,060	6,367,060	6,367,060	6,367,060	6,367,060
	Total, Objects of Expense	6,367,060	6,367,060	6,367,060	6,367,060	6,367,060
0001	Method of Financing:					
	General Revenue	6,367,060	6,367,060	6,367,060	6,367,060	6,367,060
	Total, Method of Financing	6,367,060	6,367,060	6,367,060	6,367,060	6,367,060
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MONTGOMERY COUNTY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	15,417,450	16,994,512	16,994,512	16,994,512	16,994,512
	Total, Objects of Expense	15,417,450	16,994,512	16,994,512	16,994,512	16,994,512
	Method of Financing:					
0001	General Revenue	11,279,300	12,856,362	12,856,362	12,856,362	12,856,362
0709	Appropriated Receipts Medicaid Reimbursements	4,138,150	4,138,150	4,138,150	4,138,150	4,138,150
	Total, Method of Financing	15,417,450	16,994,512	16,994,512	16,994,512	16,994,512
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	5,545,260	6,373,407	6,373,407	6,373,407	6,373,407
	Total, Objects of Expense	5,545,260	6,373,407	6,373,407	6,373,407	6,373,407
0001	Method of Financing:					
	General Revenue	5,545,260	6,373,407	6,373,407	6,373,407	6,373,407
	Total, Method of Financing	5,545,260	6,373,407	6,373,407	6,373,407	6,373,407
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: PECAN VALLEY MHMR REGION						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	839,135	839,135	839,135	839,135
	Total, Objects of Expense	-	839,135	839,135	839,135	839,135
0001	Method of Financing:					
	General Revenue	-	839,135	839,135	839,135	839,135
	Total, Method of Financing	-	839,135	839,135	839,135	839,135
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	2,168,100	2,168,100	2,168,100	2,168,100	2,168,100
	Total, Objects of Expense	2,168,100	2,168,100	2,168,100	2,168,100	2,168,100
0001	Method of Financing:					
	General Revenue	2,168,100	2,168,100	2,168,100	2,168,100	2,168,100
	Total, Method of Financing	2,168,100	2,168,100	2,168,100	2,168,100	2,168,100
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7				Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals							
OBJECTIVE:							
ITEM: TEXANA CENTER							
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021	
4000	Objects of Expense:						
	Grants	-	511,000	511,000	511,000	511,000	
	Total, Objects of Expense	-	511,000	511,000	511,000	511,000	
0001	Method of Financing:						
	General Revenue	-	511,000	511,000	511,000	511,000	
	Total, Method of Financing	-	511,000	511,000	511,000	511,000	
Number of Positions (FTE)							

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TEXOMA COMMUNITY CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	-	511,000	511,000	511,000	511,000
	Total, Objects of Expense	-	511,000	511,000	511,000	511,000
0001	Method of Financing:					
	General Revenue	-	511,000	511,000	511,000	511,000
	Total, Method of Financing	-	511,000	511,000	511,000	511,000
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: THE GULF COAST CENTER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	4,082,246	4,082,246	4,082,246	4,082,246	4,082,246
	Total, Objects of Expense	4,082,246	4,082,246	4,082,246	4,082,246	4,082,246
0001	Method of Financing:					
	General Revenue	4,082,246	4,082,246	4,082,246	4,082,246	4,082,246
	Total, Method of Financing	4,082,246	4,082,246	4,082,246	4,082,246	4,082,246
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	35,589,906	35,610,849	35,622,222	35,619,768	35,619,768
	Total, Objects of Expense	35,589,906	35,610,849	35,622,222	35,619,768	35,619,768
0001	Method of Financing:					
	General Revenue	35,589,906	35,610,849	35,622,222	35,619,768	35,619,768
	Total, Method of Financing	35,589,906	35,610,849	35,622,222	35,619,768	35,619,768
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TRI-COUNTY BEHAVIORAL HEALTHCARE						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	1,104,125	1,523,875	1,523,875	1,523,875	1,523,875
	Total, Objects of Expense	1,104,125	1,523,875	1,523,875	1,523,875	1,523,875
0001	Method of Financing:					
	General Revenue	1,104,125	1,523,875	1,523,875	1,523,875	1,523,875
	Total, Method of Financing	1,104,125	1,523,875	1,523,875	1,523,875	1,523,875
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TROPICAL TEXAS BEHAVIORAL HEALTH						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	2,208,250	3,312,375	3,312,375	3,312,375	3,312,375
	Total, Objects of Expense	2,208,250	3,312,375	3,312,375	3,312,375	3,312,375
0001	Method of Financing:					
	General Revenue	2,208,250	3,312,375	3,312,375	3,312,375	3,312,375
	Total, Method of Financing	2,208,250	3,312,375	3,312,375	3,312,375	3,312,375
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	9,216,250	9,216,250	9,216,250	9,216,250	9,216,250
	Total, Objects of Expense	9,216,250	9,216,250	9,216,250	9,216,250	9,216,250
	Method of Financing:					
0001	General Revenue	3,233,700	3,233,700	3,233,700	3,858,395	3,858,395
0709	Appropriated Receipts Medicaid Reimbursements	5,982,550	5,982,550	5,982,550	5,357,855	5,357,855
	Total, Method of Financing	9,216,250	9,216,250	9,216,250	9,216,250	9,216,250
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: WEST TEXAS CENTERS FOR MHMR						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
4000	Objects of Expense:					
	Grants	2,208,250	2,208,250	2,208,250	2,208,250	2,208,250
	Total, Objects of Expense	2,208,250	2,208,250	2,208,250	2,208,250	2,208,250
0001	Method of Financing:					
	General Revenue	2,208,250	2,208,250	2,208,250	2,208,250	2,208,250
	Total, Method of Financing	2,208,250	2,208,250	2,208,250	2,208,250	2,208,250
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: STATE OFFICE ADMIN						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages	92,146	150,241	115,000	115,000	115,000
1002	Other Personnel Costs	180	30,251	31,770	31,770	31,770
2002	Fuels and Lubricants	-	59	56	58	58
2003	Consumable Supplies	-	171	88	130	130
2004	Utilities	604	465	691	235	235
2005	Travel	969	940	776	1,562	1,562
2006	Rent - Building	-	279	266	272	272
2007	Rent - Machine and Other	-	66	63	668	668
2009	Other Operating Expense	1,520	20,256	22,389	23,858	23,858
	Total, Objects of Expense	95,419	202,728	171,099	173,553	173,553
	Method of Financing:					
0001	General Revenue	95,419	202,728	171,099	173,553	173,553
	Total, Method of Financing	95,419	202,728	171,099	173,553	173,553
	Number of Positions (FTE)	0.5	1.0	1.0	1.0	1.0

FY2019
Community Mental Health Funding
MH Community Center Projected Allocations

		Adult				
VID #	CMHMRC's	General Revenue	Mental Health Block Grant	TANF	Title XX	Adult Funding
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS	2,127,229	142,683	12,955	24,201	2,307,068
17512814108	ANDREWS CENTER	4,106,931	234,152	24,119	45,057	4,410,259
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	9,435,168	1,207,418	49,433	92,347	10,784,366
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,584,667	169,492	15,188	28,373	2,797,720
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	9,483,048	268,816	48,952	91,449	9,892,265
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,197,222	490,323	24,794	46,318	4,758,657
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,054,952	260,645	20,488	38,275	4,374,360
17514423932	BURKE CENTER	4,912,102	408,932	28,690	53,596	5,403,320
17429517547	CAMINO REAL COMMUNITY SERVICES	3,400,860	159,126	22,385	41,819	3,624,190
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENT	19,793,422	939,970	98,610	184,220	21,016,222
17512944327	CENTER FOR LIFE RESOURCES	1,795,490	115,707	11,822	22,085	1,945,104
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	4,604,639	328,521	25,146	46,976	5,005,282
17512943550	CENTRAL PLAINS CENTER	1,583,747	113,403	8,385	15,667	1,721,202
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	4,856,078	413,752	28,681	53,580	5,352,091
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,266,230	413,196	37,235	69,560	5,786,221
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,084,852	107,383	11,788	22,020	2,226,043
17513681514	DENTON COUNTY MHMR CENTER	6,056,824	256,364	25,818	48,231	6,387,237
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	10,246,841	827,207	68,749	128,436	11,271,233
17416590648	GULF BEND MHMR CENTER	2,486,766	157,404	13,776	25,734	2,683,680
17416079873	THE GULF COAST CENTER	6,201,762	488,174	37,547	70,143	6,797,626
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	37,639,419	2,265,141	184,038	343,820	40,432,418
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,019,525	265,400	21,384	39,948	4,346,257
17512419767	HELEN FARABEE CENTERS	5,720,206	326,064	38,491	71,907	6,156,668
17428220176	HILL COUNTRY COMMUNITY MHMR LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	7,253,008	365,149	40,480	75,623	7,734,260
17528338233	CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,627,841	93,203	36,037	67,321	6,824,402
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS	6,656,176	661,726	617,092	131,058	8,066,052
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEA	3,418,810	291,702	28,511	53,263	3,792,286
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	25,911,076	6,348,977	2,293,717	487,141	35,040,911
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	3,812,252	315,580	21,713	40,563	4,190,108
17515321002	PECAN VALLEY MHMR REGION	4,312,948	283,154	25,091	46,875	4,668,068
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,000,646	376,125	29,332	54,797	4,460,900
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,603,612	657,530	34,951	65,294	5,361,387
17512494562	MHMR OF TARRANT COUNTY	22,330,978	1,203,890	113,730	212,466	23,861,064
17602532875	TEXANA CENTER	7,540,934	555,993	35,812	66,902	8,199,641
17561761218	TEXAS PANHANDLE MHMR	4,409,582	404,540	28,760	53,726	4,896,608
17514523608	TEXOMA COMMUNITY CENTER	2,008,428	152,325	13,051	24,382	2,198,186
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	6,242,644	452,216	30,123	56,274	6,781,257
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	15,949,803	2,111,284	58,743	109,742	18,229,572
17526061696	WEST TEXAS CENTERS FOR MHMR	4,679,405	207,181	29,075	54,317	4,969,978
	CMHMRC Total:	286,416,123	24,839,848	4,294,692	3,203,506	318,754,169

FY2019
Community Mental Health Funding
MH Community Center Projected Allocations

VID #	CMHMRC's	Child				Crisis			Total
		General Revenue	Mental Health Block Grant	TANFtoTitleXX Block Grant	Child Funding	General Revenue	Title XX	Crisis Funding	Base Allocation
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS	482,857	46,123	74,546	603,526	457,031	15,595	472,626	3,383,220
17512814108	ANDREWS CENTER	1,108,008	85,926	183,425	1,377,359	978,421	30,785	1,009,206	6,796,824
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,164,017	414,359	460,565	3,038,941	6,371,017	66,766	6,437,783	20,261,090
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	349,734	54,106	86,666	490,506	1,556,744	17,203	1,573,947	4,862,173
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	977,817	114,275	159,285	1,251,377	3,507,674	49,717	3,557,391	14,701,033
17429449311	BORDER REGION MHMR COMMUNITY CENTER	1,034,936	182,093	190,709	1,407,738	475,037	33,490	508,527	6,674,922
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	492,429	90,795	63,184	646,408	774,171	22,569	796,740	5,817,508
17514423932	BURKE CENTER	518,057	141,408	124,955	784,420	2,601,361	32,485	2,633,846	8,821,586
17429517547	CAMINO REAL COMMUNITY SERVICES	521,448	58,551	106,662	686,661	1,420,605	25,018	1,445,623	5,756,474
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENT	3,035,829	318,352	325,099	3,679,280	4,559,834	108,324	4,668,158	29,363,660
17512944327	CENTER FOR LIFE RESOURCES	118,369	42,998	74,059	235,426	540,921	12,412	553,333	2,733,863
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	909,833	118,011	182,524	1,210,368	884,777	30,162	914,939	7,130,589
17512943550	CENTRAL PLAINS CENTER	321,694	42,241	71,033	434,968	990,182	10,435	1,000,617	3,156,787
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	975,360	140,876	208,536	1,324,772	705,192	35,790	740,982	7,417,845
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	1,122,235	145,694	248,230	1,516,159	3,950,418	44,831	3,995,249	11,297,629
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	381,642	40,264	54,534	476,440	1,965,769	13,617	1,979,386	4,681,869
17513681514	DENTON COUNTY MHMR CENTER	595,743	89,190	127,045	811,978	3,872,093	28,280	3,900,373	11,099,588
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	852,343	284,790	171,960	1,309,093	2,908,145	73,013	2,981,158	15,561,484
17416590648	GULF BEND MHMR CENTER	345,406	69,204	78,941	493,551	963,998	16,134	980,132	4,157,363
17416079873	THE GULF COAST CENTER	702,703	167,431	163,829	1,033,963	1,125,506	41,469	1,166,975	8,998,564
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	8,875,653	816,665	1,202,946	10,895,264	14,771,417	236,597	15,008,014	66,335,696
17416229585	HEART OF TEXAS REGION MHMR CENTER	475,652	92,157	115,378	683,187	4,434,556	24,469	4,459,025	9,488,469
17512419767	HELEN FARABEE CENTERS	1,117,378	112,079	174,789	1,404,246	2,623,853	43,964	2,667,817	10,228,731
17428220176	HILL COUNTRY COMMUNITY MHMR LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	935,820	105,192	162,653	1,203,665	1,373,284	43,240	1,416,524	10,354,449
17528338233	CENTER DBA LAKES REGIONAL COMMUNITY CENTER	116,892	35,608	43,277	195,777	360,547	18,821	379,368	7,399,547
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS	1,879,374	220,576	250,462	2,350,412	2,431,622	-	2,431,622	12,848,086
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEA	488,425	111,667	116,240	716,332	683,900	23,310	707,210	5,215,828
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	7,163,291	819,875	930,959	8,914,125	8,022,961	-	8,022,961	51,977,997
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	791,621	111,573	160,319	1,063,513	980,796	27,172	1,007,968	6,261,589
17515321002	PECAN VALLEY MHMR REGION	430,372	103,187	100,759	634,318	1,427,217	27,338	1,454,555	6,756,941
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	348,715	128,520	168,375	645,610	2,634,361	31,985	2,666,346	7,772,856
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	1,230,585	245,213	222,883	1,698,681	3,676,189	44,969	3,721,158	10,781,226
17512494562	MHMR OF TARRANT COUNTY	2,308,297	410,737	502,574	3,221,608	8,289,237	125,690	8,414,927	35,497,599
17602532875	TEXANA CENTER	1,770,548	197,091	203,177	2,170,816	3,335,044	45,271	3,380,315	13,750,772
17561761218	TEXAS PANHANDLE MHMR	807,462	114,371	195,874	1,117,707	2,152,092	33,930	2,186,022	8,200,337
17514523608	TEXOMA COMMUNITY CENTER	215,431	55,023	52,941	323,395	459,420	14,073	473,493	2,995,074
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,029,166	153,508	171,058	1,353,732	4,117,079	35,542	4,152,621	12,287,610
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	3,209,428	762,851	576,597	4,548,876	4,234,886	86,752	4,321,638	27,100,086
17526061696	WEST TEXAS CENTERS FOR MHMR	1,234,227	78,164	193,766	1,506,157	1,816,883	35,842	1,852,725	8,328,860
	CMHMRC Total:	51,438,797	7,320,744	8,700,814	67,460,355	108,434,240	1,607,060	110,041,300	496,255,824

FY2020
Community Mental Health Funding
MH Community Center Projected Allocations

		Adult				
VID #	CMHMRC's	General Revenue	Mental Health Block Grant	TANF	Title XX	Adult Funding
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	2,127,229	142,683	12,955	24,201	2,307,068
17512814108	ANDREWS CENTER	4,106,931	234,152	24,119	45,057	4,410,259
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	9,435,168	1,207,418	49,433	92,347	10,784,366
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,584,667	169,492	15,188	28,373	2,797,720
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	9,483,048	268,816	48,952	91,449	9,892,265
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,197,222	490,323	24,794	46,318	4,758,657
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,054,952	260,645	20,488	38,275	4,374,360
17514423932	BURKE CENTER	4,912,102	408,932	28,690	53,596	5,403,320
17429517547	CAMINO REAL COMMUNITY SERVICES	3,400,860	159,126	22,385	41,819	3,624,190
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	19,793,422	939,970	98,610	184,220	21,016,222
17512944327	CENTER FOR LIFE RESOURCES	1,795,490	115,707	11,822	22,085	1,945,104
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	4,604,639	328,521	25,146	46,976	5,005,282
17512943550	CENTRAL PLAINS CENTER	1,583,747	113,403	8,385	15,667	1,721,202
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	4,856,078	413,752	28,681	53,580	5,352,091
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,266,230	413,196	37,235	69,560	5,786,221
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,084,852	107,383	11,788	22,020	2,226,043
17513681514	DENTON COUNTY MHMR CENTER	6,056,824	256,364	25,818	48,231	6,387,237
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	10,246,841	827,207	68,749	128,436	11,271,233
17416590648	GULF BEND MHMR CENTER	2,486,766	157,404	13,776	25,734	2,683,680
17416079873	THE GULF COAST CENTER	6,201,762	488,174	37,547	70,143	6,797,626
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	37,639,419	2,265,141	184,038	343,820	40,432,418
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,019,525	265,400	21,384	39,948	4,346,257
17512419767	HELEN FARABEE CENTERS	5,720,206	326,064	38,491	71,907	6,156,668
17428220176	HILL COUNTRY COMMUNITY MHMR	7,253,008	365,149	40,480	75,623	7,734,260
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,627,841	93,203	36,037	67,321	6,824,402
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	6,656,176	661,726	617,092	131,058	8,066,052
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	3,418,810	291,702	28,511	53,263	3,792,286
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	25,911,076	6,348,977	2,293,717	487,141	35,040,911
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	3,812,252	315,580	21,713	40,563	4,190,108
17515321002	PECAN VALLEY MHMR REGION	4,312,948	283,154	25,091	46,875	4,668,068
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,000,646	376,125	29,332	54,797	4,460,900
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,603,612	657,530	34,951	65,294	5,361,387
17512494562	MHMR OF TARRANT COUNTY	22,330,978	1,203,890	113,730	212,466	23,861,064
17602532875	TEXANA CENTER	7,540,934	555,993	35,812	66,902	8,199,641
17561761218	TEXAS PANHANDLE MHMR	4,409,582	404,540	28,760	53,726	4,896,608
17514523608	TEXOMA COMMUNITY CENTER	2,008,428	152,325	13,051	24,382	2,198,186
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	6,242,644	452,216	30,123	56,274	6,781,257
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	15,949,803	2,111,284	58,743	109,742	18,229,572
17526061696	WEST TEXAS CENTERS FOR MHMR	4,679,405	207,181	29,075	54,317	4,969,978
	CMHMRC Total:	286,416,123	24,839,848	4,294,692	3,203,506	318,754,169

FY2020
Community Mental Health Funding
MH Community Center Projected Allocations

VID #	CMHMRC's	Child				Crisis			Total Base Allocation
		General Revenue	Mental Health Block Grant	TANFlo/TitleXX Block Grant	Child Funding	General Revenue	Title XX	Crisis Funding	
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	482,857	46,123	74,546	603,526	457,031	15,595	472,626	3,383,220
17512814108	ANDREWS CENTER	1,108,008	85,926	183,425	1,377,359	978,421	30,785	1,009,206	6,796,824
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,164,017	414,359	460,565	3,038,941	6,371,017	66,766	6,437,783	20,261,090
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	349,734	54,106	86,666	490,506	1,556,744	17,203	1,573,947	4,862,173
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	977,817	114,275	159,285	1,251,377	3,507,674	49,717	3,557,391	14,701,033
17429449311	BORDER REGION MHMR COMMUNITY CENTER	1,034,936	182,093	190,709	1,407,738	475,037	33,490	508,527	6,674,922
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	492,429	90,795	63,184	646,408	774,171	22,569	796,740	5,817,508
17514423932	BURKE CENTER	518,057	141,408	124,955	784,420	2,601,361	32,485	2,633,846	8,821,586
17429517547	CAMINO REAL COMMUNITY SERVICES	521,448	58,551	106,662	686,661	1,420,605	25,018	1,445,623	5,756,474
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	3,035,829	318,352	325,099	3,679,280	4,559,834	108,324	4,668,158	29,363,660
17512944327	CENTER FOR LIFE RESOURCES	118,369	42,998	74,059	235,426	540,921	12,412	553,333	2,733,863
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	909,833	118,011	182,524	1,210,368	884,777	30,162	914,939	7,130,589
17512943550	CENTRAL PLAINS CENTER	321,694	42,241	71,033	434,968	990,182	10,435	1,000,617	3,156,787
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	975,360	140,876	208,536	1,324,772	705,192	35,790	740,982	7,417,845
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	1,122,235	145,694	248,230	1,516,159	3,950,418	44,831	3,995,249	11,297,629
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	381,642	40,264	54,534	476,440	1,965,769	13,617	1,979,386	4,681,869
17513681514	DENTON COUNTY MHMR CENTER	595,743	89,190	127,045	811,978	3,872,093	28,280	3,900,373	11,099,588
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	852,343	284,790	171,960	1,309,093	2,908,145	73,013	2,981,158	15,561,484
17416590648	GULF BEND MHMR CENTER	345,406	69,204	78,941	493,551	963,998	16,134	980,132	4,157,363
17416079873	THE GULF COAST CENTER	702,703	167,431	163,829	1,033,963	1,125,506	41,469	1,166,975	8,998,564
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	8,875,653	816,665	1,202,946	10,895,264	14,771,417	236,597	15,008,014	66,335,696
17416229585	HEART OF TEXAS REGION MHMR CENTER	475,652	92,157	115,378	683,187	4,434,556	24,469	4,459,025	9,488,469
17512419767	HELEN FARABEE CENTERS	1,117,378	112,079	174,789	1,404,246	2,623,853	43,964	2,667,817	10,228,731
17428220176	HILL COUNTRY COMMUNITY MHMR	935,820	105,192	162,653	1,203,665	1,373,284	43,240	1,416,524	10,354,449
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	116,892	35,608	43,277	195,777	360,547	18,821	379,368	7,399,547
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	1,879,374	220,576	250,462	2,350,412	2,431,622	-	2,431,622	12,848,086
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	488,425	111,667	116,240	716,332	683,900	23,310	707,210	5,215,828
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	7,163,291	819,875	930,959	8,914,125	8,022,961	-	8,022,961	51,977,997
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	791,621	111,573	160,319	1,063,513	980,796	27,172	1,007,968	6,261,589
17515321002	PECAN VALLEY MHMR REGION	430,372	103,187	100,759	634,318	1,427,217	27,338	1,454,555	6,756,941
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	348,715	128,520	168,375	645,610	2,634,361	31,985	2,666,346	7,772,856
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	1,230,585	245,213	222,883	1,698,681	3,676,189	44,969	3,721,158	10,781,226
17512494562	MHMR OF TARRANT COUNTY	2,308,297	410,737	502,574	3,221,608	8,289,237	125,690	8,414,927	35,497,599
17602532875	TEXANA CENTER	1,770,548	197,091	203,177	2,170,816	3,335,044	45,271	3,380,315	13,750,772
17561761218	TEXAS PANHANDLE MHMR	807,462	114,371	195,874	1,117,707	2,152,092	33,930	2,186,022	8,200,337
17514523608	TEXOMA COMMUNITY CENTER	215,431	55,023	52,941	323,395	459,420	14,073	473,493	2,995,074
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,029,166	153,508	171,058	1,353,732	4,117,079	35,542	4,152,621	12,287,610
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	3,209,428	762,851	576,597	4,548,876	4,234,886	86,752	4,321,638	27,100,086
17526061696	WEST TEXAS CENTERS FOR MHMR	1,234,227	78,164	193,766	1,506,157	1,816,883	35,842	1,852,725	8,328,860
	CMHMRC Total:	51,438,797	7,320,744	8,700,814	67,460,355	108,434,240	1,607,060	110,041,300	496,255,824

FY2021
Community Mental Health Funding
MH Community Center Projected Allocations

		Adult				
VID #	CMHMRC's	General Revenue	Mental Health Block Grant	TANF	Title XX	Adult Funding
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	2,127,229	142,683	12,955	24,201	2,307,068
17512814108	ANDREWS CENTER	4,106,931	234,152	24,119	45,057	4,410,259
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	9,435,168	1,207,418	49,433	92,347	10,784,366
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,584,667	169,492	15,188	28,373	2,797,720
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	9,483,048	268,816	48,952	91,449	9,892,265
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,197,222	490,323	24,794	46,318	4,758,657
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,054,952	260,645	20,488	38,275	4,374,360
17514423932	BURKE CENTER	4,912,102	408,932	28,690	53,596	5,403,320
17429517547	CAMINO REAL COMMUNITY SERVICES	3,400,860	159,126	22,385	41,819	3,624,190
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	19,793,422	939,970	98,610	184,220	21,016,222
17512944327	CENTER FOR LIFE RESOURCES	1,795,490	115,707	11,822	22,085	1,945,104
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	4,604,639	328,521	25,146	46,976	5,005,282
17512943550	CENTRAL PLAINS CENTER	1,583,747	113,403	8,385	15,667	1,721,202
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	4,856,078	413,752	28,681	53,580	5,352,091
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,266,230	413,196	37,235	69,560	5,786,221
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,084,852	107,383	11,788	22,020	2,226,043
17513681514	DENTON COUNTY MHMR CENTER	6,056,824	256,364	25,818	48,231	6,387,237
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	10,246,841	827,207	68,749	128,436	11,271,233
17416590648	GULF BEND MHMR CENTER	2,486,766	157,404	13,776	25,734	2,683,680
17416079873	THE GULF COAST CENTER	6,201,762	488,174	37,547	70,143	6,797,626
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	37,639,419	2,265,141	184,038	343,820	40,432,418
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,019,525	265,400	21,384	39,948	4,346,257
17512419767	HELEN FARABEE CENTERS	5,720,206	326,064	38,491	71,907	6,156,668
17428220176	HILL COUNTRY COMMUNITY MHMR	7,253,008	365,149	40,480	75,623	7,734,260
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,627,841	93,203	36,037	67,321	6,824,402
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	6,656,176	661,726	617,092	131,058	8,066,052
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	3,418,810	291,702	28,511	53,263	3,792,286
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	25,911,076	6,348,977	2,293,717	487,141	35,040,911
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	3,812,252	315,580	21,713	40,563	4,190,108
17515321002	PECAN VALLEY MHMR REGION	4,312,948	283,154	25,091	46,875	4,668,068
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,000,646	376,125	29,332	54,797	4,460,900
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,603,612	657,530	34,951	65,294	5,361,387
17512494562	MHMR OF TARRANT COUNTY	22,330,978	1,203,890	113,730	212,466	23,861,064
17602532875	TEXANA CENTER	7,540,934	555,993	35,812	66,902	8,199,641
17561761218	TEXAS PANHANDLE MHMR	4,409,582	404,540	28,760	53,726	4,896,608
17514523608	TEXOMA COMMUNITY CENTER	2,008,428	152,325	13,051	24,382	2,198,186
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	6,242,644	452,216	30,123	56,274	6,781,257
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	15,949,803	2,111,284	58,743	109,742	18,229,572
17526061696	WEST TEXAS CENTERS FOR MHMR	4,679,405	207,181	29,075	54,317	4,969,978
	CMHMRC Total:	286,416,123	24,839,848	4,294,692	3,203,506	318,754,169

FY2021
Community Mental Health Funding
MH Community Center Projected Allocations

VID #	CMHMRC's	Child				Crisis			Total Base Allocation
		General Revenue	Mental Health Block Grant	TANFlo/TitleXX Block Grant	Child Funding	General Revenue	Title XX	Crisis Funding	
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	482,857	46,123	74,546	603,526	457,031	15,595	472,626	3,383,220
17512814108	ANDREWS CENTER	1,108,008	85,926	183,425	1,377,359	978,421	30,785	1,009,206	6,796,824
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,164,017	414,359	460,565	3,038,941	6,371,017	66,766	6,437,783	20,261,090
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	349,734	54,106	86,666	490,506	1,556,744	17,203	1,573,947	4,862,173
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	977,817	114,275	159,285	1,251,377	3,507,674	49,717	3,557,391	14,701,033
17429449311	BORDER REGION MHMR COMMUNITY CENTER	1,034,936	182,093	190,709	1,407,738	475,037	33,490	508,527	6,674,922
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	492,429	90,795	63,184	646,408	774,171	22,569	796,740	5,817,508
17514423932	BURKE CENTER	518,057	141,408	124,955	784,420	2,601,361	32,485	2,633,846	8,821,586
17429517547	CAMINO REAL COMMUNITY SERVICES	521,448	58,551	106,662	686,661	1,420,605	25,018	1,445,623	5,756,474
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	3,035,829	318,352	325,099	3,679,280	4,559,834	108,324	4,668,158	29,363,660
17512944327	CENTER FOR LIFE RESOURCES	118,369	42,998	74,059	235,426	540,921	12,412	553,333	2,733,863
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	909,833	118,011	182,524	1,210,368	884,777	30,162	914,939	7,130,589
17512943550	CENTRAL PLAINS CENTER	321,694	42,241	71,033	434,968	990,182	10,435	1,000,617	3,156,787
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	975,360	140,876	208,536	1,324,772	705,192	35,790	740,982	7,417,845
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	1,122,235	145,694	248,230	1,516,159	3,950,418	44,831	3,995,249	11,297,629
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	381,642	40,264	54,534	476,440	1,965,769	13,617	1,979,386	4,681,869
17513681514	DENTON COUNTY MHMR CENTER	595,743	89,190	127,045	811,978	3,872,093	28,280	3,900,373	11,099,588
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	852,343	284,790	171,960	1,309,093	2,908,145	73,013	2,981,158	15,561,484
17416590648	GULF BEND MHMR CENTER	345,406	69,204	78,941	493,551	963,998	16,134	980,132	4,157,363
17416079873	THE GULF COAST CENTER	702,703	167,431	163,829	1,033,963	1,125,506	41,469	1,166,975	8,998,564
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	8,875,653	816,665	1,202,946	10,895,264	14,771,417	236,597	15,008,014	66,335,696
17416229585	HEART OF TEXAS REGION MHMR CENTER	475,652	92,157	115,378	683,187	4,434,556	24,469	4,459,025	9,488,469
17512419767	HELEN FARABEE CENTERS	1,117,378	112,079	174,789	1,404,246	2,623,853	43,964	2,667,817	10,228,731
17428220176	HILL COUNTRY COMMUNITY MHMR	935,820	105,192	162,653	1,203,665	1,373,284	43,240	1,416,524	10,354,449
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	116,892	35,608	43,277	195,777	360,547	18,821	379,368	7,399,547
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	1,879,374	220,576	250,462	2,350,412	2,431,622	-	2,431,622	12,848,086
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	488,425	111,667	116,240	716,332	683,900	23,310	707,210	5,215,828
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	7,163,291	819,875	930,959	8,914,125	8,022,961	-	8,022,961	51,977,997
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	791,621	111,573	160,319	1,063,513	980,796	27,172	1,007,968	6,261,589
17515321002	PECAN VALLEY MHMR REGION	430,372	103,187	100,759	634,318	1,427,217	27,338	1,454,555	6,756,941
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	348,715	128,520	168,375	645,610	2,634,361	31,985	2,666,346	7,772,856
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	1,230,585	245,213	222,883	1,698,681	3,676,189	44,969	3,721,158	10,781,226
17512494562	MHMR OF TARRANT COUNTY	2,308,297	410,737	502,574	3,221,608	8,289,237	125,690	8,414,927	35,497,599
17602532875	TEXANA CENTER	1,770,548	197,091	203,177	2,170,816	3,335,044	45,271	3,380,315	13,750,772
17561761218	TEXAS PANHANDLE MHMR	807,462	114,371	195,874	1,117,707	2,152,092	33,930	2,186,022	8,200,337
17514523608	TEXOMA COMMUNITY CENTER	215,431	55,023	52,941	323,395	459,420	14,073	473,493	2,995,074
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,029,166	153,508	171,058	1,353,732	4,117,079	35,542	4,152,621	12,287,610
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	3,209,428	762,851	576,597	4,548,876	4,234,886	86,752	4,321,638	27,100,086
17526061696	WEST TEXAS CENTERS FOR MHMR	1,234,227	78,164	193,766	1,506,157	1,816,883	35,842	1,852,725	8,328,860
	CMHMRC Total:	51,438,797	7,320,744	8,700,814	67,460,355	108,434,240	1,607,060	110,041,300	496,255,824

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
MENTAL HEALTH INFORMATION ITEM SUMMARY						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Austin State Hospital	-	52,580,254	48,031,898	50,936,075	50,936,076
	Big Spring State Hospital	-	30,695,151	29,655,074	30,790,182	30,790,182
	El Paso Psychiatric Center	-	16,167,534	15,860,292	17,159,253	17,159,253
	Kerrville State Hospital	-	29,915,788	27,897,923	29,063,181	29,063,181
	North Texas State Hospital	-	94,430,891	85,942,807	86,664,209	86,664,209
	Rio Grande State Center	-	23,538,320	23,860,139	25,039,751	25,039,751
	Rusk State Hospital	-	50,019,451	45,257,871	46,363,108	46,363,108
	San Antonio State Hospital	-	50,759,065	46,399,567	47,562,912	47,562,912
	Terrell State Hospital	-	49,832,316	46,478,495	47,633,753	47,633,753
	Waco Center for Youth	-	12,981,006	13,530,516	14,695,993	14,695,993
	Hospital Oversight	-	4,758,613	5,540,917	5,773,766	5,773,766
	Total, Sub-strategies	-	415,678,389	388,455,499	401,682,183	401,682,184

	Method of Financing:					
0001	General Revenue	-	345,669,811	318,451,329	332,342,438	332,347,770
0758	GR Match for Medicaid	-	1,270,920	1,270,921	989,053	983,722
0555	Federal Funds					
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	-	1,467,149	1,462,740	1,462,740	1,462,740
	CFDA #93.558.667 TANF To Title XX	-	3,574,220	3,574,220	3,574,220	3,574,220
0555	Total Federal Funds	-	5,041,369	5,036,960	5,036,960	5,036,960
0709	Appropriated Receipts Medicaid Reimbursements	-	50,243,886	50,243,886	50,243,886	50,243,886
0777	Interagency Contracts	-	955,260	955,260	955,260	955,260
8033	MH Appropriated Receipts	-	10,561,421	10,561,421	10,561,421	10,561,421
8031	MH Collect-Pat Support & Maintenance	-	1,935,722	1,935,722	1,553,165	1,553,165
	Total, Method of Financing	-	415,678,389	388,455,499	401,682,183	401,682,184
Number of Positions (FTE)			7,905.00	7,905.00	7,905.00	7,905.00

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:			
529	Health & Human Services Commission		7			
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM:						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages	-	292,270,132	293,062,170	293,062,170	293,062,170
1002	Other Personnel Costs	-	15,338,681	17,104,621	17,104,621	17,104,621
2001	Professional Fees and Services	-	31,992,956	32,546,982	36,195,185	36,195,185
2002	Fuels and Lubricants	-	1,934,739	1,936,006	1,185,373	1,185,373
2003	Consumable Supplies	-	3,469,227	4,266,717	2,777,936	2,777,936
2004	Utilities	-	7,019,638	7,196,319	7,115,633	7,115,633
2005	Travel	-	583,018	615,435	599,226	599,226
2006	Rent - Building	-	1,399,783	1,422,167	1,410,975	1,410,975
2007	Rent - Machine and Other	-	5,968,926	5,769,326	5,869,126	5,869,126
2009	Other Operating Expense	-	43,981,870	11,832,034	23,675,368	23,675,369
3001	Client Services	-	1,781,457	1,781,457	1,781,457	1,781,457
3002	Food for Persons - Wards of State	-	8,576,635	8,576,635	8,576,634	8,576,634
4000	Grants	-	963,389	1,913,389	1,913,389	1,913,389
5000	Capital	-	397,938	432,241	415,090	415,090
	Total, Objects of Expense	-	415,678,389	388,455,499	401,682,183	401,682,184

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Austin State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		37,126,632	37,370,144	37,370,144	37,370,144
1002	Other Personnel Costs		1,691,335	1,958,523	1,958,523	1,958,523
2001	Professional Fees and Services		3,033,071	3,218,297	4,152,964	4,152,964
2002	Fuels and Lubricants		210,619	186,443	50,529	50,529
2003	Consumable Supplies		437,719	447,012	166,257	166,257
2004	Utilities		1,032,536	975,206	959,863	959,863
2005	Travel		68,036	33,835	31,021	31,021
2006	Rent - Building		-	-	-	-
2007	Rent - Machine and Other		753,960	780,105	803,613	803,613
2009	Other Operating Expense		6,836,065	1,826,816	4,209,203	4,209,204
3001	Client Services		188,176	122,562	122,562	122,562
3002	Food for Persons - Wards of State		1,202,105	1,112,955	1,111,396	1,111,396
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	52,580,254	48,031,898	50,936,075	50,936,076

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Austin State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		44,584,680	40,036,323	43,009,505	43,009,506
0758	GR Match for Medicaid		138,674	138,675	107,926	107,926
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		168,939	168,939	168,939	168,939
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	168,939	168,939	168,939	168,939
0709	Appropriated Receipts Medicaid Reimbursements		5,929,300	5,929,300	5,929,300	5,929,300
0777	Interagency Contracts		172,248	172,248	172,248	172,248
8033	MH Appropriated Receipts		1,367,017	1,367,017	1,367,017	1,367,017
8031	MH Collect-Oat Support & Mainenance		219,396	219,396	181,140	181,140
	Total, Method of Financing	-	52,580,254	48,031,898	50,936,075	50,936,076
	Number of Positions (FTE)		855.6	855.6	855.6	855.6

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Big Spring State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		22,181,577	22,425,089	22,425,089	22,425,089
1002	Other Personnel Costs		1,177,354	1,444,540	1,444,540	1,444,540
2001	Professional Fees and Services		2,543,380	2,878,602	3,177,366	3,177,366
2002	Fuels and Lubricants		201,055	203,447	135,772	135,772
2003	Consumable Supplies		216,982	263,815	118,404	118,404
2004	Utilities		386,989	431,197	424,663	424,663
2005	Travel		43,085	45,710	44,370	44,370
2006	Rent - Building		-	-	-	-
2007	Rent - Machine and Other		551,619	577,766	592,201	592,201
2009	Other Operating Expense		2,835,352	707,681	1,750,550	1,750,550
3001	Client Services		34,751	68,368	68,368	68,368
3002	Food for Persons - Wards of State		523,007	608,859	608,859	608,859
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	30,695,151	29,655,074	30,790,182	30,790,182

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Big Spring State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		25,346,351	24,306,274	25,510,387	25,510,387
0758	GR Match for Medicaid		128,674	128,674	97,925	97,925
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		110,846	110,846	110,846	110,846
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	110,846	110,846	110,846	110,846
0709	Appropriated Receipts Medicaid Reimbursements		4,083,234	4,083,234	4,083,234	4,083,234
0777	Interagency Contracts		-	-	-	-
8033	MH Appropriated Receipts		890,909	890,909	890,909	890,909
8031	MH Collect-Oat Support & Mainenance		135,137	135,137	96,881	96,881
	Total, Method of Financing	-	30,695,151	29,655,074	30,790,182	30,790,182
	Number of Positions (FTE)		579.1	579.1	579.1	579.1

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: El Paso Psychiatric Center						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		9,864,324	10,107,836	10,107,836	10,107,836
1002	Other Personnel Costs		520,844	788,030	788,030	788,030
2001	Professional Fees and Services		2,054,046	2,239,268	2,568,182	2,568,182
2002	Fuels and Lubricants		90,894	148,626	80,951	80,951
2003	Consumable Supplies		86,907	66,992	54,621	54,621
2004	Utilities		370,433	251,719	245,185	245,185
2005	Travel		24,744	51,420	50,080	50,080
2006	Rent - Building		469,204	474,204	474,687	474,687
2007	Rent - Machine and Other		425,849	451,996	466,611	466,611
2009	Other Operating Expense		1,583,022	555,351	1,598,220	1,598,220
3001	Client Services		117,782	79,515	79,515	79,515
3002	Food for Persons - Wards of State		559,485	645,335	645,335	645,335
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	16,167,534	15,860,292	17,159,253	17,159,253

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: El Paso Psychiatric Center						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		12,780,035	12,472,793	13,840,759	13,840,759
0758	GR Match for Medicaid		119,174	119,174	88,425	88,425
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		54,967	54,967	54,967	54,967
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	54,967	54,967	54,967	54,967
0709	Appropriated Receipts Medicaid Reimbursements		2,663,731	2,663,731	2,663,731	2,663,731
0777	Interagency Contracts		-	-	-	-
8033	MH Appropriated Receipts		486,130	486,130	486,130	486,130
8031	MH Collect-Oat Support & Mainenance		63,497	63,497	25,241	25,241
	Total, Method of Financing	-	16,167,534	15,860,292	17,159,253	17,159,253
	Number of Positions (FTE)		255.10	255.10	255.10	255.10

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Kerrville State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		21,278,791	21,522,303	21,522,303	21,522,303
1002	Other Personnel Costs		1,235,574	1,502,758	1,502,758	1,502,758
2001	Professional Fees and Services		2,454,518	2,439,740	2,768,654	2,768,654
2002	Fuels and Lubricants		143,503	186,813	119,138	119,138
2003	Consumable Supplies		297,390	343,989	198,578	198,578
2004	Utilities		412,399	477,822	471,288	471,288
2005	Travel		51,994	39,097	37,757	37,757
2006	Rent - Building		-	-		
2007	Rent - Machine and Other		438,416	404,563	418,998	418,998
2009	Other Operating Expense		3,035,159	326,944	1,369,813	1,369,813
3001	Client Services		4,390	4,390	4,390	4,390
3002	Food for Persons - Wards of State		563,654	649,504	649,504	649,504
4000	Grants		-	-	-	-
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	29,915,788	27,897,923	29,063,181	29,063,181

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Kerrville State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		24,472,940	22,455,075	23,689,338	23,689,338
0758	GR Match for Medicaid		139,674	139,674	108,925	108,925
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		188,407	188,407	188,407	188,407
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	188,407	188,407	188,407	188,407
0709	Appropriated Receipts Medicaid Reimbursements		3,935,399	3,935,399	3,935,399	3,935,399
0777	Interagency Contracts		198,197	198,197	198,197	198,197
8033	MH Appropriated Receipts		852,782	852,782	852,782	852,782
8031	MH Collect-Oat Support & Mainenance		128,389	128,389	90,133	90,133
	Total, Method of Financing	-	29,915,788	27,897,923	29,063,181	29,063,181
	Number of Positions (FTE)		556.90	556.90	556.90	556.90

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: North Texas State Hospitals						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		68,924,217	67,464,527	67,464,527	67,464,527
1002	Other Personnel Costs		4,488,678	4,117,130	4,117,130	4,117,130
2001	Professional Fees and Services		7,538,913	6,270,921	6,383,295	6,383,295
2002	Fuels and Lubricants		295,590	227,167	153,848	153,848
2003	Consumable Supplies		809,823	1,077,980	894,831	894,831
2004	Utilities		1,444,462	1,499,922	1,486,851	1,486,851
2005	Travel		68,501	98,696	97,356	97,356
2006	Rent - Building		398,797	406,181	397,472	397,472
2007	Rent - Machine and Other		1,299,536	1,124,698	1,145,320	1,145,320
2009	Other Operating Expense		6,713,383	1,291,571	2,159,565	2,159,565
3001	Client Services		483,386	502,554	502,554	502,554
3002	Food for Persons - Wards of State		1,965,605	1,861,460	1,861,460	1,861,460
5000	Capital		-	-	-	-
	Total, Objects of Expense		-	94,430,891	85,942,807	86,664,209

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: North Texas State Hospitals						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		79,836,499	71,352,824	72,143,531	72,148,862
0758	GR Match for Medicaid		142,853	142,853	111,804	106,473
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		190,569	186,160	186,160	186,160
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	190,569	186,160	186,160	186,160
0709	Appropriated Receipts Medicaid Reimbursements		11,136,797	11,136,797	11,136,797	11,136,797
0777	Interagency Contracts		180,000	180,000	180,000	180,000
8033	MH Appropriated Receipts		2,559,185	2,559,185	2,559,185	2,559,185
8031	MH Collect-Oat Support & Mainenance		384,988	384,988	346,732	346,732
	Total, Method of Financing	-	94,430,891	85,942,807	86,664,209	86,664,209
	Number of Positions (FTE)		2,148.30	2,148.30	2,148.30	2,148.30

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Rio Grande State Center						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		17,702,850	17,946,362	17,946,362	17,946,362
1002	Other Personnel Costs		789,638	1,056,824	1,056,824	1,056,824
2001	Professional Fees and Services		2,132,718	2,317,940	2,646,854	2,646,854
2002	Fuels and Lubricants		170,968	173,360	105,685	105,685
2003	Consumable Supplies		90,370	177,203	47,163	47,163
2004	Utilities		125,456	256,550	250,016	250,016
2005	Travel		68,074	81,650	80,310	80,310
2006	Rent - Building		267,287	272,287	271,270	271,270
2007	Rent - Machine and Other		439,920	466,067	480,502	480,502
2009	Other Operating Expense		1,343,924	598,931	1,641,800	1,641,800
3001	Client Services		69,200	69,200	69,200	69,200
3002	Food for Persons - Wards of State		337,915	443,765	443,765	443,765
5000	Capital		-	-	-	-
	Total, Objects of Expense		-	23,538,320	23,860,139	25,039,751

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Rio Grande State Center						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		20,121,237	20,443,056	21,691,670	21,691,670
0758	GR Match for Medicaid		129,460	129,460	98,711	98,711
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		238,799	238,799	238,799	238,799
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	238,799	238,799	238,799	-
0709	Appropriated Receipts Medicaid Reimbursements		2,502,183	2,502,183	2,502,183	2,502,183
0777	Interagency Contracts		125,859	125,859	125,859	125,859
8033	MH Appropriated Receipts		376,662	376,662	376,662	376,662
8031	MH Collect-Oat Support & Mainenance		44,120	44,120	5,867	5,867
	Total, Method of Financing	-	23,538,320	23,860,139	25,039,751	25,039,751
Number of Positions (FTE)			463.50	463.50	463.50	463.50

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Rusk State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		34,499,082	34,742,594	34,742,594	34,742,594
1002	Other Personnel Costs		1,701,252	1,968,438	1,968,438	1,968,438
2001	Professional Fees and Services		3,730,732	3,515,954	3,844,868	3,844,868
2002	Fuels and Lubricants		195,522	197,914	130,239	130,239
2003	Consumable Supplies		546,056	632,889	487,478	487,478
2004	Utilities		596,680	716,663	710,129	710,129
2005	Travel		53,306	51,046	49,706	49,706
2006	Rent - Building		-	-	-	-
2007	Rent - Machine and Other		616,784	415,271	369,685	369,685
2009	Other Operating Expense		7,026,795	2,053,010	3,095,879	3,095,879
3001	Client Services		144,975	144,975	144,975	144,975
3002	Food for Persons - Wards of State		908,267	819,117	819,117	819,117
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	50,019,451	45,257,871	46,363,108	46,363,108

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Rusk State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		42,224,447	37,462,867	38,637,109	38,637,109
0758	GR Match for Medicaid		129,229	129,229	98,480	98,480
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		262,493	262,493	262,493	262,493
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	262,493	262,493	262,493	262,493
0709	Appropriated Receipts Medicaid Reimbursements		5,843,050	5,843,050	5,843,050	5,843,050
0777	Interagency Contracts		-	-	-	-
8033	MH Appropriated Receipts		1,344,770	1,344,770	1,344,770	1,344,770
8031	MH Collect-Oat Support & Mainenance		215,462	215,462	177,206	177,206
	Total, Method of Financing	-	50,019,451	45,257,871	46,363,108	46,363,108
	Number of Positions (FTE)		977.10	977.10	977.10	977.10

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: San Antonio State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		34,357,935	34,601,447	34,601,447	34,601,447
1002	Other Personnel Costs		1,780,389	2,047,575	2,047,575	2,047,575
2001	Professional Fees and Services		3,303,882	3,289,104	3,618,018	3,618,018
2002	Fuels and Lubricants		252,675	255,067	187,392	187,392
2003	Consumable Supplies		403,972	490,805	345,394	345,394
2004	Utilities		1,190,818	1,239,936	1,233,402	1,233,402
2005	Travel		68,015	90,686	89,346	89,346
2006	Rent - Building		264,335	269,335	267,386	267,386
2007	Rent - Machine and Other		494,558	520,705	535,176	535,176
2009	Other Operating Expense		6,966,836	2,033,407	3,076,276	3,076,276
3001	Client Services		299,508	299,508	299,508	299,508
3002	Food for Persons - Wards of State		1,376,142	1,261,992	1,261,992	1,261,992
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	50,759,065	46,399,567	47,562,912	47,562,912

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: San Antonio State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		43,387,621	39,028,123	40,260,473	40,260,473
0758	GR Match for Medicaid		128,785	128,785	98,036	98,036
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		92,379	92,379	92,379	92,379
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	92,379	92,379	92,379	92,379
0709	Appropriated Receipts Medicaid Reimbursements		5,473,322	5,473,322	5,473,322	5,473,322
0777	Interagency Contracts		278,956	278,956	278,956	278,956
8033	MH Appropriated Receipts		1,199,416	1,199,416	1,199,416	1,199,416
8031	MH Collect-Oat Support & Mainenance		198,586	198,586	160,330	160,330
	Total, Method of Financing	-	50,759,065	46,399,567	47,562,912	47,562,912
Number of Positions (FTE)			886.00	886.00	886.00	886.00

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Terrell State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		35,414,263	35,657,775	35,657,775	35,657,775
1002	Other Personnel Costs		1,651,472	1,918,658	1,918,658	1,918,658
2001	Professional Fees and Services		3,946,280	4,381,502	4,710,416	4,710,416
2002	Fuels and Lubricants		211,915	214,307	146,632	146,632
2003	Consumable Supplies		363,504	450,337	294,926	294,926
2004	Utilities		1,212,385	1,099,824	1,093,290	1,093,290
2005	Travel		52,664	53,305	51,965	51,965
2006	Rent - Building		-	-	-	-
2007	Rent - Machine and Other		654,608	680,755	695,190	695,190
2009	Other Operating Expense		5,297,515	1,064,086	2,106,955	2,106,955
3001	Client Services		221,365	240,751	240,751	240,751
3002	Food for Persons - Wards of State		806,345	717,195	717,195	717,195
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	49,832,316	46,478,495	47,633,753	47,633,753

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Terrell State Hospital						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		42,174,558	38,820,737	40,037,000	40,037,000
0758	GR Match for Medicaid		129,451	129,451	106,702	106,702
0555	Federal Funds		-	-	-	-
	CFDA #93.778.000 XIX FMAP Medicaid & IMD		82,006	82,006	82,006	82,006
	CFDA #93.558.667 TANF To Title XX		-	-	-	-
0555	Total Federal Funds	-	82,006	82,006	82,006	82,006
0709	Appropriated Receipts Medicaid Reimbursements		5,876,051	5,876,051	5,876,051	5,876,051
0777	Interagency Contracts		-	-	-	-
8033	MH Appropriated Receipts		1,353,281	1,353,281	1,353,281	1,353,281
8031	MH Collect-Oat Support & Mainenance		216,969	216,969	178,713	178,713
	Total, Method of Financing	-	49,832,316	46,478,495	47,633,753	47,633,753
	Number of Positions (FTE)		916.40	916.40	916.40	916.40

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Waco Center for Youth						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		8,249,320	8,552,952	8,552,952	8,552,952
1002	Other Personnel Costs		191,137	191,137	191,137	191,137
2001	Professional Fees and Services		1,237,461	1,977,698	2,306,612	2,306,612
2002	Fuels and Lubricants		161,998	142,862	75,187	75,187
2003	Consumable Supplies		209,847	309,038	163,627	163,627
2004	Utilities		247,276	247,276	240,742	240,742
2005	Travel		51,115	38,506	35,831	35,831
2006	Rent - Building		-	-	-	-
2007	Rent - Machine and Other		293,676	347,400	361,830	361,830
2009	Other Operating Expense		1,787,142	1,017,560	2,060,430	2,060,430
3001	Client Services		217,924	249,634	249,634	249,634
3002	Food for Persons - Wards of State		334,110	456,453	458,011	458,011
5000	Capital		-	-	-	-
	Total, Objects of Expense	-	12,981,006	13,530,516	14,695,993	14,695,993

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: Waco Center for Youth						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		5,982,830	6,532,340	7,748,900	7,748,900
0758	GR Match for Medicaid		84,946	84,946	72,119	72,119
0555	CFDA #93.778.000 XIX FMAP Medicaid & IMD		77,744	77,744	77,744	77,744
	CFDA #93.558.667 TANF To Title XX		3,574,220	3,574,220	3,574,220	3,574,220
0555	Total Federal Funds	-	3,574,220	3,574,220	3,574,220	3,574,220
709	Appropriated Receipts Medicaid Reimbursements		2,800,819	2,800,819	2,800,819	2,800,819
7777	Interagency Contracts		-	-	-	-
8033	MH Appropriated Receipts		131,269	131,269	131,269	131,269
8031	MH Collect-Oat Support & Mainenance		329,178	329,178	290,922	290,922
	Total, Method of Financing	-	12,981,006	13,530,516	14,695,993	14,695,993
Number of Positions (FTE)			224.00	224.00	224.00	224.00

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: State Office						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Objects of Expense:					
1001	Salaries and Wages		2,671,141	2,671,141	2,671,141	2,671,141
1002	Other Personnel Costs		111,008	111,008	111,008	111,008
2001	Professional Fees and Services		17,955	17,956	17,956	17,956
2003	Consumable Supplies		6,657	6,657	6,657	6,657
2004	Utilities		204	204	204	204
2005	Travel		33,484	31,484	31,484	31,484
2006	Rent - Building		160	160	160	160
2007	Rent - Machine and Other		-	-	-	-
2009	Other Operating Expense		556,677	356,677	606,677	606,677
4000	Grants		963,389	1,913,389	1,913,389	1,913,389
5000	Capital		397,938	432,241	415,090	415,090
	Total, Objects of Expense	-	4,758,613	5,540,917	5,773,766	5,773,766

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By:	Statewide Goal Code: 7	Strategy Code: 7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM: State Office						
Code		Expended 2017	Expended 2018	Budgeted 2019	Requested 2020	Requested 2021
	Method of Financing:					
0001	General Revenue		4,758,613	5,540,917	5,773,766	5,773,766
0758	GR Match for Medicaid	-	-	-	-	-
0555	Federal Funds					
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	-	-	-	-	-
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	-	-	-	-	-
0709	Appropriated Receipts Medicaid Reimbursements	-	-	-	-	-
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	-	-	-	-	-
8031	MH Collect-Oat Support & Mainenance	-	-	-	-	-
	Total, Method of Financing	-	4,758,613	5,540,917	5,773,766	5,773,766
	Number of Positions (FTE)		43.00	43.00	43.00	43.00